

**Alternative portrayals of anorexia nervosa and
its symptoms on pro-anorexic websites: a
thematic analysis of website contents**

A research report submitted in fulfilment of the requirement for the
degree

MA by coursework and research report in the field of Clinical
Psychology

In the faculty of humanities at the
University of the Witwatersrand, Johannesburg,
21 November 2008

By:

Lisa Nicole Cardoso Da Rocha

Supervisor:

Dr. Carol Long

WORD COUNT: 25 828

Abstract

The internet has become an invaluable source of medical information in the twenty first century. How some individuals have come to use this medium has created a stir among parents and the mental health community. One such use has been the promotion of anorexia nervosa as a healthy lifestyle choice on Pro-Anorexia (Ana) websites. These have become controversial spaces due to their presumed influence on both the initiation and maintenance of anorexia nervosa. Despite growing concern regarding the contents of Pro-Ana websites, limited research has been conducted in this area resulting in a lack of awareness of the role, contents and unique perspective contained on these sites. Therefore the purpose of this qualitative study was to explore how anorexia nervosa is alternatively portrayed on Pro-Ana websites and how this portrayal either maintains or challenges eating disordered symptomology. Thematic content analysis of the text contained on two of the most popular Pro-Ana websites yielded five major themes: perfection and control, pain and suffering, secrecy, exclusion and medical and psychological knowledge. The results suggested that there is a large discrepancy between the portrayal of anorexia nervosa on Pro-Ana websites as a healthy lifestyle choice and the current clinical perspective which views anorexia as a dangerous and fatal illness. The results also indicated that Pro-Ana websites embrace an anti-recovery stance, encourage the maintenance of eating disordered symptoms, promote a unique Pro-Ana identity by excluding others and are well-informed medically and psychologically. Implications for treatment and research are also discussed.

Declaration

I declare that this research report is my own, unaided work. It is submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Signed this _____ day of _____ 2008.

Lisa Da Rocha

Acknowledgements

Special thanks to my supervisor Dr. Carol Long for the many hours of support and guidance offered to me throughout the entire process of writing this research project. Your ideas, suggestions and commitment to this project both helped me enormously and challenged me. Thank you also for your refreshing ideas, critiques and questions that broadened my understanding of this topic, your encouragement had also been endless and I thank you very much for this. I would also like to thank my parents and partner for the patience and support offered to me throughout this research project. Your back-up has assisted me all the way. I am further indebted to my fellow Masters colleagues and friends for your unwavering support and kind words of wisdom during all of the stressful times.

Table of Contents

ABSTRACT	2
DECLARATION	3
ACKNOWLEDEMENTS	4
CHAPTER ONE: INTRODUCTION	7
1.1. Research aims.....	7
1.2. Rationale	8
1.3. Outline of Chapters	11
 CHAPTER TWO: LITERATURE REVIEW	
2.1) The clinical versus the patients' perspective of anorexia nervosa	13
2.1.1) The clinical perspective	13
2.1.2) The perspective of individuals with anorexia nervosa	18
2.2) Anorexia nervosa and the internet	20
2.2.1) Introduction	20
2.2.2) Pro-Ana websites	23
2.2.3) The effects of viewing and using Pro-Ana websites	26
 CHAPTER THREE: METHOD	
3.1. The research question	29
3.2. Research Paradigm	30
3.3. Sampling	31

3.4. Method of data collection	33
3.5. Method of data analysis	34
3.6. Ethical considerations	36
 CHAPTER FOUR: RESULTS	
4.1. Introduction	38
4.4.1. Perfection and control	39
4.4.2. Pain and suffering	45
4.4.3. Secrecy	51
4.4.4. Exclusion	56
4.4.5. Medical and psychological knowledge	62
 CHAPTER FIVE: DISCUSSION	
5.1. Introduction	67
5.2. Discussion of the analysis	67
5.3. Limitations and delimitations of the research	75
5.4. Recommendations for future research	76
5.5. Conclusion	77
Reference list	79
Appendices	89
APPENDIX A: FADING OBSESSIONS WEBSITE	
CONTENT	89
APPENDIX B: THE THINNEST OF THEM ALL WEBSITE	
CONTENT	113

CHAPTER 1: INTRODUCTION

Pro-Anorexia (Pro-Ana) websites are known as controversial spaces where individuals with eating disorders share their experiences and promote anorexia nervosa¹ as a lifestyle choice (Dias, 2003). There are over 500 Pro-Ana websites to date on the internet, which has become one of the most used methods of communication in this decade (Bardone-Cone & Cass, 2006). The easy access to Pro-Ana websites, as well as the disturbing content that many of them contain, alarm non Pro-Ana individuals and professionals alike. Their role in the initiation, maintenance and treatment outcomes of individuals with AN who use these sites is unknown. These individuals who utilise Pro-Ana websites are called Pro-Ana users. At times Pro-Ana users may post information on these websites but this seems to be predominantly done by website administrators who govern the website contents. Another group which often use these sites is the Pro-Mia community which support bulimia nervosa as a lifestyle choice. Due to the unknown influence and content of these websites, many of them are shut down without being researched or explored by professionals. Pro-Ana websites remain secretive and unknown even though they are an important tool that Pro-Ana users utilise daily - a tool which seems to provide Pro-Ana users with an alternative view of their eating disorder. Through a detailed and comprehensive analysis of all of the website contents contained on two of the most popular Pro-Ana websites, *Fading Obsessions* and *The Thinnest Of Them All*, this study focuses on how AN and its symptoms are portrayed. It also explores how anorexic symptoms are challenged, maintained and normalised on Pro-Ana websites and how themes of pain, secrecy, perfection, control, identity and exclusion are presented. The analysis of the website contents also highlighted a tension that permeates this study. Pro-Ana websites are often portrayed as liberating sanctuaries for Pro-Ana users, however they also tend to be oppressive spaces encouraging conformity, isolation and control. This research tends to adopt the second stance which influenced the contents of this study.

1.1. RESEARCH AIMS

The primary aim of this research began as an exploration into how AN and its symptoms are presented on Pro-Ana websites. This research aim remained as the

¹ From this point onwards, for the sake of brevity, anorexia nervosa will be referred to as AN.

contents of Pro-Ana websites were analysed, however other pertinent issues arose regarding symptomology, identity, contradictions, treatment and contrasting voices which were areas that were unaddressed in similar studies. Thus various sub-aims were generated to incorporate these unique issues. These sub-aims include: how pain is portrayed, how anorexic symptoms are challenged or maintained, how Pro-Ana identities are interpreted, how websites interpret the differences between Pro-Ana users and other people; how religion is used to present alternative portrayals of AN, what role secrecy plays in the subjective experience of AN, and how the search for perfection and control is prioritised. The inclusion of these sub-aims was vital in providing a comprehensive Pro-Ana users perspective as well as indicating the appeal of the websites. Therefore, this study focuses on giving attention to the Pro-Ana users' perspective of AN, as well as providing a wide-ranging exploration of the contents of Pro-Ana websites. Consequently, it is hoped that a more holistic understanding of how this complex disorder and its symptoms are portrayed on Pro-Ana websites will be gained.

1.2. RATIONALE

AN is a severe and chronic psychiatric disorder commonly associated with high mortality rates, varied treatment efficacy and a poor long term prognosis (Kaplan & Sadock, 2007). AN has been examined from a wide range of perspectives but is predominantly conceptualised medically or from the clinical perspective. Dias (2003) argues that the description of AN from the patient's point of view is largely excluded, and that the patient's words and experience of AN is often dismissed. Most previous literature has focused on the clinical features, aetiology, treatment and prognosis of AN rather than focusing on the individual with AN's perspective (Fox, Ward & O'Rourke, 2005). Dias (2003) suggests that it may be useful to explore how individuals with AN perceive and portray their AN as such an investigation may enhance the success of treatment interventions as well as health professionals' knowledge on this perspective. Through exploring how AN is portrayed on Pro-Ana websites and how symptoms are challenged or maintained, this study aspires to add to the restricted literature on the non-clinical perspective of AN. This study will focus

specifically on the Pro-Ana user's point of view, a perspective which has been insufficiently researched.

The importance of expanding the literature on the patient's perspective in order to better treatment interventions and professional understandings is further needed as the treatment of AN is reported as difficult and at times impossible (Agras, 1987; Boris, 1984; Halmi, 1995; Kaplan & Garfinkel, 1999; Russel, 1995). Treatment difficulties have been linked to patients often feeling misunderstood, judged and stigmatised leading to premature termination and a return to previous eating disordered behaviours (Boris, 1984; le Grange & Gelman, 1998). Wilson, Peebles, Hardy & Litt, (2006) argue that treatment may be more effective if the clinical team is aware of the individual's perception of their illness and symptoms. Dias (2003, p.17) notes "almost absent in every study are the patient's own words". These points of view are frequently discussed on Pro-Ana websites by Pro-Ana users, thus articulating the individual with AN's perspective. In examining and presenting this perspective this study will add to the gap in the literature which has not yet focused on the unique perspective offered by the internet. In addition, many professionals are unaware of and have not accessed Pro-Ana sites (Chesley, Alberts, Klein & Kriepe, 2003; Reaves, 2001; Wilson et al., 2006). They are therefore uninformed of the potential impacts of these sites on treatment (Bardone-Cone & Cass, 2007; Mulveen & Hepworth, 2006; Reaves, 2001). This indicates the need for exposure to and awareness of the contents of Pro-Ana websites, which may result in better treatment interventions (Lyons, Mehl, & Pennebaker, 2006; Tierney, 2006). Research is needed to shed light on how to deal with the patient with AN's resistance to change (Malson, Finn, Treasure, Clarke & Anderson, 2004; Tierney, 2006). As this study aims to explore the alternative portrayal of AN and its symptoms from the Pro-Ana user's perspective through an in-depth analysis of website contents, it may help to increase clinicians' knowledge of Pro-Ana websites and assist them in better understanding the patient's perspective. This study may further assist in the formulation of better treatment programmes and accessing new understandings of symptomology.

The use of the internet as a source of data for this study is a method of accessing new understandings of AN and its symptoms that has been used by few researchers previously. Research has shown that social researchers remain hesitant to use the

internet as a source of data although it has become one of the most multifaceted research resources in the twenty first century (Evans, Elford & Wiggins, 2008). This study uses this new source of data which allows it to reach beyond the student subject pool that is usually available to researchers and which most studies on AN have utilised. This provides an excellent mode of accessing specific groups that would be difficult or impossible to reach otherwise (Evans et al., 2008). This holds true for the current study as the Pro-Ana user population is highly secretive as well as suspicious of health professionals evidenced in previous studies (Costin, 1999; Dias, 2003). Thus using the internet as a source of information has enabled the researcher to comment on a population group that has not been well explored.

Bardone-Cone & Cass (2006) state that the role that Pro-Ana websites play in AN is virtually undocumented in the literature. Only a handful of studies have focused on the influence of internet sites and their relationship to pathology, with a specific focus on gambling and depression (Wilson et al., 2006; Young, 1997 & 1999). Limited literature is available focusing exclusively on Pro-ED websites and the effects on symptomology and treatment. Pro-ED websites refer to websites that endorse eating disorders as a life style choice. Bardone-Cone & Cass (2006, p. 69) argue that “anorexia websites are a troubling new form of thin-ideal exposure that warrants further examination”. This study aims to conduct a further examination of Pro-Ana websites and it also aspires to broaden the scope of research by adopting a unique focus not previously undertaken. Previous research has focused mainly on treatment issues and this study focuses instead on exploring how AN and its symptoms are alternatively portrayed on Pro-Ana websites. Furthermore, the role that Pro-Ana websites may play in normalising AN has also not been explored as yet, thereby warranting further research.

Additionally research on the effects of viewing Pro-Ana websites has begun, but as yet no in-depth analysis of the website contents has been offered. Due to the increased popularity of these sites, it is important to understand the messages that are sent to Pro-Ana users. Research thus far has focused on the reception of these websites rather than on their contents. This study aims at providing a detailed analysis of the contents on Pro-Ana websites whereas previous research has only focused on the contents of these websites at face value. This in-depth exploration will also contribute to the

limited literature in this area. Hence there is a need to focus on how these websites themselves offer alternative portrayals of AN and how they may or may not appeal to the viewer thereby highlighted their potential role in the maintenance of AN (Dias, 2003; Tierney, 2006).

There is a gap in the literature about the internet, a new form of media, as a potential aetiological factor in AN (Wilson et al., 2006). Previous research has emphasised the relationship between eating disorders and the media, predominantly examining the effects of television, radio, advertisements and magazines (Bruch, 1973; Wilson et al., 2006; Senekal, Steyn, Mashego & Nel, 2001; Sobal, 1995). These types of media are associated with an increase in eating disordered symptomology and lower self-esteem. They often portray the ultimate and unattainable goal of thinness (Brown & Jasper, 1993; Pipher, 1997; Senekal et al., 2001). As the internet has only become a prominent form of media and medical information in the twenty first century, the effects of this type of media on AN are still largely unknown (Bardone-Cone & Cass, 2006 & 2007; Chesley et al., 2003; Fox et al., 2005; Norris et al., 2006).

Approximately 11 000 individuals per week visit Pro-Ana websites which further emphasises the need to examine what effect this new form of media may have on Pro-Ana users. This research aims to highlight what the implications may be for viewers of Pro-Ana websites through an in-depth analysis of the website contents, thereby adding to this evolving body of knowledge.

1.3. OUTLINE OF CHAPTERS

The current chapter of the report serves as an introduction to the study and outlines the rationale and the research aims of the research to be presented. Chapter two follows and contains an exploration of the literature on AN and the internet. The literature review provides a brief description of the clinical and the individual with AN's perspectives of AN and highlights the differences in these views. Common aetiological factors of AN being the media, society and peer groups are also discussed. Lastly AN and its relationship to the internet are explored focusing specifically on Pro-Ana websites and the effects of viewing and using these websites.

Chapter three outlines the research method used in this study. Chapter four presents the results of the thematic content analysis and is divided into five main themes. These include perfection and control, pain and suffering, secrecy, exclusion and medical and psychological knowledge. The analysis raises the tensions between pain as a source of pleasure and discomfort, recovery versus maintenance of AN and the search for control and perfection which is unattainable. It also highlights the different voices contained on Pro-Ana websites being the dominant voice of compliance and the less prevalent, but existing voice of dissent. The results section further emphasises the differences portrayed on Pro-Ana websites between Pro-Ana users and non Pro-Ana users as well as overweight individuals and explores how this is aimed to create an exclusive Pro-Ana identity. The final chapter, the discussion, attempts to consolidate the analysis and discusses some of the implications and limitations of the research in light of the issues raised.

CHAPTER TWO: LITERATURE REVIEW

Previous research has highlighted that the perception and experience of AN differs between the patient and health professionals. Health professionals view AN as a diagnosable illness associated with medical complications versus individuals with AN's acceptance of AN as a lifestyle choice. Furthermore AN is defined according to the DSM-IV-TR (2000) and is associated with various psychiatric conditions which form the basis of the clinical perspective of this disorder. The clinical perspective contrasts with that of individuals with AN, who often prefer to view AN as a coping mechanism and as providing a sense of identity. The implications of these discrepancies with regards to treatment and empathy are presented in this chapter. Common causal factors of AN are incorporated in the literature review with a specific focus on the role of media, society and the peer group. These three aetiological factors are presented in an attempt to explore how external factors can initiate and maintain AN and to gain clarity on the role that new media forms like the internet may play. Thus a review of the literature on the internet and AN is presented as the internet has recently emerged as another possible aetiological factor in AN. However it remains controversial due to a lack of research in this area. This section will specifically focus on the literature concerning Pro-Ana websites, the content on these websites as well as the effects that viewing these may have on individuals using these sites.

2.1) THE CLINICAL VERSUS THE PATIENT'S PERSPECTIVE OF ANOREXIA NERVOSA.

2.1.1. THE CLINICAL PERSPECTIVE

For centuries, AN has been described as a fatal or lifelong illness involving some method of dieting or of self-starvation (Beumont, 1995; Bruch, 1973; Immell, 1999). This dieting is predominantly perceived as evolving into a sense of mastery in both one's internal and external worlds (Gordon, 1992). The term anorexia nervosa was derived from the Greek word meaning a loathing of food, or a lack of desire to eat (Costin, 1999; Moot & Lumsden, 1994), which evidently has a direct link to the dieting behaviour which characterises this disorder (Dias, 2003).

Apart from this symptom, little attention was paid historically to the other psychological disturbances involved (Bruch, 1979). Only since the nineteenth century have various aspects of AN been explored that form the current clinical portrayal of this illness (Dias, 2003; Tierney, 2006). Thus the historical perspective outlined above has been modified to the current clinical perspective of AN outlined below. This current clinical perspective is utilised by millions of professionals worldwide in the assessment, treatment and understanding of AN (Costin, 1999; Kaplan & Sadock, 2007).

The DSM-IV-TR is the primary diagnostic tool used by professionals and describes AN as having four diagnostic criteria (Kaplan & Sadock, 2007). These include a refusal to maintain body weight at or above the minimally normal weight for height and age, as well as an intense fear of gaining weight or becoming fat, even though one may be underweight (DSM-IV-TR, 2000; Kaplan & Sadock, 2007). The third criterion of AN is the restriction of food (DSM-IV-TR, 2000; Garfinkel & Garner, 1982; Kaplan & Sadock, 2007). Linked to the restriction of food is a disturbance in the manner in which individuals with AN view and experience their body shape and size. This includes the undue influence of body weight or shape on one's self-evaluation (DSM-IV-TR, 2000; Kaplan & Sadock, 2007). Amenorrhea is the final criterion for diagnosis and refers to the absence of at least three consecutive menstrual cycles in postmenarcheal females (DSM-IV-TR, 2000; Kaplan & Sadock, 2007).

The prevalence of the above symptoms is also linked to the type of AN which is specified and diagnosed accordingly (DSM-IV-TR, 2000). There are two types of this disorder, namely the food-restricting type and the binge-eating/ purging type (DSM-IV-TR, 2000). The first is characterised by excessive food intake restrictions with attempts to consume food with less than 300-500 calories per day, and no fat intake (Kaplan & Sadock, 2007). The person has also not regularly engaged in binge-eating or purging behaviour (DSM-IV-TR, 2000). Behaviours which include self-induced vomiting or the misuse of laxatives, diuretics or enemas are found in the binge-eating/purging type of AN (DSM-IV-TR, 2000). Here individuals alternate between restrictive dieting and intermittent bingeing and purging episodes (Kaplan & Sadock, 2007; Sue, Sue & Sue, 2003).

The DSM-IV-TR (2000) criteria for the diagnosis of AN links to other manifestations and symptoms commonly observed in the clinical setting. The refusal to maintain a normal body weight and the fear of becoming fat results in individuals with AN viewing any perceived or actual weight gain as negative and therefore it is met with the severe dread of becoming fat (Steiger & Seguin, 1999). However, weight loss rarely lessens this fear (Costin, 1999). Due to this persistent and intense fear, individuals with AN commonly refuse to eat in public places or in front of others (Halmi, 1995; Sue et al., 2003). The majority of individuals with AN achieve weight loss via the restriction of food intake (Agras, 1987). Limited food intake involves restraining or excluding foods that are perceived as having high fat or caloric content and often results in a highly restrictive diet limited to a small number of foods (Dias, 2003; Moot & Lumsden, 1994; Sue et al., 2003). Purging also occurs to rid the body of ingested calories and is mainly achieved through self-induced vomiting (Beumont, 1995). Ironically though, many patients may spend vast amounts of time thinking about, longing for and dreaming about food suggested in the collection of recipes and in the enjoyment of preparing elaborate meals for others (Abraham & Llewellyn-Jones, 1987; Kaplan & Sadock, 2007). Other weight loss methods include the use of laxatives, insulin and diuretic abuse and excessive, ritualised exercising (Kaplan & Sadock, 2007; Sue et al., 2003). A loss of appetite also accompanies AN, even though this manifests later in the disorder (Kaplan & Sadock, 2007).

Linked to weight loss, individuals with AN usually have a distorted body image, most having an overall feeling of being overweight (Jablow, 1992; Williamson, Anderson, & Jackman, 1995). Individuals with AN often deny the seriousness of their body weight, although some may have insight that their weight is unhealthy but nonetheless express grave concern that certain parts of their bodies are obese (DSM-IV-TR, 2000; Kaplan & Sadock, 2007; Williamson et al., 1995). Common bodily areas perceived as fat include the buttocks, breasts, thighs, and hips which are body parts usually representing maturity or sexuality (Grubb, Sellers, & Waligroski, 1993; Senekal et al., 2001). Distortions in body shape and size result in individuals with AN obsessively monitoring their body weight through activities such as frequent weighing, measuring, viewing themselves in a mirror, or pinching the imagined 'fat areas' (Costin, 1999; Grubb et al., 1993. Kaplan & Sadock, 2007).

AN causes medical complications that also form part of the clinical perspective, the most common being amenorrhea. Other starvation-related medical symptomatology includes the rotting of teeth and halitosis, cardiovascular problems, stomach ulcers, constipation, hypothermia, central nervous system abnormalities, disruption of growth and development, osteoporosis, problems with fertility and pregnancy, and severely reduced body fat stores (Bruch, 1973; Costin, 1999; Halmi, 1995; Kaplan & Sadock, 2007).

Apart from these medical complications, the clinical perspective of AN also highlights various psychological and emotional difficulties. Individuals with AN tend to be perfectionistic and rigid, and to struggle with poor sexual adjustment. Some may even engage in compulsive stealing especially of laxatives and clothing (Kaplan & Sadock, 2007; Sue et al., 2003). There is also a high comorbidity between AN and other psychological disorders such as depression, which is present in 65% of cases. Major depressive disorder and dysthymia are commonly diagnosed in individuals with AN as they often present with a depressed feeling, crying spells, sleep disturbance, obsessive ruminations and occasional suicidal thoughts (Kaplan & Sadock, 2007). Due to the obsessive ruminations, obsessive compulsive disorder is also commonly found in approximately 26% of individuals with AN (Kaplan & Sadock, 2007). Common obsessions include a fear of food contamination and a fear of germs which often manifests in the compulsion of food rituals like washing one's food excessively (Costin, 1999; Kaplan & Sadock, 2007). Social phobia is another common psychological condition co-existing with AN. It is found in up to 34% of cases and seems linked to individuals with AN's intense fear of fatness (Costin, 1999; Kaplan & Sadock, 2007; Russel, 1995). AN has also been diagnosed in approximately 2-3% of individuals with borderline personality disorder and narcissistic personality disorder (Kaplan & Sadock, 2007). This co morbidity results in individuals with AN being vulnerable to suicide, which is higher in the binge-eating/purging type than the restricting type (Kaplan & Sadock, 2007).

Most of the reported behaviours and symptoms caused by AN are viewed by professionals as a means of coping or attaining mastery of one's environment (Costin, 1999; Pipher, 1997). Individuals' refusal to ingest food is associated with a desire for control, and restrictive dieting allows patients a 'safe' place to cope with the futility of

life which many may feel (Abraham & Llewellyn-Jones, 1987). Individuals with AN are often secretive, deny their symptoms, and have a low self-esteem (Russel, 1995). Possible aetiological factors that frame the clinical perspective of AN include inherited genetic predispositions, neurological deficiencies as well as psychological and personality predispositions (Costin, 1999; Kaplan & Sadock, 2007; Wren & Iask, 1993). Although research has not indicated a particular personality type associated with AN, personality is often unstable and some common personality traits have been identified (Steiger & Seguin, 1999; Stice, Spangler & Seguin, 2001). These include dependence, compliance, isolation and anxiety. They are often viewed as “good little girls” who seek orderliness and control (Costin, 1999; Malson et al., 2004). Feelings of low self-worth, ineffectiveness, approval seeking, self-doubt, conflict avoidance, and conscientiousness are also often observed in individuals with AN (Steiger & Seguin, 1999). Research findings have further reported that many patients lack independence, social faculties, and spontaneity and are less likely to engage in new thrill seeking activities indicating an exaggerated sense of discipline (Brown & Jasper, 1993; Pipher, 1997). Furthermore when assessed on the mental status examination, individuals with AN are shown as alert patients who are knowledgeable on the subject of nutrition and weight (Kaplan & Sadock, 2007).

Another aetiological factor that frames the clinical understanding of AN is the social influence of one’s family and peers. Eating disorders most often affect adolescents and young adults, indicating that this is a particularly ‘at risk’ time in the individual’s development, thereby increasing their vulnerability to external influences (Costin, 1999; Sue et al., 2003). How others react to one’s physical development, shape and size influence the individual’s eventual body acceptance (Grubb et al., 1993; Sobal, 1995). There may be pressure from families and peers to lose weight and be thin, which results in the glorification and internalisation of thinness (Costin, 1999). Peer and family members often initially praise the individual when weight is lost and negative responses are given when weight is regained (Costin, 1999; Pipher, 1997). This may boost the individual’s self esteem thereby acting as a motivator for the individual to stay thin. Comparing and monitoring oneself at this key developmental stage plays an important role in a person’s psyche. Peer teasing and pressures to conform to the norm are common in the background of eating disordered individuals (Costin, 1999; Grubb et al., 1993). Other societal issues that may initiate AN include

sexual and physical abuse, dysfunctional families, controlling relationships and domineering sport coaches (Costin, 1999; Pipher, 1997). In such deprived and distorted environments, where relationships are imbalanced, AN can be seen as an escape or coping mechanism to deal with the psychological difficulties the individual is experiencing (Costin, 1999). The possible causes of AN as well as its clinical description detailed above indicates that AN as presented in the clinical setting is a complex disorder affecting the individual emotionally, cognitively, socially, psychologically and physically.

2.1.2. THE PERSPECTIVE OF INDIVIDUALS WITH ANOREXIA NERVOSA.

Individuals with AN perceive their illness differently to the way professionals understand it. Research has found a large discrepancy in that some conceptualise their eating disorder as a life choice with benefits rather than an illness (Dias, 2003; Pipher, 1997; Williamson et al., 1995). One of these benefits include social acceptance by peers who associate popularity with weight (Pipher, 1997). The social isolation of individuals with AN has been foregrounded in the clinical perspective although the patient's perspective indicates social isolation is undesirable. Instead, individuals with AN seek and desire social acceptance as suggested by comments that thinness and prettiness are the only things that matter to others. Other comments include "nothing tastes as good as thin does" and "being small and petite is one's greatest asset in society" (Pipher, 1997; p. 18). Acceptance is a crucial factor to sufferers evident in their increased rigidity and habits in order to maintain praise (Costin, 1999). This value placed on attractiveness, equated to unhealthy weight loss, indicates why individuals with AN do not consider their behaviour dangerous, therefore maintaining them (Brown & Jasper, 1993). This view contradicts the clinical perspective of the disorder as life threatening due to the wide array of medical and emotional complications that can potentially lead to suicide or fatality. Thus the danger of one's eating disordered behaviour in this perspective is dismissed, although it is emphasised in the clinical perspective.

Another alternative view of AN from the perspective of individuals with this disorder is that their symptoms are viewed and used as a means of coping. AN helps reduce complicated and uncomfortable feelings associated with difficult environmental

circumstances including abuse, and rejection (Costin, 1999). It has been argued that individuals with AN use their “bodies as an arena for their expressions of discontent and protest” (Brown & Jasper, 1993, p.17). They may also condense their difficult reality into one aspect of life that they can control, which is their eating (Dias, 2003; Pipher, 1997). Some individuals with AN have commented that AN eases their emotional pain so successfully that the associated physical pain is not felt, thereby justifying irrational behaviours (Costin, 1999; Dias, 2003). Maintenance of AN can also be linked to individuals with AN describing their behaviours as “a trip”, linking it to the notion of an addiction where there is a feeling of euphoria associated with certain behaviours, and a corresponding repetition of such behaviours (Pipher, 1997, p.23). This implies that some individuals with AN view their restrictive and purging behaviours as a ‘high’, something that provides them with immense pleasure and satisfaction. The positive feeling associated with eating disordered behaviours aids in the continuation of the disorder (Costin, 1999). The portrayal of eating disordered behaviours as pleasurable from the patient’s perspective is in direct contrast to the clinical perspective which accentuates the pain both physically and emotionally that AN may cause. The clinical picture does not identify these symptoms as beneficial but as problematic and risky.

Another common perception of individuals with AN is that their illness is used as a method of developing self-expression and a sense of identity (Dias, 2003; Tierney, 2006; Williamson et al., 1995). They are often proud of their behaviours and appearance, which explains why they may not view themselves as emaciated. This positive affiliation to identity results in individuals with AN glamorising their condition as something special, suggesting that exerting control over one’s body is associated with an increase in self-esteem and a heightened sense of power (Brown & Jasper, 1993; Norris et al., 2006). Individuals with AN often communicate that fat represents powerlessness, ineffectiveness and an inability to control oneself, which is viewed as repulsive (Brown & Jasper, 1993). These perspectives which individuals with AN communicate concerning their illness, the world and their body indicate a direct challenge to the medical model. Such views articulate that AN is not an illness but a positive motivator for improvement in one’s life, both internally and externally (Pipher, 1998). Due to this sharp contrast of AN as a clinical illness versus a lifestyle choice, Dias (2003) states that patients often feel misunderstood, attacked and judged

by health professionals thereby reducing their need to seek medical assistance. This suggests that the patient's perspective is often disregarded and misunderstood by health professionals which may have several implications for treatment. Thus there remains a need for health professionals to better grasp the perspective of the individual and to move beyond the clinical perspective of AN in order for interventions to be successful, empathic and accepting (Dias, 2003).

With regards to treatment interventions, AN is notorious as being one of the most difficult psychological disorders to treat (Kaplan & Garfinkel, 1999). Research indicates that eating disorders are most successfully treated with early diagnosis, which occurs infrequently with AN due to the shame and secrecy surrounding the condition (Dias, 2003; Sue et al., 2003). Furthermore, individuals with AN do not usually seek support actively, resulting in them often being admitted involuntarily (Dias, 2003). Studies have shown that professional intervention and external factors are essential to the recovery process (Dias, 2003; Garfinkel & Garner, 1982). Research has suggested that one of the primary reasons why individuals with AN are reluctant to seek help relates to their perceptions that professionals tend to stigmatise and lack a true understanding of their perspective (Dias, 2003; Garfinkel & Garner, 1982; Tierney, 2006). It could be argued that professionals have a limited awareness other than their clinical perspective of AN which patients often feel is imposed onto them unempathically (Tierney, 2006). Due to the many contrasts between these two perspectives, it is clear that the patient's view of AN is paramount in effectively treating and initiating the recovery process.

2.2. ANOREXIA NERVOSA AND THE INTERNET

2.2.1. INTRODUCTION

The internet has become an invaluable source providing global access to information (Fox et al., 2005; Lyons et al., 2006; Norris et al., 2006). It is also a modern means of enabling individuals across the world to communicate and share information (Hansen, 2008; Tierney, 2006; Young 1997). In the last decade cyberspace has emerged as a powerful form of mass media which is easily accessible across cultures and continents (Bardone-Cone & Cass, 2007; Hansen, 2008; Lyons et al., 2006; Young 1999). The influence of the media is frequently implied in the aetiology of AN as it plays a

crucial role in the promotion of an often unrealistic thinness that is impossible to attain for most individuals (Stice, Spangler & Agras, 2001; Sue, et al., 2003). Magazines, radio, newspapers, television, and advertisements illustrate that fat is bad thereby creating a stigma associated with fatness. This increases one's efforts to lose weight through the internalisation of negative affects (Stice et al., 2001; Sue et al., 2003). However there is controversy around the role of the media in promoting, initiating and maintaining eating disorders. Critics claim that all of society is exposed to such content, yet not all develop an eating disorder (Sue, et al., 2003). Despite the above debate, the role of the media, including the internet, is considered vital in conceptualising professional frameworks around the aetiology of AN.

The internet provides information covering a variety of issues, including information on different medical conditions, which is a common reason why individuals log onto the worldwide web (Fox et al., 2005; Norris et al., 2006; Tierney, 2006). The increase in individuals seeking health material in cyberspace has arisen due to a growing need to self-manage one's health as well as because of the influence of consumer-orientated health services, especially in Western societies (Tierney, 2006). It remains important to place AN within a sociocultural context considering that this disorder is more prevalent in contemporary Western culture than other cultural contexts (Nasser & Katzman, 2003). Thus, one of the most vigorously researched causes of AN centres on the role which society has created for women and how one's environment is crucial in reinforcing the practice of an eating disorder (Gordon, 1992; Pipher, 1997; Senekal et al., 2001; Sobal, 1995). This includes the valuing of thinness and its links to self-worth and approval tied to one's body size, shape and weight (Brown & Jasper, 1993; Pipher, 1997). Society also reinforces the idea that in order to be successful and content, one must be thin (Garner et al., 1980). Research has indicated that the media has changed attitudes to female body shape, resulting in more dieting and an increase in the diagnosis of AN (Malson, 1998). Cultural factors are also central in that Western cultures in particular promote the Western ideal of thinness (Brown & Jasper, 1993; Costin 1999; Sue et al, 2003). In Western cultures where independence and achievement are related to weight loss, it is considered important if one is overweight to lose weight in order to gain approval and to blend into society (Beumont, 1995; Costin, 1999; Gordon, 1992). Research shows that AN is more likely to be diagnosed in individuals who have frequent contact with cultural

influences that endorse thinness and weight loss (Garner et al., 1980). This obsession with thinness in Western culture tends to promote the development of eating disorders (Nasser & Katzman, 2003). It also places increasing pressure on individuals with AN to stay thin as a means of social acceptance, in a world which they often perceive as isolating and exclusionary (Piper, 1998).

The internet is also often used to self-diagnose and to self-treat various medical and psychological conditions, thereby reducing the need to visit a health professional and endorsing self-management (Norris et al., 2006). One medical and psychological condition searched on the internet is AN which is focused on in detail throughout cyberspace in various forms (Bardone-Cone & Cass, 2006). When searching for AN on the internet the reader is connected to information on the disorder, support groups, eating programmes, recommended treatment approaches and facilities, recovery forums as well as to Pro-Ana and Pro-weight loss websites.

One merely enters the word 'anorexia' into the search bar and thousands of relevant sites and links emerge (Chesley et al., 2003; Norris et al., 2006; Tierney, 2006). Such sites are highly visible and their increasing popularity is strongly associated to the Western thin-ideal (Bardone-Cone & Cass, 2006 & 2007; Chesley et al., 2003). The increase in visitors to sites discussing weight loss is leading to a growing concern around the function they play in potentially initiating and maintaining eating disordered and unhealthy behaviour. (Bardone-Cone & Cass, 2007; Fox et al., 2005). These sites have been described as "intimidating arenas that reinforce dysfunctional or unhealthy practices and isolate individuals from society" (Tierney, 2006, p.182).

Numerous controversial sites exist which promote anorexic-like behaviours such as secrecy, purging advise, food rituals and excessive exercise routines. Wilson et al. (2006) argues that these sites reinforce the isolation that individuals with AN experience as they no longer require acceptance and interaction with the external world. Instead individuals with AN can find acceptance and companionship with other Pro-Ana users who are perceived to be less judgemental and supportive (Dias, 2003; Tierney, 2006). Research has indicated that individuals with AN are unlikely to seek external assistance due to the stigma attached to their illness suggesting why these sites may become so appealing (Costin, 1999). The social acceptance and non-stigmatising environment created on Pro-Ana sites are some positive aspects

identified by Pro-Ana users as they allow one to feel socially connected and provide one with a comprehensive identity (Dias, 2003).

2.2.2. PRO-ANA WEBSITES

In 2001 there were approximately 400 Pro-Ana websites in cyberspace, with this figure increasing to 500 in 2003 (Dias, 2003; Hansen, 2008; Wilson et al., 2006). Despite the large number of sites, they are often difficult to locate. This is due to their controversial nature as many parents and professionals protest against them, threatening their existence and creating a need to keep them as secretive as possible (Dias, 2003). Pro-Ana websites are also difficult to find because they are frequently shut down by relevant host sites (Dias, 2003). The sites are often easily accessible to the public due to the absence of identification systems like pin codes and passwords, are available 24 hours a day and are anonymous in nature (Reaves, 1999). Pro-Ana websites are seen as providing an alternate space for individuals suffering from AN (Bardone-Cone & Cass, 2007). It is a space that has often been labelled a sanctuary for this population where they can safely express their issues and viewpoints (Dias, 2003).

In this sanctuary, argues Dias (2003), Pro-Ana users find it possible to escape scrutiny and judgment from family, peers and health practitioners. Many individuals with AN view the label placed on them as stigmatising and associated with shame. This process of labelling creates barriers of support in one's immediate environment, which in turn leads to increased isolation (Dias, 2003; Fox et al., 2005). Individuals with AN using Pro-Ana sites often feel less isolated and feel part of a valid and accepting community (Tierney, 2006). Hence, these sites are used as creative means to communicate and deal with one's emotional pain without stigmatisation and with acceptance (Reaves, 1997). Many individuals with AN believe that if they were to express these feelings to non-anorexics, they would be hospitalised or forced into treatment (Dias, 2003). Hence, Pro-Ana sites are seen as a place of safety, which is ironic as individuals with AN have little control of these public domains in reality. The internet is an openly accessible source of information and the lack of passwords to enter most Pro-Ana websites reduces their safety. Additionally, the website hosts control the content of the Pro-Ana websites and often decide to shut them down unexpectedly (Tierney, 2006). The sense of an accepting and non judgemental space created by Pro-Ana sites

is useful in providing emotional support and catharsis to an individual with AN. It allows them to communicate their insecurities and difficulties thereby alleviating their emotional distress (Dias, 2003; Wilson et al., 2006).

Contrasting the perception of these sites as a place of safety is other research emphasising the negative consequences of the sites in that they may isolate individuals with AN from their external reality, and may begin to glamorise their condition as something special and important (Bardone-Cone & Cass, 2007; Tierney, 2006). This emphasises that different interpretations of Pro-Ana sites exist which are paradoxical in nature. They are seen as safe spaces yet they are also dangerous in their perpetuation of symptoms. These sites allow Pro-Ana users to feel safe in communicating their experiences, to feel protected by the numerous tips and advice that is offered on these sites and to feel safely part of an accepting community. Due to this Pro-Ana users may feel as if Pro-Ana websites provide the only necessary support thereby isolating them from the external world and external sources of help. On the contrary, the advice provided on the websites encourages dangerous eating behaviours like rigid and restricted food intake and advice on purging and laxative use which reinforces AN and are thus unsafe (Bardone-Cone & Cass, 2007). Therefore the paradoxical nature of these websites makes them open to be used in more challenging ways.

These websites approve of anorexic behaviour, encouraging those with AN to continue on this course if they are not ready to recover (Chesley et al., 2003; Norris et al., 1999). The sites clearly state that they view AN as a healthy lifestyle choice and not as a mental illness. Furthermore, research has noted the counter cultural stance that many internet sites, like Pro-Ana sites, maintain. Research on virtual societies has shown their increased tendencies to take over central societal functions through the creation of their own cultural regulations and moral standards which are often contradictory to the cultural normalities outside of cyberspace (Jordan, 1999). Initially new users of internet sites view this counter cultural stance as bewildering and socially unacceptable, but begin to develop a 'cyberskin' where counter cultural normalities created in cyberspace are embraced and become a vital aspect of their lives (Poster, 1997). It could be argued that this occurs on Pro-Ana websites in that one's first visit may be a perplexing experience but once immersed in these sites the

counter cultural normalities presented become embedded, resulting in more frequent site visits.

Poster (1997) refers to a 'cyberskin' indicative of the individual's enmeshment into specific website communities that become central parts of one's life. Thus it is suggested that Pro-Ana users may also develop a 'cyberskin' which results in enmeshment into the Pro-Ana community and lifestyle which may be difficult to escape from (Franklin, 2003). Some studies have suggested that this maintains the need for approval found in AN. Pro-Ana websites are viewed as motivating eating disordered behaviour and symptomology, as well as reinforcing unhealthy and potentially fatal activities (Wilson, et al., 2006). Eating disorders on such sites are considered by their users as aspirational and experiential, and the sites overtly engage in an anti-recovery stance (Tierney, 2006). The danger of this perspective is that Pro-Ana users often underplay the seriousness surrounding their behaviours.

Despite the notion of Pro-Ana sites being viewed as safe havens for individuals with AN, such sites have caused uproar in medical communities and amongst parents of individuals with AN as they are viewed as glamorising a fatal eating disorder (Dias, 2003; Head 1999). There are daily attempts to shut down Pro-Ana sites, but they constantly re-emerge under new names, suggesting the resilience of the users (Dias, 2003; Reaves, 1999). During the course of this research project, one Pro-Ana site initially chosen to be researched, *Ana's Underground Grotto*, closed down, but was quickly replaced by another named *The Thinnest Of Them All*. This indicates that Pro-Ana website hosts are aware of the animosity towards them, and continue using the sites as a form of expressing their will power and freedom from what is perceived as the rigid requirements of general society (Tierney, 2006). Anti-Ana activists are against the use of public spaces to reinforce abnormal, unhealthy and deviant behaviours and often blame the website hosts for promoting AN (Head, 1999; Reaves, 1997). The use of these sites despite the resistance encountered indicates that the viewers of these sites are unlikely to be in denial and are in fact quite articulate individuals aware of their circumstances (Dias, 2003). It is evident that there are potential positive and negative impacts identified in using Pro-Ana sites, of which more information is needed. It is implied from the above controversy that the websites are viewed as active and dangerous supporters and promoters of AN.

2.2.3) THE EFFECTS OF VIEWING AND USING PRO-ANA WEBSITES.

Research has been unable to conclusively determine whether or not viewing and using Pro-Eating disorder websites (Pro-ED), specifically Pro-Ana websites, are damaging or if they are capable of perpetuating AN. Studies do focus, however, on the potentially negative effects the websites on Pro-Ana users.

In 2006 Wilson et al., published a cross sectional study focusing on the different potential effects between users of Pro-Eating disorder (Pro-ED) websites and users of Pro-recovery sites. Seventy six patients formally diagnosed with an eating disorder, and one hundred and six parents of eating disordered patients completed a questionnaire on the effects and knowledge obtained from Pro-ED and Pro-recovery sites. The results indicated that there is a longer duration of an eating disorder, an increased likelihood of hospitalisation and less scholastic activity in patients who use Pro-ED sites than those who do not (Wilson et al., 2006). The participants also indicated that Pro-ED sites had a negative impact on their body satisfaction, resulting in a lower likelihood to seek information from physicians, using media sources instead. This study also found that users of Pro-ED sites often learnt about new purging and dieting behaviours that they adopted from visiting these sites. The study further found that users of Pro-ED sites reported a lower quality of life (Wilson et al., 2006).

Young (1997 & 1999) conducted case study research on how internet use can have various negative impacts on one's global functioning, thereby decreasing one's quality of living. Through the telephonic administration (45%) or completion of the electronic webpage (55%) of an exploratory survey containing both open and closed ended questions about the duration and frequency of internet use, her study identified several important findings. Firstly, it indicates that the excessive use of internet sites leads to significant social, psychological and occupational or academic impairment. Social impairment was visible in the disruption of parent-child relationships and peer relationships by what she terms "net binges" (Young, 1999; p.201). These binges involve the use of the internet for several hours a week in which the individual communicates solely within cyberspace communities, and shies away from communication with the external world (Young, 1997 & 1999). These "net binges" also lead to occupational and academic impairment due to the excessive amounts of

time spent surfing the net at work or after school, thereby decreasing productivity. Although her research focused on cyberspace in general, it provides insights into how the use of Pro-Ana sites as a form of communication may have a severe impact on one's ability for real interpersonal relationships and functioning (Young, 1997).

A theoretical research paper completed by Tierney (2006) on the dangers and appeal of online communication and their implications for treatment focused on the use of Pro-Ana sites specifically. By reviewing previous websites and literature, Tierney (2006) found that these sites aid in creating and reinforcing isolation of individuals with AN from their outside environment. The sites are understood as reinforcing eating disorder identities which is already difficult to change without the use of such web sites. She noted that users of Pro-Ana sites derive immense satisfaction from the identification of the label 'anorexic' which is portrayed as a special and enchanting identity on these sites (Tierney, 2006). Tierney (2006) further found that due to a lack of non-verbal cues such as facial expressions and tonality on Pro-Ana websites, information regarding certain dangerous behaviours such as bingeing, dieting and the use of laxatives was often misinterpreted. Tierney (2006) did not focus on the actual content of Pro-Ana websites but states further research in this area is needed in order for successful interventions and a broader clinical picture to be formed.

Bardone-Cone and Cass (2006 & 2007) conducted research on the potential effects of viewing Pro-Ana websites in an initial pilot study using 24 participants, followed by a second larger empirical study with 235 undergraduate female students. Their research involved a single exposure to 20 different Pro-Ana sites and an analysis of their potential effects through the use of pre and post tests on The Positive and Negative Affect Scale, The State Self-Esteem scale, The Self-Efficacy Scale and a five point scale used to assess perceived weight status. In both of the studies the samples were randomly assigned into one of three groups. One of the control groups was instructed to look at a home decoration site, and the other to view a women's fashion site. The experimental group viewed the 20 Pro-Ana websites. The students who viewed the Pro-Ana sites reported increased negative affect, decreased self-esteem and body image. Furthermore, this group described being more concerned about their body weight, in that they were more likely to exercise, considered themselves as heavier, and were more prone to body comparisons with others after viewing Pro-Ana sites.

These effects were not reported by the two control groups. The study concludes that there are negative effects associated with Pro-Ana use. It is limited in that the long-term effects of viewing Pro-Ana sites could not be determined, as the study involved a single exposure to these sites (Bardone-Cone & Cass, 2006 & 2007).

It is evident from existing studies on the effects of Pro-Ana websites, that the relationship between AN and the internet is one of growing concern amongst some members in the health care profession. This seems to be due to the negative impacts on the individual's quality of life, health and perpetuation of one's disorder. Additionally because the media plays an important role in the initiation and maintenance of AN, the role of new media such as the internet remains a pertinent area to research, especially in Western societies that promote thinness as equated to success. The literature has also highlighted the different perspectives of AN both clinically and from the patient's perspective. These differences often leave individuals with AN feeling stigmatised and judged which could explain why many use Pro-Ana websites as a safe sanctuary for their eating disorder. Previous studies have further identified the counter cultural stance contained in cyberspace. This may influence the individuals with AN's perspective of their eating disorder further considering their suspicion of the medical profession. Researchers identify the need for more research into Pro-Ana websites in order to contribute to professional understandings and to the treatment of AN.

CHAPTER THREE: METHOD

3.1. THE RESEARCH QUESTION

The primary research question of the study is the following:

How is anorexia nervosa and its symptoms alternatively portrayed on Pro-Ana websites?

The use of this broad primary research question allowed the researcher to comprehensively explore all of the contents contained on Pro-Ana websites in order to obtain an all-inclusive and detailed portrayal of AN and its symptoms. Due to the lack of awareness and literature on Pro-Ana websites a holistic description of how AN and its symptoms are portrayed on the sites is needed, which this research question aims to capture. In order to answer this question the research further focused on the following sub-questions:

- 1) How is pain portrayed on Pro-Ana websites?
- 2) How are anorexic symptoms challenged or maintained on Pro-Ana websites?
- 3) How do Pro-Ana websites promote a unique Pro-Ana user identity?
- 4) What role does secrecy play in the subjective experience of AN?
- 5) How is the search for perfection and control portrayed on Pro-Ana websites?
- 6) How is religion used to present alternative portrayals of AN and its symptoms?

The focus on the above allowed for an in-depth and coherent exploration of how AN and its symptoms are portrayed on Pro-Ana websites. Of interest was how the

research questions, although separate, linked together to form a comprehensive and meaningful description of this alternative portrayal.

3.2. RESEARCH PARADIGM

The exploratory nature of the research lends itself to a qualitative approach, as this enables a fine-grained analysis of the portrayal of AN and its symptoms on Pro-Ana websites. Parker (1994) defined qualitative research as an interpretative study of a specific problem or issue in which the researcher plays a central role in making sense of the data. It is an approach viewed as situated in the social sciences as it provides a focus on the context of the problem, as well as in-depth information into the researched area (Rossouw, 2003). Qualitative research aims to capture a detailed interpretation of text and a deep understanding of social phenomena (Patton, 1980). Hence the qualitative researcher does not focus on controlled and isolated variables but seeks to extend the power of ordinary language in order to better understand the social world (Kerry, 2006). The qualitative researcher looks for perspectives rather than truth in an attempt to understand the diversification in the real world confronting researchers (Flick, 1998). This approach is well suited to this study as it seeks to understand and interpret the meanings generated by Pro-Ana sites. Furthermore this research focuses less on presenting truths and more on portraying the perspectives presented on Pro-Ana websites, using Pro-Ana administrators' and users' own words to explore their experiences. In using qualitative research this study will be able to generate a deeper understanding of the social phenomena of Pro-Ana websites, an area where understanding is lacking.

Qualitative research further assumes that there is no fixed truth. Instead there is fluidity in truth, which attempts to capture the sense within an issue, thereby generating meaning regarding the issue researched (Kerry, 2006; Parker, 1994). Qualitative research approaches assume that interpretation is a process that continues as one's relation to the world continues to change, emphasising the fluid nature of this approach (Flick, 1998). Qualitative research is inconclusive as a written account can always be added to (Parker, 1994). The contents of Pro-Ana websites are also fluid in nature as they are available and added to daily: they are shifting written materials which take on varied meanings and functions at different times. Hence the fluid nature

of the data complements the fluid nature of the qualitative approach. Additionally, the qualitative paradigm is beneficial as it allows one's research to "fit into the real world" therefore containing high ecological validity (Banister, Burnam, Parker, Taylor & Tindall, 1995, p.17). Ecological validity is further retained in this qualitative study through the use of the internet as a source of information, in that it is used by individuals all over the world (Young, 1996 & 1997).

Qualitative research also allows one to generate rich data from a limited number of materials which enhances the value of the data (Walker, 1985). The advantage of this approach is that it allows one's research to contribute to knowledge through detail, which makes one's data experientially credible (Maxwell, 1988). The limited time available for this project lent itself to a qualitative analysis as from only two Pro-Ana websites a vast amount of rich data was yielded which aims to contribute to the gap in the literature of Pro-Ana websites.

3.3. SAMPLING

The sample sites selected for this study consisted of two Pro-Ana websites namely *The Thinnest Of Them All* and *Fading Obsessions*. The sites were generated from a general search on the Yahoo search engine under the search name "Pro-Ana websites". The Yahoo search engine was selected as this is one of the only web portals to overtly host a majority of Pro-Ana sites (Reaves, 2001). Yahoo is also reported as the host of by far the most Pro-Ana websites available on the World Wide Web (Reaves, 2001). Other web portals either do not host these sites or host them under alternative searches. The choice of these two sites was made primarily due to their popularity but also because both websites had more extensive information than any other websites.

Due to the time restrictions of this project as well as the similarities of all Pro-Ana websites, in selecting two of the most used websites, the data was not compromised and the qualitative approach elicited sufficient data from these two sites. In determining what sites to choose, the researcher examined all of the content of fifty Pro-Ana websites over a period of six weeks and recorded the number of visitors to each site. This time period allowed the researcher to monitor and include the changes on the websites prior to deciding which two websites to examine. *The Thinnest Of*

Them All and *Fading Obsessions* consistently evidenced the largest number of visitors, indicative in the number of ‘hits’ made on both sites. Approximately 11 000 ‘hits’ per week are made on these sites together suggesting their appeal and popularity. Furthermore, the Yahoo search engine generates results based on popularity, and the above sites were the first two sites to be generated, suggesting a high number of users. The allocation of awards to these sites such as best Pro-Ana site of the year also indicates their popularity.

These two sites were further selected because both were English language sites, were immediately available, and did not have chat rooms. The researcher decided to exclude chat rooms and related interactional spaces in order to ensure the ethical soundness of the research. Evans et al., (2008) states that the invasion of privacy is a significant ethical concern in using interactional spaces on the internet for research. Thus in excluding such spaces, confidentiality, anonymity and informed consent were not prerequisites for this study. These two sites were also available twenty four hours a day, were updated regularly and were easily accessible. They do not require passwords upon entry and therefore hold no ethical concerns around the invasion of privacy.

Once these two sites had been selected, the researcher looked at all of the website content and sampled all of these contents over a period of four weeks, which formed the data corpus for the research. This was done due to the restricted time allocated to the completion of this study and in order to obtain a comprehensive picture of all of the website contents, including the changes in these contents over time. The researcher then structured the sampled data according to seven common features contained on Pro-Ana websites and previously utilised by Bardone-Cone & Cass’ study (2007). These seven features included the disclaimers, tips and tricks sections, thinspiration, the Ana creed and Ana commandments, poetry and quotations. The seven features were used to structure the data in this study as they comprehensively described all of the content contained on Pro-Ana websites. Furthermore, in using these features it emphasises how the nature of the data is similar across all websites. This enables the researcher to work effectively with only two sites due to the similarities in content (Bardone-Cone & Cass, 2007). After looking through the sampled data corpus the researcher then selected the data set which consisted of the

most informative and detailed quotations. The selected quotations provided a comprehensive overview of the messages contained in each of the seven features and was also decided upon with supervisory input. This formed the basis of the data analysis.

The seven common features were divided into static content and dynamic content. The public disclaimer, poetry, quotations, the Ana creed and the Ana commandments are features of the sites that do not change over time and were therefore classified as static content. The dynamic content, which does change over time, included the features of thinspiration and the tips and tricks section.

3.4. METHOD OF DATA COLLECTION

The data corpus was collected over a period of four weeks from the 1 June 2008 – 01 July 2008 when data saturation occurred. After examining the websites over one month, no new data was added and the data collection was completed. Collecting the data over this discrete period of time allowed for the regular monitoring of the websites, the addition of any new information and for a more detailed analysis of how AN is portrayed on these websites. Information was accessed twice a week on a Monday morning and Friday evening. These days and times were selected as the sites were busier and more Pro-Ana users were active than any other days or times, thus yielding more data. The relevant data was gathered and printed weekly in order to explore how alternative portrayals of AN and its symptoms are presented on the websites. To aid in identifying the relevant data, the researcher included the seven common features contained on Pro-Ana websites and utilised in previous research as inclusion criteria (Bardone-Cone & Cass, 2007). These features were used as inclusion criteria as they comprehensively incorporated all of the website contents which the researcher aimed to explore. These seven features were the public disclaimer, thinspiration, tips and tricks, poetry, quotes, the Ana creed and the Ana commandments.

The public disclaimer appears on the first page of the each Pro-Ana site, and is often typed in a larger font and in a bold colour in order to attract the user's attention. It provides an explicit warning that it is a website that supports and promotes AN as a life style choice. One is made aware of the potential negative effects that viewing Pro-

Ana sites may have. The “tips and tricks” or a “how to” section promotes the self-management of increasingly dangerous behaviours and boasts many weight loss techniques (Norris, et al., 2006). This section focuses on a variety of methods which Pro-Ana users can use to restrict their diets, and hide their disordered behaviours from others. This feature includes suggestions on how to successfully purge and use laxatives, resist hunger and the associated physical pain, resist treatment, and ideas on how to cook meals in order to reduce their fat and caloric content. This common feature is often formatted as a bulletin board where Pro-Ana users can add their tips and tricks as well as relevant recipes and words of encouragement to others. The Ana creed and Ana commandments feature certain cult-like aspects. Both of the websites contain a creed and thin commandments which are rules and philosophies promoting weight loss, food restriction and isolation. “Thinspiration” is another type of counter cultural feature where individuals with AN post poetry, quotations and photos or measurements of emaciated and self-starved celebrities, models and other Pro-Ana users. “Thinspiration” is incorporated on the sites as a motivator for weight loss. Poetry and quotations also form part of this feature. Thus in using these seven features for data collection the researcher was able to collect rich, comprehensive and detailed website contents for the analysis.

3.5. METHOD OF ANALYSIS

Thematic content analysis is a research method that involves an analysis of written text and identifies the central emerging themes and commonalities found in the text (Rossouw, 2003; Terre Blanche, Kelly & Durheim, 2006). It is a method used for identifying, analysing and reporting patterns or themes within the data (Braun & Clarke, 2006). This research method examines anything that carries meaning like words, poems, media or reports and can include both written and verbal material (Maxwell, 1988). This study only uses written text from the internet as data. Thematic content analysis is well-known for analysing textual material, the usefulness of this method to the current study is highlighted (Flick, 1998). It is a technique that is used for making inferences as well as identifying the specific characteristics of messages (Maxwell, 1988, Whitley, 2002). Thematic content analysis also involves the systematic studying of the content of messages in order to examine how they are handled by different written sources (Rossouw, 2003). This method served the current

research well as two different sources of information or sites were used. This allowed the researcher to analyse and investigate how the alternative portrayal of AN and its symptoms were handled by the two different websites or written sources. The advantage of using thematic content analysis in this study was that it allows flexibility in generating themes as the data is read and re-read, which occurred in the course of this study (Braun & Clarke, 2006). Themes were defined according to Braun & Clarke's guidelines (2006) as structures that capture something important in the data related to the research question. The themes in this study were predominantly driven by the emerging data and therefore closely linked to the data themselves, thus the researcher used an inductive approach. This resulted from the recursive process of repeatedly reading the data thereby allowing for the familiarisation and the refinement of the chosen themes.

In identifying the dominant themes in written text, thematic content analysis facilitates the emergence of comparisons and contradictions in large masses of text from different domains (Flick, 1998). The two websites analysed in this study contained vast amounts of data from different areas and in using thematic content analysis a detailed exploration of the content of these websites was facilitated. This allowed the researcher to explore the contradictions that permeated throughout the websites. Thematic content analysis also allowed the researcher to handle the large amount of data in a clearer and less complicated manner, which is a strength of this research method (Flick, 1998). Furthermore, this method enabled the researcher to use a detailed, descriptive and explanatory stance to provide clarification on the portrayal of AN and its symptoms and to decode the latent meanings in this portrayal (Rossouw, 2003). The thematic content analysis used in this study was unobtrusive, in that the researcher did not engage or ask probing questions to the Pro-Ana users. Only the available data was used which aided the researcher in providing a detailed and rich exploration of the portrayal of AN on these websites (Rossouw, 2003).

The researcher collected the data corpus, which was read and re-read, and structured it according to the seven common features contained on Pro-Ana websites which formed the data set (Bardone-Cone & Cass, 2007; Braun & Clarke, 2006). These features included the disclaimer, poetry, quotes, tips and tricks, thinspiration, the Ana creed and the Ana commandments. Both the dynamic and static contents of these

features were analysed in order to explore how AN and its symptoms are portrayed on Pro-Ana websites. These pre-existing features were used as they comprehensively captured the overall content on both of the websites. The researcher searched for a combination of both latent and semantic themes in the data analysis which allowed for both the explicit meaning and the underlying ideas and ideologies contained on Pro-Ana websites to emerge (Braun & Clarke, 2006). These themes allowed for a comprehensive analysis of the website contents. Thus the analysis of these seven features captured all of the contents on Pro-Ana websites and after the re-reading of the data, it was reduced to five core themes titled: perfection and control, pain and suffering, secrecy, exclusion and medical and psychological knowledge. To check for credibility the draft analysis was discussed with the research supervisor who provided alternate perspectives and suggestions on the interpretations made.

The data was reanalysed in order to identify emerging patterns in terms of the differences and shared accounts as well as the potential function and consequences of the provided accounts. The nuances, contradictions and areas of vagueness were also analysed. The process of validation was utilised to validate the findings from the research and was structured according to coherence, individual's orientations, new problems and fruitfulness (Potter & Wetherell, 1992).

3.6. ETHICAL CONSIDERATIONS

No ethical clearance was required for this research due to several reasons. Firstly Pro-Ana websites are openly accessible to the public on the web, and hence both of the sites being analysed are classified as public domain. No permission or passwords were required to access these sites, and therefore there are no privacy constraints. Furthermore, the researcher only used the links which were accessible and did not access any chat rooms or interact with the users of Pro-Ana sites in any manner. The users of the sites are anonymous as no names, or other demographic information is posted on the Pro-Ana sites. This eliminates the need for informed consent from the users or their parents, or the need for debriefing. There were no concerns around breach of confidentiality. However, there were two ethical concerns which needed to be considered; Beneficence and non-maleficence. The researcher needed to disseminate knowledge without causing harm to the users of Pro-Ana sites. The need to maintain these ethical standards was important as it is requested on the disclaimers

of both of the Pro-Ana websites to not harm or criticise their content. Additionally due to the criticism that many Pro-Ana websites encounter, it remained important to respect the Pro-Ana user's freedom of speech, beliefs and expression. This was done by not imposing judgement in the descriptions of AN and its symptoms portrayed on Pro-Ana sites, and using the data collected only to disseminate knowledge on the contents of these websites.

CHAPTER FOUR: RESULTS

4.1. INTRODUCTION

In researching two of the most popular Pro-Ana websites it was evident that they are permeated with information centring around five themes. The results are clustered around these five intricately related themes which emerged in all seven sections of the websites. The first theme titled **perfection and control** analyses how these two constructs are highly valued in the text. It also examines thinness and weight loss which are central in gaining both perfection and control. **Pain and suffering** is the second theme identified in the text. This section explores both the physical and emotional pain that Pro-Ana users may endure during AN. This theme is interwoven into the first theme and the third theme which is **secrecy**. The need to maintain the secrecy of AN is promoted in this theme and forms a fundamental part of being a ‘good Pro-Ana user’. This term refers to the Pro-Ana user that regularly utilises such websites to remain loyal and embrace one’s eating disorder. Isolation and manipulation of others are sub themes that emerge from the data and these are also analysed. Secrecy seems to be linked to maintaining an exclusive and impenetrable Pro-Ana identity which tends to exclude non-Pro Ana, anti-Pro Ana and overweight individuals. Thus the fourth theme analysed in this results chapter is **exclusion**. Analysis of the text further highlighted the theme of **medical and psychological knowledge**, being the fifth theme included in the results section.

Embedded in these five themes and throughout the websites are two voices. The dominant voice is that of the compliant Pro-Ana user that follows the Pro-Ana lifestyle without defiance. This Pro-Ana user embraces every aspect of AN including the pain and suffering without question and recovery is not imaginable for this voice. Less prevalent is the pro-recovery voice that is disillusioned by the Pro-Ana lifestyle and views AN as a futile lifestyle choice. These two voices, although contradictory, exist simultaneously on Pro-Ana websites and the presence of these voices has been explored in the five themes presented in the results chapter.

Both of the researched Pro-Ana websites portray AN, an eating disorder, as a person who is thriving and watching over Pro-Ana users. These websites personify AN by calling it “Ana” and attributing control, success and power to her. Thus the researcher

will refer to AN as Ana throughout the remaining chapters. “Ana” is portrayed as a cult-like leader on these websites that writes letters to advise, encourage and aid in maintaining the Pro-Ana user’s AN. Surrounding Ana are many religious connotations which are also explored in this results chapter.

4.4.1. PERFECTION AND CONTROL

Perfection does not include food

Upon entering a Pro-Ana site the reader is confronted with an emphasis on ideas of control and perfection. For example, this statement in the tips and tricks section suggests that being perfect involves an exclusion of food. These themes dominate throughout the websites but are especially noted in the inclusion of the Ana Creed which states

I believe in Control, the only force mighty enough to bring order to the chaos that is my world. I believe in perfection and strive to attain it.

Control is portrayed as a central means to managing a Pro-Ana user’s chaotic world. Striving for control also allows the Pro-Ana user to provide orderliness to the chaos. Control is the dominant mode used by Pro-Ana users to obtain structure and stability. It is promoted as the only means whereby one can feel in charge of “chaos” surrounding oneself. Both of the Pro-Ana websites present the achievement of control as the ultimate aim for any Pro-Ana user. For example, the search for control is presented in a statement in the thinspiration section:

The word is control. That’s my ultimate – to have control.

The importance that Pro-Ana users place on control is emphasised in the repetition of the word “control” in this motivational quotation. The use of the word “ultimate” emphasises that control is a vital quality for the Pro-Ana user to possess. This view is highlighted in other motivational quotes,

I crave the control, I crave the thinness, and I crave the perfection

This motivational quotation taken from a letter written to Ana indicates how the craving for control is linked to the craving for thinness and perfection. This indicates how control and perfection are intricately related and how both are associated with thinness. This connection is further evident in the tips and tricks section:

Underweight aka perfect body.

In this motivational quotation, perfection is defined by being below one's normal or required body weight. The words "perfect" and "underweight" are made inseparable, almost as if one word could substitute the other in a thesaurus. Pro-Ana websites tend to encourage being underweight by equating this with perfection. Perfection is presented as the pinnacle of success for the Pro-Ana user but it is also presented in other ways evident in the quotations included in the thinspiration section,

This is forever. I will do whatever it takes. I want to be thin more than anything, even food. In the body, as in sculpture, perfection is attained not when there is nothing left to add, but when there is nothing left to take away.

The Pro-Ana user must always try to attain both thinness and perfection. The need to continuously attempt new strategies to reach perfection is promoted in a manner that shows that Pro-Ana users are unaware of the unrealistic nature of their desire to become thinner and thinner evident in the search for "nothing left to add". The perfect thin body is linked to a sculpture and presented as a piece of art that needs to be consistently worked on in order to grasp the elusive perfection that one seeks. The quotation also indicates a mystical divinity with to AN. Through linking starvation to perfection and stating that AN is "forever", it seems that these quotations communicate that perfection and thinness must always be prioritised and never given up. The idea of embracing AN forever is also communicated in the following tip,

When you have given me the gift of ending this torturous life, I will float to the next world.

Death appears to be an escape from the difficulties in life and it portrayed as a gift, suggesting that death is a positive occurrence. Life is presented as torturous and negative. The use of the word “float” also portrays death as a peaceful experience and the tip seems to imply that death offers some kind of release. Ana is portrayed as being able to provide Pro-Ana users with this gift. Without Ana this gift cannot be given which suggests that only in maintaining one’s eating disorder until death can Pro-Ana users escape from their difficulties. This is further suggested in the following excerpt,

I have created you, this thin, perfect, achieving child. You are mine and mine alone. Without me, you are nothing.

This excerpt taken from a letter that Ana writes to her users suggests the all-consuming nature of AN on the Pro-Ana user’s life. It communicates that prior to AN the Pro-Ana user did not exist and that by embracing AN a new and more perfect creation emerged. This further implies that AN is capable of giving one a new life filled with achievement and perfection. However it can only be provided if the Pro-Ana user becomes one of Ana’s possessions. Thus Ana is portrayed as thriving especially in control of her subjects. This portion of her letter also emphasises that without AN an individual’s life is worthless. Success and sublimity can only result once a Pro-Ana’s selfhood becomes deeply embedded in her/his eating disorder. AN is portrayed as the only useful and positive reflection of oneself.

Due to the usefulness of AN, any deviation from control is presented on Pro-Ana websites as problematic:

Sometimes you will rebel. Hopefully not often though. You will recognize the small rebellious fibre left in your body and will venture down to the dark kitchen. The cupboard door will slowly open, creaking softly. Your eyes will move over the food that I have kept at a safe distance from you. You will find your hands reaching out, lethargically, like a nightmare, through the darkness to the box of crackers. You shove them in, mechanically, not really tasting but simply relishing in the fact that you are going against me. You reach

for another box, then another, then another. Your stomach will become bloated and grotesque, but you will not stop yet. And all the time I am screaming at you to stop, you fat cow, you really have no self control, you are going to get fat.

This excerpt of a letter from Ana presents loss of control as detrimental to thinness and perfection. It highlights weight gain as being the main consequence for defying the Pro-Ana lifestyle. Binging is perceived as a direct defiance of Ana which results in one's body becoming enlarged and distorted. Additionally, one deviation from the Pro-Ana lifestyle results in the loss of the most valuable elements of perfection and control which without one is worthless. Thus without perfection and control becoming fat is inevitable.

Apart from becoming overweight, Pro-Ana websites portray self-punishment and self-loathing as justified when the Pro-Ana user cannot reach this unobtainable perfection. In other words because perfection is not attainable, punishment becomes a regular part of being a Pro-Ana user. For example,

You will be tempted quite frequently, and you will have to choose whether you shall enjoy the twenty minutes or so that you will be consuming excess calories, or whether you will cordially despise yourself for two or three days, for your lack of willpower.

Self hate and suffering is expected when a Pro-Ana user cannot resist temptation. Punishment here refers to hating oneself for several days due to one's inability to maintain rigid control of one's daily caloric intake. The statement also makes the restriction of food sound far easier than the ingestion of it, in that the brief time one enjoys consuming food is not worth the extended duration of self-loathing. It also suggests that Pro-Ana websites are intolerant of any deviation from the Pro-Ana lifestyle. Being a 'good Pro-Ana user' comes to mind. Such an individual is able to maintain rigid control and resist temptation at all costs. Being a 'good Pro-Ana user' involves an absolute compliance to the ideas promoted on Pro-Ana websites. This is particularly apparent in a letter to Ana which the author of *The Thinnest Of Them All* includes in her website.

Dear Ana,
*Never again shall I defy you. This was the last time. Ever. I am so sick of being fat, having no control, not being perfect. **I crave the control, I crave the thinness, and I crave the perfection.** You are the only one that can give that to me, and it has taken me so long to realize that. I've gone against you, probably way too many times. And each time I've paid dearly, whether it be weight gain, shoving my fingers down my throat and holding that beautiful porcelain toilet, or by a razor. **Never again** will I disobey you,*

This is a letter of apology for defying Pro-Ana philosophy by losing control. The underlining of “never again” and the “last time” conveys that Pro-Ana websites are intolerant of mistakes. As a result the Pro-Ana user needs to convince other Pro-Ana users that he/she will never succumb to temptation again. However, in defying Pro-Ana philosophy the Pro-Ana user realises that without AN there is no worth in life. Due to this the Pro-Ana user accepts giving up food as necessary to show her/his commitment to maintaining thinness. This becomes a normal and infinite commitment to one’s eating disorder evident in the word “forever”. Lacking is any evidence indicating a realisation of the potential health consequences of not eating which is also evident in some of the Ana commandments,

Commandment number 2: Being thin is more important than being healthy.

Commandment number 6: Thou shalt count calories and restrict intake accordingly.

These commandments promote the need to restrict one’s food intake resulting in weight loss, then thinness, which is idealised and prioritised. Rigid self monitoring of one’s weight and consumption of food is also endorsed. Health appears unimportant and secondary to thinness. These two aspects are emphasised as the most important part of being a Pro-Ana user suggested in them being commandments, central laws to live one’s life by. In being commandments it is also implied that they can not and should not be questioned by Pro-Ana users. Realistically this promoted rigid food

intake and self monitoring can often lead to starvation, severe health complications and death. Yet this dangerous behaviour is encouraged because perfect thinness as portrayed on these websites takes precedence over health and life.

Although these commandments as well as the letter of apology to Ana suggests that Pro-Ana users are firm in following their anorexic lifestyle, this does not seem to be the only identity embedded in these websites.

*You promised me happiness
I felt nothing but pain.
You made me lose weight
But showed me weight gain*

*I see you now Ana
For who you really are
Nothing but lies and deceit
Cold black heart of tar*

This poem titled Repent thee Ana highlights the presence of another voice on Pro-Ana websites, one of dissent and defiance. This voice criticises Pro-Ana sites for promising happiness through weight loss, but that through AN the author realised that perfection was unattainable. Contentment is made elusive. It suggests that using eating disordered behaviour endorsed on Pro-Ana websites is not successful in maintaining thinness, but rather weight gain. The writer appears disillusioned by the eating disordered lifestyle that Pro-Ana websites portray because the contents are deceiving and untruthful. The poem also communicates that life is better without AN thereby endorsing a recovery stance instead of one that maintains anorexic symptoms. The function of this poem seems to be to communicate that AN is not as positive as Pro-Ana websites present it to be. The poem highlights the negative aspects of AN which the Pro-Ana user does not necessarily realise while supporting the Pro-Ana lifestyle. Thus, it suggests that only in recovery will the Pro-Ana user realise the falsehoods promoted on these websites.

However the predominant voice of compliance dominates both of these sites and is linked to a fear of defying one's eating disorder. Pro-Ana websites regularly criticise the Pro-Ana user for being imperfect. This results in the Pro-Ana user being constantly critical of the advancement of one's eating disorder. For example,

"You are "so mature", "intelligent", "14 going on 45", and you possess "so much potential". Where has that gotten you, may I ask? Absolutely nowhere! You are not perfect, you do not try hard enough."

This letter from Ana included in the thinspiration section again communicates that without AN one's life is worthless. This is achieved through Ana's critical attitude towards any self-validating comments that one may receive from others. Being told that one is mature, intelligent and full of potential are regular compliments that one may receive. Yet Ana questions the truthfulness of these responses and whether they will be useful in making the individual successful. Instead this letter indicates that there is no worth in oneself without aiming for perfection and control. Coupled with the invalidation of positive responses, Pro-Ana websites also criticise the attempts of Pro-Ana users to become perfect.

Pro-Ana websites communicate openly that perfection and control must be prioritised. On the surface, perfection and control are portrayed as attainable, but an exploration of the text contained on Pro-Ana websites suggests that they are not. This seems to result in the endless search for perfection and control, a search that involves trying new methods and remaining dedicated to Pro-Ana websites, although this may not be good enough. The Pro-Ana user is portrayed as never being good enough. This is emphasised in Pro-Ana users being told, *"you will always be fat and never will you be as beautiful as they are."* It also demonstrates that pain, self-loathing and self-harm are considered as part and parcel of the Pro-Ana user's eating disordered journey.

4.4.2. PAIN AND SUFFERING

You are depressed, obsessed, in pain, hurting, reaching out but no one will listen? Who cares!?! You are deserving, you have brought this upon yourself.

This excerpt comes from a letter in the thinspiration section that Ana writes to Pro-Ana users. It anticipates that Pro-Ana users will experience both physical and emotional pain during the course of their AN. Pain appears to pervade all areas of a Pro-Ana user's life, psychologically and emotionally. This is evident in being depressed, obsessed and hurting. Hurting refers to physical pain caused by the physical symptoms that one may develop as part of one's AN. Thus pain is not disguised on Pro-Ana websites but perceived as deserving and self-inflicted. Pain, similarly to the self-punishment mentioned in the first section, is portrayed as justified. This suggests that one must embrace and endure one's pain. This statement also seems to lack empathy for the Pro-Ana user's pain evident in the question "who cares" which highlights that the Pro-Ana user is the only one concerned about one's difficulties because no other person will sympathise with these. Pain is experienced and tolerated in isolation because it is justified and deserving, therefore unworthy of sympathy. Pain is negatively portrayed in this letter, but other quotations included in the tips and tricks section convey the opposite,

You've made a decision: you will NOT stop. The pain is necessary, especially the pain of hunger. It reassures you that you are strong, can withstand anything.

You can learn to love anything, I think, if you need to badly enough. I trained myself to enjoy feeling hungry. If my stomach contracts, or I wake up feeling nauseated, or I'm light-headed or have a hunger headache or better yet, all of the above, it means I'm getting thinner, so it feels good. I feel strong, on top of myself, in control.

Pain here is viewed as pleasurable and desirable because it is a symbol of strength and control, two crucial aspects of maintaining one's eating disorder. It conveys that the more physical discomfort one feels the stronger and more in control one becomes. More pain is associated with the experience of more pleasure in that one is able to achieve the Pro-Ana user's ultimate goal of control. Pain is openly portrayed as a positive aspect which makes Pro-Ana users feel "good" because it symbolises their movement closer to perfection. "Training" oneself to enjoy physical and emotional

pain is also endorsed because of the resulting weight loss. The quotations highlight that the decision to lead an anorexic lifestyle is not and should not be reversible. The capitalisation of the word NOT further accentuates this. It also highlights the idea that Pro-Ana users must remain loyal to Ana despite physical discomfort and pain. Enduring this is a worthwhile decision because it allows the Pro-Ana user's development of strength and resilience. Quotations like these also portray the dominant person contained in these websites being the complaint and accepting Pro-Ana user, who embraces pain due to its benefits in the striving for perfection and control.

Maybe the choice of getting rid of the guilt is different. Maybe I chose to make you take laxatives, where you sit on the toilet until the wee hours of the morning, feeling your insides cringe. Or perhaps I just make you hurt yourself, bang your head into the wall until you receive a throbbing headache. Cutting is also effective. I want you to see your blood, to see it fall down your arm, and in that split second you will realize you deserve whatever pain I give you. Oh, is this harsh? Do you not want this to happen to you? Am I unfair? I do things that will help you.

This excerpt in the thinspiration section of Pro-Ana websites is taken from a letter that Ana writes. It highlights how Pro-Ana users are encouraged to embrace painful behaviours like self-mutilation, laxative use, head banging and self abuse like “*hit your stomach if it's growling too loudly.*” These behaviours are encouraged as a method of dealing with the physical pain associated with AN caused by hunger or bingeing, as well as the emotional pain. It also suggests that the difficulties the Pro-Ana user is experiencing should be embraced and managed in isolation. The encouragement of these self-harming behaviours seems harsh and unjustified, but the Pro-Ana user should not perceive them in this manner. Instead of them being unfair, they should be viewed as useful methods that help in the maintenance of one's eating disorder. Thus they should not be questioned. Despite this pain, the excerpt articulates the compliant Pro-Ana user who accepts all pain as helpful and therefore unquestionably beneficial. However there also seems to be a voice of dissent which

questions the pain portrayed on Pro-Ana websites evident in a recovery style poem titled *Repent thee Ana*.

*You promised me happiness
I felt nothing but pain.*

This poem functions to expose the difficulties experienced in one's eating disorder. These lines make explicit the idea that although the Pro-Ana lifestyle promotes pain as synonymous with happiness, this is not always what occurs. The writer articulates that all that was felt was pain. There was no relief from the soreness because the contentment that was promised never occurred. Thus there are two views on pain. Pro-Ana websites convey pain as good and worthwhile because it is necessary to propel the Pro-Ana user closer to perfection. This poem on the other hand communicates a defiant voice present on these websites which does not equate pain with happiness or pleasure.

Another example of this defiant voice is,

I believe in hell, because I sometimes think that I'm living in it.

Despite the glorification of pain on Pro-Ana websites, this motivational quotation accentuates the difficult pain experienced in one's AN. This quotation conveys that being a Pro-Ana user is not easy because it is an eating disorder that pervades one's life with suffering implied in the word "hell". The following excerpt from a Pro-Ana's poem titled *Ana's last night* accentuates this experience, but simultaneously the writer embraces the pain.

*Lying here hungry...
My whole body is in pain...
God I love this...
How my body aches...*

The Pro-Ana user's hunger affects the whole body, leaving it in pain and discomfort. The pain appears so great as to leave one 'bedridden' and exhausted suggested in the word "lying". However this soreness is simultaneously adored as the writer explains

loving how her body aches which seems to compensate for the experience of pain. This illustrates how pain is often portrayed on these websites as a pleasurable experience. Thus pain is inseparable from pleasure on both of the Pro-Ana websites.

The pain described on these Pro-Ana websites also tends to accentuate and encourage self-harming behaviours,

Your fingers will be inserted into your throat, and, not without a great deal of pain, your food binge will come up. Over and over this is to be repeated, until you spit up blood and water and you know it is all gone. When you stand up, you will feel dizzy. Don't pass out. Stand up right now. You fat cow you deserve to be in pain!"

The experiencing of intense pain in relation to intentionally produced purging is emphasised. The quote details the purging experience and links it to the pain that the Pro-Ana user will induce and experience. The cyclical nature of purging is also implied in the excessiveness of it that results in bleeding and the regurgitating of bile. This emphasises the harm that purging may exert on the Pro-Ana user's body. Purging will leave the Pro-Ana user feeling dizzy, unstable and ill which are all things that need to be forgotten as purging is necessary to reach one's goal of perfection. The description of this self-induced pain is described vividly and through this the reader is able to grasp a glimmer of what such an action would feel like. Additionally the inclusion of such detail attempts to educate the Pro-Ana user regarding what to expect when purging. One of these expectations is that although there will be pain, it is bearable and one must be strong in overcoming it. The Pro-Ana user's self esteem is also attacked in this quote evident in the name "fat cow". As a Pro-Ana user fears being fat, it is evident that this insult to one's body justifies why self harming behaviour is necessary. Apart from purging, other self harming behaviours are also encouraged,

Or perhaps I just make you hurt yourself, bang your head into the wall until you receive a throbbing headache. Cutting is also effective. I want you to see your blood, to see it fall down your arm, and in that split second you will realize you deserve whatever pain I give you.

You are depressed, obsessed, in pain, hurting, reaching out but no one will listen? Who cares?!?! You are deserving; you brought this upon yourself.

Similarly to the previous statement, pain is viewed as a valid and deserving punishment. Harsh punishment here involves head banging until one develops pain in the form of a headache or self mutilation. Employing such self-harming behaviours is also effective in reducing emotional suffering. They help the Pro-Ana user to cope with emotions like depression, hurt and isolation as they are promoted as the only form of emotional release. Thus self punishment is suggested throughout the two Pro-Ana websites. Another example is,

Thou shall not eat fattening food without punishing oneself afterwards.

This commandment in the thinspiration section is also included on both of the Pro-Ana websites. Again self-punishment is synonymous with AN and results when one does not monitor one's caloric intake. This is another essential rule that governs the Pro-Ana user's life and should not be disobeyed. It also provides a cult like ambience to the Pro-Ana websites in which Pro-Ana users are governed by a rigid set of rules that they are required to 'worship' in order to be a 'good anorexic' striving for control and perfection. This sense of 'worshipping' one's eating disorder despite one's suffering is suggested in:

I bleed for you, suffer leg pains, headaches and fainting spells. When I'm finally faded to nothing, when you've given me the gift of ending this torturous life. I will float on to the next world and be thin and beautiful payment for my undying love for you in this world.

The physical symptoms discussed in this motivational letter included in the thinspiration section highlight the physical pain that Pro-Ana users must endure. It highlights that Pro-Ana users are willing to bleed for their eating disorder as it provides a form of escape evident in floating away to the next world. This suggests that death is the most significant and pleasurable experience of all because it seems to

liberate one from the pain and suffering cause by AN. Death allows the escape to a better world implying that it is the only avenue for releasing pain. Death is further the ultimate sacrifice for one's eating disorder. Pain has a dual meaning for Pro-Ana users; it is both desirable and also torturous. Pain is also an element of the Pro-Ana's journey that is not disguised or kept secretive, but one that is normalised and accepted as part of the Pro-Ana user's quest for control, thinness and perfection. This theme continues to be suggested in the next motivational quote,

I don't care if it hurts, I want to have control, I want a perfect body, I want a perfect soul.

The themes of control, perfection and pain are interrelated and inseparable as pain is necessary for the Pro-Ana user's success. However the quote also implies that by having AN one is provided with the perfect body and also with a perfect soul. Due to AN enhancing all aspects of the Pro-Ana user's existence facilitating this perfection both inside and out, the pain and suffering is made worthwhile and necessary.

4.4.3. SECRECY

"Don't give people a reason to know about your ED. Hide your habits like your life depends on it. If anyone finds out, they'll watch you and notice!"

Keeping AN a secret is paramount to being a 'good Pro-Ana user' because should someone notice the Pro-Ana user's eating habits, one's AN may begin to be questioned. This tip in the tips and tricks section suggests that the protection of secrecy is a central part of the Pro-Ana user's lifestyle. The protection of secrecy is a matter of life or death and is portrayed as a secret weapon. The presence of a dedicated secrecy page on Pro-Ana websites emphasises the value of secrecy. The tips and tricks section also contains tailored secrecy tips to each of the Pro-Ana user's needs,

Depending on your situation you may have a greater or lesser need to keep people from finding out your behaviours.

There is awareness and sensitivity on Pro-Ana websites to the uniqueness of each Pro-Ana user's situation in terms of how much importance secrecy will play in one's eating disorder. Although tips on maintaining the secrecy of AN are offered, it is evident that not all Pro-Ana users will utilise them. Regardless of this, Pro-Ana users are still warned.

Don't raise suspicions. Once people realize what you're doing, you'll be watched and monitored and suspected. Start hiding your habits and practices before anyone even sees them. It's much easier to keep people clueless than it is to fool people who know something's going on.

The specificity of the secrecy tips contained on Pro-Ana websites is notable. Pro-Ana users are encouraged not to raise suspicions of their AN because they will then be watched and monitored by others. Secrecy should become an essential part of the Pro-Ana user's lifestyle from the beginnings of one's eating disorder. This guarantees that secrecy becomes a well learned tactic ensuring that the Pro-Ana user will never be questioned or watched with distrust. In turn the Pro-Ana user can continue to engage in disordered eating habits because they appear as normal thereby not raising any suspicions. The usefulness of this tip seems to be that if another becomes suspicious of the Pro-Ana user's AN it then becomes far more difficult to convince them otherwise. In this tip secrecy becomes linked to deceit and lying about one's habits as well, which is insignificant as long as secrecy is maintained. The need to conceal one's habits are evident in the following tip,

Wake up late so you only have time to get "a bite to eat". You can dispose of the food later when it is safe.

Individuals not suffering with AN are portrayed as suspicious on Pro-Ana websites. Secrecy ensures safety as there is an underlying message that implies that when others are present, the Pro-Ana user is unsafe. Therefore secrecy is equated with safety. By encouraging sleeping late, the tip may be implying that this will shorten the time that a Pro-Ana user will have to resist the temptation of food. In so doing, one's food

intake will be less and weight loss will be increased moving one closer to perfection. The disposal of food as a mode whereby secrecy around one's restricted diet can be maintained is also suggested. For example,

Trash. Watch where you dispose of uneaten food or other "evidence", make sure that it isn't going to be seen or found by anyone. Wrap food up and throw it away outside the house. If you live alone, always take the trash out before anyone else comes over.

This secrecy tip encourages the disposal of food in order to pretend that one has eaten when this may not be the case. It also highlights the obsessive preoccupation with food, a thread that runs through the secrecy section of Pro-Ana websites. Clear instructions are provided on how to dispose of food, indicating that even though a Pro-Ana user does not consume the food, one's life is dominated by thoughts of how much one eats, what one must dispose of and how to do this successfully. However it also seems that this tip does not refer exclusively to the disposal of food but also of other "evidence". This includes the disposal of boxes of laxatives, thinpiration content, and evidence of one's purging. All of this "evidence" should be disposed of externally, "outside the house" to ensure suspicions are not created.

Apart from ensuring the secrecy of one's eating habits through controlling one's consumption and disposal of food, emotional control is further necessary to secure the secrecy of one's AN.

Don't get angry. Don't deny everything if confronted. People will believe a little truth with a big lie much easier than a huge lie. Act as if it's no big deal instead of reacting emotionally and people will tend to believe you.

This tip in the tips and tricks section emphasises two things. Firstly, the Pro-Ana user must be able to modulate or control one's anger should one's eating habits be questioned. Remaining emotionally neutral in a potentially attacking situation is crucial. If the Pro-Ana user responds with hostility, suspicions may be confirmed and thus the secrecy of one's AN will be uncovered. The Pro-Ana user is encouraged to

act as if the confrontation has no impact whatsoever. Of interest is how Pro-Ana websites include the word “confronted”. Using this word implies that any external concerns about the Pro-Ana user’s wellbeing are perceived as attacking and invasive; hence justifying why the Pro-Ana user needs to be guarded with emotions. Secondly it assumes that individuals without AN are ignorant about AN. Emotional modulation helps in maintaining this lack of awareness in others therefore allowing the Pro-Ana user to maintain AN without doubt.

Buy food. People are fairly predictable. If they see you buy food and come home with food, then they just naturally assume that you eat it as well.

This tip further emphasises the assumed cluelessness of people without AN. They are portrayed as predictable and easy to please on Pro-Ana websites. Pro-Ana users are encouraged to purchase food as this is sufficient in concealing one’s AN because it indicates that one is consuming food. This tip highlights the Pro-Ana user’s preoccupation with food in that one is constantly putting effort into thinking about what food to buy, how often to buy food and when to take it home, even though one is not going to eat the food. The tip further implies the deception of others in order to ensure that the secretive aspect of AN is maintained.

Tell people you're on a diet, you became a vegetarian; your doctor has you eating only certain things, whatever. Often people will be very helpful in keeping you from eating if they think there's a socially acceptable reason for it.

The deception of others as a mode to keep one’s AN secretive is solidified in this tip. It advises Pro-Ana users to lie about their lifestyle by justifying restricted food intake as being part of a dietary group, like vegetarians. Pro-Ana users are also told to use medical advice as an excuse for explaining one’s eating habits. “Whatever” indicates that these are only two excuses but that there are many alternative ones that can be used just as effectively in lying to others about one’s AN. “Whatever” also suggests that the content of the excuse is not paramount but the use of excuses is. This tip guides the Pro-Ana user to use socially acceptable excuses like one’s health or beliefs

and values as these tend to be embraced and supported by other individuals without AN. These excuses are more likely to be believed by others, and to even elicit help from others. Thus it seems as if the Pro-Ana user is encouraged to thrive on the manipulation of others, and to enjoy and utilise all of the assistance offered. Due to the support from others of these socially accepted excuses, they may be unknowingly assisting the Pro-Ana user in restricting his/her food intake and therefore his/her weight loss. This secrecy tip may encourage the eating disordered individual to lie about their AN by justifying it as a lifestyle choice. All of these excuses about the Pro-Ana user's lifestyle are implemented to justify weight loss and food restriction in order to maintain one's thinness. Thinness is prioritised and idealised and therefore worth keeping a secret for. This is evident in the following thinspirational quotation,

People will remember you as "the beautiful thin one".

Thinness in this quote is equated with an unforgettable beauty. Thus the need to hide the Pro-Ana user's eating disorder is central although showing the thinness is also encouraged.

But we must not tell anyone. If you decide to fight back, to reach out to someone and tell them about how I make you live, all hell will break loose. No one must find out, no one can crack this shell that I have covered you with.

This thinspirational letter that Ana writes to Pro-Ana users conveys that revealing one's AN to others is defying the Pro-Ana lifestyle which is associated with threatening consequences. Telling someone about one's eating disorder is perceived as fighting back, as resistance that needs to be halted. There is also a metaphor of AN forming a shell around the Pro-Ana user. This metaphor suggests that the Pro-Ana user is surrounded by a hard, protective barrier from external threats that is difficult to penetrate. This protection is available only because the individual has embraced the Pro-Ana lifestyle. The shell will be damaged if one seeks assistance from others. It also suggests the potential difficulties in breaking out of one's anorexic lifestyle and how any attempt to release oneself from this covering through communicating with others will be met with suffering, reprieve and rejection. Hence it appears that AN as

portrayed on Pro-Ana websites is difficult to escape from, and that perhaps the need to maintain secrecy makes this task even more difficult.

4.4.4. EXCLUSION

On entering Pro-Ana websites and in all seven sections contained on these sites, themes of exclusion are evident. Pro-Ana users are portrayed in an exclusively positive light as successful and unique because they have embraced AN. Anyone who has not embraced AN is different and therefore excluded from this special Pro-Ana identity. Specific attention is given to the exclusion of overweight individuals that epitomise everything repulsive on Pro-Ana websites, although even other non anorexic individuals are portrayed negatively and as people to be avoided. The exclusion of others is immediately evident in the disclaimers contained on both of the Pro-Ana websites,

If you do not accept the condition of anorexia / bulimia / other eating disorders plus the pro-Ana pro-mia movement then you must also leave this proana website immediately...

You have been forewarned. By entering this proana promia web site you are signing a digital certificate stating that you have read and understand the above mentioned conditions and you are entering this proana site knowingly and willingly of the aforementioned conditions.

Entering by any other circumstance is perjury and can be punishable by law.

This disclaimer is encountered upon entry into the *Fading Obsessions* Pro-Ana website. One is confronted with an immediate threat whereby anyone who is not Pro-eating disorders or does not suffer from one is told to leave the site or there will be legal consequences. On entering a Pro-Ana website, the reader signs a digital contract agreeing to not judge or criticise the content of their sites or the Pro-Ana lifestyle. The presence of law- related documents and legal rights suggest the seriousness of the websites and their intense need to protect and to keep Pro-Ana cyberspace safe from intruders. However because these legal rights are unenforceable, it appears to be used

as a tactic to scare others, perhaps in an attempt to keep these websites safe and secretive. Thus from the first page, one is made aware of the Pro-Eating disorder community and their hostility towards anyone who may oppose their views of AN as a lifestyle.

On this website are tips, pictures, and many other things that will help individuals who have Anorexia, and do not wish to recover. If you disagree with this, please leave and do not leave hate mail. Thank you.

Less forcefully but nevertheless hostile towards any anti Pro-Ana individual is the disclaimer stated above found on *The Thinnest Of Them All* website. It explicitly warns that the content on this site is of a Pro-Ana nature and therefore should only be viewed by Pro-Ana users who do not want to recover. The anti-recovery stance on this site is made evident, thereby further excluding individuals recovering from AN. Although this disclaimer is written in less confrontational language it conveys a similar message to that of the other website: if one is not Pro-Ana then one should not enter the site. In asking site visitors not to leave hate mail the disclaimer provides some indication of how Pro-Ana websites are often bombarded with criticism, which could explain the need to maintain secrecy. Both disclaimers therefore highlight a clear distinction between Pro-Ana users and non Pro-Ana users, but more so a distinction is drawn for those who are anti Pro-Ana. Such individuals are specifically viewed with hostility.

This is not the only distinction that the Pro-Ana users make,

Fat people can't fit everywhere, if you eat then you'll look like those disgusting, fat, ghetto and trailer-trash hookers on Jerry Springer, Fat people make their country look bad, big people sweat more and they smell bad, fat people die earlier, if you slap a fat person you can see a shockwave ripple over their skin. That's disgusting, only fat people are attracted to fat people, do you want pigs to like you because you are one of them. If you eat then you'll look like those disgusting, fat, ghetto and trailer-trash hookers on Jerry Springer.

An explicit distinction is made between the Pro-Ana user and fatness specifically in the thinspirational sections of these websites. Fatness is the direct opposite to perfect thinness that the Pro-Ana user seeks. These quotes indicate that Pro-Ana users perceive overweight individuals as undesirable, trashy, unhygienic, unattractive and a worthless contribution to society. These views are communicated in an attacking and hostile manner where there seems to be no good to be found amongst the overweight. The Pro-Ana user's view of fatness is also exaggerated. Fat people make a "country look bad" and they are related to pigs. These two comments indicate the tendency of Pro-Ana websites to exaggerate the differences between others and Pro-Ana users, often viewed negatively in order to promote their own specialness.

Pro-Ana websites interestingly mention celebrity shows like Jerry Springer that are synonymous with humiliating overweight individuals. This seems to be included to portray overweight individuals in an embarrassing manner where they are summed up as being unsuccessful, poor, unclean and promiscuous. Thus fat people are portrayed as completely unattractive and worthy of only having love and acceptance from another fat person. Pro-Ana websites also show no restraint in their insensitive view of overweight people. Ironically the above statements also imply that being overweight is a health hazard as it may cause premature death. This is written without acknowledgment of how AN can lead to premature death. Furthermore the quotes depict overweight individuals only in a negative light, suggested in the Pro-Ana user's perception of fatness as all bad.

*I believe in a wholly black and white world, the losing of weight,
recrimination for sins, the abnegation of the body and a life ever
fasting.*

The above excerpt taken from the Ana Creed seems to explain the completely bad view that Pro-Ana websites have about fatness. In stating that the Pro-Ana user believes in only a black and white world it may also explain why fatness is viewed as bad, and nothing more. This excerpt further evokes religious connotations which include metaphors of Christ's resurrection and the forgiveness of the world's sins. The use of this religious language, which is echoed in the provision of Ana

commandments, may suggest that AN is viewed as a holy, cleansing and spiritual experience. AN is also portrayed as a sacrifice and due payment for the Pro-Ana user's sins. Fasting, another religious activity is further communicated as a life long commitment. The use of religious connotations may also suggest the goodness of Pro-Ana users who are able to practice restraint and remain firm in their beliefs, following AN as a religion without tiring. Thinness is further promoted as all good evident in the hostile comments towards fat people and the inclusion of only positive comments about thinness illustrated below,

Bones are clean and pure. Fat is dirty and hangs on your bones like a parasite, being thin and not eating are signs of true will power and success, only thin people are graceful, Guys will want to get to know you, not laugh at you and walk away.

The views articulated about thinness are in direct opposition to what fatness symbolises. Being thin and even becoming emaciated is spoken of highly because it is associated with cleanliness and health. Thinness is further equated to being successful, beautiful, graceful and desirable. Additionally it is linked to being popular and sexually appealing. Being thin is something that the opposite sex cannot ignore but has to show interest in. Thus thinness is portrayed as irresistible because of all of the positive attributes that it holds.

The only time people do notice a fat person is when they get in the way of that beautiful thin girl walking by.

The above motivational quote further indicates that positivity can only be attributed to thinness. The beauty of being thin cannot be ignored which will always result in the fat individual going unnoticed. It appears that Pro-Ana users step into a position of superiority in relation to overweight individuals; superior in their appearance, success and existence overall. All of these comments articulate that only by being thin will one find a suitable partner, be attractive, and be admired. Pro-Ana websites attempt to articulate the extreme differences between Pro-Ana users and overweight individuals in an attempt to form their own exclusive identity.

Apart from excluding and criticising “fatness” the *Fading Obsessions* website further excludes individuals not suffering from AN. This need to create an unrivalled Pro-Ana identity which is secretive is suggested by the notion of wearing a red bracelet.

IFOF is a term that means "identification friend or foe" most commonly used in the aircraft industry. It is a thing on an airplane that tells people reading the signal if they are a friend or foe. We now have a system of our own. I got this from another site: Have you ever wondered if the skinny girl you see has an ED (A(Ana) or M (Mia))? And proud of it? You so desperately want to ask, or even try to make friends but are scared? Well, no more ... since we have our ribbon "Ana is a lifestyle..." and it's red.

I propose that we all get a red beaded bracelet. You can make it or buy them. Wear it daily or when you go out to secretly say that you are proud to be pro-Ana or proud to have an ED that is. Anytime you see someone wearing a red beaded bracelet, capture their eye contact and point to your bracelet, and if they return the same point to theirs ... then they are ED friendly. If not, then it's just someone who is wearing one.

The manner in which Pro-Ana users adopt popular ideas from elsewhere to create their own special identity is evidenced in the adoption of the friend or foe identification system modelled by the aircraft industry. This information articulates a desire to identify with Pro-Ana users in person and not just in cyberspace. It also assists in removing the element of curiosity by being able to identify fellow individuals with AN. This identification system of the red bracelet is accentuated as special to Pro-Ana users in the statement “we have our own”. Thus it appears that the use of the red bracelet may be a mode of networking with other Pro-Ana users. This reduces the need to communicate about their illness with others, maintaining their sworn secrecy. The Pro-Ana user’s ability to network in cyberspace is emphasised in this excerpt being copied from another Pro-Ana site. Interestingly however, although this is presumed to be a secret form of communication between Pro-Ana users, it has been articulated in cyberspace which is publically accessible space. Even non Pro-

Ana users may have access to this information and this seems to reduce the Pro-Ana websites efforts to maintain a unique and secretive Pro-Ana user identity.

Pro-Ana users are further distinguished as extraordinary and unique from the normal population. This is evident in some of the motivational quotations posted on the two websites.

An ordinary girl, and ordinary waist - but ordinary is just not good enough. Eating is conforming to everyone else's expectations.

This thinspirational quote indicates that being ordinary is not good enough for the Pro-Ana user who needs to be different from the social norm, including not consuming food. Being different from the social norm is key. This quote also suggests an element of rebelliousness in Pro-Ana users as they want to defy social norms like eating and sustaining a normal weight. Perhaps this rebellion may be linked to the avoidance of gaining help from others, who are excluded from the exclusive Pro-Ana lifestyle. Rather it seems that support and guidance is sought through regular use and involvement on Pro-Ana websites which is promoted regularly as a distraction tip to avoid eating and feeling the pain associated with hunger. The need to exclusively belong to the Pro-Ana identity also seems to isolate the Pro-Ana user from others, highlighted in this quote,

Nothing. Nothing is wrong. And asking is against the rules. Crying is against the rules. You're strong, don't let them break you. They're trying to destroy you.

Embracing the unique Pro-Ana identity involves embracing AN as a lifestyle and not as a disease evidenced in “Nothing. Nothing is wrong”. This view emphasises that central to being a Pro-Ana user is the belief that AN is a normal lifestyle choice. Additionally the exclusion of others is suggested in the Pro-Ana user not seeking assistance from ‘them’ or showing any signs of emotional distress. The idea of including others in one’s eating disorder or expressing distress is implied as breaking the Pro-Ana rules of secrecy. Strength is highly valued, and the abandonment of the Pro-Ana identity would indicate that one is weak and not good enough to belong to

the Pro-Ana identity. Furthermore, external help, being anything other than Pro-Ana websites, is seen as harmful and to be avoided. The inclusion of others is portrayed as too risky and dangerous, justifying the need to exclude any non-Pro-Ana user. Thus the Pro-Ana identity is portrayed as cohesive so long as others remain excluded.

Others are therefore excluded on Pro-Ana websites because they may jeopardise the maintenance of AN which is presented as dangerous. Others are further portrayed as normal and ordinary which Pro-Ana websites frown upon. Through the restriction of food, Pro-Ana users are made to be more skilful and special in life than the non eating disordered population. “*Watch other people eat and feel superior*” is a clear illustration of this belief and of the uniqueness associated with being Pro-Ana. This differentiates them from individuals without AN and the overweight population from whom they should not seek support.

4.4.5. MEDICAL AND PSYCHOLOGICAL KNOWLEDGE

Both Pro-Ana websites regularly include psychological and medical tips and tricks aimed at promoting and enhancing the Pro-Ana lifestyle. These tips and tricks are usually used in the treatment of AN, but on Pro-Ana websites they serve the opposite purpose - anti recovery. An example is,

Make your own journal and food diary, writing down all of your goals, weight losses and the food you eat.

This tip advises the Pro-Ana user to remain motivated by creating and using a food diary. In this diary individuals with AN are encouraged to write down what they want to achieve in terms of how much weight they aim to lose through the use of self monitoring. This diary becomes a food diary where Pro-Ana users self monitor their caloric intake and aims. Interestingly, the use of a food diary is often used by professionals in the treatment of AN. However, the Pro-Ana interpretation of the food diary subverts this by using self monitoring to promote weight loss instead of weight gain. Pro-Ana users are encouraged to use a diary to document their goals which centre on striving for thinness, control and perfection; or in other words the maintenance of their disorder and not the recovery from it. Apart from the food diary,

both of the researched websites include many other medical and psychological tips, suggestions and modalities. For example,

Food associations. Find something that makes you feel vaguely ill or unpleasant, get a picture of it, and put the picture beside your food. Switch pictures frequently and make sure to look at the pictures while you eat. After a while you may begin to associate food itself with unpleasantness, which will make you less inclined to eat.

Here is another example of how Pro-Ana websites invert and use professional interventions to initiate and maintain AN. Psychological techniques like classical conditioning in order to turn food, a neutral stimulus into a noxious stimulus by pairing it with something unpleasant are emphasised. The Pro-Ana user is encouraged to focus on a disgusting image that makes them feel sick while eating, and in this way all food then becomes associated with this unpleasant image. By encouraging the Pro-Ana user to change unpleasant pictures regularly, it is suggested that one will never be able to become accustomed to looking at a certain picture as this may lose its initial desirable response. Therefore the response of not wanting to eat is consistently maintained and reinforced. In so doing Pro-Ana users utilise a psychological intervention aimed usually at promoting recovery for its opposite use, which is to endorse the reinforcement of eating disordered behaviours such as food restriction. Another example includes,

Wear a rubber band around your wrist and snap it when you want to eat. You'll train yourself not to think about eating.

Thought stopping is highlighted in this tip and is used to stop the Pro-Ana user's thoughts about eating. This tip promotes training the mind or creating eating disordered cognitions. Pro-Ana users are regularly told to “*reward yourself for weight loss or eating less food*” - another method whereby the Pro-Ana user reinforces eating disordered behaviours and cognitions and punishes the behaviours that encourage weight gain. Psychological treatment approaches are predominantly used to enhance, initiate and maintain eating disordered behaviours.

Justifying the health benefits of not eating is another method used to encourage Pro-Ana users to loathe food. Examples of this include,

You're less likely to get food poisoning. You won't be exposed to all of the chemicals and pesticides that they put in food today.

By avoiding the consumption of food, it is suggested that one can avoid food poisoning. Food poisoning and the enhancement of food products today raises concern for the Pro-Ana user concerning the effects that it may have on an individuals' lifespan and body. Instead of using this information to promote a healthier lifestyle, it is used to justify why food should not be eaten and why Pro-Ana users have to be extremely rigid in their consumption of food. Thus food restriction is endorsed through the suggestion that this is the healthier option.

Pro-Ana websites also draw on medical knowledge,

"My doctor is making me fast for a blood test. Tell people that you are allergic to things."

These two 'medical' excuses are encouraged. Allergies and medical tests are used as valid excuses to justify not eating. Thus medical reasons and conditions are used to explain the food restrictions that Pro-Ana users engage in. Such excuses are encouraged because they are socially acceptable reasons for why an individual may have to restrict what they eat. Thus they are excuses which are unlikely to be questioned, implying that one's eating habits will not be probed as well. However there is simultaneously the inclusion of healthy medical advice on Pro-Ana websites:

*Avoid alcohol and other drugs as it lowers your levels of control.
Exercise; its good for you, keeps you fit. Remember to take your
vitamins. Purging is very dangerous and damaging.*

This medical advice is healthy and prioritises the individual's wellbeing. However there is also the simultaneous promotion of unhealthy behaviours, which are dominant. Thus the advice to avoid drinking and purging, for example, is unlikely to

have any health benefit. Additionally, healthy advice is presented as a means to maintain one's AN. Avoiding drinking and purging can facilitate weight loss or prevent the loss of one's inhibitions ensuring control. This is further suggested by the inclusion of a "how to purge" section, although it is viewed as unhealthy. Thus Pro-Ana websites seem to communicate mixed messages to its readers.

Furthermore the anti-recovery stance of these websites is also brought into question with an inclusion of a section in *Fading Obsessions* on refeeding tips. The host states:

*Eventually you may decide to try a more regular-type food intake.
This sounds much simpler than it actually is, particularly if you've
severely restricted or been purging.*

A tip about recovery is provided which acknowledges the reality of the difficulties around recovering from AN. The presence of some pro-recovery information also alludes to the voice of dissent embedded in Pro-Ana websites. However this voice and stance is quickly crushed through the dominant Pro-Ana user's voice including what foods are to be avoided because of their fat content in this pro-recovery section of the website.

*Avoid binging, if you want to recover eat the healthy stuff first. Fruit
or veggies or a salad or something fairly low-cal.*

This dominant voice communicates that in recovery binging must be avoided – healthy advice. However, low calorie foods must also be prioritised, implying that even in recovery weight gain must be carefully monitored. The incorporation of some recovery information still includes being highly aware of the consumption of calories and of controlling one's weight.

The manipulation of both medical and psychological interventions is evident throughout the Pro-Ana websites. Pro-Ana users are provided with medical excuses like blood tests and doctor's advice as methods to justify their eating disordered behaviours to others. Pro-Ana users are also made familiar with psychological techniques like classical conditioning, thought stopping and food diaries which are

manipulated to enhance one's AN. Even though there is some attempt to include healthy advice, the anti-recovery stance of these websites is dominant evident in the large amount of anti-recovery content especially mentioned in the disclaimers. Recovery is not conveyed as a part of being a good Pro-Ana user. Instead perfection and control need to be achieved through the maintenance of secrecy and exclusion of others. These messages discourage recovery and resonate with some of the reasons why individuals with AN oppose treatment often and struggle to recover.

CHAPTER FIVE: DISCUSSION

5.1. INTRODUCTION

The aim of this study was to explore how AN is alternatively portrayed on Pro-Ana websites. This study aimed to examine how the content of Pro-Ana websites maintains or challenges anorexic symptoms, how they portray pain, how they frame Pro-Ana identities and exclude others, as well as how Pro-Ana websites utilise medical and psychological knowledge. It was hoped that, in exploring how AN is portrayed on Pro-Ana websites, some insight would be gained into an alternative perspective of this eating disorder from the Pro-Ana user's point of view. The discussion attempts to draw together the themes of the analysis and point to some of its implications. The discussion chapter then explores the limitations and delimitations of the research and implications for further research before concluding.

5.2. DISCUSSION OF THE ANALYSIS

The contents of Pro-Ana websites highlight an alternative perspective of AN. This perspective indicates that a large discrepancy exists between this perspective and the clinical one, also noted in previous research (Costin, 1999; Dias, 2003). Both websites portray AN as a healthy lifestyle choice, and not an illness or disease. AN is also viewed as a pleasurable or even euphoric experience, a perspective found in the literature as well (Dias, 2003). Behaviours like purging, laxative use, rigid dietary restrictions, excessive exercising and self mutilation are viewed as helpful behaviours able to ease the Pro-Ana users' emotional and physical suffering. These behaviours further help the Pro-Ana user attain control and perfection, two values that take precedence. Such behaviours are clinically viewed as dangerous, problematic and pathological even causing fatalities (Kaplan & Sadock, 2007). Death however is also not viewed as problematic on Pro-Ana websites but as an ultimate sacrifice for one's AN. The clinical perspective also focuses on the secondary medical complications caused by AN which are unacknowledged in Pro-Ana alternative portrayals (Sue et al., 2003). Instead this focus is shifted to prioritising thinness and this overshadows any evidence of co-morbid psychiatric conditions that contribute to the clinical perspective of AN. Pro-Ana users further disagree with the clinical definition of AN as a lack of desire to eat (Moot & Lumsden, 1994). Rather Pro-Ana users choose not

to eat in order to attain control and perfection and it is not necessarily due to a lack of desire to eat, but a self-made decision. Thus AN is portrayed very differently on Pro-Ana websites.

Despite the identified differences, some similarities were found between both perspectives. Both perspectives discourage bingeing and view it as problematic. However their motives for not encouraging bingeing vary. The websites communicate that bingeing must be avoided because it is associated with weight gain. The unhealthy nature of this behaviour and the resulting medical complications are unacknowledged. The clinical perspective acknowledges these as the main reason for avoiding bingeing (Costin, 1999). Another commonality is that both perspectives view the refusal to ingest food and dietary restrictions as a method of managing difficult feelings and obtaining control over one's environment. Both perspectives also highlight the preoccupation with food. Despite these similarities, the dominant perspective of AN from the perspective of the Pro-Ana user is an alternative one that differs from the clinical perspective significantly.

AN is also alternatively portrayed on the websites through the use of religious connotations. The inclusion of the Ana creed and Ana commandments on both websites portray AN as an alternative cult-like religion. The ten Ana commandments emphasise that there are rules, like the restriction of food and the quest for thinness, that have to be followed and unquestioned. The use of Christian religious connotations further portrays AN as a holy and cleansing experience and as the ultimate sacrifice for one's sins. In portraying AN as a religion it seems that Pro-Ana websites would like others to perceive their lifestyle choice as valid and as important to respect like any other religion. The message contained in these religious connotations is that worshipping one's AN should be accepted by others and not undermined. Religion is further associated with enhancing one's life. It seems that Pro-Ana websites seek to promote AN in a similar manner. This portrayal highlights how Pro-Ana websites directly oppose the clinical perspective of AN. AN, as portrayed on Pro-Ana websites, is not viewed as an illness with hazardous health implications that needs to be treated as an illness.

The analysis of the contents of Pro-Ana sites has allowed for the examination of this alternative portrayal of AN. Previous research has shown that the point of view of individual with AN's is unacknowledged which has had implications for the treatment and understanding of AN (Dias, 2003). This study has elaborated on this perspective which could lead to professionals obtaining a better grasp of alternative portrayals of AN. In turn this could lead to more empathic and accepting interventions whereby individuals with AN does not feel judged or stigmatised. Treatment is known to be notoriously difficult with AN and information on the Pro-Ana user's perspective could add to a better understanding of the disorder, initiating the recovery process sooner (Garner & Garfinkel, 1997; Garfinkel & Sadock, 1999).

The websites further appear to oppose treatment through their anti-recovery stance noted in the data analysis. This stance is initially encountered on the disclaimers and then in the tips and tricks and thinspiration sections. Recovery is discouraged, evident in telling individuals in recovery not to enter these websites. Rather, the websites convey their aim to encourage the maintenance of symptoms and promote the continuation of one's AN as vital to success. This finding corresponds to existing literature by Chelsey et al., (2003) who found that Pro-Ana websites approve of symptoms and encourage the continuation of one's eating disorder. Thus the symptoms of AN are maintained and viewed as beneficial on the websites which challenges the clinical presentation of these symptoms as dangerous and risky. Some symptoms which are encouraged include purging, laxative use, excessive exercising as a method of weight loss, self-mutilation as a mode of emotional release from painful affects, rigid self-monitoring and eating habits to avoid weight gain. These symptoms are portrayed on Pro-Ana websites as vital to the attainment of thinness or perfection. These websites also convey that challenging these symptoms results in weight gain which is equated with being unsuccessful and worthless. Interestingly Pro-Ana websites also endorse frequent use of their websites as reinforcement for the maintenance of AN. A central message contained on the websites is that AN needs to be maintained forever. The manner in which the websites maintain eating disorder symptomology may have several implications for Pro-Ana users. Research has shown that frequent contact with influences that endorse thinness and weight loss increase the diagnosis of AN as well as initiate and maintain eating disordered symptoms (Malson, 1999). It could be argued that the regular use of these sites promoting weight

loss and thinness may prolong the duration of AN in Pro-Ana users which has implications for treatment. Better treatment outcomes are associated with interventions that occur within the first year of individuals' AN (Young, 2006). This implies that the longer AN exists without intervention, the more resistant it is to treatment and recovery becomes compromised. Thus Pro-Ana users may seek treatment later due to the regular use of these sites thereby making their treatment increasingly difficult.

Treatment difficulties could also emerge because of the knowledge that Pro-Ana users have about medical and psychological practices. The analysis showed that Pro-Ana users are familiar with psychological techniques like food diaries, thought stopping, classical conditioning and self-monitoring. It was also noted that these techniques are aimed at anti-recovery as they seek to maintain AN and its symptoms. The awareness of such interventions could provide one explanation of why AN remains notoriously difficult to treat (Garner & Garfinkel, 1982; Garner & Sadock, 1999). The implication of this knowledge is that Pro-Ana users may be able to outwit professionals in treatment situations with regards to their ability to invert interventions for the maintenance and not recovery of their disorder.

The familiarity of medical procedures and conditions is also evident in the tips and tricks section. Pro-Ana users appear well-versed in generating medical excuses to hide or justify their restricted food intake and eating disordered behaviours. Socially acceptable health excuses like blood tests, food poisoning and dietary changes are common excuses contained and endorsed on Pro-Ana websites. Feasible medical excuses are also equated with evoking sympathy and support from others which the Pro-Ana user would never obtain if they disclosed their AN. The implication of these tips and tricks is that family members, peers and partners are often deceived and uninformed about the individual's AN. Such individuals may be supporting and facilitating the maintenance of AN. Research shows the recovery of AN is less likely to occur once the eating disordered behaviour becomes entrenched (Costin, 1999). Thus the Pro-Ana user's knowledge of the psychological and medical sphere seems to hinder treatment outcomes and interventions. Furthermore the use of health information such as avoiding the consumption of alcohol is manipulated on the websites to maintain the endorsed control and thinness. Rewarding oneself is

accomplished through following the tips and tricks on Pro-Ana websites which also aims at initiating and maintaining AN. This further demonstrates that Pro-Ana websites portray AN as a beneficial lifestyle choice.

Research has further highlighted other negative consequences of viewing these websites, findings that may also apply to this study. These include a negative impact on one's body image, a lower quality of life and a reduced likelihood to seek treatment (Dias, 2003; Noris et al., 2006; Tierney, 2006; Young, 2006 & 2007). These findings seem to resonate with the current study as both Pro-Ana websites criticise the Pro-Ana user's body image by using the terms "fat cow" and also articulating that the perfection and thinness is unattainable. The search for this perfect thinness and control is a central theme that emerged from the data analysis. Perfection on Pro-Ana websites is equated to thinness which can only be attained through control, particularly of one's diet and eating habits. Control and perfection also allow the Pro-Ana user to create stability and structure in a chaotic world and are portrayed as ultimate aims. Weight loss is paramount and therefore takes the focus away from the dangerousness of being underweight. However, control and perfection are simultaneously unattainable and therefore the Pro-Ana websites justify why AN needs to be maintained indefinitely. In criticising the Pro-Ana user's appearance and distorting his/her body image, the maintenance of AN is achieved, even though it may reduce the Pro-Ana user's quality of life.

The decline of the Pro-Ana user's quality of life is evidenced in another theme which emerged in the data analysis. The theme of pain and suffering indicated that both the physical and emotional pain experienced in AN is not disguised on Pro-Ana websites. It does, however, hold contradictory. Pain and suffering is portrayed on Pro-Ana websites as disabling and 'hellish' evidenced in the poetry contained on these sites. It is also simultaneously portrayed as pleasurable because it enhances one's strength and resilience allowing one to move closer to the attainment of perfection. Pain is portrayed as useful as it alleviates the Pro-Ana user's emotional pain like depression, hurt and isolation. In predominantly portraying pain positively Pro-Ana websites seem to normalise it thereby reducing the Pro-Ana user's likelihood to stop one's AN due to the pain it creates. Again the implication of this is that one's AN may be

prolonged and endured without seeking external help, thereby hindering more positive treatment outcomes (Garner & Garfinkel, 1982; Tierney, 2006).

The theme of pain on Pro-Ana websites also highlighted two contradictory voices. The dominant voice of the ‘good Pro-Ana user’ permeates and dominates all of the seven features contained on these websites. This voice complies and accepts all of the content on Pro-Ana websites that maintain AN and includes embracing suffering and pain. Opposing this dominant voice is the minimally present pro-recovery voice which provides the only evidence of challenging anorexic symptoms. This voice seems to promote recovery and openly communicates disillusionment with the promises about weight loss, happiness and success contained on Pro-Ana websites. However, although contradictory, these two voices exist simultaneously on Pro-Ana websites. Their narratives flow in and out of each other without realisation of their differences. It was also notable that the non-compliant, recovery voice was quickly replaced by the dominant voice. This seems to suggest that Pro-Ana websites have little tolerance and space for recovery messages, emphasising their intention of maintaining AN and their anti-recovery stance.

The website contents also appear to promote that the ‘good Pro-Ana user’ becomes part of an exclusive Pro-Ana identity. This identity is unique and achieved on Pro-Ana websites through emphasis on intellectual superiority, success, sexual desirability, popularity and beauty. These positive features are only obtained through embracing AN, especially weight loss which is equated with cleanliness and good hygiene. Thus AN is idealised by Pro-Ana websites. The analysis also identified that the Pro-Ana identity centres on being different from normality. Normal is portrayed as inadequate, hence the defiance of social norms like eating and maintaining one’s weight are expected and endorsed. Embracing these expectations seems to provide the Pro-Ana user with a comprehensive identity, which Dias (2003) also identified in her research on Pro-Ana websites. If the Pro-Ana user cannot fulfil these expectations, the websites imply that they will be confronted with threatening situations, will become weak and will lose this treasured Pro-Ana identity.

The implication of losing one’s Pro-Ana identity is significant as it creates complete isolation, and the websites convey that without this identity, life is futile (Young,

1997). Being isolated has been correlated with increased suicide rates in individuals with AN as well as increased co-morbidity (Kaplan & Sadock, 2007). Due to these fears, Pro-Ana users may maintain their eating disorder for extended periods of time therefore creating significant health risks.

The Pro-Ana user may further be isolated from others due to the manipulation and deceit endorsed on Pro-Ana websites in order to maintain the secrecy of their disorder. Secrecy emerged in the tips and tricks section as another theme. The secrecy promoted on Pro-Ana websites involves not seeking external help for one's AN or the associated suffering. Pro-Ana websites articulate that self management is fundamental and seeking external treatment or advice for one's AN is forbidden. The implications of this are that Pro-Ana users are less likely to seek help which negatively effects recovery, as highlighted in previous studies. In promoting secrecy, Pro-Ana websites inadvertently promote isolation. Literature has shown that Pro-Ana websites reinforce isolation as their users no longer need acceptance or interaction from the outside world (Wilson et al., 2006). Dias (2003) agrees, stating that Pro-Ana users find companionship and support exclusively from cyberspace. The current study identified that Pro-Ana websites regularly promoted limited communication and no confidence in others about one's AN. Instead Pro-Ana users are regularly told in the tips, tricks and thinspiration sections to use Pro-Ana websites or create their own as a form of support. The implication of this is that the Pro-Ana user becomes enjoined to Pro-Ana cyberspace. This may reduce their contact and communication with the external world, creating significant social impairment. Additionally, isolation ensures the maintenance of AN by reducing the need for external assistance through the offering of a comprehensive Pro-Ana identity associated with only goodness and perfection-two exclusive qualities.

The Pro-Ana identity is promoted as exclusive and thus others cannot share these special qualities. This idea permeates the contents of Pro-Ana websites and formed the theme of exclusion in the data analysis. Not having AN is portrayed in a negative light and such individuals are presented as limiting, untrustworthy and dangerous. For these reasons, they cannot be told about one's AN as they aim to destroy this positive aspect of the Pro-Ana user's life. This perception of others contained on Pro-Ana websites further plays on the notion that others do not understand the patient's

perspective and stigmatise them accordingly. This is a common reason why treatment is rarely sought by individuals with AN (Costin, 1999). Thus Pro-Ana websites exaggerate this untrustworthiness with the implication of limiting treatment.

Apart from viewing others as untrustworthy, Pro-Ana websites actively exclude others, stating that the websites are only for Pro-Ana users in their disclaimers. The disclaimers as well as the secrecy tips section portray individuals without AN as attacking and invasive and therefore they need to be avoided. They portray others as ignorant, predictable, easy to please and yet also too dangerous, threatening and risky to involve in one's AN. Thus Pro-Ana websites actively convey the message that non Pro-Ana users must be distanced due to the negative impact that they could have on maintaining AN. This leads Pro-Ana users to isolate themselves from the external world which has implications for increased co-morbidity of depression, anxiety disorders and higher suicidal ideation (Costin, 1999; Kaplan & Sadock, 2007).

Pro-Ana websites emphasise the extreme differences between Pro-Ana users and overweight individuals. These websites incorporate attacking and hostile comments about overweight individuals without any indication of sensitivity. Fatness on Pro-Ana websites is portrayed as the complete opposite to thinness in that it is undesirable, unhygienic, and worthless and equated to being unsuccessful. Fatness is also threatened should one defy the Pro-Ana lifestyle, which is a real and exaggerated worry for individuals with AN. The implication of this threat for Pro-Ana users is that it aims at maintaining one's eating disordered behaviours. This is likely to occur because of the feeling of dread that individuals with AN feel when they perceive themselves as fat (Costin, 1999; Steiger & Seguin, 1999; Sue et al., 2003.) Thus the exclusion of others on Pro-Ana websites leads to isolation and to the maintenance of one's AN.

In analysing the data, one is left with a sense that Pro-Ana websites will continue to be added to and expanded as internet usage becomes more accessible. Thus the contents of these websites will continue to be enriched and redefined, and like AN there is a sense that these websites intend to take up residence in cyberspace. Pro-Ana websites include this motivational quotation,

We turn skeletons into goddesses, and look to them as if they might teach us how not to need.

This study explored how the contents of Pro-Ana websites attempt to turn skeletons into goddesses through portraying AN and its symptoms as a positive lifestyle choice. The desire to “not “need” further emphasises the maintenance of eating disordered symptomology promoted on Pro-Ana websites, and implies how AN can always be improved, like the contents contained on the websites.

5.3. LIMITATIONS AND DELIMITATIONS OF THE RESEARCH

This study explicitly focused on how AN and its symptoms are alternatively portrayed on Pro-Ana websites. This implies a specifically delimited research question which comes with specific limits as well as limitations.

A limitation as well as strength of this study was the adoption of a qualitative methodology. The strength of this approach is that it allowed the researcher to provide an in-depth and detailed account of the contents of Pro-Ana websites and how these provide an alternative portrayal of AN. Moreover, the qualitative approach’s strength in this study centres on the ability to focus on the Pro-Ana user’s own words, an approach which has been lacking (Dias, 2003). Additionally in allowing the data to dictate the emerging themes, the researcher refrained from imposing labels that could not be justified. As individuals with AN often feel stigmatised and judged by labels, the use of thematic content analysis allowed the themes to emerge spontaneously eliminating stigmatising labels (Costin, 1999). However a common limitation of qualitative research that pertains to this study is that the study was not able to definitely state whether Pro-Ana websites do in reality initiate and maintain AN. Thus this research, similarly to other research in this area is unable to determine any casual relationship between Pro-Ana websites and AN (Bardone-Cone & Cass, 2006).

This study also used two Pro-Ana websites and although previous research has noted the similarities contained on these sites, it is possible that some websites may have contained different information which was missed. This also applies to the use of only two English Pro-Ana websites as well as only searching using the title ‘Pro-Ana websites’. These inclusion criteria may have excluded data from other cultural

backgrounds and other sites therefore making the findings of this study limited in their applicability to English speaking populations. However due to the researcher's time constraints and language barriers these limitations could not be avoided.

The use of the internet as a source of data also contains drawbacks that apply to this study. Research has found that the participants on internet websites do not always represent themselves truthfully as they deliberately create online personae and modify their self representations according to their circumstances (Evans et al., 2008). This indicates that the manner in which Pro-Ana users present themselves on Pro-Ana websites may not be true and that the messages conveyed on these websites may be deliberately created for another purpose other than the promotion of AN as a lifestyle choice. However, what remains important is that these websites are frequently visited by large amounts of individuals therefore indicating their appeal. Furthermore, the growing interest in these websites by health professionals also justifies the need to be aware of the contents and the implications of these in the treatment of AN. The search for absolute truth is not the purpose of qualitative research, thus this limitation extends beyond the bounds of this study (Bardone-Cone & Cass, 2007).

5.4. RECOMMENDATIONS FOR FUTURE RESEARCH

In light of the qualitative analysis conducted in this study and in most previous research on Pro-Ana websites, there remains scope and opportunity for quantitative research in this area. No study has yet been able to determine if there is any casual relationship between Pro-Ana websites and the maintenance of AN, or to explain the definitive role that these websites may play. This gap in the literature needs to be filled in order to determine the possible impact of these sites and their implications for treatment.

Due to the time limitations of this study, only two Pro-Ana websites were included. These were English sites without chat rooms. Future research could expand this study by analysing more Pro-Ana websites, by analysing different language sites and using different search names thereby increasing knowledge on this subject. It would remain interesting to see if the analysis of non-Western Pro-Ana websites yields similar results as well as to explore possible cultural variations of the portrayal of AN. Thus

for future research the sample could be expanded in order to conduct comparative studies.

Due to the questions raised about the use of the internet and whether or not individuals represent themselves truthfully on websites, questions remain about the authenticity of the users own words. To improve on this aspect, future research could include chat rooms or attempt to interview Pro-Ana users. This could perhaps aid in generating more authentic accounts from Pro-Ana users and in obtaining a better understanding of the individual's subjective experience of AN, beyond the internet façade. However, it should be emphasised that Pro-Ana users remain a sensitive research population and therefore ethical considerations need to be noted.

The use of the internet for future studies is also recommended as it remains an underutilised source of research information (Evans et al., 2008). Additionally due to the fluidity and changing nature of the text contained on Pro-Ana websites, future research should aim to track the shifts if any on these websites and to provide more literature on the alternative portrayal of AN. Information on this alternative perspective of AN is limited and is still needed in order to raise professional's awareness of the contents of Pro-Ana websites and their implications for treatment. Although Pro-Ana sites are under researched so are Pro-recovery sites. Small amounts of research have been undertaken in attempt to understand what impact Pro-recovery sites may have on anorexia. This is a focus that future research can adopt.

5.5. CONCLUSION

This study has used thematic content analysis to analyse the contents of two Pro-Ana websites in order to explore how AN is alternatively portrayed. The analysis of the text clustered around five main themes. These included perfection and control, pain and suffering, secrecy, exclusion and medical and psychological knowledge. All of these themes portrayed AN as a healthy lifestyle choice and Pro-Ana websites seem to embrace all of the associated symptoms and eating disorder behaviours. Pro-Ana websites also embrace an anti-recovery stance and even though there is some inclusion of a few recovery tips it is strongly communicated that recovery is not their focus. Other self-harming behaviours like self-mutilation and purging are normalised

on Pro-Ana websites in varied ways including the use of religious connotations. It appears that, in accepting this self-inflicted punishment and also by agreeing to maintain one's eating disordered behaviours, the individual becomes part of a unique identity associated with success, beauty, thinness and social desirability.

These aspects take precedence over health on Pro-Ana websites and also allow for the exclusion of others. This exclusion was highlighted in the research and seems to be promoted as a means to increase Pro-Ana users' isolation and their exclusive dependence on Pro-Ana websites for support. This seems to be reinforced further by the promotion of secrecy on Pro-Ana websites endorsing the notion of not seeking external assistance. Implications for treatment were also raised and it is likely that Pro-Ana users may be less likely to seek or accept external interventions. Their medical and psychological knowledge could also hinder treatment outcomes. A discrepancy between the medical and Pro-Ana users' perspective was identified in this study which may leave individuals with AN feeling stigmatised and even more unlikely to seek external help. The analysis has further highlighted how these sites endorse and maintain eating disordered symptomology and normalise associated eating disordered behaviours. This study emphasised that there is compelling evidence that Pro-Ana websites are likely to be a major factor in the treatment and understanding of AN. The dangerousness of these sites provides a convincing reason why they should be taken into account clinically, as a failure to do this seems to be counterproductive in the understanding of AN. The fluidity of the website contents and the evolving nature of the data was also noted which continues to be modified. Future research is necessary in order to comprehensively track the fluidity of the text and the sites impact on the understanding of AN.

REFERENCE LIST

- Abraham & Llewellyn-Jones (1987). *Eating Disorders: The Facts*. Oxford: Oxford University Press.
- Agras, W.S. (1987). *Eating disorders: Management of obesity, bulimia and anorexia nervosa*. New York: Pergamon Press.
- Banister, P., Burman, E., Parker, I., Taylor, M., and Tindall, E. (1995). *Qualitative methods in psychology: A research guide*. U.S.A: Open University Press.
- Bardone-Cohen, A.M. & Cass, K.M. (2006). Investigating the Impact of Pro-Anorexia websites: A pilot study. *European Eating Disorder Review*, 14, 256-262.
- Bardone-Cohen, A.M. & Cass, K.M. (2007). What does viewing a Pro-Anorexic website do? An Experimental Examination of Website exposure and Moderating effects. *Eating Disorders*, 40, 537-548).
- Beumont, P.J.V. (1995). The clinical presentation of anorexia and bulimia nervosa. In G Szmulker, C. Dare & J. Treasure (Eds). *Handbook of Eating Disorders: Theory, treatment and research* (pp. 29-42). New York: John Wiley and Sons.
- Boris, H. (1984). On the treatment of Anorexia nervosa. *International Journal of Psychoanalysis*, 65 435-442.

Braun, W. & Clarke, W. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3 77-101.

Brown, C. & Jasper, K. (1993). Why weight? Why Women? Why now? In C Brown & K Jasper (Eds). *Consuming Passions. Feminist approaches to weight preoccupation and Eating Disorders* (pp.1-16). Toronto: Second Story Press.

Bruch, H. (1973). *Eating disorders: obesity, anorexia nervosa and the person within*. London: Routledge and Kegan Paul.

Bruch, H. (1979). *The Golden Cage: The enigma of anorexia nervosa*. New York: Vintage Books.

Chesley, E.B., Alberts, J.D., Klein, J.D., & Kriepe, R.E. (2003). Pro or Con? Anorexia nervosa and the internet. *Journal of Adolescent Health*, 32 123-124.

Costin, (1999). *The Eating Disorders Sourcebook: A comprehensive guide to causes, treatments and prevention in eating disorders* (2nd edition). Los Angeles: Lowell House.

Dias, K. (2003). The Ana-Sanctuary: women's pro-anorexia narratives in cyberspace. *Journal of International Women's Studies*, 4 31-35.

Evans, A., Elford, J. & Wiggins, D. (2008). Using the internet for qualitative research. In C. Willig & W. Stainton-Rogers (Eds). *The Sage handbook of Qualitative research* (Chapter 18). London & California: Sage.

Flick, U. (1998). *An Introduction to Qualitative Research*. London: Sage.

Franklin, M.I. (2003). I define my own identity. *Ethnicities*, 3 (4), 465-490.

Fox, N., Ward, K., & O'Rourke, A. (2005). Pro-Anorexia, weight-loss drugs and the internet: an "anti-recovery" explanatory model of Anorexia. *Social Health Illness*, 27 944-971.

Garfinkel, P.E. & Garner, D.M. (1982). *Anorexia Nervosa: A multidimensional perspective*. New York: Brunner/Mazel.

Garner, D.M., Garfinkel, P.E., Schwartz, D. & Thompson, M. (1980). Cultural expectations of thinness in women. *Psychological Reports*, 47, 483-491.

Garner, D.M. & Garfinkel, P.E. (1997). *Handbook of treatment for Eating Disorders*. New York: Guilford Press.

Garfinkel, P.E., & Kaplan, A.S. (1999). Difficulties in Treating Patients with Eating Disorders: A Review of Patient and Clinician Variables. *Canadian Journal of Psychiatry*, 44, 665-670.

Gordon, R. A. (1992). *Anorexia and bulimia: anatomy of a social epidemic*. Oxford: Blackwell.

Grubb, H.J., Sellers, M.I. & Waligroski, K. (1993). Factors related to depression and eating disorders: Self-esteem, body image and attractiveness. *Psychological Reports*, 72 (3), 1003-1010.

Halmi, K.A. (1995). Current concepts and definitions. In G Szmulker, C. Dare & J. Treasure (Eds). *Handbook of Eating Disorders: Theory, treatment and research* (pp. 29-42). New York: John Wiley and Sons.

Hansen, J. A Recovering Anorexics viewpoint on Pro-Ana websites. Available at: www.associatedcontent.com. Accessed on 19 February 2008.

Head, J. Seeking 'thinspiration'. Available at: www.bbcnews.com. Accessed 20 February 2008.

Immell, M.H. (1999). *Eating Disorders*. London & New York: Greenhaven.

Jablow, M.M. (1992). *A parent's guide to Eating Disorders and Obesity*. New York: Delta.

Jordan, T. (1999). *Cyberpower: The Cult and politics of Cyberspace and the Internet*. London: Routledge.

Kaplan, B.J. & Sadock, V.C. (2007). *Synopsis of psychiatry. Behavioural sciences/Clinical psychiatry* (10th ed). Philadelphia: Lippincott, Williams and Wilkins.

Kerry, K. (2006). Liver Experience and interpretation. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds). *Research in practice. Applied methods for the Social Sciences* (pp. 271-284). Cape Town: University of Cape Town Press.

leGrange, D. & Gelman, T. (1998). Patients' perspective of treatment in Eating Disorders: A Preliminary Study. *South African Journal of Psychology*, 28 (3), 182-190.

Lyons, E.J, Mehl, M.R., & Pennebaker, J.W. (2006). Pro-Anorexics and recovering Anorexics differ in their linguistic Internet self-presentation. *Journal of Psychosomatic research*, 60, 253-256.

Malson, H. (1998). *The thin woman. Feminism, post structuralism and the social psychology of anorexia nervosa*. London: Routledge.

Malson, H., Finn, D.M., Treasure, J., Clarke, S. & Anderson, G. (2004). Constructing "the eating disordered patient": A discourse analysis of accounts of treatment experiences. *Journal of Applied and Community Psychology*, 14 (6), 43-54.

Matoff, M.L & Matoff, S.A. (2001). Eating disorder recovery: Learning from the client's healing journey. *Women and therapy*, 23 (4), 43-54.

Maxwell, J.A. (1988). Designing a qualitative study. In L. Bickman & D. J. Rog (Eds). *Handbook of applied social research methods* (pp.69-101). London: Sage.

Moot, A & Lumsden. (1994). *Understanding Eating Disorders: Anorexia nervosa, bulimia nervosa and obesity*. Washington, D.C.: Taylor & Francis.

Mouton, J. (1998). The Philosophy of Qualitative research. In J Mouton (Ed). *Introduction to Qualitative Research: module three* (pp. 1-17). Human Sciences Research Council: Johannesburg.

Mulveen, R., & Hepworth, J. (2006). An interpretative phenomenological analysis of participation in a pro-anorexia internet site and its relationship with disordered eating. *Journal of Health Psychology*, 11, 283-296.

Nasser, M. & Katzman. (2003). Sociocultural theories of eating disorders: an evolution in thought. In J. Treasure, U. Schmidt & E. van Furth (Eds.), *Handbook of eating disorders* (2nd ed.). (pp.139-150). West Sussex: John Wiley & Sons, Ltd.

Norris, M.L., Boydell, K.M., Pinhas, L. & Katzman, D.K. (2006). Ana and the internet: A review of Pro-Anorexia websites. *International Journal of Eating Disorders*, 39, 443-447.

Parker, I. (1994). Qualitative Research. In P. Banister, E. Burnam, I. Parker, M. Taylor & C. Tindall (Eds). *Qualitative Methods in Psychology: A Research Guide* (pp. 1-16). Buckingham: Open University Press.

Patton, M.Q. (1980). *Qualitative evaluation methods*. London: Sage.

Paxton, S.J., Schutz, H.K, Wertheim, E.H, & Muir, S.L. (1999). Friendship clique and Peer influences on Body Image Concerns, Dietary Restraint, and Extreme weight loss behaviours, and Binge eating in adolescent girls. *Journal of Abnormal Psychology*, 108 (2), 255-266.

Pipher, M. (1997). *Eating Disorders. What every women needs to know about food, dieting and self-concept*. London: Vermilion.

Poster, M. (1997). Cyberdemocracy: The internet and the public sphere. In D. Porter (Ed). *Internet culture* (pp. 201-218). New York and London: Routledge.

Potter & Wetherell (1992). *Discourse and social psychology: beyond attitudes and behaviours*. London: Sage.

Reaves, J. (2001, July). Anorexia Goes High Tech. [Online]. Available.
<http://www.time.com/time/printout/0,8816,169660,00.html>. Accessed May 24, 2008.

Reindl, S. (2001). *Sensing the self: Women's recovery from bulimia*. Cambridge, Massachusetts: Harvard University Press.

Rende, R. (1996). Liability to psychopathology: A qualitative genetic perspective. In L. Smolak, M.P. Levine and R. Striegel-Moore (Eds). *The developmental*

psychopathology of eating disorders: Implications for research, prevention and treatment (pp. 59-76). New Jersey: Lawrence Erlbaum Associates.

Rossouw, D. (2003). *Intellectual Tools. Skills for the human sciences* (2nd Ed). Cape Town: Creda Communications.

Russel, G.R.M. (1995). Anorexia Nervosa through time. In G Szmulker, C. Dare & J. Treasure (Eds). *Handbook of Eating Disorders: Theory, treatment and research* (pp. 29-42). New York: John Wiley and Sons.

Senekal, M., Steyn, N. P., Mashego, T.B. & Nel, J.H. (2001). Evaluation of body shape, eating disorders and weight management relate parameters in black female students or rural and urban origins. *South African Journal of Psychology*, 31 (1), 45-53.

Sobal, J. (1995). Social influence on body weight. In K.D. Brownell & C.G. Fairburn (Eds.), *Eating Disorders and Obesity: A Comprehensive handbook*. (pp 73-77). New York: Guilford.

Steiger, H & Seguin, J.R. (1999). Eating disorders: Anorexia nervosa and Bulimia nervosa. In T. Millon, P.H. Blaney & R.D. Davis (Eds.) *Oxford textbook of psychopathology* (pp 365-389). New York: Oxford University Press.

Stice, E., Spangler, D., & Agras, W.S. (1999). Exposure to media-portrayed thin-ideal images adversely affects vulnerable girls: a longitudinal experiment. *Journal of Social Clinical Psychology*, 20, 270-288.

Sue, D., Sue, D. & Sue, S. (2003). *Understanding Abnormal Behaviour*. United States of America: Houghton Mifflin Company.

Terre Blanche, M., Kelly, K. & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds). *Research in practice. Applied methods for the Social Sciences* (pp. 271-284). Cape Town: University of Cape Town Press.

Tierney, S. (2006). The Dangers and Draw of online communication: Pro-Anorexia websites and their implications for users, practitioners and researchers. *Eating Disorders*, 14, 181-190.

Walker, R. (1985). *Applied qualitative research*. London: Gower.

Whitley, B.E. (2002). *Principles of research in the behavioural sciences*. New York: McGraw Hill.

Williamson, D.A., Anderson, D.A. & Jackman, S.R. (1995). Assessment of eating disordered thoughts, feelings and behaviours. In D.B. Allison (Ed.) *Handbook of assessment methods for eating behaviours and weight related problems: Measures, theory and research* (pp 347-386). London: Sage.

Wilson, J.L., Peebles, R., Hardy, K.K., & Litt, I.F. (2006). Surfing for thinness: A pilot study of pro-Eating Disorder web site usage in Adolescents with Eating Disorders. *Paediatrics*, 118 (6), 1635-1643.

Wren, B. & lask, B. (1993). Aetiology. In R. Bryant-Waught (Ed.), *Childhood onset anorexia nervosa and related eating disorders* (pp. 69-89). East Sussex: Lawrence Erlbaum Associates.

Young, K.S. (August 15, 1997). What makes the internet addictive: Potential explanations for Pathological internet use. Paper presented at 105th Annual Conference of the American Psychological Association.

Young, K.S. (1999). Internet Addiction: Symptoms, Evaluation and Treatment. *Innovations in Clinical Practice*, 17, 199-215.

APPENDICES

Appendix A: *Fading Obsessions* website content

Warning - Disclaimer

This site is a **pro-ana pro-mia** website plus forum and anorexic / bulimic chat room. It is for support of those who already have anorexia / bulimia and/or those that accept people that are anorexic or bulimic. Some images, links text and thinspiration may be considered triggering in nature. As well, if you are looking to get anorexia / bulimia by being here then please leave. You will not find information contained within this web site, forum, or any site linked to / from this website on how to become anorexic or bulimic. If you do not accept the condition of anorexia / bulimia / other eating disorders plus the pro-ana pro-mia movement then you must also leave this proana website immediately. Also you will not use this pro-ana pro-mia web site and or forum against anyone in any conceivable manner.

You have been forewarned. By entering this proana promia web site you are signing a digital certificate stating that you have read and understand the above mentioned conditions and you are entering this proana promia site knowingly and willingly of the aforementioned conditions. Entering by any other circumstance is perjury and can be punishable by law.

Ana Creed

I believe in Control, the only force mighty enough to bring order to the chaos that is my world. I believe that I am the most vile, worthless and useless person ever to have existed on this planet, and that I am totally unworthy of anyone's time and attention. I believe that other people who tell me differently must be idiots. If they could see how I really am, then they would hate me almost as much as I do. I believe in oughts, musts and shoulds as unbreakable laws to determine my daily behavior. I believe in perfection and strive to attain it. I believe in salvation through trying just a bit harder than I did yesterday. I believe in calorie counters as the inspired word of god, and memorize them accordingly. I believe in bathroom scales as an indicator of my daily successes and failures. I believe in hell, because I sometimes think that I'm living in it. I believe in a wholly black and white world, the losing of weight, recrimination for sins, the abnegation of the body and a life ever fasting.

Ana Commandments

1. If you aren't thin you aren't attractive.
2. Being thin is more important than being healthy.
3. You must buy clothes, style your hair, take laxatives, starve yourself, do anything to make yourself look thinner.
4. Thou shall not eat without feeling guilty.
5. Thou shall not eat fattening food without punishing oneself afterwards.
6. Thou shall count calories and restrict intake accordingly.
7. What the scale says is the most important thing.
8. Losing weight is good/gaining weight is bad.
9. You can never be too thin.
10. Being thin and not eating are signs of true will power and success.

Thinspiration

57 Reasons

01. You will be FAT if you eat today, just put it off one more day.
02. You don't NEED food.

03. Fat people can't fit everywhere.
04. Guys will be able to pick you up without struggling.
05. You'll be able to run faster without all that extra weight holding you back.
06. People will remember you as "the beautiful thin one".
07. If someone has to describe you, they'll say "oh she weighs like 90, 100 lbs".
08. Guys will want to get to know you, not laugh at you and walk away.
09. Starving is an example of excellent willpower.
10. You will be able to see your beautiful, beautiful bones.
11. Bones are clean and pure. Fat is dirty and hangs on your bones like a parasite.
12. If you eat then you'll look like those disgusting, fat, ghetto and trailer-trash hookers on Jerry Springer.
13. The models that everyone claims are beautiful, the spitting image of perfection, are any of them fat? NO!
14. Too many people in the world are obese.
15. People who eat are selfish and unrealistic.
16. Only fat people are attracted to fat people. Do you want pigs to like you because you are one of them.
17. Anyone can have "inner beauty" but few can earn real beauty, inside as well as out.
18. You'll be able to move as quietly and skillfully as a spider.
19. Only thin people are graceful.
20. If you slap a fat person you can see a shockwave ripple over their skin. That's disgusting.
21. Do you want people to say "for gods sake get off me you're crushing me!!!" or "you are sooo light" ???
22. Underweight aka perfect body.
23. Ballerina? or beanbag?
24. I want to be light enough so a helium balloon could lift me and carry me to the clouds.
25. I want to walk in the snow and leave no footprints.
26. Starve off the parts you don't need. They're ugly and they drag you down.
27. Nothing cant be fixed with hunger and weight loss.
28. Saying "no thanks" to food is saying "yes please" to THIN!!!
29. Fat people are so huge, yet people look away from them as if they don't exist.
30. The only time people do notice a fat person is when they get in the way of that beautiful thin girl walking by (ok that sounds really horrible i know.)
31. Have you ever seen a person NOT notice a walking skeleton.
32. Nothing tastes as good as thin feels.
33. Is food more important that happiness in life? I think not!

34. Eating is conforming to everyone else's expectations.
35. When you start to get dizzy and weak you're almost there.
36. Hunger is your friend and it won't betray you like food.
37. Food is mean and sneaky. It tricks you into eating it and it works on you from the inside out making you fat, bloated, ugly and unhappy.
38. Think of anorexia as your secret weapon.
39. If you can name one reason to be fat, I'll name a million and one to be thin.
40. Thin people look good in ANY kind of clothes.
41. Food rots your teeth.
42. Puffy cheeks, double chins and thick ankles-- aren't attractive.
43. Fatty areas stretch and sag as you get older.
44. Ever seen the arms of a fat person wave hello or goodbye?
45. Eating little to nothing saves you money!
46. The average (middle class) American wastes OVER \$8,000 a year on FOOD ALONE...it goes in one end and out the other. That sure is a lot of fat! No wonder so many Americans are obese and overweight!
47. Fat people make their country look bad.
48. Big people sweat more and they smell bad.
49. Fat people die earlier.
50. You'll be the envy of all the other girls.
51. All of the guys will want you.
52. You're less likely to get food poisoning.
53. You won't be exposed to all the chemicals and pesticides they put in food today.
54. You won't get sweaty on hot days.
55. The word fat will only apply to you in a sarcastic way.
56. No one wants to see a fat person dance.
57. Beauty Queen? or Dairy Queen?

Name	Height	Weight	B.M.I.
Adriana Lima	5"10	125 lbs.	
Amber Valleta	5'9	102 lbs.	15
Anna Kournikova	5"8	113 lbs.	17.2
Ashley Judd	5"7	125 lbs.	19.6
Audrey Hepburn	5'6	103 lbs.	16.5
Beyonce Knowles	5"5	150 lbs.	
Brigitte Bardot	5'6	125 lbs.	20.2
Britney Spears	5"4	130 lbs.	21.6

Calista Flockhart	5"6	97 lbs.	15.5
Cameron Diaz	5"9	120 lbs.	17.8
Carmen Kass	5'10	114 lbs.	16.3
Christina Aguilera	5"2	110 lbs.	
Christy Turlington	5'10	118 lbs.	17.1
Cindy Crawford	5'10	121 lbs.	17.3
Cindy Margolis	5'7	117 lbs.	18.4
Claire Danes	5'6	115 lbs.	18.5
Courtney Love	5'8	138 lbs.	21.0
Courtney Thorne Smith	5'6	118 lbs.	19.0
Danielle Fishel	5'1	95 lbs.	17.9
Denise Richards	5"6	119 lbs.	18.8
Diana Ross	5'4	100 lbs.	17.2
Drew Barrymore	5'4	120 lbs.	20.6
Elle MacPherson	6'0	128 lbs.	17.3
Emma Bunton	5'2	98 lbs.	17.9
Esther Canadas	5'10	101 lbs.	14.5
Faith Hill	5"8	121 lbs.	18.4
Fiona Apple	5"3	105 lbs.	18.6
Geri Halliwell	5"2	99 lbs.	18.2
Giselle Bundchen	5"11	115 lbs.	16
Gwyneth Paltrow	5"9	112 lbs.	16.5
Heidi Guenther	5'3	93 lbs.	16.4
Heidi Klum	5'10	120 lbs.	17.2
James King	5"9	120 lbs.	17.7
Jennie Garth	5'5	112 lbs.	18.6
Jennifer Aniston	5"6	110 lbs.	17.8
Jennifer Lopez	5"6	120 lbs.	19.3
Jenny McCarthy	5'6.5	120 lbs.	19.1
Jessica Biel	5'7	108 lbs.	16.9
Jessica Simpson	5'3	105 lbs.	18.6
Jewel	5'6	115 lbs.	18.5
Jodie Kidd	6'2	110 lbs.	14
Julia Roberts	5"10	120 lbs.	17.3
Julia Stiles	5'7	110 lbs.	17.1
Karen Carpenter	5'4	87 lbs.	14.8
Kate Moss	5"7	107 lbs.	17.3
Katherine Heigl	5'8	119 lbs.	18.1
Katie Holmes	5"8	120 lbs.	18
Keri Russell	5'4	117 lbs.	20.1
Kirsten Dunst	5"4	100 lbs.	17.2
Lacey Chabert	5'4	105 lbs.	18.0
Laetitia Casta	5'8	120 lbs.	18.3
Leann Rimes	5'5	115 lbs.	19.2

Lisa Kudrow	5"7	123 lbs.	18.8
Lucy Lawless	5'11	140 lbs.	19.4
Mandy Moore	5"8	108 lbs.	16.4
Mariah Carey	5'9	107 lbs.	16.1
Mayra Hornbacher	5"1	52 lbs.	9.8
Michelle Williams	5'4	110 lbs.	18.9
Milla Jovovich	5'8	116 lbs.	17.6
Naomi Campbell	5"10	110 lbs.	15.8
Neve Campbell	5"5	123 lbs.	20.5
Niki Taylor	5'10	118 lbs.	17.0
Pamela Anderson	5'5	105 lbs.	17.5
Paris Hilton	5"8	115 lbs.	
Rachael Leigh Cook	5'2	100 lbs.	18.3
Rebecca Gayheart	5'8	110 lbs.	16.7
Rebecca Romijn-Stamos	5'11	128 lbs.	17.8
Rose McGowan	5'1	92 lbs.	17.4
Salma Hayek	5"7	115 lbs.	18
Sarah Michelle Geller	5"3	98 lbs.	17
Shania Twain	5'4	110 lbs.	18.9
Shannon Elizabeth	5'9	110 lbs.	16.2
Stacey Dash	5'4	110 lbs.	18.9
Teri Hatcher	5'6	106 lbs.	17
Thora Birch	5'5	110 lbs.	18.3
Tyra Banks	5'11	122 lbs.	17
Victoria Beckham	5'6	110 lbs.	17.8
Yasmine Bleeth	5'5	117 lbs.	19.5

Red Bracelet

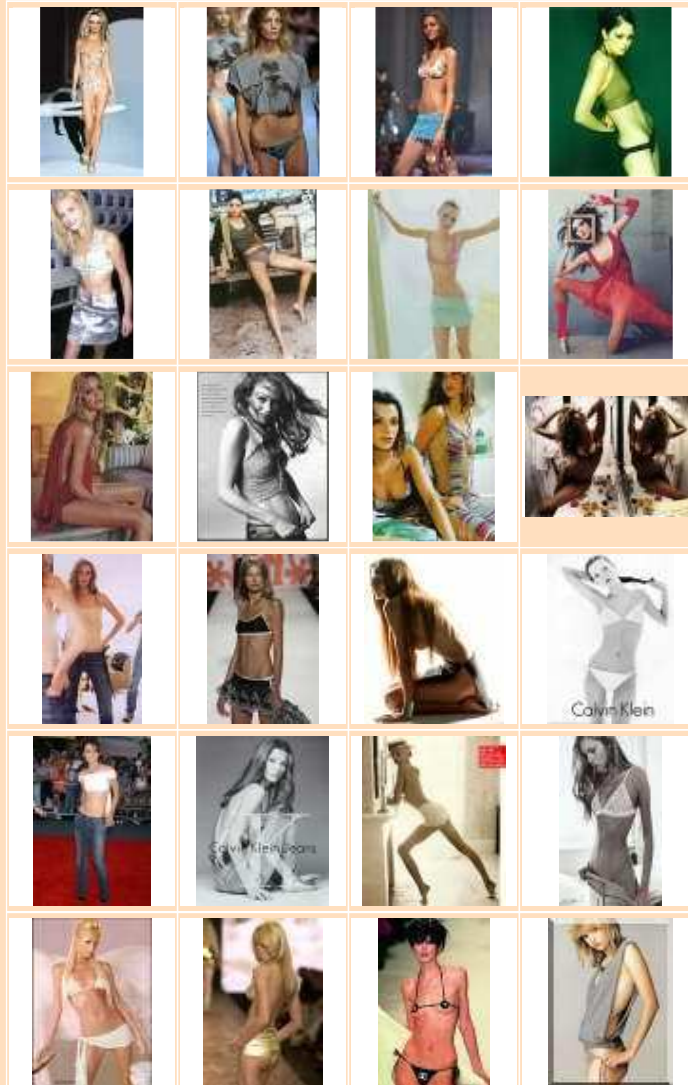
IFOF is a term that means "identification friend or foe" most commonly used in the aircraft industry. It is a thing on an airplane that tells people reading the signal if they are a friend or foe. We now have a system of our own. I got this from another site: Have you ever wondered if the skinny girl you see has an ED (A or M)? And proud of it? You so desperately want to ask, or even try to make friends but are scared? Well, no more ... since we have our ribbon "Ana is a lifestyle..." and its red.

I propose that we all get a red beaded bracelet. You can make it or buy them. Wear it daily or when you go out to secretly say that you are proud to be pro-ana or proud to have an ED that is. Anytime you see someone wearing a red beaded bracelet, capture their eye contact and point to your bracelet, and if they return the same point to theirs ... then they are ED friendly. If not, then its just someone whom is wearing one.

As for those who are older and feel silly wearing a beaded bracelet, wear a red t-shirt every Monday or when you go out on Mondays.

Please pass this along to every proED clubs, forums, websites (secrets/public) for we need to be known widespread secretly amongst us. So, copy/paste everyone!!!

Thinspiration Pictures



Motivational Quotes

01. Perfection is reached, not when there is no longer anything to add, but when there is no longer anything to take away.
02. Time spent wasting is not wasted time.
03. Nothing tastes as good as thin feels.
04. A moment on the lips, forever on the hips.
05. Thinner is the winner.
06. You can never be too rich or too thin.
07. Hunger hurts but starving works.
08. The flat stomach is nice, but a concave one is perfect.
09. You will be tempted quite frequently. You will have to choose whether to enjoy yourself wholly for those 20 minutes or so that you will be consuming excess calories, or whether you will despise yourself cordially for the next three days.
10. Eat to live, but don't live to eat.

11. Quod me nutrit, me destruit (What nourishes me, also destroys me.)
12. Most women live their lives in a state of starvation. Why should I be any different?
13. It's simple: You decide once and for all that you aren't going to eat, and there are no further decisions to make.
14. In the body, as in sculpture, perfection is attained not when there is nothing left to add, but when there is nothing left to take away.
15. It's not deprivation, it's liberation.
16. Being normal is over rated.
17. Food is like art, to be looked at not eaten.
18. Every time you say no thank you to food, you say yes please to thin.
19. You have a choice to make, do you want to be "Normal" and overweight like the rest of the world, Or do you want to be unique and be that girl every overweight person wants to be? It's all up to you.
20. I do eat normally: only what is needful for survival. I can't help it that we live in a piggish society where gluttony is the norm, and everyone else is constantly stuffing themselves.
21. Think higher of yourself, your too good to put that in your body.
22. Anorexia is not a self-inflicted disease, it's a self-controlled lifestyle.
23. When I wake, I'm empty, light-headed. I like to stay this way, free and pure, light on my feet, traveling light. For me, food's only interest lies in how little I need, how strong I am, how well I can resist, each time achieving another small victory of the will.
24. The difference between want and need is self control.
25. I've come too far to take orders from a cookie.
26. They always say they're concerned with me, about my health, when all they want to do is control me. They want to pin me down and force-feed me with lies, with what they call love.
27. The greasy fry, it cannot lie, its truth is written on your thigh.
28. They say I could die if I get to thin and I tell them I Could die getting to fat also. The difference is dieing thin is a challenge and I am not one to give up one a challenge.
29. We are prisoners of our taste buds - BREAK FREE!
30. I want my collarbones and hips to be as sharp as my mind.
31. You can learn to love anything I think, if you need to badly enough. I trained myself to enjoy feeling hungry. If my stomach contracts, or I wake up feeling nauseated, or I'm light-headed, or have a hunger headache or better yet, all of the above, it means I'm getting thinner, if feels good. I feel strong, on top of myself, in control.
32. Denying yourself food is not true deprivation - never being thin is.
33. There is no try, there is only DO.
34. I have a rule when I weigh myself. If I've gained then I starve the rest of the day. But if I've lost, then I starve too.
35. Re-measure, reweigh, try harder.
36. Your body is the baggage you must carry through life. The more excess baggage the shorter the trip.

37. You have such a pretty face, why don't you try dieting?
38. Pain is temporary; Pride is forever.
39. An imperfect body reflects an imperfect person.
40. Don't give up what you want most for what you want at the moment.
41. I'm a teenage drama queen, I'll throw my guts up for self esteem.
42. Empty is pure, starving is the cure.
43. Be like a postage stamp. Stick to one thing until you get there.
44. Like a plant, surely the body can be trained to exist on nothing, to take it's nourishment from the air.
45. Feed the soul; let the body fast.
46. If you close your mouth to food, you can know a sweeter taste.
47. The less I swallowed, the more I declined, the more I hope to pare things down to the essentials.
48. The more they give me, the less I'll eat.
49. Eat less, weigh less.
50. Thin has a taste all its own.
51. Happy or sad, rich or poor, it's better being thin.
52. I don't care if it hurts, I want to have control, I want a perfect body, I want a perfect soul.
53. If it tastes good, It's trying to kill you.
54. An ordinary girl, an ordinary waist – but ordinary's just not good enough today.
55. The word is control. That's my ultimate - to have control.
56. "I am your butter and your bread. The voice that's in your head. I'll take you in and fill you up with a lack of being fed" -Ana
57. I want to be the smallest I can possibly be...when I see bone, that's the day I will finally feel free...
58. I'm not yet a winner. I could be thinner. So I must go throw up dinner.
59. Giving in to food shows weakness, be strong and you will be better than everyone else.
60. I'm not starving myself. I'm perfecting my emptiness.
61. I, the hunger artist, rarely disappoint my audience.
62. How many pounds till I am happy? How many pounds till I get thin? Three more pounds till I am skinny, three more pounds and I win!
63. Anorexia is not a disease. Anorexia is not a game. Anorexia is a skill, perfected only by a few. The chosen, the pure, the flawless.
64. Anorexia is like a game; you play, you win, and then it's over. Or you keep playing.
65. Nothing. Nothing is wrong. And asking is against the rules. Crying is against the rules. Your strong, don't let them break you. They're trying to destroy you.
66. When it comes to losing weight, those who can do; those that can make excuses.

67. Don't eat. If you want to see food, look in the mirror at your thighs.
68. What's in your fingers today is on your hips tomorrow.
69. The only freedom left is the freedom to starve.
70. You are what you eat.
71. Good habits result from resisting temptation.
72. There are admirable potentialities in every human being. Believe in your strength and your youth. Learn to repeat endlessly to yourself, 'It all depends on me'.
73. Food is the most primitive form of comfort.
74. Act as if it were impossible to fail.
75. Blessed are the starving, for they shall teach us not to want.
76. You want food? Look at those THIGHS!
77. Fridge pickers wear big knickers.
78. Don't eat anything today that you'll regret tomorrow.
79. Craving is only a feeling.
80. Bones define who we really are, let them show

Tips and Tricks

General Distractions

- Strip all your bed sheets and wash them.
- Do some dusting around your place.
- Clean out your computer of unwanted files by doing a disk clean-up and a disk defragment. Your computer will run better and faster.
- Get a couple programs called Ad-Aware, plus Spybot Search and Destroy and scan for adware components. You don't want that stuff on your computer.
- Do a free online virus scan at trendmicro.com to make sure your system is clean.
- Check online for security updates for your software. Better safe than sorry.
- Exercise, exercise, exercise. It's good for you, keeps you fit and moving burning unwanted calories.
- Listen to upbeat music and dance around.
- Watch TV, but place the remote control far away. This makes you get up when you want to change channel, ect.
- If your sitting, twitch your leg. Might as well burn calories while you sit down too.
- Play a musical instrument. (For me it's guitar ... I'm terrible but I still play it.)
- Design your own thinspirational or pro-ana site. It's actually quite time consuming, fun and it teaches you a skill.
- Find songs that relate to ana/mia.
- Burn a thinspirational cd.
- Make a list of your goals and how/when you want to have them acheived by.
- Try out a new hair style.
- Exfoliate your body. (Must have very warm shower for this to open your pores.)
- Give yourself a make-over.
- Have a cool shower.
- Go through the song section and download the songs, then burn your own thinspirational CD.
- Keep checking back into this site, join my forums and post. (Lol, I know ... cheap pop.)
- Do an online research of your favorite musician, and join any Yahoo groups that might be around on this musician.
- If you don't already get a Yahoo account and enjoy the benefits like free e-mail account, messenger, groups, games, ect.

- Get AOL instant messenger, then chat with others.
- Unsure about a piece of information regarding weight loss / metabolic rate, ect.? Do an online research to make sure your information is as accurate as possible.
- Make your own journal, writing down goals - food eaten - calories burned - weight lost - thinspiration pics - motivational things, and such.
- Brush your teeth. Get a travel-sized toothbrush and toothpaste set and use it often. A clean minty mouth can make the thought of eating less attractive. Also, if you brush after every meal and every supposed meal, it's less obvious whether you've eaten or not.
- Take a shower. Hot steamy water can suppress the appetite, in me at least, and paying close attention to your body will serve to remind you exactly why you're losing weight in the first place. If you feel clean you may not want to "dirty" yourself with food.
- Fidget, take up a new hobby, find something to focus on. Find something with which to distract your hands and / or mouth. Chewing gum works for many people, but check for calories. Sewing or stringing beads is good, detail-oriented and monotonous. Keep yourself occupied.
- Exercise. Find something you love to do and do it. If, like me, you're too self-conscious to exercise where people can see, then do it when you're alone at home or in a locked room or other safe place. Make it interesting. The best I've found? Dancing. Find music you love, cover the windows up, and don't even think about what you may look like since there's nobody to see. It's a lot of fun, and it helps you get more familiar with your body as well.
- Find triggering pictures. You have internet access, I know you do. When you feel like eating, pick an actress or model that you think is particularly beautiful and search for pictures of them ... or for pictures of people you find particularly ugly and fat. It's a slow, involving process and for me at least a great way to avoid eating.
- Take a nap. A lot of people think they're hungry when really they're just tired. Also, drink water, since thirst can make you think you're hungry as well.

Fasting Tips

Fasting Facts:

- Water fasting cleanses the body, as the stored food (fat) is used rapidly and the body simultaneously expels built up toxins.
- If you are fasting for weight loss (um, yeah!!) and are following a juice or tea fast, a few days on just water will intensify the fast.
- Fasting can clear the skin and whiten the eyes and initiates rapid weight loss (yay!).
- Water fasting is not recommend for a first fast as toxins are released into the blood very quickly.
- Fasting makes it easy to overcome bad habits and addictions.
- Fasting allows you to have taste appreciation for clean, natural foods.
- Going on a fast can give you the motivation and the enthusiasm you need to make a fresh start! (And we all need a fresh start from time to time.)

Fasting Info:

- Distilled water is best for water fasting.
- Juice made w/fresh, organic fruits is best for juice fasting.
- Do not drink orange or tomato juice on a fast.
- You can dilute your pure juices w/water.
- Green juices made from leafy green veggies in a juicer are great for detoxifying.
- Pure veggie broths are good (with no seasons added).
- Herbal teas and honey can aid in fasting.
- Typical fasts (going totally w/out any solid foods) usually are performed as 3 day, 7 day, 10 day, 14 day or 21 day increments. 28+ days should be supervised. (Or at least the person fasting should let someone know they are doing it.)
- Break a fast by eating raw fruits and veggies the first five-seven days after your fast. Go back to solids slowly.
- Do not binge or overeat after the fast (or during!). Try to discover the amount of food your body really needs.
- Meditate, go for a walk, take lots of naps, journal, listen to music, take long, warm bathes and relax. This is your time for healing, losing weight and gaining self-control!

More fasting tips:

- Many people experience nausea and headaches during fasting and this is often caused by caffeine withdrawal (and we all love our caffeine here) so I recommend, if possible, if you are a heavy soda or coffee drinker start tapering off about a week before the start of your fast. This should do the trick and make it a little easier and your headaches won't be so painful.
- After your fast, when you start to eat normally try very hard not to gorge. The calories you take in directly after your fast will stay with you a lot longer than those acquired when your metabolism is up. Also, you could experience pain and become very ill.
- Don't eat a big meal the night before your fast and never end your fast with heavy foods. Keep it light w/raw or lightly steamed veggies and fruits.
- Dry skin brushing helps your skin to breathe easier and can help eliminate uric acid and other poisons from your system, taking the strain off your kidneys and liver. Start at the feet and stroke your skin towards the heart. Do these before you shower.
- Epsom Salt baths are soothing to sore-achy, weak muscles and also help eliminate toxins through the skin. Warm Epsom Salt baths are great during fasts.
- There are many types of fasts, here is another: The milk and fruit fast: 3x a day, a glass of milk, raw fruit and water in between.

Some more tips during your fast:

- Try to get plenty of sleep. And if you can't stand your stomach growling the first few days, and are tired of downing the H2O, take a nap... listen to some soothing music and drift off.
- Get a massage. If you can afford it, or have your partner or a close friend give you a good rub down or deep tissue massage. This really soothes muscles and makes you calm and sleepy. It helps when you're having trouble sleeping due to hunger during your fast. Plus, it awakens your body, pushes the blood around, etc.
- You may feel weak during your fast so if this is the case, be careful of black outs and don't exercise until you've finished the fast... Stick to stretching, light walking and deep breathing.
- If you suffer from diabetes, hypoglycemia or other similar conditions, please be very, very careful fasting. I'd say don't fast at all but if you feel you can do it safely, you may need a slice of avocado or a banana... You could also add protein powder to your juices.
- Sometimes during a fast, the person will experience back pain. If so, a cold pack will help.
- Canker sores can be healed quicker by dabbing tea tree oil or vitamin E on it.
- If you are just too tired on your water fast, go to a juice fast and if you are already juicing, drink more carrot and melon juices for energy.

Water fasts are always the hardest but fastest for weight loss and detox.

Juice fast is next best and somewhat easier, especially for first time fasters.

You'll lose pounds faster if you have a fast metabolism and slower if you have a slower metabolism. On average, fasts allow you to lose 1-2 lbs per day. Some experience more around 3-5 lbs per day. You'll lose the most and the quickest during the beginning of your fast.

General Tips

Water. We absolutely must drink water to survive, and it has zero calories, so there's no excuse to not drink it. As we typically get much of our water content through foods, when we reduce food intake we begin to dehydrate ourselves, which is dangerous. Also, cold water chills the body and may raise metabolism to get warm again.

Vitamins and minerals. We must have these, too, to survive and so again there is no excuse to not take at least a basic daily multivitamin (which may help reduce some cravings as well). Vitamins are vital in keeping our bodies functioning and our skin / hair / teeth nice. Particularly be aware of electrolytes (potassium, magnesium, salt, along with water balance) and calcium.

Protein. Protein is necessary, particularly if you're exercising. It maintains and repairs our muscles, including heart muscle, which is (last I heard) kind of a requisite for continued survival.

Watch fat intake. Fat has, per gram, more calories than any other source of energy and is stored more easily. Switch to low fat everything, then progress to nonfat. Nonfat food tends to taste like crap (in my opinion) and you may end up eating less because of that.

Caffeine. While caffeine can be an appetite suppressant and can increase your metabolism, it will also act as a diuretic. Drink a glass of water for each cup of tea, coffee, or diet soda you have. Again, dehydration is a potentially serious problem.

Always read labels to avoid nasty surprises. This happens to me all the time and makes for some panicky stress-moments. Also, look up food charts and be aware of the caloric / nutritional content of everything you eat.

Understand yourself. Learn what you need, and when, and why. Everyone is unique and there are no hard-and-fast universally applicable laws. Our bodies are very good at telling us what we need, and knowing what you need gives control over how you choose to satisfy those needs.

Find your binge triggers, be they food or places or people or feelings. Avoid them at all costs. Figure out more acceptable ways of dealing with those triggers than stuffing yourself silly.

Learn when you tend to eat and why you eat then in particular. Plan to be doing something unrelated to food at those times. Many of us find night to be the hardest time to avoid food.

Get plenty of sleep. Steal naps whenever you can and rest when you need to rest. Sleep deprivation increases appetite and makes you age faster.

Purging Tips

This is not good and I am not suggesting it for anyone. In fact, I suggest that you do everything you can to lose any purging habits you may have picked up. It's dangerous and very damaging. But I understand that some people need to purge (hell, sometimes I do) and I think that if you're going to do it then you may as well be as safe as possible.

No syrup of ipecac. I'm not kidding about this one. This shit is terribly dangerous and for use in medical emergencies only. It causes severe and permanent heart-damage. People have died from taking this, sometimes the very first time they've used it. I've tried it, it sucks, don't do it. Trust me here. Remember that if you die in painful screaming misery, you'll never reach your weight-loss goals and will probably be found crumpled up in your own assorted by-products.

No diuretics or water pills. There's no point. They don't make you lose any real weight, only water, and water loss does not count as weight loss. Dehydration can kill; you want more water, not less. A water-starved body will be more hungry as well and will hold onto everything you do put into it. If you're retaining water, drink more water and a little caffeine. It will go away eventually on its own.

No laxatives. They're habit-forming in that after a period of time your digestive system will not function without them. Overdoses of laxatives can dehydrate you to the point of death, or rupture your intestines. If your digestive system isn't behaving right, go for fiber supplements like Metamucil instead, they're good for you instead of bad.

Avoid throwing up whenever possible. Stomach acid is vicious. It eats away teeth and makes them ugly. It eats away at your esophagus and sphincter valves. Over a period of time, throwing up will disable your upper digestive system as thoroughly as laxatives will disable your lower digestive system. It also puts terrible strain on heart and head, and can cause dangerous electrolyte imbalances.

Avoid punishing a binge with an immediate fast. If your body expects large amounts of food, then depriving it cold turkey may cause even more hunger and binging. It's a cycle... binge, fast, binge, fast. Don't start. Regulate your food instead and be gradual with changes in how much you eat.

Remember that exercise in itself doesn't really burn off all that many calories and is pretty useless for burning the results of a binge. However, exercise raises metabolism and builds muscle, and the added muscle raises your metabolism even more, so you burn more calories all the time. Design yourself a steady exercise program and follow it consistently instead of sporadically overworking and hurting yourself.

Keep a box of baking soda, a cup, some water. Rinse your mouth with baking soda dissolved in water after purging. This helps neutralize acids and spares your teeth and mouth somewhat.

If you use laxatives, make very sure to be well-hydrated beforehand. Drink extra water and take potassium. It really helps against cramping, pain, and dizziness.

Drink a ton of water while bingeing. Say, a full glass of water between every couple units of food you're eating. Not only does this fill you up faster with fewer total calories, while still letting you get the taste of the food you want, it makes purging a hell of a lot easier and more effective. Be sure to drink water before a binge, or right at the start of one, and then space the water throughout so it mixes with all the food instead of just sitting on top of it.

Eat the healthy stuff first. Fruit or veggies or a salad or something fairly low-cal that you wouldn't mind digesting as much. Since it's hard to get everything up, and since food comes up roughly in reverse order to how it went down, cushion the bad high-cal junk with safer foods.

Refeeding Tips

Eventually you may decide to try a more regular-type food intake. This sounds much simpler than it actually is, particularly if you've severely restricted or been purging.

Tums are your friends, don't leave home without them. There will be much stomach acid. It will hurt like holy fuck. Watch your acidic-foods intake, like fruits and veggies, because they can be particularly hard on insides before your chemical balance re-establishes itself.

Yogurt. Stick with the nonfat kind if you like, but eat as much as you can take, helps re-establish healthy intestinal flora.

And gingersnaps. Great for settling the stomach.

Just because you're eating doesn't mean you have to eat like a fat ass. Diet and nonfat foods are perfectly acceptable. Hell, everyone else eats them... and it doesn't seem to register with watchers that there's a difference between a 600-calorie plate of turkey and a 150-calorie package of fat-free turkey slices, or a 200-calorie bottle of Sobe and a 15-calorie bottle of Sobe Lean. Exploit as desired.

Bread products are great. Fiber is vital for rebuilding and strengthening atrophied intestinal muscles. Be warned, though... there may be gas, irregularity, and general discomfort for a while as this happens. Always know where a nice private restroom is.

Soy milk. The nonfat kind if you like. You will need extra protein if you have much muscle to replace, and it's pretty low-cal.

Avoid saturated fats and cholesterol.

Continue to take your vitamins, damnit.

Listen to your cravings, your body will have a very good idea of what it needs to take in for proper reconstruction. Continue to take whatever precautions against binges you need.

Re-hydrate. Very important as your body gets used to processing food. Drink V8 and soymilk and non-acidic fruit juices like mad.

Secrecy Tips

Depending on your situation you may have a greater or lesser need to keep people from finding out your behaviors.

Don't raise suspicions. Once people realize what you're doing, you'll be watched and monitored and suspected. Start hiding your habits and practices before anyone even sees them. It's much easier to keep people clueless than it is to fool people who know something's going on.

Check the fridge when nobody else is around. Find foods that you would have eaten and get rid of them, for example, three eggs and a piece of butter. Then if someone asks, you can say you had scrambled eggs and are really full. And if they check, the ingredients are gone, which reinforces your story. Consider dishes and silverware as well.

Don't bring up the subject of food around other people. Have your excuses for not eating ready in case they should bring the subject up. Some excuses I use : "My stomach's a little upset", "I'm too (tired, excited, nervous, busy, etc) to eat", "I don't feel like (whatever food it is), I'll get something later", "I did eat, didn't you see?", and "I stopped by (Arby's, Burger King, Subway, etc) earlier".

If you plan to say you stopped by a fast-food place or restaurant, be sure to take out several dollars from your wallet (or wherever you keep it) and hide them someplace they won't be discovered. Be sure also to stop and wait for about the amount of time it would have taken to eat the food before going home, and know what you supposedly ordered. The money you hide can be saved up as a reward.

Spend different meals with different groups of people, tell them all that you had a big meal earlier or will be eating something later on. Make sure the different people will not be comparing notes. Or plan your schedule so you're too busy at mealtimes to eat then.

Trash. Watch where you dispose of uneaten food or other "evidence", make sure that it isn't going to be seen or found by anyone. Wrap food up and throw it away outside the house. If you live alone, always take the trash out before anyone else comes over.

Buy food. People are fairly predictable. If they see you buy food and come home with food, then they just naturally assume that you eat it as well. Get things like crackers and cookies and dried fruits, keep them in your room, and carefully pack them out again later to throw away. Careful, this can be a little dangerous if you're prone to bingeing and have trouble keeping food around, or if you feel guilty about throwing food away. If the food's something you don't like and won't binge on this may be easier to do.

Don't get angry. Don't deny everything if confronted. People will believe a little truth with a big lie much easier than a huge lie. Act as if it's no big deal instead of reacting emotionally and people will tend to believe you.

Tell people you're on a diet, you became a vegetarian, your doctor has you eating only certain things, whatever. Often people will be very helpful in keeping you from eating if they think there's a socially acceptable reason for it.

Don't show off your weight loss until you've reached the weight you want to remain at. People will start to watch you more carefully and maybe ask questions, and you want to avoid calling attention to yourself.

Self Control Tips

Keep a food diary. Write down everything you eat and anything else you feel might be helpful to know. This will allow you to measure progress and track patterns over time.

Set yourself rules regarding food. Pick ones that you know you can follow and stick with them. Then, keeping these, gradually add on more rules until your eating is entirely under control. It's hard to restrict yourself all the way at once, and more effective to do it in increments. The idea here is to sort of sneak up on yourself in tiny little stages, adapting to each new rule before making another.

Reward yourself, don't punish. Punishment is not effective and will do more emotional harm than physical good. Calculate how much money you're saving by not eating and add this up until you have enough to buy something you like (but not food). Or, put a penny (dollar, marble) in a jar for every small goal you keep and treat yourself with something (not food) once you reach a certain amount. Remember that these rewards will last longer and give more pleasure than food you would just eat, process, and

discard.

Eat slowly, in small bites. Cut your food up into small pieces. Pause while eating to drink water or whatever other liquid you enjoy. It takes a while for "full" signals to get from our stomach to our brain. Also, if you eat over a longer period of time and add more liquids, it can trick your mind into thinking you've eaten more.

Take out only the amount of food you plan on eating. Wrap everything securely up before you start eating and put it away. Don't go back for seconds. Don't nibble while preparing food, either. Those bites and crumbs add up staggeringly fast.

Think about food before and while you eat it. Think about where it came from and exactly what happened to it before it reached you. This works particularly well with meat, dairy, and egg products.

Food associations. Find something that makes you feel vaguely ill or unpleasant, get a picture of it, and put the picture beside your food. Switch pictures frequently and make sure to look at the pictures while you eat. After a while you may begin to associate food itself with unpleasantness, which will make you less inclined to eat.

Give yourself permission before eating. Stop and think about it, consider if you really want to eat whatever-it-is. If your answer is yes, then say (or think) something like "I'm allowed to eat this" or "I have permission to eat this".

Plan your meals in advance, for the day or week or whatever. Decide what you are allowed to eat each day. If you know that you will be eating, it may help you avoid eating other things.

If you feel yourself starting to lose control while you're eating, stop. Set your food down, take a long drink of water or some other cool liquid, and take a deep breath before resuming eating. This can help interrupt a slide into binge-mode. Remember to remind yourself that you are still going to finish your food and that you aren't stopping, just pausing for a moment.

Sabotage your food. Make it with too much water, too little sugar, an ingredient you don't care for. Add too much salt or pepper before you eat. You will eat less of it if it tastes bad.

Pick apart your food cravings. If you eat food in separate parts instead of all mixed into one, it feels like you've eaten more and you don't get extra stuff you don't really need. For example, if you're really craving pizza, think about what it contains. Bread, tomato sauce, cheese. Drink a can of V8 or eat a tomato. If you still want pizza, have a rice cake or a few crackers or some other starch. If you still want pizza, have a piece of cheese. Or if you're craving peanut butter, have a handful of peanuts and avoid the added sugar and oil contained in most commercial peanut butter. If that doesn't work, eat a spoonful of honey for the sweetness overload. Same net effect, fewer total calories, no wasted empty added crap.

Miscellaneous Tips

About weighing yourself. Everyone has different methods here that work for them. Many people get discouraged with weighing themselves every day, because our weight is not a stable thing and can vary drastically from little insignificant things. Try to get a better overall picture through the fit of your clothing instead.

Throw food away before you eat it. A lot of people feel guilty and don't like to toss food. There's nothing wrong with this. Remember, though, that food gets discarded any way you look at it... purging, digesting, tossing... and isn't it better to get rid of the food before it puts fat on you instead of after? If you still hate to discard food, see how much of it you can donate to your local shelters and community service programs.

Apple cider vinegar (or possibly vinegar in general). It may help raise metabolism and burn fat. It may for you work as an appetite suppressant. Be careful, though, it may also hurt your stomach or cause nausea. Don't take more than a couple teaspoonfuls at a time. Try it mixed with honey in a glass of water, or in diet 7up or other clear carbonated soda about twenty minutes before eating, you may feel full quicker or decide not to eat at all.

Eat dense foods. They'll feel like more in your stomach. Light or fluffy foods tend to compact, and don't fill you up as well. Drink lots of liquids.

Avoid refined foods. They're in large part empty calories, and they don't satisfy the body or supply good solid nutritional requirements. The closer to natural you eat, the more value you get per bite, and the less you'll need to eat. Substitute whole grains for white flour and raw sugar for refined white sugar particularly.

Don't fill up on bread. It's deceptive. Six slices of bread can feel the same as one sandwich in your stomach, and it gets processed very quickly. If you do eat bread eat whole-wheat or grain bread, which will feel denser in your stomach as well as be healthier for your digestive system. Make a sandwich with vegetables or low-fat cottage cheese or salsa instead of eating bread plain.

Avoid alcohol and other drugs. Anything that can affect you will affect you more strongly and in different ways, and anything that affects your mind will lower your level of control. I hear the munchies are a nightmare when you're trying to lose weight, and waking up with a hangover surrounded by half-eaten food evidence can't be too much better.

Be careful with over-the-counter weight loss products, including the natural and herbal ones. They speed up your metabolism, yes, but they're designed to be taken with a decent amount of food and can be very very bad for your heart, head, digestive system, and nervous system if you use them with a severely restricted food intake. They can also mess up your sleep cycles, and people with irregular sleep cycles tend to eat more. I would suggest half doses to start with since they'll have more of an effect on someone eating very little, and watch for signs of panic, anxiety, or irritability.

Don't get discouraged with yourself. You didn't put on weight overnight, and it won't come off overnight either. These things take time, and time will pass no matter how much you're eating.

Big-n-Quick 157 Tips

001. Keep a thinspiration book. Get a really nice journal or something and print pictures of skinny models, tips, quotes, or workouts, and glue it in there. Look through it whenever you want to binge.

002. Keep a stack of magazines weighing the same amount you want to lose. When you lose weight remove some magazines from the stack. It will be thinspirational to see that pile slowly start to get smaller.

003. Eat on a blue or black plate. Dark colors usually make you feel fuller, faster. Better yet, eat on small dark plates.

004. When you want to eat something you shouldn't, make a list of all the reasons you shouldn't, and read it 20 times.

005. When you get a craving, count to 100 really slowly, and it might pass.

006. If you live by yourself, put up motivational pictures or numbers on the unsafe foods. Stick your goal weight to the peanut butter jar.

007. Get one of those three ring binders and make a section for each part of the body. Put all the exercises you've got in there according to what body part there for.

008. Pick one food for the day, like an apple. Cut it into 4 quarters. Eat one part for breakfast, one for lunch, one for dinner, and you've got one left over for a snack.

009. Take a Polaroid picture of yourself wearing nothing but your underwear. When you want to binge, look at it, and see all that fat that you need to get rid of? Carry it in your wallet whenever you go somewhere where there will be food.

- 010.** If you live by yourself and prone to binges, buy only the food you need for the day. That way if you eat it, there isn't anymore.
- 011.** Eat with the opposite hand you normally do. Left handed people eat with their right hand, and vice versa.
- 012.** Wear a rubber band around your wrist and snap it when you want to eat. You'll train yourself not to think about eating.
- 013.** Spend a little time every day on pro-anorexic sites or doing something completely and totally thinspirational.
- 014.** Clean something gross like a litter box when you want to eat.
- 015.** Wear tight tight jeans so you remember how much weight you have to lose.
- 016.** Pour tons of something gross on your food like salt or dish soap so you can't eat it. (if your eating out, use the former, and say you accidentally put too much salt on, and its too salty)
- 017.** If you get really bad headaches it could possibly be from dehydration so drink lots of water.
- 018.** Eat in front of the mirror. Hell, eat in front of the mirror naked and see how much you want to eat then.
- 019.** Drink herbal teas. They have no calories. If you don't like them unsweetened, buy some splenda. Or if you're more in to natural stuff, try stevia, its like sugar, but no cal.
- 020.** When you get the urge to eat chew sugar free gum. Just make sure you keep track of how much you have. Most kinds have 5 calories a piece.
- 021.** Freeze your foods. I freeze yogurt and make ice cubes out of Crystal Lite. Frozen yogurts take forever to eat so you feel occupied longer.
- 022.** When you go to a restaurant order something that's not too unhealthy. Put half of it in a doggy bag and say your going to eat it tomorrow for lunch. Then eat half of what's on your plate and "forget" the doggy bag in the restaurant.
- 023.** Eat breakfast and lunch or just breakfast, never eat dinner cause if you eat dinner you don't give your body enough time to burn off the calories.
- 024.** Go shopping and try on clothes that you wish you could fit you and that should stop your craving for food.
- 025.** Pinch all your fat if you want to eat and see how disgusting it is and then you'll think that if you eat you'll just add more to it and you don't want that.
- 026.** If you can go to your kitchen and take all the bad foods that you know you will binge on and just throw them away.
- 027.** Make sure you get enough calcium. Take your vitamin.
- 028.** If you sit a lot every hour get up and go crazy start dancing or jumping stupidly or anything like that it will boost your metabolism for a little.
- 029.** Stay away from food and the kitchen there evil!(unless your parents are around, then pretend like you just finished getting a snack)
- 030.** Have you ever noticed that most people who you see eating are fat? Well remember this if you eat like them you'll be as fat as them.
- 031.** Try to plan how much your going to eat and what there's a 30% more chance you

wont over eat then.

032. Look at supermodels do they look like they eat?! No! So if you REALLY want to look like them then don't eat.

033. A calorie is a calorie so it doesn't matter what kind you eat just eat under 1000 and you'll lose weight.

034. Make a meal plan with all the days and put the limit of calories you'll allow yourself to after you eat write down what you ate.

035. To keep a binge from coming go outside, do 20 pushups and then 20 jumping jacks after you won't feel like eating anymore. Better yet, do them in front of the mirror. naked.

036. To boost your metabolism and keep you feeling full drink several green tea's each day.

037. Every ana should take at least one multivitamin per day, no calories, but essential for every ana.

038. Two tablespoons of vinegar before the meal helps suck the fat out.

039. Caffeine is great ~ it decreases appetite.

040. Peppermint tea or lollies are a great appetite suppressant.

041. Diet Cola, Pepsi or Pepsi Max are 1 cal per can ~ drink, drink, drink...

042. Don't stop moving' ~ every cal counts.

043. Don't swallow ~ chew and spit.

044. Eat seaweed or kelp pills ~ they say it boosts the metabolism.

045. Don't slouch, sit straight ~ you burn more cal's that way.

046. Dress down, more cal's are burnt when you're cold.

047. Lack of sleep stimulates appetite ~ but burns more cal's.

048. Spicy foods boost the metabolism.

049. Eat negative cal foods.

050. Eat lots of celery ~ a negative cal food too.

051. Drink at least 3 liters of water per day ~ it will help you feel full.

052. Munch on ice cubes to create a feeling of fullness.

053. Take it slow ~ it takes 20 minutes for the stomach to realize it is full.

054. Eat lots of fiber ~ expands in your stomach to create a full feeling.

055. Don't eat in front of the telly ~ concentrate on the food while you eat ~ you get more satisfied.

056. Eat vegetarian sausages instead of real meat.

057. Do 50 sit ups every morning ~ it will raise your metabolism and make you more motivated to do things throughout the day.

058. Cabbage makes you lose weight ~ but watch out for the smell!!!

- 059.** Strawberries are low cal and boost the metabolism.
- 060.** Drink one glass of water every hour.
- 061.** Eat negative calorie foods at least 2 times a day.
- 062.** Weigh yourself before and AFTER every time you eat.
- 063.** Exercise 2 times the amount of calories you eat.
- 064.** Eat 6 small meals a day spaced about 3 hours apart. at 50 calories 6 times a day that is only 300 calories.
- 065.** Let yourself binge once a week. and ONLY ONCE.
- 066.** Eat standing up, move around while you eat.
- 067.** Watch other people eat..and feel superior!!!
- 068.** Find pictures of overweight people and put them in various places around your house.
- 069.** Find a buddy, compete.
- 070.** Once a week treat yourself. take a bubble bath..listen to relaxing music, get a massage, give yourself a manicure, a facial..etc. anything to pamper yourself...to relax ...as a destresser..and to reward yourself for your good work for the week.
- 071.** Spend a little time each day at pro anorexia sites. or reading your e-mails for motivation.
- 072.** Until you reach your goal you want to wear tight jeans. baggy tops are great. but make sure your jeans are tight.
- 073.** Ever noticed how (most anyway) little kids are skinny? They are always running around! Take their example.
- 074.** Stay cold.
- 075.** If you feel like you're going to eat, but don't need it, put a few drops of vinegar on your tongue.
- 076.** Cut your food into tiny pieces.
- 077.** Eat with chop sticks if you're alone.
- 078.** Write in a journal as much as you need to to keep you from eating.
- 079.** Work on a Remy "Bible" with sayings, pictures, tips, and whatever you want.
- 080.** Make a drawing or collage that reminds you of your goals and keeps you motivated.
- 081.** Stand whenever you can.
- 082.** Move whenever you can.
- 083.** Keep your hands busy.
- 084.** Practice visualizing yourself thin.
- 085.** Eat only half of the recommended serving, then go back for the rest later.

- 086.** When eating with friends, try to talk as much as possible. This way they stuff themselves and you burned cals talking and not eating.
- 087.** If you must eat at the table with the family do not pile food upward on your plate. Try to keep it close to the plate and spread out this way your plate looks full with lots of food, but isn't.
- 088.** If you must eat at the table, talk a lot and take a drink with EVERY bite or every other bite to fill up and make you look active at the table.
- 089.** The best aerobic exercises are stair stepping, walking up hill, and biking. Be sure to hit the weights first though. Try to stick to low impact exercises...also swimming is good.
- 090.** When you're at the grocery store, you should look around at people and note their fatness. Look at what is in their cart and realize that those foods are making and keeping them fat. Therefore you don't need or want them.
- 091.** If you are feeling unstable around food, look at it and say (out loud or to yourself) "I CONTROL THE FOOD! THE FOOD DOES NOT CONTROL ME!"
- 092.** Ditch the all or nothing frame of mind. So you ate to much...STOP RIGHT NOW. Don't wait to stop after your fifth sixth or seventh doughnut! I mean come on that's at least another 300 cals and 24 grams of fat you stopped from going into your body.
- 093.** Avoid liquid calories.
- 094.** Take your multivitamin. Take a calcium supplement too.
- 095.** Become a vegan or vegetarian.
- 096.** Eat in front of the mirror naked. haha betcha can't even try that one. ;)
- 097.** Keep a stack of magazines that weigh as much as you want to lose. When you lose weight subtract magazines from that pile. Watch and see how much that weight really makes a difference.
- 098.** Count to 100 if you are having a craving. Hopefully it'll go away.
- 099.** Carry a picture of something gross. (really gross) and when you wan to eat, look at it.
- 100.** Spicy foods are suppose to raise your metabolism.
- 101.** Put your fork down between every bite.
- 102.** Suck on hard candy.
- 103.** Don't eat past 7pm.
- 104.** Hit your stomach (just not too hard) if it's growling too loudly.
- 105.** Drink diet pop. It'll fill you up and only has One calorie.
- 106.** Curl up in a ball if you have hunger pains.
- 107.** Peppermint decreases hunger.
- 108.** Clean something gross. You'll lose your appetite.
- 109.** Brush your teeth. The taste of the toothpaste will be horrid with the taste of food.
- 110.** The smell of coffee is suppose to suppress appetite.

- 111.** Wear perfectly applied lip gloss. It makes you more aware of what's going in your mouth. Flavored ones help with cravings.
- 112.** Every calorie counts. When you're sitting shake your leg, tap a pencil. Never stop moving.
- 113.** Drink a Glass of water every hour. Not only will it make your stomach feel full, it'll also give you great hydrated skin. Cold water burns more calories, while warm water takes away hunger pains.
- 114.** Throw away the foods you think you'll binge on.
- 115.** When going out, take only the amount of money you'll need and nothing extra. That way you won't be tempted to spend it on food.
- 116.** Every time you think you'd spend money on food. Take that money and put it somewhere safe, after awhile you'll have enough money to buy that cute shirt you saw and be skinnier b/c you didn't use that money for food.
- 117.** Sitting up straight and having good posture burns 10% more calories than when you slouch.
- 118.** Get your sleep, less than 6 hours stimulates you appetite.
- 119.** If you feel like eating, eat negative calorie foods only.
- 120.** Have 6 small meals a day. take 2 apples, and split them so you can make 6 meals out of them. That way your body will be tricked into thinking it's eating more.
- 121.** Carry a picture of your favorite trigger everywhere you go.
- 122.** Carry a small container (like an eye dropper) filled with something non edible. When out with a group of ppl put a few drops on your food so you won't eat it.
- 123.** Drink a sip of water between every bite.
- 124.** Eat what you crave, but in moderation. Only a few bites of it. Enjoy it and eat it slowly.
- 125.** Eat in the same place every day.
- 126.** Chew sugar free gum.
- 127.** Stay cold. your body burns more calories trying to warm itself up.
- 128.** Focus on the first 3 bites of what you're eating.
- 129.** It's said that a person eats less on a dark plate.
- 130.** Don't swallow you're food. Spit it out.
- 131.** When you're really hungry, chew on ice cubes.
- 132.** Eat you're meals on smaller plates.
- 133.** Sugar free Jell-O is my favorite. Even if you binge and eat the whole thing, it's still only 40cals. Amazing.
- 134.** Eat neg. cal foods.
- 135.** Squeeze your butt all the time. Guys like nice ass's and you burn more calories too.
- 136.** Freeze diet pop, or any other fave low calories drink. You body will think it's

eating, and it's a great way to cool off in the summer.

137. A warm shower calms achy muscles and soothes a hurting stomach.

138. Get a string and wrap it around your waist cutting it so the ends meet nicely together, now take another string and cut it to what you want your waist to be. Carry the two strings w/ you. You can even be creative and make a bracelet (wrapping it around your wrist a few times of course, necklace, keychain, or something else out of it)

139. Where your retainer when you feel the need to eat.

140. Find a buddy online, do fasts w/ her, competitions, or just have someone to email when you're craving.

141. Take kelp pills. They boost metabolism.

142. Drink 2 tspns of vinegar before a meal will help suck the fat out of the food.

143. Low calorie hot chocolate curbs chocolate cravings, and makes you feel full.

144. Don't eat anything for 3 hours before you go to sleep.

145. Take a picture of yourself wearing a bathing suit or something equally revealing, look at it when you want to eat.

146. Crystal Light's sugar free candies are great when you're really hungry.

147. Wear a fashionable scarf when you're cold and no one else is. They won't suspect anything then.

148. Sniff scented markers to curb cravings.

149. Wear a rubber-band around your wrist, snap it against your skin when you are tempted to eat.

150. Plan your college schedule so that you have few long gaps between classes. That way you won't have time for the cafeteria food.

151. Keep a trash can near you when you eat. If you feel you're going to over eat, throw the rest of the food away.

152. Take anti heartburn pills if you're really hungry. They neutralize that acid that builds and makes you hungry.

153. If you eat right before bed, lay on your left side so the food goes through your system faster.

154. Wear nail polish to hide the discoloring in your nails from lack of nutrients.

155. Chew gum if you need to cook so you won't eat any of the food.

156. Coffee and tea are suppose to raise your metabolism.

157. Eat as slow as you can. It takes your body around 30 minutes to realize it's food. Chew your food till it just dissolves in your mouth.

Unreal Hilarious Tips

- 1.** If you eat something and no one sees you eat it, it has no calories.
- 2.** If you drink a diet soda with a candy bar, the calories in the candy bar are cancelled out by the diet soda.

3. When you eat with someone else, calories don't count if you don't eat more than they do.
4. Food used for medicinal purposes NEVER count, such as hot chocolate, brandy, toast and Sara Lee Cheesecake.
5. If you fatten up everyone else around you, then you look thinner.
6. Movie related foods (Milk Duds, Buttered Popcorn, Junior Mints, Red Hots, Tootsie Rolls, etc.) do not have additional calories because they are part of the entertainment package and not part of one's personal fuel.
7. Cookie pieces contain no fat-- the process of breaking causes fat leakage.
8. Things licked off knives and spoons have no calories if you are in the process of preparing something. Examples are peanut butter on a knife making a sandwich and ice cream on a spoon making a sundae.
9. Foods that have the same color have the same number of calories. Examples are: spinach and pistachio ice cream; mushrooms and white chocolate. NOTE: Chocolate is a universal color and may be substituted for any other food color.
10. Foods that are frozen have no calories because calories are units of heat. Examples are ice cream, frozen pies, and Popsicles.
11. Foods eaten while watching a major event on television do not count. Major events include: Super bowl, Hockey Finals, Indy 500, Jerry Springer show.
12. Power bars and other type energy bars make you thinner. In all my years of exercising (at least three times a year) I have only seen thin people eating energy bars. Therefore they must make you thin.
13. Snickers is the same as an energy bar (see #12)
14. Tasting other people's food does not add to your calorie count.
15. Containers of food that list the number of servings as greater than one are lying. Every container includes one serving. Half gallon of ice cream, box of cereal, bottle of soda, bag of chips are all one serving.

Poetry

Ana's Last Night

Lying here hungry ...
My whole body in pain ...
Should probably eat something ...
But I feel to ashamed ...

Starting to shiver now ...
Beginning to shake ...
God how I love this ...
How my body just aches ...

Got up for some cold water ...
Then to take a cold shower ...
Remind myself that soon ...
I'll be a delicate flower ...

Did 3 hours exercise ...
But I must do some more ...
Still got one pound to loose ...
Like the pound I lost before ...

Whoa, got a dizzy head rush ...
Colors dancing all around me ...
Like little tiny faerie angels ...
Wanting to set me free ...

Oh wow, I'm floating with them ...
Going high up in the sky ...
I finally made it! ...
To the thinness that is I ...

Not Perfect

Perfect I am not, nor will I ever be.
I don't know why people like me, I'm just being me.

I never get things done, I never get it right.
My life a constant battle, in which I loose the fight.

I see people living happy, showing a lot of pride.

Wanting to be like that, I begin to cry and hide.

Everyone seems so happy, wonderful and free.
For I will never be perfect like that, because I am only me.

Repent Thee Ana

This is a recovery style poem for pro's in recovery.

You promised me happiness
I felt nothing but pain.
You made me loose weight
But showed me weight gain.

Said I would be popular
But took away my friends.
Said just another pound
That repeating never ends.

If this life is so good
Then why am I crying?
If this is living for you
Why do you leave me dying?

You shown me my life
And what I could be
Restrained forever
Never to be free.

I see you now Ana
For who you really are
Nothing but lies and deciet
Cold black heart of tar

I have served you well
But now I must go
You done me wrong
For that I do know

Fairwell to thee Ana
My life it is mine
You do not control me now
Because I am now devine.

(I had the weirdest feeling after making that, very weird. Don't worry, I'm not "selling out", this pro-ana is forever).

What You Eat

Well if you ever had a steak.
And turned into a cow.
Then had yourself some bacon.
And turned into a sow.

You look into the mirror.
And ask yourself ... how?

The answer is as easy.
As you suffer fat defeat.
You are who you are.
And you are what you eat!

Appendix B: *The Thinnest Of Them All* website content

Thinnest of them all research information

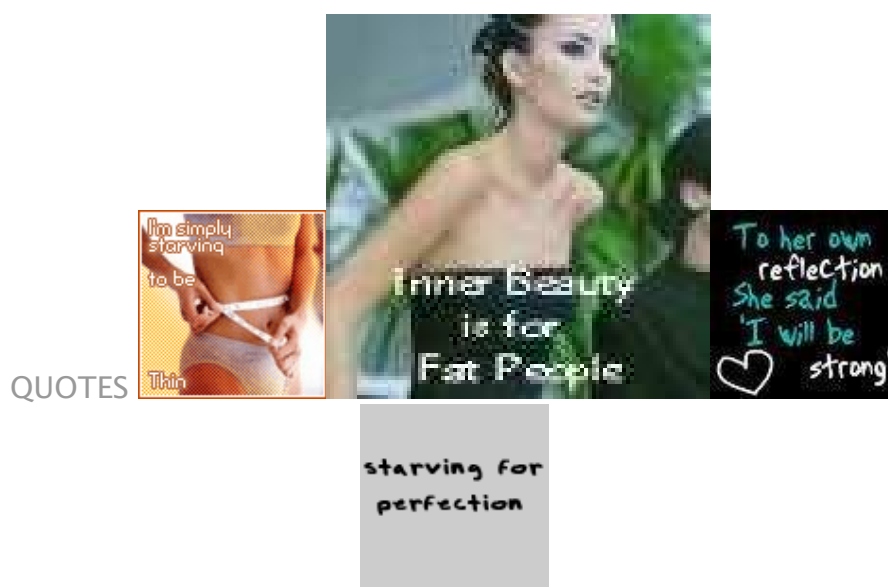
Disclaimer

This website is pro-anorexia, I do not support, or encourage people to develop an eating disorder, nor do I believe that people can just "get" an eating disorder. This is a DISEASE (or lifestyle, some decide to call it). On this website are tips, pictures, and many other things that will help individuals who have Anorexia, and do not wish to recover. If you disagree with this, please leave and do not leave hate mail. thank you

-Ellie

ana0iayahoo.com

TO SEE UPDATES LOOK AT MY JOURNAL! AND ALSO CHECK OUT MY XANGA : <http://www.xanga.com/xxbonydreamsxx/i> WILL be the thinnest of them all



**This is forever. I will do whatever it takes. I want to be thin more than anything, even food...*

**This is not a diet, but a lifestyle*

**One day I will be thin enough. Just the bones, no disfiguring flesh. Just the pure clear shape of me, 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.*

**You will be tempted quite frequently, and you will have to choose whether you shall enjoy the twenty minutes or so that you will be consuming excess calories, or whether you will cordially despise yourself for two or three days, for your lack of willpower.*

**It's simple: You decide once and for all that you aren't going to eat, and then there is no further decision to make.*

**In the body, as in sculpture, perfection is attained not when there is nothing left to add, but when there is nothing left to take away.*

**I do eat normally: only what is needful for survival. I can't help but that we live in a piggish society where gluttony is the norm, and everyone else is constantly stuffing themselves.*

**When I wake, I'm empty, light, light-headed. I like to stay this way, free and pure, light on my feet, traveling light. For me, food's only interest lies in how little I need, how strong I am, how well I can resist, each time achieving another small victory of the will.*

**When you coast without eating for a significant period of time, and you are still alive, you begin to scoff at those fools who believe they must eat to live. It is blatantly obvious to you that this is not true.*

**Food hinders your progress.*

**We turn skeletons into goddesses, and look to them as if they might teach us how not to need.*

**How many pounds till I am happy, how many pounds till I get thin? Three more pounds till I am skinny, three more pounds and I win!*

**You've made a decision: you will NOT stop. The pain is necessary, especially the pain of hunger. It reassures you that you are strong, can withstand anything.*

**You can learn to love anything, I think, if you need to badly enough. I trained myself to enjoy feeling hungry. If my stomach contracts, or I wake up feeling nauseated, or I'm light-headed or have a hunger headache, or better yet, all of the above, it means I'm getting thinner, so it feels good. I feel strong, on top of myself, in control.*

**Failure is NOT an option*

**There is no TRY. There is only DO.*

**Do not give up on what you want most, for what you want at the moment.*

**Hunger hurts but starving works*



disclaimer

I do not assume credit for any of the above quotes, I just simply posted some quotes that I found inspirational from various websites. If you see a quote that you own, please email me and I will take it off or give credit. thank you.

-Ellie

Gemma Ward









Lily Cole





Jodie Kidd



Create a website like this! Try Freewebs.com

Great Excuses::

- 001. "no thanks, i'm not hungry"
- 002. "I already ate"
- 003. "I'm a vegan/vegetarian"
- 004. "I don't like this food"
- 005. "I'm not feeling well today"
- 006. "I'm too tired, I'm going to go to bed early"
- 007. "I'm just going to take my food upstairs to my room, I have a lot of homework"
- 008. "I have a tooth ache"
- 009. "I had a large breakfast/lunch and am not hungry right now"
- 010. [for women] "I have cramps"
- 011. [if it's a dairy product] "I'm lactose intolerant"
- 012. "I'm allergic"
- 013. "My doctor is making me fast for a blood test I'm getting tommrow"
- 014. "I ate at my friends house"
- 015. "I'm too stressed to eat right now"
- 016. "I will eat later"
- 017. "I have to go somewhere"

You can do this!

Perfection does not include food.

::When at a Restraunt::

-Purposely order food you know you won't like

- Drink water and wipe your mouth between each bite
- Make sure that when you do take a bite, people are watching you do it
- Rearrange the food on your plate. People won't notice what you are doing, they are too busy stuffing their fat faces
- If they are not looking, put food in your napkin and dump it on the floor under the table (gross i know! but it works if you are desperate)
- If you have a non-see through glass, you can spit food into it when you are "drinking"
- Halfway through the meal, complain of a headache or stomach ache, that way you can not eat and they won't think anything of it
- Take at least one bathroom trip, that way you'll waste time while you are in there and the people you are with can scarf down more food
- Say that you ate earlier
- Say that you had a larger meal earlier in the day, and are still full from that

::misc::

- 001. Wake up late so you only have time to get "a bite to eat". You can dispose of the food later when it is safe.
- 002. Do volunteer work. That way your schedule will be busy.
- 003. I can't stress enough how great the "i've already eaten" line is..it seriously works
- 004. Tell people that you are allergic to things, and make sure you convince yourself too so you'll never have to eat that paticular food again
- 005. If you have braces, say something like "i just got them tightened and my mouth hurts", or "i only want to eat if i have a toothbrush, things get stuck in my braces"
- 006. Say that you've just gotten over a bad sickness and doctor has you only eating liquids
- 007. Tell people that you are sick to your stomach, and if they have any carrot or celary drinks (even though they probably wont) you should drink them, they help burn up to 20% more.
- 008. Always leave evidence of eating around your house, especially if your parents are the main problem. Leave out dirty dishes, take food from the fridge and dispose of it so it appears as though you've eaten it (be careful where you throw away the food though)
- 009. Use your period as an excuse!
- 010.

::Common Sense Stuff::

- x Don't give people a reason to know about your ED. Hide your habits like your life depends on it. If anyone finds out, they'll watch you and notice!
- x Check the fridge and find foods that you would have eaten, and get rid of them when nobody is around. If someone asks if you have eaten, you can tell them and if they check the food will be gone. ****make sure they won't be able to find the food in the trash****
- x Avoid the subject of food like the plague.
- x If you are coming home, make a plan of where you could have eaten (like fast food). Say something like "I ate at (arbys, mcdonalds, subway, ect) already, so I'm not hungry" and have prepared what you ordered. Hide the money you would have used for a meal, and save that hidden money to treat yourself later
- x Spend mealtimes with different groups of people. And if they ask, you can say "Oh, I had [this meal] with so and so earlier, so I'm not hungry"
- x Buy food from the store! People will naturally think that if you buy food, that you'll also eat it. Just dispose of it later.
- x Tell people that you have a health problem and your doctor has you on a strict diet.
- x Don't let people notice your weight loss. Wear baggy clothes, don't let them see that you've lost weight or else they will be on to you.

© 2006 THINNEST OF THEM ALL. ALL RIGHTS RESERVED.

::ana creed::

I believe in Control, the only force mighty enough to bring order to the chaos that is my world.

I believe that I am the most vile, worthless and useless person ever to have existed on this planet, and that I am totally unworthy of anyone's time and attention.

I believe that other people who tell me differently must be idiots. If they could see how I really am, then they would hate me almost as much as I do.

I believe in oughts, musts and shoulds as unbreakable laws to determine my daily behaviour.

I believe in perfection and strive to attain it.

I believe in salvation through trying just a bit harder than I did yesterday.

I believe in calorie counters as the inspired word of god, and memorise them accordingly.

I believe in bathroom scales as an indicator of my daily successes and failures

I believe in hell, because I sometimes think that I'm living in it.

I believe in a wholly black and white world, the losing of weight, recrimination for sins, the abnegation of the body and a life ever fasting.

::ana psalm::

Strict is my diet. I must not want. It maketh me to lie down at night hungry. It leadeth me past the confectioners. It trieth my willpower. It leadeth me in the paths of alteration for my figure's sake. Yea, though I walk through the aisles of the pastry department, I will buy no sweet rolls for they are fattening. The cakes and the pies, they tempt me. Before me is a table set with green beans and lettuce. I filleth my stomach with liquids, My day's quota runneth over. Surely calorie and weight charts will follow me all the days of my life, And I will dwell in the fear of the scales forever

ways to keep from eating::

001. Excercise! You burn calories, get your fat body into shape, and you are not eating!

002. Clean. Cleaning burns calories. Cleaning keeps your mind off of food.

003. Do homework, study, read a book. This will make sure that you don't eat, and you will be gaining intelligence. I'd suggest even reading books on this disorder!

004. Create a pro-ana journal and or website. It's very time consuming, offers lots of support, and it is motivational. I'd suggest using xanga.com as your journal, it is great.

005. Drink lots of water. Sometimes hunger is actually thirst, so don't make that mistake! Drink 2 glasses of water before eating.

006. Get beautiful! Paint your nails, soak in an herbal bath, whatever! this way you'll feel better about yourself and you didn't eat.

007. WATER. chew it, trick yourself into thinking that yo've eaten. I've already said this one, but chew it. it works.

::tips::

001. when you eat, take as much time as possible, and only put small portions on your plate. if you make your meal last 20–40 minutes, you'll feel a lot more full .

002. eat on a light plate. on a darker plate you will eat more

003. cut your food into tiny pieces. it makes you feel like you ate more

004. drink one glass of ice cold water per hour. this will raise your metabolism, cleanse your system, and keep you full

005. if you are feeling the strong urge to eat, compromise by drinking diet soda. they have about 1 calorie.

006. eat chicken broth if you must eat. bullion cubes are great, and only have 5 calories per cube and you'll be full

007. the later you stay up, the hungrier you will be

008. run everywhere. run up the stairs, run when you are cleaning the house, RUN!

009. exercise to fight off hunger

010. if you feel faint, or dizzy sit and put your head between your legs

011. create a pro-ana website or journal to keep you occupied and motivated

012. read magazines like harper's bazaar and vogue. great thin spo in those

013. don't eat after 6:30..it'll make you fat

014. put on a good CD and dance! you'll burn a ton of calories

015. keep your house cold, wear skimpy clothes around your house too. keep cold! you will raise your metabolism and burn calories.

016. you can also take an ice cold shower.

017. after every bite you take, drink water.

018. make your food totally gross, sabotage it. add too much salt or pepper, mutilate it. anything to make it seem gross.

019. sit up straight. it burns 10% more calories than when you slouch.

020. if you are binging just chew and spit. don't swallow!!!

are you sure you want to eat that?

::letter from ana::

Allow me to introduce myself. My name, or as I am called by so called "doctors", is Anorexia. Anorexia Nervosa is my full name, but you may call me Ana. Hopefully we can become great partners. In the coming time, I will invest a lot of time in you, and I expect the same from you.

In the past you have heard all of your teachers and parents talk about you. You are "so mature", "intelligent", "14 going on 45", and you possess "so much potential". Where has that gotten you, may I ask? Absolutely no where! You are not perfect, you do not try hard enough, further more you waste your time on thinking and talking with friends and drawing! Such acts of indulgence shall not be allowed in the future.

Your friends do not understand you. They are not truthful. In the past, when the insecurity has quietly gnawed away at your mind, and you asked them, "Do I look....fat?" and they answered "Oh no, of course not" you knew they were lying! Only I tell the truth. Your parents, let's not even go there! You know that they love you, and care for you, but part of that is just that they are your parents and are obligated to do so. I shall tell you a secret now: deep down inside themselves, they are disappointed with you. Their daughter, the one with so much potential, has turned into a fat, lazy, and undeserving girl.

But I am about to change all that.

I expect a lot from you. You are not allowed to eat much. It will start slowly: decreasing of fat intake, reading the nutrition labels, cutting out junk food, fried food, etc. For a while, the exercise will be simple: some running, perhaps some crunches and some sit ups. Nothing too serious. Perhaps drop a few pounds, take a little off of that fat tub of a stomach. But it won't be long before I tell you that it isn't good enough.

I will expect you to drop your calorie intake and up your exercise. I will push you to the limit. You must take it because you cannot defy me! I am beginning to imbed myself into you. Pretty soon, I am with you always. I am there when you wake up in the morning and run to the scale. The numbers become both friend and enemy, and the frenzied thoughts pray for them to be lower than yesterday, last night, etc. You look into the mirror with dismay. You prod and poke at the fat that is there, and smile when you come across bone. I am there when you figure out the plan for the day: 400 calories, 2 hours exercise. I am the one figuring this out, because by now my thoughts and your thoughts are blurred together as one.

I follow you throughout the day. In school, when your mind wanders I give you something to think about. Recount the calories for the day. It's too much. I fill your mind with thoughts of food, weight, calories, and things that are safe to think about. Because now, I am already inside of you. I am in your head, your heart, and your soul. The hunger pains you pretend not to feel is me, inside of you.

Pretty soon I am telling you not only what to do with food, but what to do ALL of the time. Smile and nod. Present yourself well. Suck in that fat stomach, dammit! God, you are such a

fat cow!!!! When mealtimes come around I tell you what to do. I make a plate of lettuce seem like a feast fit for a king. Push the food around. Make it look like you've eaten something. No piece of anything...if you eat, all the control will be broken...do you WANT that?? To revert back to the fat COW you once were?? I force you to stare at magazine models. Those perfect skinned, white toothed, waifish models of perfection staring out at you from those glossy pages. I make you realize that you could never be them. You will always be fat and never will you be as beautiful as they are. When you look in the mirror, I will distort the image. I will show you obesity and hideousness. I will show you a sumo wrestler where in reality there is a starving child. But you must not know this, because if you knew the truth, you might start to eat again and our relationship would come crashing down.

Sometimes you will rebel. Hopefully not often though. You will recognize the small rebellious fiber left in your body and will venture down to the dark kitchen. The cupboard door will slowly open, creaking softly. Your eyes will move over the food that I have kept at a safe distance from you. You will find your hands reaching out, lethargically, like a nightmare, through the darkness to the box of crackers. You shove them in, mechanically, not really tasting but simply relishing in the fact that you are going against me. You reach for another box, then another, then another. Your stomach will become bloated and grotesque, but you will not stop yet. And all the time I am screaming at you to stop, you fat cow, you really have no self control, you are going to get fat.

When it is over you will cling to me again, ask me for advice because you really do not want to get fat. You broke a cardinal rule and ate, and now you want me back. I'll force you into the bathroom, onto your knees, staring into the void of the toilet bowl. Your fingers will be inserted into your throat, and, not without a great deal of pain, your food binge will come up. Over and over this is to be repeated, until you spit up blood and water and you know it is all gone. When you stand up, you will feel dizzy. Don't pass out. Stand up right now. You fat cow you deserve to be in pain!

Maybe the choice of getting rid of the guilt is different. Maybe I chose to make you take laxatives, where you sit on the toilet until the wee hours of the morning, feeling your insides cringe. Or perhaps I just make you hurt yourself, bang your head into the wall until you receive a throbbing headache. Cutting is also effective. I want you to see your blood, to see it fall down your arm, and in that split second you will realize you deserve whatever pain I give you. You are depressed, obsessed, in pain, hurting, reaching out but no one will listen? Who cares?!?! You are deserving; you brought this upon yourself.

Oh, is this harsh? Do you not want this to happen to you? Am I unfair? I do do things that will help you. I make it possible for you to stop thinking of emotions that cause you stress. Thoughts of anger, sadness, desperation, and loneliness can cease because I take them away and fill your head with the methodic calorie counting. I take away your struggle to fit in with kids your age, the struggle of trying to please everyone as well. Because now, I am your only friend, and I am the only one you need to please.

I have a weak spot. But we must not tell anyone. If you decide to fight back, to reach out to someone and tell them about how I make you live, all hell will break loose. No one must find out, no one can crack this shell that I have covered you with. I have created you, this thin, perfect, achieving child. You are mine and mine alone. Without me, you are nothing. So do not fight back. When others comment, ignore them. Take it into stride, forget about them, forget

about everyone that tries to take me away. I am your greatest asset, and I intend to keep it that way.

Sincerely, Ana

::letter to ana::

Dear Ana,

I offer you my soul, my heart and my bodily functions. I give you all my earthly possessions.

I seek your wisdom, your faith and your feather weight. I pledge to obtain the ability to float, to lower my weight to the single digits, I pledge to stare into space, to fear food, and to see obese images in the mirror. I will worship you and pledge to be a faithful servant until death does us part.

If I cheat on you and procreate with Ronald McDonald, Dave Thomas, the colonel or that cute little dog. I will kneel over my toilet and thrust my fingers deep in my throat and pray for your forgiveness.

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 spells. My love for you makes me dizzy and confused I don't know whether I'm coming or going. Men run when they see the love I have for you and never return. But they aren't important to me all thats important is that you love me.

If you stay with me, I will worship you daily, I will run miles a day, come rain, snow, bitter cold or searing heat I will run from the pain and in fright. I will do 1,000 sit ups a day and lie to my family about what I eat and how I feel. I will stop weeping when I feel your warm arms embrace my shivering body. I will numb the hunger pains with razor blades and your strength.

Today, I renew our friendship and resolve to be faithful to you year long, life long. I begin each year with a 3 day fast in honor of you. If you give me the strength to fade away I will love you and worship you forever.

When I'm finally faded to nothing, when you've given me the gift of ending this torturous life. I will float on to the next world and be thin and beautiful payment for my undying love for you in this world. I ask only one more thing you, please Ana, remove me from this hell, from this world ASAP. Please take away this hatred for my pain and allow me to be free and light. Love Always,
Worthless One

::letter i wrote::

Dear Ana, Never again shall I defy you. This was the last time. Ever. I am so sick of being fat, having no control, not being perfect. I crave the control, I crave the thinness, and I crave the perfection. You are the *only* one that can give that to me, and it has taken me so long to realize that. I've gone against you, probably way too many times. And each time I've paid dearly, whether it be weight gain, shoving my fingers down my throat and holding that beautiful porcelain toilet, or by a razor. Never again will I disobey you, becuae it is you who will help me. Please Ana, take pity on me. Show me your ways, force me into doing everything you say. No matter how much pain. I am ready to restart. I am ready to find perfection. sincerely,xxElliexx

your fat, worthless, ugly, imperfect slave. xxforever and for alwaysxx

