

FROM THE EDGE OF A RIB: PRO-ANA EDGEWORKING NARRATIVES

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ABSTRACT

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People who deliberately practice eating disordered behaviors as a lifestyle form digital communities known as pro-ana. Pro-ana identity is constructed through the medicalized frameworks of anorexia nervosa that attempt to maximize weight loss and also manage other eating disorder behaviors such as bingeing and purging. This thesis examines pro-ana materials requested and produced on websites, Whisper, and Reddit, assembling these discursive and image exchanges into discourses that identify and describe eating disorder pathology and recovery. My ethnographic collection consists of screenshots of written materials and images from websites, Whisper posts, Reddit threads, and a Discord. This thesis examines discursive strategies used by pro-ana writers to avoid censorship, maintain pro-ana identity, move toward lower weight goals, and manage physiological risks and social risks of stigmatization or interference. Personification and other figurative externalizations of eating disorders separate and concretize the chaotic and compulsive aspects of eating disorders. These writers construct iconic figures, skill-sets and practices that both embrace and reject ideologies around anorexia nervosa and other eating disorders.

Content Warning: this thesis contains graphic descriptions and imagery of eating disorders and eating disordered behaviors, as well as explicit discussion of “numbers,” such as specific weights, calories, BMI, and measurements.

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INTRODUCTION

People who actively engage with and practice eating disorders have created discursive space and communities on digital media. They are mostly women and teenaged girls who are seeking to maximize weight loss and manage food intake in ways that extend beyond socially acceptable dieting practices. Known as pro-ana, members of these communities have embraced some of the symptoms of the characteristically restrictive eating disorder anorexia nervosa as a shared identity and a community of practice, trading advice and images to inspire weight loss and mitigate potentially damaging physiological or fatal side-effects. Members of pro-ana communities share information to both maximize and conceal weight-loss and related eating disordered behaviors. They share strategies to manage or implement ways to restrict food intake, and also to conceal these acts to avoid intervention through censorship or disruption of behaviors. Anticipating and responding to these outside influences that would object or intervene, they construct a consolidated group identity that shifts the experience of isolated symptoms and pathology to a set of social practices organized to combat what they consider obstacles, including the stigmatization of anorexia nervosa, attempts to prevent the production of triggering materials for vulnerable or recovering individuals, and gestures of personal care or concern for participants.

The users of online pro-ana platforms in this thesis provide social support and share useful materials for weight loss and concealment of behaviors in public online spaces and social media platforms. The media considered here span a range of platforms

from fully developed websites with detailed and specific content spaces delineated through multiple pages, to username-identified forums featuring conversation “threads,” to completely anonymous singular posts searchable by keywords. More personal forms of communication such as texting, instant messaging, and KIK messaging are also requested and offered, but these less anonymous communications still seem to generally make use of the secrecy of the community to avoid censorship and removal online or being exposed or confronted in their own lives by outsiders. The pro-ana community members must watch for two layers of interference. Online dangers include platform censorship such as removal, flagging, or even criminalization. At the same time, they are on guard about interpersonal conflicts with immediate contacts such as friends, family, and medical professionals that result in confrontation or disruption of behaviors.

The actual people in pro-ana culture refer to themselves and their relationship to the community in multiple ways. Some users, particularly on websites, use the referential self-naming of Anas and Mias. Some descriptively refer to themselves as pro-ana, pro-mia, or pro-ED. However, none of these were used across the board, and some seemed to be specific to certain genders or platforms. After considering multiple angles in eating disorder culture, including both pro-ana and recovery communities, I settled on the term “pro-ana user” for this thesis.

The word “user” intends to encompass the separation of the eating disorder that exists in both pro-ana and recovery communities, while also acknowledging the pro-ana action of embodying and “using” this separated and articulated figure and set of practices in order to better restrict and move toward an ultimate underweight, anorexic weight and

body. It also references digital social domains such as “social media user,” as well as the more pathological domains of “use” such as drug-users. “Pro-ana users” encompasses the selection of eating-disordered behaviors, as well as the conscious implementation of these consciously selected practices. “Pro-ana users” encompasses both people living with anorexia nervosa, as well as people using certain behaviors to try to remedy other eating disorders or disordered-eating behaviors related to dieting, such as bingeing or purging. It parses apart what often becomes muddled when researchers and media refer to anorexia and pro-ana interchangeably; people with anorexia nervosa are not necessarily pro-ana, people that are pro-ana do not necessarily have anorexia nervosa, and pro-ana practices consist of carefully selected eating disorder symptoms that are practiced for specific purposes to manage and mitigate weight gain and other symptoms related to dieting such as bingeing and purging. “Pro-ana users” acknowledges these acts of separation and selections of partial or full range of behaviors, as well as the active practice of checking into these spaces.

Pro-ana practice and identity is constructed through selected anorexia nervosa symptoms and behaviors, and yet grapples with and manages many symptoms or emergent issues related to restriction. Diagnostic criteria and symptoms are referenced by pro-ana users in order to articulate, resist, or apply certain behaviors. Anorexia nervosa is specifically used to structure pro-ana practice and identity, although pro-ana users engage in wide ranges of behaviors. The basic diagnostic criteria and a wide range of symptoms and “warning signs” can be found in Appendix B; many of these

physiological and social issues or struggles surface both explicitly and more tacitly or chaotically within the writings of pro-ana users.

I use the resurfacing research and fieldwork terms of *symptoms*, *behaviors*, and *practices* to generally refer to restriction, bingeing, and purging, although these terms encompass a spectrum of more specific acts. *Restriction* refers to deliberate reduction of caloric intake, fasting (not eating), elimination of specific foods or food groups, or a combination. *Bingeing* refers to eating large amounts of food, and/or eating uncontrollably. *Purging* refers to expenditure of intake, through self-induced vomiting, use of laxatives or diuretics, fasting, and compensatory exercise. Cleanses (juice, water, tea) seem to encompass restriction and purging, and chew-and-spit techniques (chew food and spit out before swallowing) seem to encompass all three, so the functionality or practice of any techniques should not be considered mutually exclusive, especially as there is overlap even within the categories (fasting can be both restriction and compensatory).

Users of these pro-anorexia, pro-bulimia, and pro-eating-disorder communities refer to themselves and are known as *pro-ana*, *pro-mia*, and *pro-ED* platforms – these pro- terms reference medical conditions and symptom or skill sets that are transformed to active practice and discussion. I will generally use pro-ana overall and interchangeably with any of the above terms, as the trend I observed in my research is that the latter two communities tend to be a subsection or alternative form of pro-ana. A comprehensive study of 180 websites found that 84% had pro-ana content and 64% had pro-mia, but only

17% were exclusively pro-ana content and only 2% of the websites were exclusively pro-mia (Borzekowski et al. 2010).

People that identify as pro-ana and practice eating disorders encompass all genders, although the default assumption and likely majority are women. My own ethnographic fieldwork found men on a specifically male thread, and then mostly some posts by men and trans-men in earlier research on more anonymous platforms seeking “buddies” or “coaches,” possibly where gendered demographics seemed more relevant. Otherwise, gender identification can mostly only be assumed. I chose to not concentrate much on specified male-identified, masculine, transgender, or queer narratives within the pro-ana community, not because these users are nonexistent or unimportant but because my ethnographic research did not explicitly encounter significantly different techniques or sociality within pro-ana platforms.

The use of terms *pro-ana* and *anorexia* seem to be used interchangeably in ways that are both sloppy and difficult to avoid, as the two are inextricably linked, and yet provide a potentially harmful simplification of the struck balance in pro-ana culture between pathology and agency. Even after identifying this simplification of deliberate practice and pathological compulsion, the categories blur when both draw from medical modeling and ideas of woman’s inherent instability, morally and aesthetically entrenched in religious asceticism stemming back centuries, and later medical discourses of AN’s “sister disease hysteria” (Silver 2002, 26). These specifically female links are emphasized by the referential use of the women's names Ana and Mia as opposed to something male like Rex or Bull. None of my collected male posts in pro-ana spaces

(comparatively few) showed men rejecting pro-ana or -mia, and while a specifically pro-ana male conversation thread featured “an ED” (Fieldnotes, 11/02/2016) over -ana or -mia, “ED” functioned as an acronym for “eating disorder,” not as a personified man named “Ed” the way that the -ana and -mia suffixes become Ana and Mia for some (presumably women) users.

Pro-ana users linguistically gatekeep pro-ana materials through acronyms, strategic misspellings, and other codes that bypass general censors and algorithms that construct concealed yet terminologically searchable spaces on the internet where individuals can connect to share weight loss ideology, goals, practices, and performances. The pro-ana sociality of practice is constituted through medicalized frameworks of eating disorders, selecting and implementing specific symptoms to achieve an underweight body. Pro-ana communities make use of these medicalized frameworks, but subvert and extend the isolated, pathologized symptoms into specific behaviors that can be honed into practice, particularly striving for anorexic characteristics of restriction, exercise, and extreme weight loss. The secretive and encouraged pact of these concealed, shared, and developed skills through social support and sharing of information related to attempted weight loss demonstrates an engagement and simultaneous embodiment and rejection of physiological and connotative boundaries of the female body. This secretive and potentially dangerous pact channels and internalizes a balance of adherence, rebellion, and secrecy.

In this thesis, I identify some of the complex figurative iterations that pro-ana users articulate and harness to both perform and stretch beyond socially-acceptable

boundaries of the social, medical, and gendered connotations of bodily performance. I contextualize these concretized conceptualizations, and the medical frameworks they include, into broader social discourses of gender, shape and weight that they are born from, and that they challenge and reinforce. This thesis contextualizes the pro-ana community practices and ideology within current Western medical frameworks that frame restriction of food through discourses of restraint, asceticism, and otherwise virtuous acts and performances. Pathology emerges when individuals cross an unclear yet uncomfortably detectable line between what is viewed as “normal” performances of restriction and weight to the realm of dangerously thin-seeking. The boundary between idealism and health is an ambivalent and shifting line that, at best, seems to be tacitly established through perceptions of women’s bodies and shape as representative of women’s rationality and competence.

Through online written and visual expressions and exchanges, pro-ana users construct and maintain an identity through the restrictive symptoms of anorexia nervosa, making space for shared sociality in a notoriously isolated state of being. This simultaneous channeling and rejection of illness in favor of lifestyle or simply rejection of recovery performs an intricate awareness of complicated and entrenched cultural narratives that link food, weight, and character. Literal and figurative appetites are entwined, and food and eating can represent ideologies of intake and performance. Limited and restricted eating in Western culture has been framed through religious principles of ascetic restraint and purity, and then later through medicalized lenses that pathologize restriction exceeding cultural boundaries of “normal” restraint

(Arnold 2012; Brumberg 2000; Silver 2002). Through these lenses of idealization and pathologization, modern individuals engaging in practices and behaviors that cross these lines in order to attempt or maintain an underweight or thin body must conceal these practices from others while still performing a socially acceptable body.

Pro-ana communities attempt to balance the contradictions in a society that simultaneously demands thinness and wellness, further complicated by a cultural ideology where thinness *is* health until it crosses a moveable gendered, medicalized, and aesthetic line into illness. Pro-ana users both embody and resist the benefits and power of thinness and the negative attention or pathologization of eating disorders, through constructing and maintaining an identity linked to practice constituted through anorexia nervosa, a pathologized, yet also ascetic fascination. This project seeks to identify and articulate the specific and broader cultural and social history and knowledges used to metaphorically map out and situate the self within social and spatial boundaries. These boundaries of idealism and pathology are contradictory and confusing to navigate, and the negotiation of this “edge” reveals the broader contexts and histories that produce pro-ana language.

Pro-ana identity is constituted by the shared process of attaining a lower weight, and the destination “ultimate goal weight,” usually extremely, possibly unattainably low. The shared community fixation on weight loss and the ever-present risk of weight gain creates a liminal space where practice of eating disorder behaviors maintains a vulnerable and precarious identity contingent upon this shared process of practice and ideology. Users have to balance the problem and probable likelihood of immediate or

eventual weight stasis or gain, with the necessary skills to move down towards the lowest possible weight. This very real risk is mitigated through practices that intend to accelerate weight loss, and compensatory practices that seek to undo whatever is perceived as potentially causing a “gain.” With the imminent risk of weight gain in mind, pro-ana members have developed practices around food, exercise, and purging that mitigate this risk, and actively share their tips and tricks with each other.

Restriction is a common topic in pro-ana groups that references anorexic restriction of caloric intake to under socially acceptable, dangerous levels. The sociality of restriction is significant because a large component of the secrecy and stigma of the pro-ana community stems from a perception that members have crossed a risky line extending beyond the “normal” and expected sociality of diet culture. Shared identity and practices tend to mitigate the major risk of weight gain and bingeing, but also balance possible health risks, and the risks of being exposed.

Pro-ana practices focus just as much, if not more, on ways of managing bingeing than on ways to facilitate restriction – although the latter is certainly one of the common ways of addressing the binge risk. Some physical complications from eating disorder practices are managed through shared information, such as vitamin supplementation to prevent deficiencies, and ways to prevent damage from purging. Social risks that must be managed are that pro-ana behaviors, as well as the pro-ana identity, generally must be concealed from others in members’ personal lives. One of the primary problems for research subjects is concealment and confidentiality. By actively embracing and practicing explicitly named eating disorder behaviors, members risk pathologization and

ensorship on digital, community, and personal levels. These risks can lead to online censorship, as well as personal ramifications such as confrontation and medical treatment (depending on age). The high social stakes lead to a lot of advice and guidance being requested and disseminated on how to conceal behaviors and weight loss.

While there are increasing numbers of studies concentrating on the strategy and support of pro-ana and pro-mia sites (Gailey 2009; Knapton 2013; Schott, Spring, and Langan 2016), this predominantly female, and often young, population is pathologized and censored across many platforms, and thoroughly mined for contradictions in users' acts, goals, and experiences. These communities have been studied through psychological and sociological frameworks relying on a pathologized or psychocentric divide between "normalcy" and eating-disordered (Schott, Spring, and Langan 2016), and identified as something requiring a solution, treatment, or censorship (Ferreday 2003; Gailey 2009; Knapton 2013). This research approaches the practices and strategy of this community from a more anthropological position that does not adhere to a dogmatic designation between rationality and strategy, as these two things rarely coexist purely in actual human experience.

This thesis outlines some of the ways pro-ana users pragmatically use figurative language to conceptualize and address risk in both their individual experiences and community of practice, and articulate some of the dead and creative metaphors used to pinpoint, contextualize, and clarify inarticulable shared experiences and problems, as well as implement solutions through practice and performance. Understanding and isolating specific metaphors used in discourses about bodies and space provides insight

into both the conscious and unreflexive ways that language is used to frame and produce the surrounding world in regards to bodies and bodily space, as well as how pro-ana members reinforce, reimagine, and challenge these conceptual mappings of how to take up space.

BACKGROUND

Eating disorders are represented by an array of physical and emotional symptoms. Attempts to wrangle standardized and yet flexible frameworks to bridge various medical, psychological, and experiential aspects of eating disorders existing across both biological and sociocultural contexts are attempts that are constantly in flux, disrupted, eschewed, and reconfigured. Eating disorders are conglomerations of physiological and psychological symptoms, symptom use (restricting, bingeing, purging, etc), biological roots, and sociocultural factors – with additional historical origins and context. Within this cultural, aesthetic, and medicalized context, there is the additional complexity of the role of agency and pathology; some pro-ana discussion is infantilized, and some is demonized, and some is contextualized into the deluded and helpless framings of mental illness. Eating disorders are already an inchoate combination of practice and pathology – this dichotomy of choice and intention becomes further complicated when pro-ana users begin to take what would ordinarily be characterized as compulsive, unreflexive, or disorganized, and develop systematic implementations to attempt to progress toward a lower weight goal.

Gaps between pathology and agency are being fleshed out in pro-ana research by other researchers: Gailey’s research on pro-ana edgeworkers (2009), Marxism and social capital of anorexia (Tully 2014), conceptual metaphors in pro-ana identities (Bates 2015) and communities (Knapton 2013), neoliberalism and pathologization (Schott, Spring, and Langan 2016), and “disgust narratives” of censorship (Ferreday 2003). These social

science, literary, and linguistic lenses contextualize and culturally map pro-ana communities and the eating disordered body across contemporary and historical cultural narratives of gender, body, aesthetics, and pathology.

Anorexic practice can be retroactively identified dating back to the 12th centuries, but these cases were largely framed through religion (Hepworth 1999, 30), which associated women fasting and self-starving with asceticism and even as saints (14). Catherine of Siena is one such saint, starving herself to her eventual death in 1380 (14). Some psychologists differentiate between “modern” anorexic practices striving for thinness and the faith-motivated anorexia mirabilis that was perceived as miraculous (Arnold 2012, 08). In *Decoding Anorexia: How Breakthroughs in Science Offer Hope for Eating Disorders* (2012), Carrie Arnold rewrites Catherine of Siena as a modern teenager (Appendix C) where she is unrecognizable as a 14th century saint until revealed by the author to have died over 600 years previous to that composed passage. Her ascetic adherence to fasting, removal of entire food groups such as meat, and eventual chewing-and-spitting of herbs (Hepworth 1999, 14) bear a clear resemblance to the symptoms identified in “modern” anorexia.

With the medical coining of anorexia nervosa (AN) in 1873 (Silver 2002, 01), the pathologized phenomenon and specter of the eating disordered body began, which continues to this day. Anna Krugovoy Silver (2002) provides an excellent overview in *Victorian Literature and the Anorexic Body* of the medicalization and cultural roots that modern anorexia and eating disorders are defined by, and constantly pushing against and contradicting. Silver became fascinated by how fasting, hunger, and especially anorexia

were framed in literary narratives (03), and in conjunction with an earlier experience with her students where she passed around cream cheese brownies at the end of a semester, and no female students accepted a brownie, citing an upcoming formal dance (01).

Although disappointed at their extreme self-discipline in the face of culinary temptation, I forgot about the incident until a summer afternoon in the British Museum Library, when I read Samuel Ashwell's 1844 case study of a fifteen-year-old patient: "Her appetite," writes Ashwell, "was capricious . . . She was sedulously watched; and her exercise, diet, and clothing were carefully regulated . . . The appetite was, at times, morbidly great; while at other times scarcely anything was eaten." This anonymous young woman, who eventually died, reminded me of the young women in my classroom and in high-school and college classrooms across the country who are not only extremely thin, but who are obsessively concerned with the amount and kinds of food that they eat and who resort to both fasting and vomiting in order to control their weight. (Silver 2002, 01).

Remembering her own contemporary case study while browsing a historical one shows how stories of fasting and feminine restraint surface and are reframed and reimagined, yet draw from similar cultural narratives of morality and identity through shared practice.

The categories framing the eating disordered body have expanded from anorexia nervosa, despite the anorexic, white, cisgender female body still serving as an iconic representation, in multiple ways ranging from additional eating disorder types and diagnoses and different aesthetics, politics, and policing. The categories of who can have an eating disorder have expanded, including people of varying genders, races, ethnicity, ages and classes. It is not to say that these behaviors and ranges did not exist previously, but the medicalization and pathologization of eating disorders in Western culture are rooted in the initial Victorian classification of anorexia nervosa.

In *The Social Construction of Anorexia* (1999), Hepworth details how the “discovery” of anorexia nervosa by the British W.W. Gull and his rival French E.C. Laseque (27) is entrenched in ideas of a “female madness,” medicalized similarly to hysteria and other “nervousness” disorders in that it framed self-starvation as an innate female irrationality and instability turned “perverse,” which referred to “obstinacy and stubbornness” in the 19th century (30). This shifted the framework for viewing anorexia from the religious sphere to the medical, although the theme of obedience remains entwined.

In a time period of medicalization and reasoning – arguably, a modernization of previously religious or spiritual explanations – Victorian women and other marginalized or inferior groups found their bodies under scientific scrutiny, with pathologization as a result and vehicle for solutions. Previously, anorexic practices responded to disruptive and self-concerned “appetites.” These practices became pathology once they began to fall outside of the social “norm” and reflect a widespread social problem of women, and occasionally men, starving to death and suffering from “nervous conditions.” Both these figurative “appetites” and “nervousness” are directly referenced when anorexia nervosa is translated to English: nervous loss of appetite.

Silver outlines five cultural beliefs that she believes shaped both the manifestation and response to what can retroactively be framed as AN, many of which will be restated and expanded upon in current pro-ana narratives.

The five basic characteristics of the Victorian culture of anorexia, as I employ the term, are as follows:

1. an aesthetic validation of the slender female form as the physical ideal of beauty and a concomitant fear of fat as ugly and/or unfeminine;
2. an understanding of the body as an entity that must be subordinated to the will and disciplined as an emblem of one's self control;
3. the related, gendered, belief that the perfect woman is the one who submits her physical appetites (including, but not limited to, her hunger for food and, relatedly, her sexuality) to her will, and that the "good" woman is either by nature or by training more spiritual and less carnal than men;
4. the belief that the slender body corporealizes this self-mastery and/or spirituality;
5. the belief that slenderness carries particular class connotations, and most often is a sign of a woman's affluence. This last point, of course, draws an important distinction between the woman who chooses not to eat, and the woman who cannot eat because of sickness of poverty. (Silver 2002, 27)

[T]hese ideas were commonplace enough, and conform closely enough to anorexia nervosa as an illness, that Victorian Britain represents a developing, if still inchoate, anorexic culture. If anorexia was first diagnosed in 1873, in other words, and if culture is productive of eating disorders, then there must have been aspects of Victorian ideology, specifically gender ideology, that made the development of the disease possible. (Silver 2002, 27)

Paralleling the pathologization of female sexuality and sensuality, expectations of an ideal female body were contradictory. Ideally, 1800's women would present a tiny waist offset by a curvy top and bottom (30), an almost physically impossible presentation intended to perform a gendered binary differentiation from the male figure, and additionally meant to emphasize a matron/virgin distinction in the sense that a "virginal" figure will not have the expanded girth of a figure that has borne children, and thus implied sexual intercourse (45). Representing a double-standard of sexual and chaste expectations that is hardly unfamiliar to contemporary Western women, "the waist was a highly unstable and contested site that both sexualized *and* desexualized the body" (38),

simultaneously emphasizing the feminine form while playing up the virginal connotations of a flat or small “waist” (45).

These embodied, separate gender roles did not stop in attire and physical form, but extended to the actual acts of consumption. Silver delineated Victorian ideas of male and female foods, explaining that women were limited to “only those foods that calmed their desires. . . bland foods were thought the safest,” with milk specifically being endorsed to “calm the passions and to impart a gentleness to the character” (45). Meat created an opposite effect, therefore women had to stick to a regimented diet to avoid hysteric conditions (Silver) – meat being a dietary elimination also ascetically self-imposed by Catherine of Siena. Additionally, these constraints on food can be considered as a remedy to social problems of boundless appetites, and prevent these disruptive characteristics from taking hold. Chernin described a different version of this phenomenon in her analysis of diet books in *The Obsession: Reflections on the Tyranny of Slenderness* (1981): “All [books about dieting] have a thin veneer of concern for health and for aesthetics, but scratch this surface and you hear a far different order of preoccupation with the flesh. . . the typical voice of our culture growing lyrical about the horror of fleshly existence” (42). This “lyrical” prose of thinness and restraint does not exist in a political vacuum. Rather, it draws on cultural metaphors of asceticism and sin, feasting and sin. The construction and depiction of appetites as sinful and restriction as virtuous theorize the needs and desires of the body – especially the female body – through placing moral constraints and expectations upon it.

Imbuing food with special or even “magical” powers beyond simply morality and aesthetics is a persistent aspect of diet culture where the inclusion or removal of certain foods or food groups is viewed as a solution to physical and social “problems,” and is especially noted in eating disorders. “Orthorexia” has been a term used to describe disordered eating with a particularly obsessive and ardent focus on health properties of food for a while, but has recently moved into the diagnostic discussions as a new type or subtype of eating disorder (Appendix B1). The paper “Microthinking About Micronutrients: A Case of Transition From Obsessions About Healthy Eating to Near-Fatal ‘Orthorexia Nervosa’ and Proposed Diagnostic Criteria” (Morozé et al. 2015) features a case study where the patient was fixated on the health properties of food to the point of ascribing magical properties to food such as broccoli, and yet was severely malnourished to the point of psychosis and physiological issues: he weighed half of what he should at a BMI of 12.3%, was experiencing multiple side effects of malnutrition such as bradycardia and delusion, and had been admitted inpatient as he was unable to care for himself anymore even while living with parents (398-399). This extreme “magical thinking” around food combined with severe biological side effects showcases how food can have ascribed powers and symbolism, where the intake or rejection socially performs something, even if only to the individual themselves.

Victorian food and starvation signified individual morality and commitment to social cohesion, a cultural metaphor that Silver sums up as “a large stomach/waist was unattractive because a woman’s appetite for food illustrated her sensual appetites” (45), linking literal hunger to a more figurative existential social neediness and

exploitation. Conversely, “small gustatory appetites and a slim waist, on the other hand, signified small carnal appetites” (45) that acknowledged the need for social cohesion and the maintenance of social constraints over appetites; appetites not only theorized and expressed through food and weight, but actually encompassing much larger narratives of class and gender ambition and positions. She points out that “anorexia nervosa is only the pathological extreme of a continuum on which many Victorian women found themselves” (50), and that through the medicalizing and sexological contexts, “[n]ineteenth century Britain provided the environment in which anorexia nervosa developed from cultural logic to pathology” (50).

The DSM-5 criteria provide a clear but undetailed list of disorders and required symptoms for diagnosis. NEDA cites the most recent DSM-5 criteria for Anorexia nervosa (AN) as such:

To be diagnosed with anorexia nervosa according to the DSM-5, the following criteria must be met:

1. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight. (Appendix B2)

As the “official” diagnostic criteria for anorexia nervosa (AN), this relatively clear yet sparse description outlines the primary physical manifestations and emotional motivations, yet offers little in behaviors, symptoms and “symptom use,” processes, or

emotional states, and does not mention potential risks or fatalities at all, and certainly not the varied and complex ways that individuals use symptoms and attempt to manage risk. With these limitations and brevity in mind, I will use credible organizations such as NEDA (National Eating Disorder Association) and ANAD (National Association of Anorexia Nervosa and Associated Disorders) to reference some of the many behaviors and symptoms associated with eating disorders but not necessarily diagnostic, many of which pro-ana users are managing and otherwise strategically utilizing, practicing, and mitigating. Restriction symptoms seem to be used to attempt to manage or eliminate other behaviors such as bingeing or purging in both recovery and pro-ana spaces with polarized opinions on its actual success. Appendix B contains the full comprehensive list of eating disorder symptoms and risks that both more tacitly surface in pro-ana spaces and are explicitly selected and managed.

NEDA offers overall “warning signs and symptoms” (Appendix B1) of emotional, behavioral, and physical signs of an eating disorders and disordered eating, as well as broken down categories for the DSM 5 types: anorexia nervosa (AN) (Appendix B2), bulimia nervosa (BN), binge eating disorder, OSFED (Other Specified Feeding or Eating Disorder), avoidant food intake restrictive disorder (ARFID), and rumination disorder. Additional subtypes within these disorders and subclassifications outside of the DSM include compulsive exercise, pica, orthorexia, and diabulimia. I opted to exclude discussion and the criteria for ARFID, pica (consumption of non-food substances), and diabulimia (characterized by misuse of insulin and food restriction in Type I diabetics). This is not because these disorders are less important in the scope of

eating disorders and disordered eating, and I certainly would not make the broad claim that pro-ana users do not have these behaviors or conditions. However, these were not symptoms that I observed to be strategically used, managed, or avoided by pro-ana users, and all three are closely linked to specific psychiatric, intellectual, and physical conditions that have, at least so far, not been strategically utilized or implemented by the pro-ana community.

While the fixation in eating disorder discussions – both scholarly and media – tends to fixate on anorexia nervosa specifically, the majority of people with an eating disorder are classified under different eating disorders or disordered eating, such as the orthorexia above. Presenting multiple studies in a generalized statistics page, NEDA cites the 2007 paper “Epidemiology and course of anorexia nervosa in the community” (Keski-Rahkonen et al. 2007) that at least .3% to .4% of women and .1% of men will have anorexia, but cites a higher possible range of .9% and .3% respectively. This below 1% of the population of course possibly skates over or erases percentages pertaining to transgender or nonbinary people with eating disorders, but is certainly a lower percentage than findings about eating disorders in general. ANAD summarizes findings from the 2011 article “Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders: A Meta-Analysis of 36 Studies” (Arcelus et al. 2011), where researchers conducted a literature review and statistical analysis of anorexia nervosa, bulimia nervosa, and EDNOS (Eating Disorder Not Otherwise Specified); “Eating Disorder Statistics” claims that 9% of people worldwide will suffer from an eating disorder, and that less than 6% of those people will be medically classified as underweight.

Susan Greenhalgh is an anthropologist who examined eating disorders and disordered eating in the context of the “war on fat,” and how the stigmatization of obesity shapes “fat talk” (2016). Accidentally stumbling upon the project through an extra-credit essay assignment for her students on diet and body, she drew from 160 out of 222 papers with observable disordered eating (550) to map out the role of the “biocitizen” in obesity and disordered eating.

[T]he war on fat seeks to transform all Americans into what I call thin, fit biocitizens. Good biocitizens are rewarded with cultural approval, social inclusion, and political recognition. Those who fail to achieve the thin, fit body are deemed bad citizens, deserving of condemnation, stigmatized identities, and social exclusion. (548)

This analysis of fatphobia and social cohesion both feature in pro-ana discourses, and shape discourses about pro-ana. The pursuit of thinness may have social and aesthetic goals, but pro-ana members may fall outside the “good” biocitizenship of a thin person by crossing a psychological line.

The pathologization of crossing the psychocentric line between control and a loss of control over starvation and perception of self (Schott, Spring, and Langan 2016), while not necessarily wholly inaccurate, can bypass the quite articulate mappings of cultural knowledge that pro-ana users are expressing and performing, as well as those they are subverting through actually concretizing (and itemizing) specific acts and emotions in what is normally framed as a completely inchoate, irrational illness. This articulation is even more impressive in that pro-ana writing actually expresses this sense of indescribable chaos, then takes action to put it into words and action, and draw up potential solutions.

Silver's point about how "anorexia nervosa developed from cultural logic to pathology" (50) resurfaces in the midst of a fatphobic society. This pathologization of a cultural logic that frames fasting as a means to a more socially powerful end, is very much echoed in the pathologization and policing of pro-ana culture. The thesis "Emancipation Through Emaciation: The Pro-Ana Movement and the Creation and Control of the Feminine Subject" examines anorexia through a feminist Marxist lens, which frames anorexia as a capitalist "skill" for women existing in a capitalist state. This makes women the "laborers" in the production and quest of the culturally constructed "ideal" body, using anorexia as a "political performance" and pro-ana and pro-mia sites specifically as a form of resistance to cultural mandates for femininity (Tully 2014). Tully's thesis focuses more on the "social capital" of correctly mastered and performed femininity through thinness, which echoes the Victorian motivations, but the "capital" aspects of thinness transcends the more figurative social capital Tully outlines, as this capital becomes more literal in a modern society where it has been proven that women who are overweight or obese are significantly less likely to be hired for jobs requiring social interaction, and for women that do work in these roles, they are paid less than their non-overweight coworkers (Shinall 2016, 106). Examining the tacit and explicit capital available to women in smaller bodies, the pro-ana value on thinness and performative self-control becomes economically and socially contextualized.

"Ten Years of Ana: Lessons from a Transdisciplinary Body of Literature on Online Pro-eating Disorder Websites" (2012) reviewed 10 years of pro-ana scientific papers, concluding that these websites are a common area of transdisciplinary study

(Casilli, Tubaro, and Araya). Therefore, research concerning pro-ana material spans multiple theoretical and methodological frameworks examining endless physical, social, cultural, historical, linguistic, and psychological aspects of pro-ana and eating disorders. Therefore, eating disorders have been briefly covered by current diagnostic criteria, and some general symptoms that span most disorders and can be seen in pro-ana fieldwork. Research into pro-ana culture seems to be catalyzed by a media fixation on pro-ana, as well as an emerging censorship of these digital spaces, and so pro-ana research in this section will review some key frameworks to media reception and depiction of pro-ana culture and the eating-disordered body.

“The media both sensationalizes and oversimplifies women’s experiences with eating disorders, most often painting those involved with pro-ana/mia as dangerous, disgusting, abnormal, mentally ill, and in need of expert intervention” (Schott, Spring, and Langan 2016, 96). In “Unspeakable Bodies: Erasure, Embodiment, and the Pro-Ana Community,” Debra Ferreday comments on the strong emotional affects framing the reception and depiction of pro-ana websites in the press, claiming that “all the articles refer to their authors being moved by pro-ana websites. . . the dominant emotion is not sympathy or concern for the young women involved, but disgust (Ferreday 2003, 288). This “disgust” frames how the press handles pro-ana and the anorexic body, articulating the sense of distaste in addition to fear present in media depictions of pro-ana. Ferreday writes that “newspaper articles make clear that the sites are guilty of exceeding the boundaries imposed by a medical model of eating disorders. . . It becomes excessive the moment it [the anorexic body] is made visible” (292). The “medical

model” Ferreday references comes from the Victorian modeling reviewed by Silver, and though reconfigured and reimagined still has roots as a subset of hysteria.

Schott, Spring, and Langan (2016) examined how medical models and the psychocentric binary of illness and wellness, as well a neoliberal need to perfect the self shape media depictions of pro-ana, arguing that when “dominant analyses attribute eating disorders to the individual failings of women and girls, they become positioned as “crazy,” “hysterical,” “emotional” and “irrational. . .” (104), leading to a pathologized and paternalistic need to “fix” the problem of these websites. Ferreday also notes how the need to fix the issue of pro-ana sites is shaped by disgust, and how excessiveness beyond what is deemed medically normal leads to a contradictory confusion:

If pro-ana is constructed as disgusting, it is simultaneously constructed as dangerous, whereby the violent emotion of disgust gives way to a desire to remove its cause. This drive to delete, to censor, becomes re-imagined as a desire to protect vulnerable others, such as teenage girls, from danger. So we can see a shift here from seeing pro-ana authors as pitiable victims to an insistence that these sites victimize others. (Ferreday 2003, 289)

Media management of pro-ana users as both victim and victimizer has very real effects. Pro-ana websites were completely removed by Yahoo (Ferreday 2003, 283), and pro-ana materials, speech, and content are currently technically banned across multiple digital platforms, including Discord, Facebook, Instagram, Pinterest, Tumblr, TikTok, and Whisper, many platforms working with NEDA (National Eating Disorder Association) and ANAD (National Association of Anorexia Nervosa and Associated Disorders) or other mental health advocacy groups and researchers in order to eliminate

the presence of pro- self-harm behaviors including eating disorders. Pro-ana users already embody and resist cultural narratives and rules, and this is no different when it comes to circumventing and navigating these additional structures.

Metaphor

The culturally entrenched and performative linguistic acts that construct pro-ana identity and community in ways that both embrace and reject cultural metaphors or asceticism and pathology can be further understood through Jakobsen's designation of the "poetic" function of language, where the impact of form on function through the making and maintaining of meaning through action (Ahearn 2011, 19). My research concentrates on the poetics of language in describing the complex and figurative negotiations of identity, practice, and risk amongst pro-ana community members. Metaphors in pro-ana processes and practices encompass a span of strategic purposes meant to articulate experiences and implement solutions to risks connected to pro-ana identity. These risks range from the community-specific concerns and risks of weight gain and bingeing, the mitigation of physiological risks from the tolls that active eating disordered practices take on the body, and the social risks of exposure, stigma, and control from others.

Metaphors can function to organize and concretize (predicate) an indescribable or abstract (inchoate) sensibility or experience (Fernandez, 1972). This deliberate action and *strategy* of metaphor in everyday narratives and speech is crucial in this project. Metaphors are powerful, often invisible, sometimes fixed, but also

reimaginable. Strategically using and performing metaphors in order to understand something about the body, the mind, and their various spatial and experiential implications is hardly new, nor is the balance of risk. Focusing on the poetic functions of figurative language provides unique access to complex individual and group grapplings over the “chaos” of hunger and eating, and the implementation of “order” through restriction. The links between pro-ana members and metaphor are complex mappings over chaos of the everyday – by examining these discourses and narratives for metaphor and figurative language, this research intends to identify the creative and strategic ways that pro-ana bodies situate and articulate themselves in the gendered, pathologized, and otherwise complicated and contradictory experiences of weight and space. Understanding and isolating the specific metaphors used in discourses about bodies and space provides critical insights into both the conscious and unreflexive ways that language is used to frame and produce the surrounding world in regards to bodies and bodily space.

The use of figurative language and metaphor is in some ways unreflexive, as it bears the dead baggage of conventional framings and “lines” that should be adhered to, but not crossed. But it is also a strategic tool used to elucidate and reimagine aspects of experience that are not describable due to deeply entrenched and tacit cultural narratives that craft binary yet unclear boundaries around weight, eating, and pathological difference or insanity. Pro-ana users must also manage the inherent risk of the indescribable as a community that fixates so intensely on management and control of such abstract, powerful, and deeply cultural forces such as appetite and food, existing

within a society that is also fixated on these forces and shaped by the same religious and medical connotations despite often setting the anorexic body aside as a separate, independent curiosity. Understanding how metaphors shape discourses and expressions around body and weight, particularly in a community where these discourses are so explicitly brought to the forefront of social life, can provide insight into how linguistic and cultural patterns consciously and unconsciously shape perceptions of self and space. Language does not determine our world, but it is integral in crafting and framing the surrounding world. Understanding the ways language and metaphor are performed and reconfigured in pro-ana shared social and sensory experience is essential to understanding the creative and embedded ways that pro-ana users situate themselves and linguistically negotiate contradictory boundaries of time, space, and identity. These contradictory and inchoate experiences of pathology and agency are comprehended through the concretization of the more tacit experiences of health, aesthetics, and gender into recognizable constructions.

Metaphor can initially be perceived as obscuring or complicating meaning, but it functions in everyday language and communication to craft meanings by making one thing comprehensible through the traits of something else. Metaphors move between categories of meaning in order to borrow the meanings and associations of one in order to reimagine another. These “domains” of meaning vary and shift, but they describe and concretize what was indescribable and abstract. These craftings are varied and imaginative yet rely on complex mappings of meaning and culture in order to work effectively. Some metaphorical frameworks are so ingrained and integral in language

use, that they no longer are seen as figurative. These are called “dead metaphors” (Segal 1997), and they are important both in how they can frame and limit perception, and how they can be reimagined in a multitude of ways across space and time. These mapped, everyday, often undetected “conceptual metaphors” frame perception, description, and organization of the world around us.

The iconic *Metaphors We Live By* (1980) by Lakoff and Johnson outlined how everyday conceptual metaphors in everyday speech shape and frame experiences through the imagining of one domain repeatedly through another, forming strong cultural mappings. “Everyday” metaphors shape consciousness and understanding, and yet often sink tacitly beneath the surface of our awareness, and yet shape perception and framing of experiences through borrowing characteristics of an understood category in order to comprehend something else (1980). These categories known as *domains* classify words into certain conceptual categories deeply entrenched in cultural contexts and language (1980) – a subjective and context-dependent process. This process of using domains subject to change in individual and social contexts to explain the unexplainable can be further considered through dividing “structural” metaphors that borrow from the structural components of a domain, and “textual” metaphors that borrow from the experience or essence of a domain (Fernandez 1972; 1986). Rather than being particularly abstract and theoretical, this means that speakers borrow from one group of words (source) to understand something else (target) based off either its composition or feeling – this becomes strategic when the act of borrowing from these domains has the purpose of reshaping the perception or position of the target domain.

Anthropologist James Fernandez (1972) articulates this process of organizing the “chaotic” and inarticulable aspects of human experience through the relationship between the “inchoate” and “predicate.” The “inchoate” is the tacit, inarticulable, and chaotic, and the predicate, or predication, is the concrete, functioning, cultural and linguistic mappings over the inchoate. The “predicate” and “predication” are the metaphorical movements that borrow from an understood realm and use this understanding to articulate and ground the indescribable or confusing “inchoate” chaos of experience. The strategy and performance of these movements between domains *predicate* – comprehend – the chaotic, inarticulable, *inchoate* aspects of experience. “Movements” between domains can strategically “adorn” or “disparage” the subject based on the borrowed structural or textual aspects from the source domain (1972; 1986).

Metaphors “make a movement” (Fernandez 1972, 47) in order to strategically shift perception and understanding along strategic continuums between seemingly unconnected ideas for the purposes of “adornment” or “disparagement” (45). What Fernandez refers to as a “movement” between domains borrows properties of one to articulate and reimagine another, becoming strategic when the act of borrowing reshapes perception of the inchoate target (Fernandez 1972). Critically important to this research is how these movements can poetically function to make sense of what cannot be adequately described or understood.

Lakoff and Johnson outlined several types of metaphor in *Metaphors We Live By* (1980) and in later work, but the ones most relevant to this project are metonymy, orientational metaphors, and ontological metaphors. Metonymy works by “using one

entity to refer to another that is related to it” (35). Orientational metaphors create a spatial orientation for a concept, utilizing directional words (15). Ontological metaphors draw from concrete domains to create a substance or entity out of abstract emotions and ideas; “[o]nce we can identify our experiences as entities or substances, we can refer to them, categorize them, group them, and quantify them – and by this means, reason about them” (25).

Relevant ontological metaphors discussed by other sources and also in my fieldwork are container metaphors and personification. Container metaphors (29-32) utilize domains with a container object and container substance to take abstract concepts and experiences and place them into bounded conceptualizations so that they can be understood. Personification (33-34) functions similarly, but instead of borrowing from object domains, the target is instead ascribed human characteristics. Ontological metaphors seem to be the metaphors most prevalent in research on metaphor and health or psychological states.

The ontological metaphor is used to predicate the “charms” of pharmaceuticals, which takes the idea of medicines and gives it properties which concretize it, make it transactional, and connect them to the domain of healing (van der Geest and Whyte 1989). “‘Medicines’ are substances used in treating illness. . . the ‘charm’ of medicines. . . arises from their concreteness as substances. Medicines are *things*” (345). While this claim of medicines as “things” may seem initially obvious in terms of conjuring imagery of pills or liquid substances, the writers are referring to the metaphorical properties of “things” where the metonymic concept of medicines becomes culturally linked to deeper

domains of wellness and recovery, as well as all of the associated actors and historical knowledge associated with maintaining and retaining health (van der Geest and Whyte 1989). Part of this metaphor is the apparent topicalness, and the deeper, tacit associations; these kinds of dead or “forgotton metaphors” “have the greatest impact on how people organize their lives, [and] create order” (357).

In the context of how common biomedical “dead metaphors” constrain and limit discussions and policies for health and healthcare, Judy Segal (1997) specifically discusses how the military-domain metaphors of BODY AS A MACHINE and MEDICINE IS WAR (221) are deeply entrenched in battling death (223). An insidious issue is that “the war metaphor includes also a cultural loathing of the sick body” (Segal 1997, 224), which is an issue critically important to contemplating pro-ana and the implied anorexic body, in a community that explicitly reconfigures what is etically determined to be ill as an ideal choice. This sidestep of pathology becomes less an issue of simply “denial” when connected to these more complex mappings of war and machinery where admitting to illness or insanity has cultural implications of being the “loser” in an ever-changing, not fixed war field.

Emily Martin thoroughly investigated what can be thought of as dead metaphors used to describe the immune system in *Flexible Bodies: Tracking Immunity in American Culture from the Days of Polio to the Age of Aids* (1994), and how these shape the perception of bodies and health, outlining conceptual domains reminiscent of Lakoff and Johnson’s work in *Metaphors We Live By* (1980) in regards to the militarization and machinery language used to conceptualize immune response, as well as the “attack” of an

outside danger. Martin identified the rampant use of military metaphors used in media, as well as in ethnographic interviews with patients, including related domains such as viewing the body as a castle or fortress (71). Where Martin diverges from more rigid views of conceptual metaphor is in the emphasis on the multiple ways people are able to conceptualize the body outside of warfare, and consciously do so in order to pin down something they consider to be true. “It seems to follow from a robust notion of an internal system of protection that the system exists to ward off continual threats. People focus their attention on the well-being of the system rather than on creating an environment that is free from threat” (Martin 1994, 67). While Martin’s work revolves around concepts of immune system and response, the idea that people have an overarching sense of managing the body in order to mitigate outside risk is relevant to the pro-ana community, where risk management spans from avoiding a “system collapse” in their own body to managing outside social risk.

Metaphor is a critical communicative strategy in medicine, as patients attempt to locate and describe symptoms or experiences, most often without disciplinary knowledge, and sometimes without even prior experience with the issue at hand. Medical patients gravitate toward the use of metaphor to describe symptoms, and these metaphors are complex and creative with the conscious function of communicating a description of something indescribable or new. Utilizing experiential information from other situations and events enables patients to conceptualize and pinpoint the experience they are attempting to articulate for treatment. A concordance study of 373 recorded doctor and patient consultations sought to demonstrate the role of metaphor in healthcare, and

highlights variations in doctor and patient metaphor use (Skelton, Wearn, and Hobbs 2002). There are four relevant metaphors here that connect to some of the other bodily metaphors. The first two metaphors connect to Martin’s research into military metaphor, and the more creative ones used by patients outside of that framework.

First, used primarily by doctors, is the relatively more well-known **BODY IS A MACHINE** [all caps indicate a conceptual metaphor] – capable of needing repairs, and subject to wear and tear (116). Then, used equally between doctors and patients, **ILLNESS IS AN ATTACK** (116). The following two metaphors are used primarily by patients. **ILLNESS IS BEYOND DESCRIPTION** functions to express and specify symptoms; “patients introduce a metaphor by apologising for their inability to describe or explain their sensations. The effort to do so produces a wide array of vivid metaphors” (116) intended to predicate and concretize an inchoate bodily experience. Lastly, and most relevant is the **BODY IS A CONTAINER FOR SELF**, where “selfhood was pictured as being inside the body. . . Patient metaphorical uses were either expressive and idiosyncratic. . . or described psychological wellbeing with reference to physiology” (116).

BODY IS A CONTAINER FOR SELF (Skelton, Wearn, and Hobbs 2002, 116) resurfaces in “‘I Am a Waste of Breath, of Space, of Time’: Metaphors of Self in a Pro-Anorexia Group” that identifies conceptual metaphors in pro-ana forum user profiles (Bates 2015). Bates provides valuable insights into how pro-ana users metaphorically engage with internal and external conceptualizations of space, and skillfully construct and express identity. Bates identified four conceptual metaphors used to discursively

construct and maintain pro-ana identity in user profiles demonstrating that this sense of identity and shared experiences and skills is part of the motivation to visit and participate in these spaces: SELF AS SPACE, SELF AS WEIGHT, PERFECTING THE SELF, and the SOCIAL SELF. These frame anorexia 1) as a location, and also a transformative space (193-194), 2) the anorexic self as the "true self" figuratively encased within a non-real/not-true self (194), 3) a "rhetoric of death" rooted in engagement with ideas of "disappearing" and "vanishing" where "the perfect self for which they strove was, at its core, an invisible body" (197), and 4) the self as both subject and object, the externalization of self and eating disorder, and the "ana" deity (197-198).

Looking specifically at Bates' SELF AS WEIGHT in connection with BODY IS A CONTAINER FOR SELF (Skelton, Wearn, and Hobbs 2002), Bates' identified container metaphor "illustrates how the body was literally constituted as the container of the true, inner self, for some members of the group. . . some members problematized the body as an obstacle to find the real, true, inner self" (195). This sets the body and mind apart as separate entities, and the problematization of the body renders a mind-over-body solution reflected in the pro-ana tenets of restriction and prioritization of thinness as a solution to self.

While pro-ana culture seems to showcase and explain this framing quite consciously and strategically, it should be noted that this distinction between mind-self and body-self is hardly unique to pro-ana specifically. In the book, *The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reason* (1987), Mark Johnson (of Lakoff and Johnson) attempted to re-ground metaphor, the making of meaning, and

embodiment in actual *bodies*, arguing that the brain and meaning are not separate from physical and environmental experience. Clearly the fragmentation of body and self exists as a central tenant to framing mental and physical states. Pro-ana encompasses both, and explicitly. A major component of this is “embodied schemata,” basically contemporarily defined as “general knowledge structures” but that Johnson takes issue with and returns to an earlier Kant usage as “nonpropositional structures of imagination. . . [that] focuses on embodied patterns” (19), demonstrating a conceptual mapping and imagination reliant on preexisting structures, or what Fernandez might refer to as “quality space.” This idea of “cultural quality space” refers to the sociality of and situation of speakers in a continua of domains and social context (Fernandez 1972, 47-48).

“Re-grounding” (Johnson 1987) also serves as an important reminder that the situating of pro-ana discourse and identity into broader and historical contexts affects actual literal bodies. Pro-ana ideology is moveable as evidence for bodily and mind arguments ranging from pathological irrationality to performative rebellion, and it is too easy to lose sight of the actual role of actual bodies existing with these behaviors. Perception of and modification practices existing within these figurative frameworks shaped by the mind are inextricably rooted within the literal bodies of pro-ana users.

Making the chaotic comprehensible is critical in narrative research about physical and psychological states. Pro-ana narratives grapple with physical, mental, and social inchoateness. Pro-ana users have to figure out how to manage their own chaos to prevent

harm and stigmatization. Members also run complex risk management from the more literal harm reduction to the body, but also socially to avoid detection.

Edgework

Stephen Lyng brought the concept of “edgework” to the sociological table in 1990 to address a gap in academic literature regarding risk-taking and high-risk behaviors (1990), and to address the framing of risk-taking as existing between binaries of personality types prone to or avoidant of risk, and a fixation on social forces that overlooks the sociality of risk-taking. Lyng argued that risk-taking and high-risk behaviors were primarily depicted as deviant either psychologically or socially – and that even this socially-based determinant failed to address the sociality of risk rather than simply the social factors that cause the deviance that is risk. Inherent in these social aspects are the concepts of shared skills and sensations – these shared experiences have social impacts in that participants have a community structured through specific skill sets and common physical, emotional, and existential experiences of riding the “edge” of total chaos.

“Edgework” itself is constituted by metaphor, in that the “edge” refers to a tacit, moveable social brink that grapples with the not-quite definable, genderless, or actually objective notion of what constitutes the brink itself; this “edge” and its “edgeworkers” are moveable and reimagined across different social spaces and times. The shared experiences of the “edge” of chaos are similar to the intents and purposes of metaphor – both seek to skillfully and strategically negotiate the physical and semantic properties of

meaning and function. Edgework examines voluntary risk-taking as process-oriented, rather than goal-oriented, as previously studied (Lyng 1990). Lyng writes that “[t]his concept [edgework] allows us to view high-risk behavior as involving, most fundamentally, the problem of negotiating the boundary between chaos and disorder” (855). The implications of this framework are that risk-taking becomes an interaction with chaos, rather than a manifestation or symptom of it.

A critical component of edgework and these interactions with risk is specialized knowledge and skill. Edgework, like any hobby, job, or pastime, is comprised of skill-sets. Edgeworkers are not drawn to the chaos of incompetence; rather, they are drawn to the implementation of skills in the challenge of potentially life-threatening activities (Lyng 1990), and characterize themselves as having additional skill-set(s) for skating fine sensory, experiential, and social lines between what others would perceive as uncontrolled, stigmatizing, or chaotic, and the actual chaos of loss of control and injury or death (Lyng 1990, 859). The thrill of edgework is in the process of strategy and skill, not so much a lucky skirting of circumstance, or being trusting in the hands of the unskilled. Lyng connects skill-sets to an externalization of self that interplays between constraint and spontaneity (Lyng 1990). Edgework wrangles the performative, knowledgeable, and skilled aspects of risk-taking, and social and experiential aspects of such engagements with the “edge” of the chaotic both institutionally and sensationally.

Some studies of edgework include the original skydiving (Lyng 1990), “Carnavalesque consumption” of food with video gamers and alcohol with hipsters (Cronin, McCarthy, Collins 2014), and sadomasochism (Newmahr 2011), all activities

requiring successful negotiation of physiological, emotional, and social “edges” that border on eluding control or survival. Yet, a typical gap in edgework literature is that edgework studies primarily showcase males and males engaging in risky activities. This disciplinary gap in the literature about female edgeworkers highlights the gendered burden of pathology often carried by women and marginalized groups in the contexts of “risky behaviors” and “risk-taking.” Exceptions to this rule are actively carving out a more nuanced and reflective framing of edgework and edgeworkers. Olstead (2011) highlighted the gendered work of edgework by examining female space through the feminist lenses of an embodiment of risk, a “locate” strategy with actual narratives, and “grounding” through experiences, arguing that women negotiate different emotional territories while engaging in voluntary risk-taking behaviors. These three angles intend to analyze women’s edgework as a politicized performance of gender, heavily influenced by Butler’s visions of gender performativity. Research analyses are broken down into the three categories of emotional territories, gender and risk regimes, and feeling responsible, all of which function to create an “undomesticated” (88) sensation in female participants, and directly resist gender imperatives of rationality, caution, and obedience. Olstead examines women’s experiences in edgework (such as skydiving) through the idea that women and men not only experience certain emotions differently, but that these experiences are often also sent underground or hidden due to the discomfort and worry that it can cause other actors, such as family members, positing that women engaging in voluntary risk-taking behaviors are resisting dominant cultural narratives that require women to stay safe, and more importantly, allow others to feel that they are safe.

Other case studies of female edgeworkers and edgework include narrative and ethnographic research on domestic violence (Rajah 2007), bodybuilding (Worthen and Baker 2016), roller derby (Thompson and Üstüner 2015), street-hustling (Miller 1991), female violent offenders (Batchelor 2007), and pro-ana (Gailey 2009). In her work on edgework and pro-ana, Gailey articulates that “women do engage in edgework like men, they push their bodies to the brink of death, they employ skills that must be constantly refined and sharpened so they can push the edge that much further, and they experience the emotional rush from engaging in the activity” (Gailey 2009, 105). The difference is that “women’s edgework experiences have been overlooked because women who participate in perilous behaviors are often labeled mentally ill due to gender role norms” (Gailey 2009, 105), pointing out an additional layer of pathologization onto the expected deviance identified by Lyng and other edgework researchers.

In their article “Neoliberalism, Pro-ana/mia Websites, and Pathologizing Women: Using Performance Ethnography to Challenge Psychocentrism,” Schott, Spring, and Langan identify the role of psychocentrism, which describes a binary classification of “normal” and “abnormal” in psychiatric medicine, in depictions and research into pro-ana spaces (97). This frustratingly familiar binary is consistent both with the issues Lyng identified in research related to risk-taking, and also research related to women, which is often framed as an alternative performance to what the men are practicing. While edgework complicates that binary, the same gendered issues arise in scholarly material on edgework.

Gailey (2009) frames pro-ana discourses and narratives through Lyng's analyses of edgework and edgeworkers. Stepping outside of the discourses concentrated on censoring or "fixing" the issues of pro-ana literatures and the supposed victims of such literature, Gailey focused on the narrative depictions of fasting experiences, and how these narratives overlap with the (often masculinized) experiences of working the "edge" between social and sensory constraint and chaos; in these cases, this is successfully riding the delicate line between remaining clinically underweight, and avoiding hospitalization as a result of complications or interpersonal relationships. According to Gailey, pro-ana sites, while usually pathologized, encompass many aspects of edgeworking communities, including an emphasis on balancing control and chaos, the implementation of specific skill sets, and shared sensory experiences.

Edgework wrangles the performative, knowledgeable, and skilled aspects of risk-taking, and social and experiential aspects of such engagements with the "edge" of the chaotic both institutionally and sensationally. These shared skills and sensations can be applied to pro-ana and pro-mia communities through the exchange of eating-disordered skill-sets and practices, as well as shared sensations of the effects of starvation (Gailey 2009). Gailey showcases how pro-ana narratives express the act of starvation as a way of balancing and controlling the chaos in everyday life (2009). Riding the "edge" of being underweight and avoiding hospitalization relies on specific skill sets and shared social and sensory experiences of constraint and chaos.

Viewing pro-ana communities through "edgework" makes investigation into the sociality of these communities possible, including the creative uses of language inherent

in any community, but especially within a community closely interacting with diverse internal and external inchoate chaos. These acts of controlling intake and weight require sophisticated skill-sets of restriction and purging methods to not only implement successfully to achieve weight loss while sidestepping major health effects, but also to conceal from others. In addition to these shared structural and pedagogical aspects, there is a shared sensory experience in the process of starvation, ranging from physical sensations of intense euphoria, emotional swings, and a general altered state of being. Eating disorders and behaviors are generally conceptualized as determined by genetic and social forces that frame acts and experience as a biosocial problem lacking agency and awareness for affected individuals, but edgework allows for contemplation of strategy, practice, knowledge, and sociality of pro-ana members.

METHODS

Ethnographic findings in this thesis are drawn from ethnographic collections and projects spanning from October 2016 to May 2019. All quoted fieldwork is a direct transcription of the actual text and/or speech [Sic]. The collections consist of publicly available data from pro-ana websites, Whisper, Reddit, a Discord, and the recovery-oriented podcast *Recovery Warriors*. Saved and transcribed (if written content) screenshots of forums, expressions, memes, images, and conversation “threads” constitute the majority of the collections. The exception is the *Recovery Warriors* fieldsite, which consists of transcriptions from the podcast and some public works associated with certain guests. Website, Whisper, Reddit, and Discord posters are anonymous or under a username, often poetically linked to pro-ana, eating disorders, or skeletal imagery.

At one point I did post invitations for narratives to the following questions (IRB 18-165):

How did you become pro-ana and/or pro-mia?

What makes you want to/ motivates you to keep being pro-ana and/or pro-mia?

Can you describe an ideal day in a pro-ana lifestyle? What is one of your personal “best” days?

Can you describe a worst day in the context of pro-ana and pro-mia? What happened?

Do you use thinspiration, including, meanspo, sweetspo, bonespo, fitspo, etc? Describe the most effective quote or image you have used. What did it accomplish/do for you?

No responses were collected, and I am not confident that the posts made it past website administrators because of protecting the community, self-deactivation, or another factor entirely.

Coding methods identified common domains and phrases, and traced messages that resisted or channeled eating disorders and practices, and identified themes, metaphors, and tropes. The articulation and comprehension of these physical, emotional, and social states map conceptual systems and skill-sets within eating disorder cultures.

Researcher naming practices had an emergent complexity as I contemplated how to refer to my subjects that seemed increasingly crucial to and reflective of the research framework, which is an awareness I at first tacitly experienced as I read through different sources and media types. This exists in social research in general, but the pro-ana culture is particularly gendered, medicalized, and inextricable from long-standing, tacit beliefs related to gender, aesthetics, health, sanity, and morality. Common, straightforward, and more classically social science terms included “pro-ana member” or “members” (Bates 2015; Ferreday 2003; Gailey 2009; Knapton 2013; Tully 2014). The term “users” (Borzekowski et al. 2010) surfaced specifically in regard to “website use,” consciously or unconsciously using the language of social media “users.”

Other writers selected terms more conceptually obvious, yet more tacitly complex. One article referred to the people involved in pro-ana content and materials as “anorexia sufferers or allies” (Ewens 2015), which is erasing, pathologizing, and inadvertently makes it semantically interchangeable with people recovering from

anorexia with a support system. The interchangeable use of anorexia and pro-ana is a recurring sloppiness that does not accurately describe the independent and overlapping complexities of these behaviors and symptoms.

In the framing of “edgeworking” consensual risk-taking, one term was “women who participate” (Gailey 2009). This was interesting in that it framed pro-ana participants as fully agentic; it also frames them as all women, which is not the case. However, it does represent a trend of reversing the pathologizing and paternalistic framings and namings of pro-ana, to using pro-ana culture and users as resistance or as a representation of a broader upheaval of discourses around women’s bodies and minds. While I mostly agree with these perspectives, I resisted gendered terms, as well as “pro-ana edgeworkers” as I want to avoid using them as an evidentiary prop for a theoretical framework. There is no need to medicalize pro-ana users to the point of incoherence, nor pick them up as an iconic feminist trailblazer or resister – they fluctuate between both and ultimately perform a much more encompassing analysis of cultural metaphors and discourses over aesthetics, constraint, and morality.

An interesting presentation was the use of “pro-ana” (Ferreday 2003; Schott, Spring, and Langan 2016) as a stand-in and placeholder for both content and the people that use, produce, and disseminate it. This was reiterated in media articles (Toor 2015; Walton 2010), except the use of “pro-ana/mia” as the subject also functioned as a strange metonymic stand-in where the websites are discussed as agentic subjects in lieu of the people that produce, moderate, contribute, access and *use* these websites. Combined, these referential placeholders of content stand for an inchoate group of people, with the

people using them defaulted to the gendered women and girls that visit, participate, and ultimately *are* their website presence. This metonymic stand-in both showcases certain pro-ana narratives, while erasing the diversity and complexity of the people that produce them; by having generalized content as a symbolic referential for the people that access, create, share, and – most importantly – *select* this content, the writings and artifacts of pro-ana users becomes the identifier for the individuals engaging with this specific internet branch.

Ethics Statement

One of the factors that initially prompted me to dive into this research was the lack of more classical ethnographic data, involving interviews and more individualized research “in the field” so to speak. However, once I had waded deeply enough into the public pro-ana spaces, recovery narratives, and information about triggering language (Appendix B4), I decided to use public data only for a few key reasons.

My first major misgiving was during data collection for “buddies” and “coaches” where there was a notable presence of male “coaches” that advertised their services by mandating submission and even nudity. Particularly in the context of a largely underage community, I did not feel adequately prepared to investigate and address content that was purely kinky or something more sinister, such as potential catfishing.

Most significantly, I did not feel confident that I could adequately manage the risk of harming users. The questions that pro-ana users respond and answer to within their spaces – and therefore the questions and answers I would want to delve into – are the

same questions and answers that can be dangerously triggering for individuals struggling with food, weight, and/or body image. And the communities were less secretive than anticipated – while I am sure there are more complex, human, dialogical interactions in private spaces, pro-ana users are pretty open about who they are and why they have come, making public collections quite rich in detail and nuance.

All collected data in this thesis was publicly available, but I chose to take some confidential measures to try to ensure that the spaces I accessed would not receive harassment or be dismantled. Pro-ana comment sections are already rife with hostility and confrontation – other researchers have documented this backlash in their transcriptions of comment sections in pro-ana forums (Dias 2013; Ferreday 2003; Schott, Spring, and Langan 2016), and I came across these comments often in my research, ranging from judgmentally perplexed to outraged. However, in the end, these materials are publicly available and not necessarily subject to protective measures to ensure anonymity – so to some extent users are potentially exposed if the materials are still available and searchable. It is a risk that I have managed, if not necessarily satisfactorily resolved as a researcher. While my priority is to best conceal and protect my research subjects, this data was voluntarily posted into public platforms.

Concealing publicly available data is not completely possible, but I have investigated and mitigated this risk. Usernames and website names – despite being poetically interesting – are not disclosed in this thesis in order to protect the identity and field sites of research subjects. Many users seem to have already taken extensive measures to prevent this risk, and are already well aware of the technically public, if quite

vulnerable, nature of their expressions and exchanges. Websites are operated under pseudonyms, Whisper posts are anonymous, and Reddit users can use alternative accounts – I only observed one Discord, and cannot conclusively attest to anonymity, but the food-themed usernames suggest that accounts may be primarily for pro-ana use, or an alternate account.

While I frequently use direct quotations that are potentially identifiable and certainly searchable, these materials are frequently re-posted, shared, fragmented, and even stolen: “[y]ou are copying my post! please delete your post IMMEDIATELY” (Fieldnotes, 02/11/2017). Posts are so frequently either censored or removed later by the initial poster that it would take a decent amount of dedication to search multiple platforms where there’s a high chance that the text no longer exists or has been reproduced and re-distributed by different individuals. Contemplating the other side of this self-removal coin, I wanted users that leave the community and discourse to do so without being permanently linked to materials collected over a time-frame that is relatively narrow and brief – particularly in lieu of the potential criminalization of these spaces and materials.

Collections

The ethnographic collection beginning in October 2016 (IRB 16-181) concentrated on the pro-ana relationships between “buddies,” “partners,” and “coaches,” collecting requests or advertisements for a buddy or coach as well as missives and artifacts sent between pro-ana members such as tips and tricks, thinspo imagery and

narratives, and recipes or diets. Consolidating the food and meal rules and performances I noted in this project led to a subset collection in 2017 specifically of recipes for “safe” and recommended foods, replacements, and recipes. Public web posts, forums, discussions, and pages were saved as screenshots, as well as specific images or artifacts such as thinspo, memes, and graphics depicting tips, recipes, and ads.

In 2018, specific definitions of recovery were transcribed from the podcast *Recovery Warriors* with Jessica Flint (previously Jessica Raymond). *Recovery Warriors* is a free eating disorder recovery podcast on iTunes as well as a website featuring writings from other “warriors” who have recovered from an eating disorder. Most episodes feature an interview between Jessica and a guest that spans recovered/recovering individuals, experts and professionals, body image activists, and resources such as yoga practitioners – none of these categories are mutually exclusive, and frequently overlap. Many episodes end with a “Warrior to Warrior Round,” referencing mutual survivorship and stamina, where one of the questions from Jessica to the interviewee is “What is your definition of recovery?” 31 of these responses were transcribed and coded for figurative and metaphorical language. Research also spanned out into some of the website articles, as well as material related to specific guests, such as Jenni Schaefer (Appendix D). For a separate but connected project on recovery metaphors, five additional full episodes were transcribed and coded for conceptual and strategic metaphors, featuring guests Victoria Keller, Joe Kelly, Jenni Schaefer, and two solo episodes with the host Jessica Flint.

From January 2019 to May 2019 (IRB 18-165), 66 pro-ana posts (consisting of full threads and multiple Whispers per entry) were collected from three field sites: Reddit (subreddit), Whisper, and Discord. Reddit and Whisper field sites were selected for their relatively easy accessibility and anonymity, and then a Discord fieldsite was located as a link in the comments section of a Reddit thread. These different platforms have some similar features in content and communicative strategies, but differ in format and presentation. Whisper content consists of single, anonymous, meme-like content, featuring imagery or text or both, in contrast with the often symbolic yet recognizable usernames that enable the conversation threads of Reddit and Discord. These screenshot observations were transcribed and coded for figurative language, metaphor, and practices to see how identity and practice are improved, expressed, and maintained in pro-ana spaces.

All of these collections were coded or re-coded for figurative language and inchoate aspects of eating disorder experience and practice, with the intention of outlining some of the conceptual mappings utilized to articulate the experiences of eating disorders and associated problems of practice, implementation, and sociality. All research was collected from public platforms, but locating data varied between field sites. This is mostly due to censorship of these spaces, an issue that affects the pro-ana content, but not *Recovery Warriors*. Methods of data collection and locating and accessing field sites are circuitously related in pro-ana culture, as it often requires a certain depth of cultural knowledge and native language to even find the spaces.

For transcribed text in this ethnography, “Original Poster” and “Reply 1, 2, 3. . .” represents a single posted image and replies to the original post. “Poster 1, 2. . .” indicates an exchange between users where the featured quotes may not contain the original poster, original order of comments, or all of the pro-ana writers on longer threads with more contributions.

Websites

Pro-ana websites are perhaps the easiest field site to find and the hardest to keep track of, with high rates of deactivation, removal, and even search engine interference – it seems like the more well-known pro-ana culture gets, the more difficult it is to find actual pro-ana websites, as opposed to websites, articles, or news *about* pro-ana. General searches were for “pro-ana websites,” “pro-mia websites,” and later searches were for specific websites mentioned or recommended within websites or other field sites. One website in particular tends to resurface repeatedly across platforms as a familiar acronym. Websites tended to feature the fewest conversation threads, but instead encompass a much more detailed and crafted pedagogical or biblical resource. Websites often featured “disclaimers” that rejected recruitment framings and emancipated the creator from responsibility for harm. Sites were generally broken down into pages with a particular focus, including the Ana deity, tips and tricks, recipes, venting, and journaling, although some websites have more or fewer pages.

Data collection consisted of the collection of tips, advice, recipes, and tricks for practices to maximize weight loss and minimize interference through screenshots and page captures. Screenshots and captures ranged from the layout of the website to specific

artifacts like recipes or tip lists, to posts, ads, and replies. These practices concentrate on behavioral things like restriction and purging, as well as addressing the social aspects of needing to conceal these behaviors, breaking down further into smaller acts and artifacts such as thinspo, recipes, rules, and scripted performances. These acts and artifacts were either downloaded as an image or captured via screenshot and transcribed.

Platforms more centered on information distribution – like websites – tend to include long lists of “Tips” and more polished narratives in general (Appendix E). Platforms much more conducive to discussion – like Reddit and Discord – are more likely to produce lengthier expressives with replies of small snippets of critical information, much like a regular conversation (Appendix F). These conversations between users center on a specific individual problem that connects to shared group experiences, and specific replies are usually based both in personal experience and their own research on the matter. The pro-ana community of Whisper has similar exchanges, but the format itself demands briefer and more anonymous interactions. Posts tend to either make a statement that doesn’t demand a reply (although it may prompt exchanges) such as “[l]ow key obsessed with bonespo” where someone replied “I’m high key obsessed. It has grown into an every waking thought kind of obsession” (Fieldnotes, 03/16/2019) or prompt some kind of action, like requesting or offering meanspo. These different speech acts all seek to mitigate risks of weight gain and associated obstacles like health issues, interference or exposure, and binging.

Reddit

Reddit is a digital platform consisting of individual “subreddit” pages searchable by keywords and name. Users can subscribe to multiple subreddits, which appear in a “feed” of posts in their Reddit account. Additionally, the subreddits can be public to all, public to registered Reddit users, and private. This research focused on data that was available to the public and to Reddit members, but no data from private groups. This field site was located by googling “pro-ana subreddit” after a recommendation from a fellow student. After fumbling around and trying to learn how to use the platform through various search terms including “pro-mia” and “thinspo/bonespo/meanspo/sweetspo,” I settled on consistent monitoring of a particular subreddit that is an offshoot of one of the largest and most popular pro-ana websites and forums, and is the basis for most of the collected Reddit data. The concentration on this one subreddit was not initially deliberate, but there was an emergent complexity in differentiating between pro-ana spaces, diet spaces, and recovery spaces. Many of these spaces employ similar practices and cite each other as sources of advice and strategies for losing weight, but the pro-ana identity aspect is not consistent. Many of the subreddits outright rejected “eating disordered practices” – some in the name of health and fitness, and others with a more suggestive subtext that perhaps serves to dodge particular stigmas or the Reddit “quarantine” of potentially problematic subreddits – the explicitly pro-ana platform I observed had been “quarantined,” requiring active user consent to view the posts and threads. Due to the nuanced and complex relationship between subreddits and performance that demands independent ethnographic investigation to fully unravel, this

research focused on an explicitly and publicly accessible pro-ana subreddit, and set aside both private subreddits and connected, but not explicitly pro-ana, subreddits at this point in time.

The feature most relevant to this research was the “threads” of conversation available. Subreddits will have titled posts that flow in user-selected order – I alternated between ordering posts by date (recent to later) and the popularity of the post, mostly settling on the latter as they were more likely to have the “threads” that were of interest. These “threads” appear once a title in the field has been clicked on – this directs the user to the page with the main post, and all replies. These threads of posts and replies constitute the public, observable “conversations” on Reddit. These threads were screenshot, transcribed, and analyzed for practices and ontological metaphors associated with eating disorders and risk management.

Whisper

Whisper is a public and anonymous platform that consists of a single visual image or background with some kind of script on it. Certain keywords and themes are searchable, which pulls up relevant posts. Similar to Reddit, original posts appear in a sequence, and then “threads” can be viewed by clicking on the original post to view replies. Replies also all take the form of a visual image paired with text. Anonymity (in the absence of major crime) is maintained through a lack of username or any identifying information on the post itself, which means that users are able to post brief expressions, questions, and thoughts without identification. All data collection consisted of “Whispers” collected on a Chromebook. This is significant to note as the phone version

of Whisper has different features, including the ability to create a post, filter by physical range (within however many miles of the poster), and private message or chat features.

Whisper required some creativity to step around the censorship of the pro-ana community. The search terms and all unabbreviated or hyphenated variations of “pro-ana,” “pro-mia,” and “thinspo” returned no results. However, lesser known and more specific community terms such as “meanspo,” “sweetspo,” and “bonespo” returned several related posts. At first, all posts for a search term were collected and transcribed in batches of 8. Then, posts were collected only up until when they were recognizable from the last collection. Screenshots were taken two ways – the first type captured 8 posts associated with a search term at a time (what is seen on screen), and the second type captured “threads” existing between a clicked-on original post and its subsequent replies. All of these captures were fully transcribed, and “tagged” for platform and content. Replies are the same single, meme-like image as the original post. Of these, all posts containing reply “threads” were collected.

Discord

Data from the singular Discord platform field site was collected fairly selectively. This field site was located through the comment section on a subreddit as a community resource at a later point in research. Discords are forums that appear like a cross between a website and a subreddit. This Discord had multiple subpages, such as “Vent” and “Tips-and-Advice,” with a single “thread” associated with each. Although the subpages consist of one long thread, these threads show username, date, and time which make the capture of chronological conversation possible. Posts were collected

based on narrative qualities and exchanges of advice or practices between users. The idea was that this kind of platform – more private since it’s harder to find and smaller – might lend itself to more detailed and/or lengthy expressives or “stories.”

PRO-ANA AT WORK

Conceptual Metaphors and Metonyms

“Anorexia,” “anorexic,” its shorthand “Ana,” and “ED” are continuously referenced across pro-ana platforms, including within the name of the community, in ways that concretize and personify the concept, and can also imbue the concept with agency and action. The concept of anorexia is first “solidified” into a member’s life by borrowing from domains of objects in order to map the draw and practice of anorexia.

Poster 1: I didn’t mean to pick up my ED again but I did.

Poster 2: I know your situation all to well. I picked up my ED again and to say the least, I’m happy I’m losing weight.” [underline added]
(Fieldnotes, 04/21/2019)

This conceptualizes eating disorders as something, ironically, *with weight*. “Metaphors and metonyms are often used to concretize illness, which opens the way for therapy by things” (van der Geest and Whyte 1989, 361), and pro-ana members concretize anorexia as a tangible set of responses to a broader mastering of life and food chaos. Practices and habits can be picked up – and thus also possibly rejected, set aside, or overlooked at certain times. “Picking up” also references the domain of illness, in the passive “picking up” of symptoms, like one might pick up the flu, which also more subtly references a certain helplessness and inability to avoid “picking up” symptoms. The first writer references both of these domains, beginning with “I didn’t mean to” in regard to the “picking up” of an eating disorder, but the “again” implies that the eating disorder was

placed somewhere that it could be found again and potentially moved, sorted through, stumbled over, or unpacked. The response also references both domains – the “pick up again” seems to imply both accident and knowledge, and the additional “bright side[effect]” of weight loss frames it as a long-lost tool.

Conceptualizations of weight are dead orientational metaphors that organize weight and size as numerically moving “up” or “down” and also spatially vertical through numerical listings and orientational domains. Other potential common “dead metaphor” alternatives to “lose” such as “lowering weight,” “down in weight,” and “dropping weight” reveal a vertical orientational metaphor that can be linearly traversed. Specific binary oppositions reveal tacit yet specific conceptualizations of weight; a body’s weight can easily be up/down or higher/lower, and bodies can drop/carry weight but not drop/catch weight. The lose/gain binary seems particularly ideologically entrenched, demonstrating that weight loss/gain references structural domains of competition and the implied seizure of physical space, yet is textually more complicated. I posit that in the context of fatphobia where being thin signifies morality and health – a form of winning – the structural aspects of weight loss/gain are inverse to the textual sensations of weight loss/gain; weight gain, in pro-ana discourse and broader medical and aesthetic contexts, is in fact a loss rather than a gain. Pro-ana users’ depictions of weight gain and loss seems especially indicative of this [underline added]: the “gain,” as in “I have gained 35+ lbs in under 2 months” (Appendix F2), or “I thought I gained weight after I binged but I went from 107 105.8” (Appendix H1) specifically refers to the consecutive numbers not the sensations.

I'm up in weight today but I know it's from all the excess food and sodium and I'll go down again soon. (Appendix H2)

I just started to lose some of the weight too and I know if I eat anything it's all just going to come back. (Fieldnotes, 04/21/2019)

This binary of weight “gain” or “coming back” being the negative and weight “loss” or “down” as the positive, orientates weight as a linear but unstable process that can be reversed or traveled, but not really reimagined.

I binge ate my whole life, then lost a bunch of weight. (Fieldnotes, 04/21/2019)

[T]hey keep telling me I need to lose weight. (Fieldnotes, 03/15/2019)

My goals: Lose 4-6 lbs. (Fieldnotes, 04/21/2019)

I'm happy about it because it means I will lose more faster.” (Fieldnotes, 04/21/2019)

I'm happy I'm losing weight. (Fieldnotes, 04/21/2019)

Anyone want to lose weight together, count calories, and say meanspo. . .? (Fieldnotes, 04/25/2019)

Framing weight through “lose” depicts a process rooted in the past, present, future, and progressive temporalities of “lose,” “loss,” and “losing.” Edgework is a process-oriented approach to risk, and the cultural, social, historical, and physiological meanings associated with the processes of weight loss and the risk management of weight gain are centripetal forces to pro-ana practice and identity.

A pro-ana website defines pro-ana as “promoting or favoring the anorexic diet or mimicking the behavior of people who are suffering from anorexia nervosa eating disorder” (Fieldnotes, 11/08/2016). Pro-ana is a metonymic construction, structured through diagnostic criteria and symptoms of AN. Metonymy is similar to metaphor in that it is figurative and relies on systematic and creative referential functions, but metonymy is specifically “using one entity to refer to another that is related to it” (Lakoff

and Johnson 1980, 35-36). Metonymy "serves some of the same purposes that metaphor does. . . but it allows us to focus more specifically on certain aspects of what is being referred to" (37). This is critically important when contemplating the strategy and performances of the pro-ana community, which, while not necessarily anorexic in a medical setting, actively externalize and "pick up" these associated practices and associated stigma. Anorexia in the pro-ana sensibility metonymically references the symptomatic and behavioral structures associated with AN. Interpretations of pro-ana communities also reflect this medicalized and symptomatic structuring through AN, as well as the associated ascetic fascination and revulsion over the anorexic body.

The anorexia fascination and anorexic archetype is not unique to the pro-ana community, although it is centralized, reinforced, and perhaps made most explicit in comparison to the previously nominal scrapes general society has with eating disorders. The eating disorder archetype, at least in contemporary Western culture, is white and underweight like the early saints and emaciated hysterics prompting the AN medicalization, yet the reality of eating disordered bodies is much different. However, this archetype is a mobilizing figure in pro-ana culture, and other iterations of diet and weight fixation culture where its culturally-determined aesthetic and associated moral traits foster a list of connotative behaviors and practices. Tangled webs of aestheticism, morality, social capital, and other glamorized and ascetic fascinations with anorexic practices make it important to take deliberate notice of, but not use AN as a pathologized shorthand for all realities of both eating-disordered people and pro-ana users.

The idea that users are able to separate from this double-standard of fascination and revulsion simply through opting for “recovery” conveniently ignores the various ways that thinness as health, good citizenship, beauty, and value informs, creates, and maintains pro-ana ideology.

How do you deal with parents who believe you're fully recovered because you look physically healthy, even though you're still messed up mentally? Idk if it's because they've accepted my ed body as the healthy norm or the fact that I'm a little heavier than my pre-ed weight now, but they keep telling me I need to lose weight. It's really triggering me.. Thnx.
(Fieldnotes, 03/15/2019)

Weight fixation and psychocentrism are key players in delineating between health and anorexia, and yet this delineation is clearly ensnared and controlled by a similar, cultural fixation on weight and space. This makes the “line” moveable and inconsistent, subject to double-standards and strange implementations in the name of “health” and “sanity.” The inchoate boundaries of an acceptable body that is both healthy and thin is reinforced, revered, and mandated, but the measures and practices required to shape these bodies are policed and pathologized.

Tacitly, this showcasing and erasure emerges in media references to eating disorders. The simultaneous fascination with and censoring of the anorexic body is evident both in the interchangeable fixation on pro-ana and extreme anorexia, but also in lingering storytelling legacies of late icons. Karen Carpenter is arguably the household symbol of AN, and (through no intention of her own) catalyzed a new awareness of self-starvation and specifically AN. Her iconic talent is inextricably intertwined and often overshadowed by her illness and resulting death. While it is true that she did endure

periods of severe emaciation, as well as carry an official diagnosis of AN, Karen Carpenter actually died from complications related to ipecac toxicity – ipecac is a substance used to induce vomiting in cases of poisoning, but in this case was being abused in administration and dosage for purging (Schmidt 2010). Schmidt in this book extract from his biography *Little Girl Blue: The Life of Karen Carpenter* does not skate over the cause of death, but it does instead imply a legacy of tragedy through the selected extract title of “The Tragedy of Karen Carpenter.” This extract grotesquely showcases aspects of her illness that are not unlike what media coverage of pro-ana might expose, or what users might reveal about themselves – start weights, lowest weights, current weights, and associated aesthetic and moral evaluations of shape and aesthetics. Narratives around her death are fixated on the starvation components of the associated disease, and detail her weights, medical information, and images of her “sick” body – the anorexic body, which both fascinates and repulses, and is only permitted to exist through these boundaries of voyeuristic disgust. The poetic parallels to contemporary pro-ana and eating disorder coverage is the fascination with the anorexic body archetype that parallels the total erasure of purging and other behaviors that exist in an eating disordered body besides restriction, despite shared themes of asceticism and purity.

Thinspo

Thinspiration, or the webspeak-friendly *thinspo*, are shared motivational images and text for losing weight, breaking out of a binge, sticking to a diet, and other pro-ana

tenets. Thinspo wordplays the common linguistic clip of “inspo” for inspiration, and further suffixes the inspirationally connotative *-spo* to more specific forms of deliberately triggering images and text such as meanspo, sweetspo, and bonespo. The *-spo* suffix, derived from the more positive and generalized “inspo,” connects any imagery or dialogue of pro-ana tenets or figures as an embodiment of an inspirational or idolized figure of inspiration; in these cases, the idealized and embodied figure is inspirational through iconic thinness.

Thinspo can be broken apart into two basic presentations – written and visual. Written passages that can talk users out of eating are common, as well as images of extremely thin people. However, it’s not uncommon for thinspo to overlay text onto images or have images alongside narratives (such as on a website), or have other decorative features such a shadowy, horror font or presentation like the image below that was featured on a pro-ana website (Fieldnotes, 02/03/2017).

Look at what you are about to eat. Then read this. Are you hungry? Are you really hungry? Could you go without it? Think of how great you'll feel. Think how great you'll look. Push it to one side. Down a pint of water. Now. Right now. Halve the plate. Throw one half away. Now look back at the food. Are you still hungry? Go and look in the mirror. Right now. Turn to the side. List from top to bottom which bits you want to change. Write them down. Read it. Twice. Go and brush your teeth. Drink another glass of water. Do 10 sit-ups. Don't you feel great? Yeah, look at you. Look at the food. You don't wanna eat that. How great do you feel? How good are you doing? Throw the other half away. Give it to someone else. Put it away somewhere. I bet you feel good now. Do 10 more sit-ups. Go and take a shower. Look at yourself in the mirror. Turn to the side. That's gonna look so much better tomorrow morning. Think about what happens when you eat something. You chew it, you swallow, it goes into your stomach. Then slowly your body absorbs all those calories, all that sugar, all that fat. Go look in the mirror. Poke your belly. Squeeze your arms and legs. Have a glass of water. Delicious refreshing, filling water. Free of calories. Super healthy. Now, think of someone. Someone you've seen, someone you know, someone famous. Think of someone skinny. Super beautiful. You're gonna look like them. Now think of someone fat. Someone you've seen, someone you know, someone famous. You aren't them. They envy you. They want to be you. Look at you, you are fucking beautiful. Get up. Stretch. Feel your ribs. Think of that fat person. Think of all the fat covering their body. Chubby. Fat. Chunky. Squishy. Gross. Obese. Tubby. Plump. Thick. Porky...

STILL HUNGRY?

Figure 1: Thinspo

Pro-ana users have an active and knowledgeable thinspo social marketplace going on all public platforms, as well as off public forums through text, Kik, and other messaging. Thinspo is frequently requested, offered, and shared amongst members, where oftentimes the function of the particular thinspo will be mentioned – sometimes it is to keep from eating, get back “on track” after eating, or to otherwise successfully inspire adherence to restriction and management of other symptoms.

Thinspo is a broad genre that includes various other affixed –spos, ranging from the more broadly acceptable fitspo (used in general society as motivation for getting in shape or meeting fitness goals), and the more clearly pro-ana -spos: *meanspo*, *sweetspo*, and *bonespo*. *Meanspo* is inspiration through the form of bullying, mostly in textual form: “[I]t’s that you say things like: your [you’re] so ugly!! Or you are just so fat why can you even look in the mirror. It’s just being mean to motivate you” (Fieldnotes, 03/16/2019). *Sweetspo* is the opposite, and uses sweet-talk for encouragement and comfort. *Bonespo* is “[i]nspiration to look like a skeleton pretty much” (Fieldnotes, 03/16/2019) through images of bony individuals, sometimes with accompanying text.

Thinspo and its subtypes are another shared practice that mitigates the risk of weight gain, bingeing, and other undesired states, through the externalization of coherent and effective narratives. In terms of the poetics outlined in this thesis I posit that this narrative “voice” predicates the internal, inchoate chaos suffered by someone in the midst of eating disorder struggle, and grappling with cravings, obsessions and impulses to eat, binge, or purge. The subtypes of thinspiration strategically present differently and its

success is contingent upon whether or not the –spo organizes the chaos or throws it into greater flux for the individual.

Thinspo: Look what you could be

Sweetspo: Look who you will be

Meanspo: Why the fuck aren't you there you fat bitch? (Fieldnotes, 03/16/2019)

Strategically used, meanspo is intended to deliberately trigger anorexic behaviors. “I just want someone to trigger me. To keep me starving. To send me meanspo. I'm so fat” (Fieldnotes, 03/28/2019). This particular Whisper gave an explicit explanation for what is exactly being requested in regards to intention and strategy – another user made a Whisper request for “male sweetspo” (Fieldnotes, 03/06/2019), suggesting that this is possibly a male pro-ana user requesting materials with different praise and encouragement. However, most Whispers request meanspo in a brief one-to-three-word post such as “Meanspo?” and “Sweetspo please” (Fieldnotes, 03/06/2019).

Meanspo is easily the most demanded form of thinspiration on Whisper, but also the one with the most boundaries. Further research would be needed to confirm, but I suspect the strict boundaries around meanspo make for more requests, offers, and commissives, due to its more sensitive and potentially bullying content. Consent is critical, and people that overstep risk a public upbraid: “Y'all, please don't send someone unwarranted meanspo. Unless they ask for it, kindly piss off. It really fucking sucks, just please don't” (Fieldnotes, 04/25/2019). This violation disrupts both practice and social rules, where the

narrative voice is no longer strategically utilized to mitigate or encourage certain acts, but instead creates a greater sense of internal disarray, as well as crossing the line from consensually harsh support and inspiration to merely typical unsolicited bullying or socially awkward tactlessness.

Meanspo seems to concretize and personify eating disordered thoughts, making a metaphorical movement from inchoate guilt and self-hatred to a predicated “voice” that becomes dialogic, informative, and agentive. By using meanspo to deliberately trigger restriction to “correct” the risk and failure of eating or resting, pro-ana users have 1) created their own bully and 2) turned their bully upon the traits and behaviors they would like to target and wear down.

Meanspo’s binary opposition is Sweetspo. Some pro-ana people use both forms, writing that “Sweetspo helps me move onto the next step but meanspo make me feel bad for where I was,” and others prefer only “sweetspo bc I have someone that’s there for me and let’s me make mistakes instead of someone who is unforgiving” (Fieldnotes, 03/16/2019). Sweetspo functions similarly to meanspo by attempting to re-trigger restriction, but through wrangling a completely different kind of motivational or self-soothing voice that mitigates or corrects the risk of weight gain and bingeing through positive encouragement: “I hate meanspo. It’s never worked for me and I end up bingeing bc I feel shitty anou [about] myself. Sweetspo is so lovely, all the way” (Fieldnotes, 04/25/2019). Pro-ana members are able to strategically ask for and pass along the most “successful” narratives that prevent weight gain, or disrupt and stop bingeing behaviors.

Original Poster: Can anyone give me some sweetspo (meanspo makes me more upset lol) so that I restrict better tomorrow? Trying to stay under 500 cal

Reply 1: You've come so far don't give up yet. Think of all the people wishing they could have your body. Do it for you. Happiness.

Reply 2: You'll do great love. Imagine wearing those pants you haven't fit into and thought you never would again. Imagine being able to sit down and not have your thighs get 10x bigger. Is that food worth it? (Fieldnotes, 03/06/2019)

For this user, since the “meanspo makes me more upset” and thus derails their restriction, sweetspo is the “correct” externalization to strategically organize the chaos of consumption and weight gain.

Despite similar naming features and a shared function for catalyzing restriction to overpower eating-related risks, bonespo is different than meanspo and sweetspo. Bonespo is visually based, often with an actual human or image with skeletal or bony features. A Whisper read “Bonespo is my aesthetic” (Fieldnotes, 03/16/2019), which is a different conceptualization than the more narrative-based and dialogic meanspo and sweetspo. Bonespo is not a “voice” and is less dialogically human despite featuring more actual humans. It pivots away from the personified, external “words” and “voices” of meanspo and sweetspo in that pro-ana users intend to follow these voicings, not transform into them. Conversely, bonespo Whispers contained a reoccurring form of the infinitival verb form of “to be” in text laid over the main image [underline added]:

The only thing keeping me from committing suicide now is my desire to be bonespo. (Fieldnotes, 03/16/2019)

Original Poster: I wannabe bonespo (emoticon, smiling w/ hearts for eyes)

Reply 1: Me, too! One day I will be or die trying to be.” (Fieldnotes, 03/16/2019)

This infinitive was not observed in the generally more image-based and similarly presented thinspo imagery, nor in the meanspo or sweetspo posts at all. The use of the verb “to be” situates “bonespo” as a noun at the end of a current, active process towards a particular aesthetic with a connotated identity and meaning. Bates’ SELF AS SPACE conceptual metaphor that frames anorexia as a location (2015, 193-194) shows how pro-ana users play with anorexia nouns; in some cases a place, in some a thing or figure – sometimes a person.

Space and Censorship

Given that the majority of ethnographic materials that this thesis is based on are pulled from websites, Reddit, Discord, and Whisper, people seeking to obtain and distribute this content are clearly clever and creative in successfully side-stepping algorithms and censors, having a “native language” of misspellings, and a narrowing or naming of specific topics that dodges the more explicit and obvious words such as pro-ana. In addition to pro-ED materials such as Thinspo, Ana references, and endorsement of eating disordered behaviors, these bans also generally cover suicide and self-injury (SI) (such as cutting and burning) as well, as the pro- groups for these and related topics are debated within the same spheres as pro-ana and pro-mia materials.

These complex linguistic side-steps on platforms can carry high stakes. Not only is there the more local, individual risk of being discovered, and possibly deleted,

confronted, or even institutionalized over behaviors, certain places are moving to criminalize pro-ana content. France passed a law where pro-ana content can come with an over \$10,000 fine and a potential year in jail (Toor 2015). Italy proposed a similar bill in 2014 (Arnold 2017), attempting to ban sites and criminally fine or prosecute pro-ana promoters. Discussions of whether pro-ana content should be criminalized have also been brought up in Australia (Bromberg and Fitzgerald 2017), the United Kingdom (Knapton 2013, 464), and the United States (Why Pro-Ana Sites are Dangerous). NEDA and ANAD spokespeople (Why Pro-Ana Sites are Dangerous) tend to discuss attempts at redirection beyond criminalizing individuals they view as mentally ill and vulnerable, instead assisting in the above listed platforms removing content through implementing algorithms and having report features that both flag a post and offer support resources to the poster.

Based on eating disorder recovery research, NEDA has assembled a page of guidelines for “Sharing Your Story Responsibly” (Appendix B4), which involves a series of linguistic strategies to reduce harm and manage of the risk of triggering someone in recovery into behaviors, or a “race to the bottom” that eating disordered are known for using to enhance their denial. Many of the features that NEDA cautions against are the very acts that pro-ana users engage in the most, very much attempting to trigger behaviors. Recovery platforms were – and likely still are – noted resources for pro-ana resources and for triggering behaviors, and that “tips and tricks are widely available through autobiographies, textbooks, health care practitioners, and the media, and that competition and tips flourish in endorsed treatment settings” (Dias 2013, 39).

The sociality of pro-ana culture is arguably a “race to the bottom,” particularly showcased between “buddies” where a supportive yet competitive bond seeks to accelerate weight loss to the most extreme possible. While portraying the experience of an eating disorder or the recovery process, NEDA outlines multiple details to avoid which constantly surface in pro-ana materials, among these 1) avoid “graphic images or descriptions that depict bodies of eating disorder sufferers” 2) avoid the “numbers game” of detailed use or abuse of symptoms 3) avoid discussion or images of current or past weights (Appendix B4). It is not hard to see how these identified “triggers” that can worsen eating disorders or serve to glamorize or iconize the anorexic body are also consciously identified and strategically implemented by pro-ana users who obviously do not have the same prioritization for the kind of harm reduction that NEDA is attempting, and are actually actively trying to trigger these behaviors and fixations.

Linguistic and visual transgressions in the depiction and representation of eating disorders are a major component of censorship of pro-ana groups and is also an issue in writings about pro-ana and eating disorders in general. These “rules” may be flipped and implemented by pro-ana users, but they are also disregarded in writings about this community, or about eating disordered individuals in general. It is not always malicious, as the development of the guidelines seems to be prompted by the inadvertently triggering aspects of recovery writings, or depictions meant to authenticate and reveal the usually secret struggle, but end up triggering or adding behaviors – there is a parallel in discussions of mass shooting reporting as well, and the use of similar linguistic and visual constraints on specific details to prevent potential glamorization and catalyzing further

harm through repeat offenders. There is also the fascination of eating disorders and other forms of self-harm that can make an explicit document both glamorizing for outsiders and triggering for fellow symptom-users.

Well-intentioned memoirs or fictionalized accounts meant to depict the unbearable conditions of the mental illness of an eating disorder have been found to be used as instruction manuals for eating disorders, prompting the more recent guidelines for how eating disorders should be discussed or not discussed. This surfaces in some of the intertextual aspects of pro-ana materials, such as a pro-ana website featuring the “Marya Hornbacher Diet” (Fieldnotes, 06/27/2017), a pro-ana nod to the iconic, arguably “first,” eating disorder memoir *Wasted: A Memoir of Anorexia and Bulimia* (Hornbacher 1999). In her memoir, Hornbacher details and analyzes her experience with severe eating disorders from childhood into her early 20’s, graphically describing anorexia and bulimia in a time when eating disorders were not clearly understood or discussed, and the discussion of discussion did not yet exist. Her detailed descriptions are picked up and turned to practice in pro-ana communities.

Marya Hornbacher Diet

4/13/2013

Breakfast:
 1 grapefruit (100 cals)
 total: 100 calories, 0 gms fat

Lunch:
 2 fat-free pretzels from a bag (20
 cals) 4 carrot sticks, (12 cals) 4
 celery sticks (5 cals) 3 tsp mustard
 (5 cals)
 total: 42 calories, 0 gms fat

Dinner:
 ½ cup fat-free, sugar-free yogurt (60cals)
 total: 60 calories, 0 gms fat

total: 202 calories, 0 gms fat



Figure 2: Marya Hornbacher Diet

This (Fieldnotes, 06/27/2017) intertextual meal plan references and combines a few specific behaviors and rituals that Hornbacher describes in her memoir: “carrot sticks, celery, mustard. . . I began to fill a bowl with a ridiculous amount of mustard, eat mustard straight” (1999, 116). . . If I was terrifically hungry, I’d eat a few pretzels,” (117) and a later extended scene about eating a cup of yogurt (255). The pro-ana meal plan post does not, of course, reference Hornbacher’s salty admissions that these behaviors were notably odd and that she’d even “be tempted to shove the whole cup of yogurt in her face,” if encountering someone like her past self engaging in the same bizarre yogurt ritual of only skimming melted portions (255). The pro-ana post certainly eliminates Hornbacher’s iconic role in eating disorder advocacy and pro-recovery work. This intertextual use of memoir or recovery or “rock bottom” stories as pro-ana fuel or goals shows up in recipes,

thinspo, and other pro-ana materials, and showcases how explicit details can be triggering for individuals with eating disorders and disordered eating, regardless of author intent.

These kind of detailed stories and explicit “gory” details are often used in the media coverage of pro-ana culture, perhaps with both the more innocent aims of exposing the severity of eating disorders, but also more likely for the marketable shock and gruesome “disgust” factors that demonstrate both disgust and fascination with anorexia. The NEDA guide for “Sharing Your Story Responsibly” (Appendix B4) is not only intended for recovered individuals, but also for media sources discussing eating disorders, where “rules” about not mentioning numbers and weights, as well as featuring graphic imagery are consistently disregarded. Many of the guidelines such as avoiding the term “obesity,” avoiding the depiction of higher weight bodies as headless or surrounded by “unhealthy” food, and the interchangeable use of anorexic/underweight and BED/overweight likely have their roots in media depictions of suspected or confirmed eating disorders and behaviors. In these media cases which NEDA’s guide is intended to correct, actual human bodies deemed pathological or disgusting are used as a symbolic representation for broader discourses and ideologies about weight, shape, and health.

Ferreday’s research into pro-ana discussions identifies a significant conceptual player, looking at the domains of disgust and revulsion used in describing pro-ana: “the dominant emotion is not sympathy or concern for the young women involved, but disgust. . . there is also often a slippage between disgust at the content of the sites and disgust at the anorexic body, which is expressed through revulsion at the images

displayed on the sites” (288). This disgust is clear in the censorship and criminalization of these spaces, and the repulsed fascination inherent in the featuring of thinspo imagery and cherry-picked tips or tricks. Ferreday also demonstrates the infantilizing way that pro-ana can be discussed, paraphrasing a blogger: “She describes her reaction of shock and outrage at discovering pro-ana and compares anorexics to ‘confused little children . . . [who] think they’re making a stand and coming together to form this community of anorexics,’ whereas, in fact, anorexics are to be pitied because they do not know how disgusting their bodies are” (288). This framing of delusion and unintelligence is not uncommon in discussions about pro-ana, and echoes poetics of deviant women and hysteria; it also echoes the shift from sainthood to pathology, where psychocentric lines were drawn from domains of distaste and the diagnostic ascribing of deluded helplessness to women simultaneously viewed as obstinate and disobedient.

In an ironic and yet also very typical spin in discussions of pro-ana, all of the above news articles discussing proposed censorship, criminalization, and the horrors of pro-ana feature an image that is almost certainly Thinspo, which is arguably the most iconic feature of content they are negatively discussing and seeking to eliminate, censor, or criminalize. This bizarre and consistent feature in pro-ana “talk” demonstrates a stark power divide where pro-ana culture can be spoken of, but cannot speak. This divide is represented linguistically through the idea that the pro-ana discourses deemed too “triggering” or “dangerous” to be allowed will be cited word-for-word, consolidated, and described in extreme detail in both news articles and research (including this thesis), but should be prohibited in their original forms.

The gawking, showcasing, and *sharing* of materials alongside an outcry for the criminalization of the original producers and sharers of these materials is a strange cognitive dissonance that I believe touches on the much older, rooted, tacit, and engrained paternalistic and medicalized positionings that originally defined anorexia nervosa as a pathology. Pro-ana users are stereotypically constituted mostly by young women that are seen to have misinterpreted “normal” boundaries of body and performance, and exist in a deviant, pathological extreme, while echoing the opposite extreme of sainthood and ideal beauty. Metonymically constructed through a disease born from similarly fascinated yet disturbed discourses, the idea of the anorexic body and people associated with the practice as being both deviant and helpless is sustained through contemporary discussion of how to present or shroud these practices.

The Reddit “quarantine” (Appendix G4 and G5) sets boundaries and consent procedures around communities with material deemed potentially distressing, disturbing, harmful or “triggering” for individuals.

On a platform as open and diverse as Reddit, there will sometimes be communities that, while not prohibited, average redditors may nevertheless find highly offensive or upsetting. . . The purpose of quarantining a community is to prevent its content from being accidentally viewed by those who do not knowingly wish to do so, or viewed without appropriate context. . . Quarantined communities will display a warning that requires users to explicitly opt-in to viewing the content. (Appendix G5)

These quarantines target pro-ana communities, as well as other spaces that are pro-suicide, pro-alcoholism, and other behaviors where there is a conversely recovery-oriented community with a shared language where it seems more than plausible that

someone looking for recovery or support services could easily stumble across the pro-community (usually refusing recovery) via keyword search, and feel “triggered” into obsessing over and/or engaging in behaviors. The quarantine does not eliminate pro-ana content or require coded side-stepping, but it makes the community inaccessible without intent and consent, addressing the risk of inadvertently sabotaging someone seeking recovery resources. The warning attempts to mitigate this trigger risk both by giving a content warning, and essentially requiring informed consent to proceed at the users’ own risk.

Like the quarantine, Whisper seems to preemptively prevent access to pro-ana material, but it goes a step further and makes the community difficult to find. I quickly learned that searching the terms pro-ana and pro-mia was virtually useless. Whether these were blocked, deleted, or simply unsearchable, I am not sure, but the dearth of returned searches and the presence of related terms such as “proana” in some referenced websites on specific Whisper posts make me assume Whisper has blacklisted certain search terms rather than language within posts. This search limitation seems to be more recent, as a magazine writer in 2015 was able to search “pro-ana,” while attempting to make a supposedly banned pro-ana post, and found that “when you type in these words to create your post Whisper suggests background images of ‘thigh gaps[,]’ emaciated ribs and tiny legs” (Ewens 2015). While it seems that Whisper has gotten more specific in their searchable ban, the language content within posts is less affected, and even seems to be linked up with other shared terms and related thinspo imagery within the community.

However, pro-ana users also seem to have furthered their sidestepping skills as well. In 2018, I was using terms and abbreviations like thinspo and bonespo, or even more explicit references to a website viewed as the seat of a cabal of pro-ana content producers which recovered multiple posts elaborating on practices and skill-sets as well as emotional expressions. This makes at least minimal cultural knowledge necessary to find the group, and is at least somewhat effective in preventing anyone from stumbling across triggering material. More detailed knowledge and vocabulary can be found through these searches, because users will sometimes discuss multiple things. For example, searching for thinspo may bring up Whispers that reference more specific types such as meanspo, sweetspo, bonespo, or fitspo.

Through this process, I located a Whisper post stating the cryptic message “[i]f you are in my area and you know what [acronym for the website that the subreddit is an offshoot of] is and the meaning of the red bracelet please message me” (Fieldnotes, 04/25/2019). I was familiar with the use and placement of colored bracelets (pro-ana is red and worn on the left arm) that discreetly signify pro-ana participants and related behaviors (purple for pro-mia on the right arm, etc) to each other offline from a previous ethnographic collection (Fieldnotes, 06/27/2017). I had also learned this particular website acronym more recently from the subreddit. I immediately integrated this new search term into research, uncovering some complex feelings about the community space in general: “I miss [SITE] but that place is a soul sucking pit of despair. I don't want to go back, but that site is like eating disorder cocaine” (Fieldnotes, 04/25/2019), and “I'm on [SITE] and just the amount of disordered thoughts we have really hit me hard for

some reason. How it makes no logical sense. (But I'm not going to stop)” (Fieldnotes, 04/25/2019).

I assume that there are multiple other searchable codes that are exchanged and updated between members to stay a step ahead of digital blocks on search terms. These posts were generally more expressive than the posts for various thinspos, which were mostly simple requests. It is likely that the more specified and coded the term, the more complex the posts. These factors demonstrate that this speech community spans multiple platforms, and is well-versed in the poetics of staying underground.

These kinds of posts also reveal that pro-ana users may view eating disorders as a lifestyle, but they do not draw a hard line between this and pathology. Users show a complicated self-reflection on the frustrations, struggles, and dangers of the behaviors that they are engaging in, and this challenges the depiction of users as existing in a helpless state of denial and victimhood. Edgework addresses this acknowledgement of risk, and an inextricable link between identity and risk practice. Just as skydiving edgeworkers have multiple safety features, pro-ana users also implement risk-mitigation strategies for the potential physical, mental, and social risks, including the very risks identified by censors and others who wish to intervene and perform rescues through attempting to prevent production, access to, and dissemination of pro-ana content.

“Disclaimers” (Appendix G) are a feature common across all of the platforms. Besides more blunt instruments like the quarantine or outright removal, individual platforms feature disclaimers on a spectrum ranging from the spirit of “[i]f you do not agree on this lifestyle/choice then please leave. If you hate pro Ana so much then

why did you go to this site in the first place?” (Fieldnotes, 10/03/2017) to more bureaucratic expressions of user choice to stay or leave at their own risk, and to the specific rejection of eating disordered practices. Communities that do not wish to be associated with pro-ana may also post disclaimers to separate themselves from the pathological and extreme risk connotations of pro-ana. For example, the main pro-ana subreddit connected users to r/1200isPlenty, a subreddit that embraces a 1200 calorie a day diet, and provides detailed recipes for very low calorie meals, and yet this platform states “[w]e do not tolerate comments promoting eating disorder (ED) related behaviors. Please use the report feature if you see any of these (Fieldnotes, 03/15/2018). Not only does this disclaimer reject the association with pro-ana, but is in compliance with the Reddit rules.

Pro-ana disclaimers often address the recruitment stigma of pro-ana spaces (Appendix G1 and G2). Despite it being a mobilizing media concern requiring “fixing,” this recruitment stigma – the idea that individuals are recruited to join anorexia – is not supported by any of my collected data. The idea of the inauthentic or incompetent “wannarexic” (Boero and Pascoe 2012) – a “newbie” looking for a “quick fix” (45) through anorexia – is not supported, condoned, or even treated kindly in these spaces. This disavowal or rejection was consistent in multiple disclaimers common on pro-ana website homepages.

This sub does not condone trying to get an eating disorder. Rather this is a place for people with EDs who do not wish to recover, at least not yet. (Fieldnotes, 04/21/2019)

This site is a **pro-ana** website. This website is for support for those with an eating disorder who feel alone and by themselves with this issue. I support the recovery of the individual when they are ready and will never support those who 'want an eating disorder'. It is for support of those who already have anorexia / bulimia and/or those that accept people that are anorexic or bulimic. (Appendix G2)

These disclaimers seem to serve the function of maintaining the community 1) by cutting out people deemed as outsiders, 2) by emphasizing the agency of people that choose to proceed into the community and mitigating the risk of accidentally triggering or harming someone seeking recovery.

Ferreday's (2003) discussion of "disgust" in pro-ana reception and responses is relevant to framing this kind of "talk" about agency and risk management. Like "fat talk" (Greenhalgh 2015) as a way of discursively maintaining a "healthy," thin ideal, discussing the anorexic body becomes acceptable when used to uphold and enforce "normal" bodies – in this case through expressing disgust and disdain. Placing visual and linguistic boundaries around who is allowed to speak of the anorexic body, and *how* in order to solve what seems to be an inscrutable social problem touches on similar disgust talk from the initial 19th century solutions to the anorexic body. Hepworth outlines the role of "moral treatment" in attempting to redirect a "lunatic" back towards a "rational mind" – with literal isolation from important people in their personal lives being a key factor (1999, 36).

Isolation was seen as being a necessary part of moral treatment and argued to be beneficial to the patient, as reflected in both Gull's and Laseque's observations that the anorexic's interaction with family and friends was futile, if not intrusive and debilitating. Therefore, isolation from personal influences was prescribed together with specifically chosen 'moral attendants'. The objective was to assimilate madness in all its

manifestations, such that 'anorexic behaviour' was to be treated by the removal of 'anorexic' women from the social world, and through their education in moral rectitude. (Hepworth 1999, 36)

While “the anorexic” and general “madness” is distinctly othered into the familiar discourses of a monstrosity and a curiosity, the perception that something about anorexic sociality feeds off itself and each other is responded to by social constraints on who and what anorexics can be exposed to, gather with, and have communications. Isolation in this case seems to be an earlier, more crude – and more cruel – explicit attempt to address the more modern NEDA and recovery platforms concerns about a “race to the bottom” and the overall concern about language and content that can trigger and worsen symptoms and behaviors, as well as the concern that anorexic practice could escape the constraints of controlled and pathologized spaces that seek to resolve restrictive and other self-starvation behaviors (Appendix B4).

Tacitly, these disgust narratives and constraints on details can be framed as an attempt to isolate and ostracize active eating disordered practice to maintain this “otherness” as a matter of public health and to help push the individual towards recovery options. Recovery narratives in the *Recovery Warriors* podcast discuss the actual figurative iteration of leading a double-life, feeling abused, and feeling isolated through the separation of the eating disorder as an abuser from the actual self. Isolation in these cases prompted recovery, returning to NEDA’s point professing that pro-ana content should be flagged and removed, but support options should be provided in lieu of criminalization (Why Pro-Ana Sites are Dangerous). Isolation creates a sense of “otherness” which an active sense of community directly deconstructs – this can be seen

in any “othered” group. Dismantling and maintaining certain kinds of isolation seems to be a consistently re-edited method to try to keep anorexic practice from becoming more of a community procedure and identity than recovery.

Pro-ana users are well aware of the complex role of isolation that their community both encourages and attempts to resolve. An explicit reference to this isolation reads “I’m scared because I’m isolating because I know people won’t understand. I don’t know what to do” and garnered the following response: “[i]t’s scary isolating oneself and distancing from others” (Fieldnotes, 04/21/2019). This particular grappling with isolation as both a tool and a problem shows that pro-ana users narrate and balance similar concerns and contradictions as the people and organizations that are scandalized or concerned about their content and community.

A large part of this maintenance of isolation is self-imposed through the occasionally quite harsh disclaimers and rejection of “wannarexics” who are seeking to “catch” an eating disorder. A website commenter wrote “I want to be ana to help to lose weight but I just get so hungry. What should I do?” and received the sharp reply of “[u]m nobody wants to be Ana. It’s an eating disorder. You can’t choose to have an eating disorder” (Fieldnotes, 07/28/2017). These disclaimers can function as the community’s own quarantine in a few ways: 1) as a performative or even bureaucratic method to reject media narratives about pro-ana groups being a victimizer or predatory recruiter, 2) identity gatekeeping where “real” or extreme anorexia is seen as superior, and 3) an honest attempt at reducing inadvertent harm to fellow eating disordered people.

While specializing in reframing eating disorder symptoms into practice, and then triggering these practices to maximize weight loss past the point of medical and social acceptance, pro-ana users do sometimes have similar concerns about their own content.

Poster 1:

Guys i dont know what to do
I really need to talk about this but i dont wanna trigger anyone?

Poster 2:

Aww what's up?
If you're worried abt triggering u can pm me if you like? (Fieldnotes 4/25/2019)

This particular exchange explicitly shows the isolation associated with eating disorders and also the complex isolation imposed by the potential and power of language to cause harm to others. The initially commiserative and sympathetic reply responds to the risk mitigation implied by the poster not wanting to trigger anyone by both offering privacy and implied consent to hear or be exposed to whatever the poster is needing to discuss. As to whether or not the trigger concern is eating-disorder related, or a trigger for adjacent platforms such as the pro-SI community, or a more traditional trigger warning for discussion of sexual or other violence is not made clear publicly, and yet the “pm me” offers some harm reduction both by offering support to the user and channeling the content away from random readers.

Recovery-oriented platforms predictably did not direct users to the pro-ana platforms, but there were multiple instances in my pro-ana field sites of users referring other members to recovery subreddits: “[t]his sucks so much, I'm so sorry. It sounds like you've been binge eating...? R/BingeEatingDisorder might have some tips” (Appendix

F2). In their study of 180 websites, researchers found that 31% of websites featured “a substantial amount of pro-recovery content” (Borzekowski et al. 2010). At no point in my research did users discourage or reject recovery for another individual seeking it. Users would post recovery resources and platforms for people that were wanting to recover or reduce behaviors, advice for people looking to maintain weight or move towards more “normal” or “healthy” dieting patterns, and lists of ways to start eating more that reduce unpleasant side effects related to reintroducing more food to the body (Appendix E6). Users also provide emotional support for people considering recovery; when a Reddit user expressed “I am going to a nutritionist this week and looking for a possible inpatient facility. I am terrified” (Fieldnotes, 04/21/2019), the response from another pro-ana user was “[y]ou are amazing! [heart emoticon]” (Fieldnotes, 04/21/2019).

Further research would need to be done to answer the question of how pro-ana users think about their underground poetics – criminalization and censorship aside, it is possible that keeping the community somewhat difficult to find strengthens bonds, keeps outsiders out, and the functional consent relieves the community of the risk of causing inadvertent harm to an unsuspecting, vulnerable person, and allows them to share practices and skills sans harm.

The Edges – Restriction, Binging, and Purging

Pro-ana user identity is constituted through practice. Ultimately, users' bonds and common ground are through their shared practices and risk management

strategies. Edgework is characterized by risk, but is set apart from recklessness through the acquisition and honing of skills (Lyng 1990). While pro-ana users may be viewed as reckless or careless, they also have detailed safeguards in place that function both socially and physically. Disclaimers and warnings are one component of these social safeguards, but there are also the social risks associated with maintaining concealment and secrecy – except with other similarly-interested and skilled individuals. As a community of practice, users bond through both the shared practice and the sharing of practice.

Physically, pro-ana users have a plethora of risks to consider and manage (Appendix B4). Users do not seem to be in denial that eating disordered behaviors can be damaging, dangerous, and potentially fatal, but rather that the risks associated with these behaviors can be skillfully managed. Generally, members find restriction to be a less dangerous and ultimately more manageable set of risks, and therefore most tips, tricks, and communications tend to have restriction as a goal or as a way to manage other behaviors considered more dangerous, like bingeing and purging. Users share skills to strengthen restriction in order to manage the physical and stigmatizing dangers of eating and compensatory measures of self-induced vomiting or laxative use.

The term “purging” carries metonymic connections to morality and asceticism in addition to BN practice. In the context of eating disorder practices, “purging” refers to practices that mitigate weight gain through compensatory measures. The most common of these is self-induced vomiting, but also includes laxative dosing. Some more tacitly purging practices include compensatory exercise that seeks to cancel out consumption and chewing-and-spitting food back out. “Symbolic metonymies” are the “non-arbitrary”

metonyms that serve as “critical links between everyday experience and the coherent metaphorical systems that characterize religions and cultures” (Lakoff and Johnson 1980, 40). While it could be argued that purging is meant more as a euphemism than as a figurative construction, the “disgust” narratives present in individuals expressing a need to purge supports connections to the purification of self, and other connotations of losing control over the body and requiring penance for the transgression in the religiously connotative term “purge:”

I feel so fuckjng [fucking] disgusting. I almost purged today before coming to work. (Appendix H2)

I’m not able to make myself throw up, so purging is really difficult for me. Last night I said I was going to have a shower and cried, haha. I feel so pathetic. (Fieldnotes, 04/21/2019)

The shared sensations here operate not only on the level of practice – purging – but also on the level of a shared sense of self-disgust that requires some form of retribution or penance to purify and correct the divergence from ascetic restraint to being “disgusting” and “pathetic.”

While the emotions prompting purging seem characterized by chaotic and frenzied experiences, the act of purging itself attempts to restore calm and order to the situation – and manage the potential fallout of whatever was consumed in terms of weight gain. Purging seeks to correct a problem or issue stemming from eating, such as when a user wrote “[n]ow i’m in recovery, I know I need to eat to fuel my body but my emotions get out of hand after any meal and I can’t feel better until I purge” (Appendix F3). This

statement reveals the chaos that the purging attempts to address, and showcases the more metonymical predication of the chaotic feelings associated with eating.

“The notion of illness as an entity within the body is widely found. The ethnographic literature suggests that people in many cultures live by this metaphor, using emetics, purgatives. . .” (van der Geest and Whyte 1989, 356). Like most of the practices in this community, purging is a skill that takes time and experience to develop – it is commonly asked after on platforms. A short, pragmatic answer from a forum reads like “[s]hove the back of your toothbrush down your throat. Keep wiggling it until you vomit. If that doesn't work, use laxatives” (Fieldnotes, 04/21/2019). Websites keep lists of purging tips (Appendix E2) that pragmatically cover types of food to eat that purge easily or with less pain or plumbing risk, and best techniques to purge such as consuming brightly colored food that is “unmistakable” and marks a beginning of a binge. Tips also cover concealment and social performance such as how to get rid of vomit without clogging pipes or leaving evidence, how to conceal symptoms like reddened eyes or the “Russell’s sign” (nicks/calluses on knuckles from hitting incisors while vomiting). Tips can also cover how to manage health side effects such as tooth decay and potassium deficiency that can lead to suspicion and exposure, pain, or even death. A Redditor inquired about managing tooth decay:

My teeth are not ruined but I know they'll be soon... I also know never to brush your teeth after purging as it's only brushing the acids from your food/stomach deeper into your teeth. Any way i can strengthen them?? They feel dry... it's so awful.. and drinking water does nothing for it. (Appendix F3)

Users responded (Appendix F3) with advice from public medical information and personal home remedies, like rinsing with baking soda. Purging in the pro-ana community can be interpreted as one of many strategic skill sets that works to manage the inchoate experience of bingeing and associated weight gain risks. The community also actively engages with each other to mitigate the physiological ramifications of purging, as well as concealment of these practices.

Bingeing is an inescapable aspect of pro-ana culture, or, more accurately, the management of the chaos that is bingeing and the associated risk of weight gain as a result. Binge eating is also arguably one of the most discussed aspects amongst pro-ana users, and the least discussed from outside perspectives. Bingeing levies an intense shame and anxiety among pro-ana members, and a cultural shame and anxiety reflected in larger cultural narratives and coverage of AN, pro-ana, and eating disorders through total erasure. Bingeing “stories” tend to be the longest posts, indicating that it is a possibly more fraught and complex struggle for members than restriction is, at least in terms of trying to 1) articulate the experience, 2) try to puzzle out the reason why the binge occurred, 3) how to prevent weight gain and unpleasant physical symptoms like severe stomach pain, and 4) mitigate the risk of bingeing occurring again in the future.

Pro-ana practices identify, channel, and implement associated anorexic behaviors as the primary tool and skill to control binge eating, and its massive risk of weight gain and sensory and physical chaos: “[b]eing out of control when bingeing is so much more awful to me than being hungry” (Appendix F2). The concept of the “cycle” of bingeing and purging comes up often, and many pro-ana techniques explicitly attempt to step off

of this cycle and manage the chaos through successful restriction. Binging – failing – leads to a shared sensations of shame and fear that members are able to express to each other.

I wonder if others can relate... Im struggling after my T [therapist] encouraged me to eat more and I have gained 35+ lbs in under 2 months. She said I was Skeletal and so i trusted it would be safe to eat a little, but it wasn't. It was all lies. It sucks. I can't stop eating now either. I literally want to grab my gun and shoot myself. . . I've never been a binger before. just anorexia always. This is far more terrifying. And the worst part is all of the shame. At least with that said, there was some sense of calmness and pride at restraint. . . I honestly don't know where to begin so I can get the bingeing under control. I see how the habit feeds on itself and it spirals out of control. I feel so gross so I stay in bed all day, eat more, feel gross, stay in bed the next day... etc. I don't know what im waiting for to break the cycle, but i actually start to have panic attacks at the thought of leaving my room and being seen by anyone now. And none of my clothes (sick clothes and regular clothes) dont fit me. I dont even see my therapist in person anymore. We have only done phone sessions since March bc of all this. I feel trapped. . . it's still very hard to talk about food stuff. . . i get so stressed and ashamed when having to discuss it, especially when I am in this binge mode. I feel like there is at least some compassion and gentleness extended towards those who are underweight and restricting. But once you begin to binge, you regain your weight and then some, I don't think you are seeing the same way. Maybe it's all in my head, but I feel like people will view me as taking more than I'm entitled to, which technically I am when it comes to food, and they will view that as my whole character and judge me. (Appendix F2)

The above passage is a combination of four posts from a user (Appendix F2), outlining her experience with the binging and purging cycle, where another user chimes in with supportive and commiserating commentary like “[t]his sucks so much, I'm so sorry.” As mentioned above, the member struggles not only with the chaos of the cycle of behaviors, but with the moral and shameful burden of it as well. This is a shared and understood

connection between members, and a certain kind of chaos that they seek to organize and constrain through pro-ana practices.

Another shared struggle can be holidays, a high-pressure and mixed-message foodscape with binge, purge, and restriction themes even for individuals without an eating disorder. I noted some performance-based tips focusing specifically on holiday parties in earlier websites such as carrying a plate of food with pieces missing, so it appears half-eaten, and so I paid special attention to the Discord when Easter – a religious, candy, and feast holiday – came around (Appendix H). Predictably, members were trying to make some order of biological and social chaos through compensatory measures and reinstatement of restriction.

Poster 1: I dont even wanna count the calories i had today, it makes me sick

Poster 2: Going over my calorie limit with Easter candy. Haha. I'm going to kill myself.

Poster 3: Honestly same But please dont do that youre a really nice person and you can always get back on your feet afterwords [red heart emoticon] (Appendix H3)

Okay so basically today was easter and i did really good throughout the day but i guess it all got to me bc i just binged on chocolate eggs which i havent had in at least a year for some reason?? And then i just sorta sat in the shower and had a mental breakdown lol that was so lame of me.”
Im never eating again my stomach is killing me its never been this full before even if i "binged" before it still fell below 700 cal at the end of the day but im pretty sure ive now eaten a total of 1000-1500 and that makes me want to cry and it was all in one sitting and chocolate doesnt even taste that good its disgusting it literally makes me want to hurl bc its gross and my body isnt used to taking in so much fat and sugar and i can literally feel it making my hips and thighs and stomach and arms and chest fatter and i really dont want to think about that im disgusted with myself. (Appendix H2)

I've had a day long binge, and I know I'm setting myself back but I have no control. Like 0 willpower. I have to be stricter with myself. Stick to 500 calories a day at most. Because the more I eat, the more I want to binge. (Appendix H2)

I had a tough time yesterday with Easter, too. I overate early in the day and then again later in the evening. Also had a lot of candy I didn't log. I'm up in weight today but I know it's from all the excess food and sodium and I'll go down again soon, but it's just so frustrating and makes me want to cry. (Appendix H2)

There's a palpable chaos and loss of control around food in these posts, as well as an acknowledgement of the major risk of weight gain. Expressions and responses seek to regain control of these situation by returning to a restriction lifestyle both to repair "damage" and prevent more.

Pro-ana listing of anorexic practices is a way to manage and rectify the inchoate chaos of disordered eating into a chaos that can be acted upon, resolved, and improved. Connections to edgework are clear, framing anorexia as a skill set that can be honed and developed. Olivia Knapton (2013) outlined the dominant conceptual metaphor ANOREXIA AS A SKILL where "features from the source domain of skills are mapped onto features of the target domain of anorexia" (467). This framing of AN as a referential structuring for the mastering of eating and food provides the framework for the exchange of tips and tricks, thinspo, and forms of knowledge-sharing and support that members engage in to skeletonize a bingeing chaos, while concealing it from others simultaneously. Restriction is a key aspect of the pro-ana community that relies on group and individual knowledges. Members are able to connect based on their shared

experiences and sensations of starvation, and the skill sets necessary to maintain and conceal pro-ana practices.

The sociality of eating disorder behaviors and managing the major risk of exposure leads to detailed advice and guidance being requested and disseminated on how to conceal behaviors and weight loss from disapproving others. Generalized tips and tricks (Appendix E) tend to cover more pragmatic and performative skills, such as using windex to get the sheen out of a toilet bowl after purging or wearing clothes that fit so excessive bagginess does not draw attention to weight loss. However, a general consensus is “[d]on’t raise suspicions. . . you’ll be watched. . . [hide] habits and practices before anyone even sees them. . . easier to keep people clueless than it is to fool people” (Appendix E5). Avoiding detection is a shared risk.

I am starting the lunabelle diet and am on day 3 which is supposed to be a fasting day. My boyfriend who just got out of the hospital doesn't know I'm trying to diet and insists we go to Olive Garden tonight. It's frustrating because I am not going to be able to easily hide the fact that I'm not eating. (Fieldnotes, 04/21/2019)

This community anxiety extends to a range of preemptive and performative acts meant to conceal restriction and other eating disorder behaviors that might stick out and attract attention (Appendix E5).

Check the fridge when nobody else is around. Find foods that you would have eaten and get rid of them. . . if they check, the ingredients are gone, which reinforces your story. Consider dishes and silverware as well. 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. (Appendix E5)

Concealment of “evidence” is critically important in maintaining an image of health, including hiding garbage, supposedly spent money, or the more human corraling that ensures supposed eating alibis do not speak to each other and reveal gaps in or the suspect existence of a story.

TIPS & TRICKS FOR SCHOOL!

PUBLISHED ON *August 17, 2016* *August 18, 2016* by *anagiricarro*

Hi Anas! Super excited for Tips & Tricks Thursday. I've had a pretty decent first day at school today and since I'm coming back to school, why not do some Ana tips and tricks for school? I hope you find these tips useful because I used all of them and they were all effective. 😊

- In break or lunch, tell your friends your parents like to give you big breakfasts and that your normal lunch time is about 3-4 p.m. when they get suspicious about you not eating much.
- Go to the library and study/do homework while everybody eats, you'll get better grades and get skinnier!
- If you can't avoid eating at school, try low-fat/low-calorie options such as fruits and salads.
- Try your best in PE and push your limits, it's like an extra hour of exercise.
- Drink a lot, in between classes and so. The feeling of hunger will eventually disappear.
- Run from class to class to burn calories, especially if you have a big campus with tons of classes far away from each other.
- Take sports extracurriculars.
- Don't purge in school bathrooms! You can easily get caught in a place with so many people!
- Tell your parents you ate a lot at school, and that you're too full to have dinner. If you're lucky they might excuse you.
- Tell your parents your school offers good breakfast options, you'll be able to opt out of breakfast.

Figure 3: Tips and Tricks for School

This post (Fieldnotes, 06/27/2017) for school-age pro-ana users balances these stories, timelines, and actors by ensuring that there's two main alibis between groups passing like ships in the night: no eating at home due to getting breakfast at school and having a lot of food at lunch to parents, and reversing this to friends by claiming a large breakfast and late lunch.

More detailed performances emerge when concealing behaviors from close family and friends. The balance between maintaining restriction and concealment is a difficult line to walk, and so knowledge of how to perform “normal” eating is required in order to successfully avoid both eating, concern, and questioning. Solutions tend to range from

avoidant like “[f]riends will only get in the way. Avoid them until you reach your goals” (Appendix E4) to more detailed ways to “eat as normally as possible” (Appendix E3) and avoid “patterns” (Appendix E3) that create red flags.

It’s best to avoid friends. They might become suspicious of your weightloss, and they might start to suspect that you’re Ana. Don’t tell any of your friends, no matter if they promise you can trust them. If your friends learn that you’re Ana, they might tell a teacher or your parents! Keep it well-hidden from friends as well as family. (Fieldnotes, 02/11/2017)

Higher stakes performances tend to respond to potential or commonly encountered situations, such as family dinners, holidays, and confrontations about food or weight loss.

Poster 1: My bitch mom keeps commenting on my weight loss. Like leave me alone. It's my body. Idk how to hide it though.

Poster 2: Layers maybe
Also maybe find ways to look like you eat "normal" in front of her and it'll help with looking less suspicious” (Fieldnotes, 04/25/2019)

Here, performance extends into minor blocking, and layered, bulking-up costumes. For extremely high stakes or extended events, fully scripted and blocked performances are requested and shared in the pro-ana community.

If you’re female use your period, reduce bloating no alcohol, no appetite or excusing yourself to the bathroom would be covered. . . You could always cancel for a stomach bug. . . If I were you I would let them know the morning before how excited you are for the next day, then at night just let them know you’re not feeling well. You ate something that seemed a little off and now your thinking it might’ve been a bad idea. Say your gonna get some extra sleep and take something and hopefully you’ll feel better in the morning. The morning of tell them you really want to see them so your going but you don’t feel your best so no drinking and soft foods. You would probably have to eat something small like a veggie broth (low in calories) to avoid your friends worrying too much about you.

Also if your still anxious order some cold water. Don't forget to throw in a couple extra bathroom stops and rubbing your tummy occasionally. If you're a tea person, mint tea makes you burp a lot which just backs up your tummy pains a little more or even asking for mint and lemon if your water when you go to the restaurant. (Appendix F1)

This user thoroughly outlines a fully scripted and blocked performance that accomplishes the aims of successfully concealing restriction in an extended social vacation with close friends. This staged performance manages the risk of feeling pressured to eat and potentially gaining weight, as well as the social risks of being confronted because “[n]o one knows I do this, and everyone round me is a finger on the trigger with things like it.” “This” likely refers to pro-ana identity as well as restriction practices, and “finger on the trigger” may reference the more recent awareness of eating disorders (not necessarily in a bad way) and the demonization of pro-ana through the media. In an attempt to avoid detection and confrontation, this “scene” seeks to perform “normal eating” to be able to straddle both worlds.

Pro-ana members exchange information on how to best implement restriction in a physiological and socially acceptable way. Physiologically, restriction is implemented to manage the massive risk of weight gain, especially through a total loss of control in binging, but also through required social eating. More than one pro-ana user has given some variation of the performative and restrictive tip to only eat around others.

[S]ave your calories! (Appendix E3)

If you know that you won't be able to skip dinner with your family that day, then eat absolutely nothing during the whole day and save all the cal's for dinner. You won't possibly go over 500 calories unless the food is deep fried and filled with junk. (Appendix E3)

Only eat in front of your parents. . . that way no calories go to waste. (Fieldnotes, 02/11/2017)

Quick requests and missives are frequent as well, where a user wants assistance with a specific issue or small behavior to implement, such as “[y]ou could put on your tightest pants so you are more likely to eat less” (Fieldnotes, 03/06/2019) or “eat with the opposite hand” (Fieldnotes, 05/02/2019) and ask questions about the best ways to lose weight in broad and individual cases: “anybody got a ten minute workout they would recommend? also, cheap low-calorie meals that are easy to make?” (Fieldnotes, 04/21/2019).

There are, of course, endless examples of cheap and low-calorie meals. Besides larger weight loss plans, individual recipes and tips range from satiating, such as snacks to satisfy specific crunchy, creamy, or sweet cravings to prevent a binge on craved items, to performative such as eating a bowl of yam noodles covered in sauce (Fieldnotes, 07/28/2017) for under 100 calories. Solution or “magical” foods and advice are requested as well.

Certain properties are also ascribed to food as a cure for specific issues, reflecting both knowledgeable insight into physiological responses, and some “magical” properties that will solve the symptoms of a calorie deficit – this is also a “magical thinking” seen in any dieting mindset where the body can be fooled.

Poster 1: I think I have been doing calorie deficit since Monday... But my head starts to hurt. Anyone have any suggestions on what to eat for brain food that low calorie?

Poster B: I'm pretty sure fish like cod and salmon are good, I can't seem to do exercise for long without headaches/feeling faint/sick, only advice i

can really give for that is go slightly easier on yourself and stay hydrated, maybe eat some fruit just before the gym aswell, the natural sugars seem to help :) (Fieldnotes, 04/21/2019)

Any tips to get rid of the hunger pangs? (Fieldnotes, 04/21/2019)

These questions seek information on how to maximize weight loss and attempt to stave off or address some of the side effects of restriction, like headaches and hunger pangs. Hunger pangs are referenced often as they can be debilitatingly painful, as well as a risk factor that catalyzes eating and potential binging or weight gain. One user offers up the imagery of “[w]hen you have hunger pangs, picture your stomach eating away your fat, and that what you feel is the feeling of thinness and your fat burning away” (Appendix E4) in order to reframe the pain of hunger into a different kind of positive deterioration where the suffering is part of the process of weight-loss.

Side-effects and risk management can have high stakes beyond weight-management and sociality. AN has the highest mortality rate of any mental illness from medical complications and suicide, and eating disorders in general damage the body, sometimes permanently or fatally. NEDA overviews some of the main damages to the cardiovascular, gastrointestinal, neurological, and endocrine systems in the body (Appendix B3), including dangerous imbalances in blood sugar, immune function, electrolytes, insulin or thyroid hormones, sex hormones, and organ damage. These can lead to multiple long-term conditions or even death, as well as a host of unpleasant issues like hair loss, crumbling nails, insomnia, fainting, seizures, and being chronically cold.

Pro-ana users have at least some working knowledge of the potential side effects of long-term ED practice and attempt to mitigate these risks by prioritizing certain

behaviors like restriction instead of purging, or through supplementation. One website features “Ana’s Medicine Cabinet” (Appendix E1) that advises supplements that speed metabolism, types of laxatives that are “the gentlest and safest,” specific vitamins, and a direct recommendation for potassium supplements. Potassium deficiency is a common feature of EDs and AN, and can result in heart failure, rhythm disturbances, and muscle knotting – not fun, and potentially fatal. Recommendations for “magical” remedies that undo various deficiencies include supplementation of electrolytes and potassium and lists of potassium-rich foods.

If you frequently purge, then make sure you replenish your electrolytes. This includes drinking gatorade, "smart" water, or any kind of liquid that contains potassium.

You can also try eating bananas, dates, carrot juice, dried apricots, White Beans, and potatoes. If you have a hard time eating anything solid then try making a banana smoothie or some sort, but EAT POTASSIUM, You can get a heart attack if your potassium levels drop, so try having some of these foods and make sure you don't purge for at least three hours after eating them. (Appendix E2)

The interchangeable use of electrolytes and potassium indicates an awareness of certain complications and likely research into remedies, if not necessarily an expert or correct response. However, food and supplementation is utilized to manage risks associated with certain deficiencies that can be fatal. Pedialyte is another recommendation to “fix” electrolytes (Fieldnotes, 10/27/2016), and one site wryly emphasizes protein in restriction diets because “It maintains and repairs our muscles, including heart muscle, which is (last I heard) kind of a requisite for continued survival” (Fieldnotes, 12/06/2016).

Pro-ana users tend to concentrate on purging specifically as an incredibly risky undertaking beyond previous risks both physiologically and socially: being caught is too easy, and difficult to deny or explain. Pro-mia tips and information seem to come with cautionary tales and risk management measures that are lacking in the restriction sections, often discouraging regular use. A list of tips are prefaced with “Mia tips:[Although I STRONGLY advise you to just not purge.. it's horrible but still],” and concludes with “In the end, try to minimize purging as much as possible.. only do it if you had over 1000 cal for example... stay as safe as possible” (Appendix E2). Whether this emphasis on the dangers of purging over restriction is medically accurate is not really vetted by users, and it is possible that the glossing and erasure and resultant implied disgust of bingeing and purging behaviors in ED coverage and purging-related deaths (such as Karen Carpenter), simply makes the risk of complications or death invoke more dread and caution. But most purging advice iterates that this is more dangerous than restriction, and should only be done when necessary – often “necessary” is defined by performative “normal” eating or bingeing.

The acknowledgement and management of these very real risks indicates that pro-ana users are not playing ostrich to the risks of eating disordered practices, but rather think that they have done the work that enables them to ride the “edge” while mitigating harm and death. The exchange of these skillsets that manage damage and death in a shared sensory and risk-taking community demonstrates that pro-ana users are aware of these “lines,” and can tell when the line has been crossed or careened over through either recklessness or through incompetence, and the inherent real dangers.

Cultural knowledge of these lines come with constraints and boundaries on what can be deemed acceptable by the community – although these lines obviously differ from medical models and most members’ social connections in other areas of their lives. Pro-ana members manage physiological risks from eating disordered practices through sharing practices that mitigate certain physical side-effects, but also through policing each other when they suspect that someone is going too far or engaging in behaviors deemed beyond manageable risk.

Poster 1: I usually use my adderall to control my weight, but I got cut off from it for 2.5 weeks and I gained 10+lbs from bingeing. . . Any advice?

Poster B: That’s what happens when you abuse your meds and run out: the bingeing is your body adjusting the lower dose, or complete lack of. . . As somebody on vyvanse. . . I haven’t found anything that helped when I run out for a day or two. Caffeine helps a smidge, but I still got the bingeing and many other effects. Try a monster or two?
If you’re abusing those meds for appetite suppression though, you can’t simply keep asking for more & more. :(it’s a dangerous route to go down so please be careful. (Fieldnotes, 03/15/2019)

This response contains solutions to the immediate issue of withdrawal and bingeing behavior, but concludes with a gentle reprimand about the danger, and some “tough love” regarding the sustainability and recklessness of abusing a drug with potentially dangerous or lethal side effects – risks that really cannot be managed.

Excessive or unsafe weight loss can prompt interventions as well. Certain pro-ana members express indignation or hostility at the ideas that pro-ana is recruiting or seducing people to AN – “those that get to an extreme level who post pics and weights, are replied back with messages of concern and pleas for them to take care of themselves and to not loose [lose] any more weight” (Fieldnotes, 10/13/2016). The “extreme” again

likely crosses a line of what might be considered “normal” outside of a pro-ana sphere, but that extreme extension of the edge is only uncommon amongst edgeworkers, but defines them. The cultural fine line crossing from extreme to hazardous finds a community consensus in a response to a bonespo post on Whisper (Fieldnotes, 03/16/2019):



Figure 4: Bonespo Background

Reply 1: It might be time to stop looking at bonespo and go to a DR. Take care of yourself. ♥

Reply 2: Ew that girl in the background looks gross. Poor girl

Reply 3: Try to achieve Health.

Reply 4: You don't need to be stickthin. You just need to be happy and healthy

One of the features of bonespo that differed from other forms of thinspo is the process and goal aspects – while thinspo, particularly meanspo and sweetspo – were used to catalyze certain behaviors and limit others, they were linked to the maintenance of an

identity, not as an actual identity. The genuine concern and policing in these Whispers directly addresses this difference; bonespo is an aesthetic of the extreme, and a catalyst for skill implementation, but it crosses a line when bonespo is no longer the process but rather the destination and identity.

These intersections of identity and process are integral to the pro-ana community. Despite the fixation on weight loss and goal weights, the pro-ana identity is constituted by the learning, sharing, and implementation of eating disordered practices. While the sociality between members is mobilized through shared goals, it is the process of moving towards, succeeding, and failing at weight loss that creates the community, and the honing of the physiological and performative skills required to maintain this pathologized AN edge, without actually slipping off the edge into permanent damage or death.

PERSONS AND PREDICATION

Pro-ana users discursively map deeply historical, inextricable yet reimagined ideologies, aesthetics, and sociality around bodies, appetite, and weight in Western medical frameworks. Confusing, inchoate discourses about food, body, and appetite are fleshed out by pro-ana users through separation acts of figurative language, metonymy, and personification that ascribe concretized, relational, and dialogic properties to tacit yet aggressive discourses of shape and weight, and the connotative and unavoidable act of eating. Pro-ana users grapple with socially-informed and individual inchoate appetites, impulses, sociality, and morality, as well as manage risk associated with physical form and cultural meaning. Pro-ana users have moved the tacit, often contradictory, cultural framings of body and appetite to explicit icons and acts that comply with, reject, and reconfigure narratives around the body in medical, social, and spiritual aspects.

The personification of the chaotic, embedded, and often indescribable, aspects of the experience of an eating disorder serves to make the incomprehensible comprehensible. The personification of an eating disorder as separate from the eating disordered subject functions to predicate the inchoate array of physiological, behavioral, and social experiences through a physical and dialogic embodiment of the eating disorder. Eating disorders are surrounded by and structured through a multiplicity of narratives, statements, and actions that are confusing and powerful, sometimes contradictory, and often cruel. Characterizing these entwined and tangled experiences of different voices and engagements as another human can concretize these “inchoate” and

chaotic factors. I argue that we can see this process on the above described social media platforms as an essential first step to a) understanding the experience, and b) taking action. This separation seeks to restructure and resituate the chaotic and confusing into identifiable and comprehensible dialogic entities capable of complex interactions ranging from instructions and support to bullying and ridicule – and these dialogues can then be strategically used to support or reject specific behaviors.

Lakoff and Johnson (1980) refer to personification as a type of ontological metaphor that allows the speaker to “make sense of the world in human terms” (34). Through Fernandez’ loose groupings of strategic metaphor into structural (shared components) and textual (shared sensations) (Fernandez 1972, 47), the personification metaphor can function structurally and textually to encompass the draw and persuasion of anorexia as in “I wanted to recover, but the anorexia want[s] [underline added] me back” (Fieldnotes, 03/16/2019). The personification of anorexia here imbues it with a sense of agency and power, referencing domains of desire and seduction, and dominance and acquisition. Anorexia as an entity borrows from the domains of a persuasive and bullying person in order to construct the motivations and draw of eating-disordered thoughts and behaviors.

The personification of the eating disorder borrows from the domains of speech, relationships, and communication, predicating this inchoate mess of symptoms and symptom-use into a familiarized, dialogic figure that, as a result, can be engaged with in a myriad of human ways. The personification of an eating disorder facilitates discourse and dialogue between multiple actors, even if only figuratively. Therefore, the

interactions between the eating disorder, the self, and all of the surrounding individuals become a space for speech acts to take place. This act of separation between real and projected persons includes the personification of an eating disorder as a voiced and agentive individual. This strategic, but not always fully conscious act occurs across the spectrum of recovery and pro-ana communities that I present in this thesis.

Divorcing Ed

The *Recovery Warriors* podcast addresses the confusion and unrest of recovery through storytelling, where guests discuss recovery and related topics in an interview format to provide support, community, and information for people at whatever stage in the recovery or pre-recovery process they find themselves in. The main intent is to make visible the idea that full recovery is possible, and that the journey does not have to be an isolated one. The complex act of *separation* where the eating disorder becomes personified emerges in *Recovery Warriors* interviews regarding the recovery process.

Acts of separation involve naming the eating disorder, and divorcing the eating disorder. Functionally similar, yet implemented differently, to the pro-ana thinspo voicings where people refer to the disorder's "voice" or "presence" or just referring to it as "the eating disorder," separating the eating disorder from self functions to concretize a dialogic figure. Interviewees on *Recovery Warriors* discuss these externalizations in the transcriptions of their interviews with the host Jessica Flint (previously Raymond).

A reoccurring projection specifically used on *Recovery Warriors* is the acronym wordplay name "Ed." "Ed" was made popular by Jenni Schaefer in her book *Life*

Without Ed, and she extensively discusses the purpose of separating Ed from Jenni, and how others can implement this strategy in her *Recovery Warriors* interview. In the case of eating disorders, externalizing the “eating disorder” itself functions both structurally and textually. Structurally, the personification of the eating disorder constitutes a human relationship, as in the case of Jenni Schaefer, where she describes the separation of her eating disorder as an abusive boyfriend named “Ed” from her true self as a step towards understanding her behaviors and experience:

[I]t took something that was really confusing to me, which was the bingeing, the purging, and the starving, and it took this confusing idea – my life was kinda becoming chaos – and it put that chaos into the context of a relationship. (Schaefer, interview by Jessica Flint, *Recovery Warriors*)

The Ed metaphor strategically utilizes the domains of abuse and relationships to understand the power, attachment, and domination in her eating disorder. Textually, this personification references the complicated and entwined dynamics of human relationships:

I didn’t understand the chaos of the eating disorder, I didn’t understand what it was driving me to do and think and say, but I did understand relationships. So all of a sudden when my eating disorder became a relationship, and it was a guy named Ed, I understood that. (Schaefer, interview by Jessica Flint, *Recovery Warriors*).

Relationship domains are again used, but this time to understand the emotional and experiential effects of the eating disorder.

This act of naming is also helpful to others as a way of distinguishing between the inchoate eruptions of the eating disorder, and the struggling self of what Joe Kelly refers to as “the genuine person I love,” and that “they’re two different realities in a

sense... YOU have permission to respond differently to those two different realities”

(Kelly). Acts of engagement, resistance and support become possible for others as well through this process:

I have complete permission to name the eating disorder for what it is... the answer I get back when I talk about this is, well she's gonna get really pissed off, she's gonna get really angry... To which I reply, there will be anger. There will be piss-offedness... But that's the eating disorder, not her... [I]f it's clear to you that the eating disorder... is in the room, it's okay for you to calmly and forthrightly say, Fuck you! [both laugh]. Because, you know, that's what the eating disorder deserves! [laughs]... And it's a GOOD THING for the eating disorder to get pissed off at me. Because that is disruptive and uncomfortable for the genuine self of the person I love. And the only thing that breaks through denial, is.... finally getting sick and tired of all the disruption... that the denial is causing. (Kelly, interview by Jessica Flint, *Recovery Warriors*)

The act of naming the eating disorder enables a space for disruption and confrontation through engaging directly with the eating disorder as an individual *separate* from their loved one. This personification also functions as an act of self-care and compassion for the people often on the receiving end of the widely spread “piss-offedness” that Kelly describes. Jenni Schaefer echoes this strategy in her description of how the conceptualization of Ed-the-boyfriend helped her family to distinguish between her true self and the separated, aggressive and abusive eating disorder:

[T]hey saw that their daughter Jenni is still there, their sister Jenni is still there... they could separate and say oh that's Ed... I was really moody in my eating disorder... And so it helped... to see Oh wait, that's Ed talking to me right now, that's not my sister, my sister's in there somewhere, but Ed's the one yelling and screaming at me and saying she-he hates me, and so that helped my family to see that we're all fighting the same thing, we're all fighting Ed, and we're all fighting for Jenni. (Schaefer, interview by Jessica Flint, *Recovery Warriors*)

This quotation has multiple implications. First, there is the aspect that allows the family to separate the eating disorder from their family member (Jenni) as a way to understand that Ed is the one that is hurtful and cruel. Second, there is the important implication of a battle taking place for Jenni, and that Ed is the shared enemy, not Jenni.

Kelly also makes this distinction for loved ones, stating that when Ed erupts, the act of naming the separate entity enables 1) self-care for the family member, and 2) rewards the genuine self instead of the eating disorder:

[S]ay, hey, look, the eating disorder is here right now, I really am not interested in spending time with eating disorder, I'm going to go take the dog for a walk...if my daughter... is here when I come home, that will be great. (Kelly, interview by Jessica Flint, *Recovery Warriors*)

This act of identifying and naming the eating disorder enables the act of refusing to engage with it through going on a walk instead. The personification functions to characterize the eating disorder as something that can and should be removed or ignored – like a bad houseguest (Appendix D2). Or like an abusive boyfriend that can be kicked out (Appendix D1).

After finding the separation helpful, Jenni's recovery journey included the act of *divorce* (Appendix D1). This act is especially interesting in lieu of the act of marriage as one of the seminal examples of speech acts in anthropology – it's tacit, yet binding, and has any number of social and legal ramifications. Likewise, the *divorce* of Ed is a verbal, tacit act of separation and independence that interacts with the eating disorder as a human that the subject can both bureaucratically (structurally) and emotionally (textually) liberate themselves from.

In the beginning... I separated from Ed, and then I still did everything single thing he told me to do... So it was only later in recovery that I could actually disagree with Ed, and even later I disobeyed him... the cool thing is, I don't even HEAR Ed anymore. (Schaefer, interview by Jessica Flint, *Recovery Warriors*)

Through this separation, smaller acts of dialogue and resistance are made possible. The above sequence of events demonstrates the initial act of divorce, and then the acts of resistance involved in first disagreeing with Ed, then disobeying Ed, and then finally achieving a space where Ed is no longer even noticed. Victoria Keller also utilizes the act of divorce to directly address Ed, the voice of Ed or the “self-critic,” stating that “when I suspect that Ed is creeping in, I will point blank, just say, Ed, go away... I don't have time for you anymore, we don't have a relationship anymore” (Keller, interview by Jessica Flint, *Recovery Warriors*).

The act of divorcing Ed years before empowers her to directly confront and dismiss Ed, framing Ed as a boomerang ex that while exhausting and irritating, can be successfully rebuffed with minimal emotional turmoil, instead advocating for her own genuine voice and interests.

[T]he metaphor helped me to separate, to see that oh wow, well if that's the eating disorder saying that, that's not what I think... I started learning that I could stand up for myself, and that I could get my life back and I did not always have to listen to this voice that... it didn't really matter what the voice of Ed said, what mattered is what I said. (Schaefer, interview by Jessica Flint, *Recovery Warriors*)

The metaphor of the eating disorder as any matter of “boyfriend,” “voice,” “self-critic” (Keller), or whatever externalized, human force, separates the painful behaviors and thoughts from the “genuine self” (Kelly, interview by Jessica Flint, *Recovery Warriors*),

and helps to distinguish between the voice of the eating disorder, and the voice of the “genuine” person underneath. Through these acts of externalization, the eating disorder becomes another actor in the situation, and one that can be engaged with and targeted through dialogic action. By structuring the eating disorder as an abuser, a critic, or “an asshole” (Kelly, interview by Jessica Flint, *Recovery Warriors*), the eating disorder is structured as someone that can argue or dominate, and cause emotional distress and pain. Conversely – and most importantly – this figure becomes vulnerable to the human insecurities and frailties of being contradicted, debated, divorced, and even silenced forever.

Anas, Mias, and the Deity

Pro-ana culture has similar structural and textual aspects to personified eating disorders, yet the function is predictably different. Meanspo seems to concretize and personify eating disordered thoughts in a similar way to the separation of the abusive boyfriend Ed, although for different strategic purposes. However, both the voice of Ed and the literatures of meanspo make a metaphorical movement from guilt and self-hatred to a coherent “voice” that can be harnessed by the listener, and either rejected or embraced. Thinspo materials in general seem to predicate eating disordered thought through dialogic “voices” similar in form and content to the eating disorder voices isolated in recovery – yet the quest for clarity is in order to better move the figurative voice in, rather than silence or eject it. By “voicing” eating disorder practices, behaviors and thoughts have taken on ascribed human characteristics attached to a figure.

Personification of eating disorders in pro-ana surface most clearly as the female figures of Ana and Mia, and the more elaborate Ana deity and religion. Similarly corraling the array of restriction, binging, and purging symptoms as people in recovery, these personifications seek to externalize the inchoate experience of balancing action, risk, impulse, and sociality – however, the critical difference is that this separation exists in order to be embraced rather than rejected. While recovery-oriented personifications structure the eating disorder as a relationship that can be ignored, divorced, evicted, or otherwise kicked to the curb, and textually ascribe the rejection of abusive relationships and behavior, pro-ana personifications organize inchoate eating disordered thoughts and behaviors into knowledgeable mentors or detailed resources to cooperate with, learn from, look up to, or even worship.

“Ana” and “Mia” exist as a personification of anorexia nervosa and bulimia nervosa, in a similar name wordplay like “Ed” for Eating Disorder.

I have had an ‘eating disorder’ for 8 years. I have been spending time with Mia for 10 months, but I ditched her a few weeks ago in favor of Ana. I like Ana a lot better now, and Ana has helped me more. I have been friends with Ana for almost 10 days now and eaten nothing but mushrooms and lettuce. (Fieldnotes, 11/18/2017)

Mia make me gain weight and I hate her!! She makes me eat all the time....but when it comes to purging I'm scared! (Fieldnotes, 10/27/2016)

While Ana and Mia are referenced as friends, teachers, a partnership, or a separate side of self, it also seems to function as a coded shorthand for inchoate disordered eating thoughts, and can take on a religious connotation.

The pro-ana deity mostly surfaced on websites from users structuring anorexic practice through religious poetics involving a deity referred to as “Ana.” There is some disagreement as to whether or not the “Ana” deity is an explicitly religious extension of the personified “Anas” and “Mias” (Knapton 2013, 472; Margherita 2018, 349), or a completely separate figure of the “AnaMadim” deity: the “Guardian Servitor of the Anorectic Praxis” (Alderton 2018, 10). A website with a section addressing “Common Pro-Ana Myths” claims “[t]he name Ana in the religious connotation [connotation] actually is the full name Anamadim, and not some goddess named anorexia” (Fieldnotes, 10/13/2016), and yet another source speaks as the deity, writing “[m]y name, or as I am called by so called “doctors,” is Anorexia. Anorexia Nervosa is my full name, but you may call me Ana” (Appendix I). Alderton (2010) traced the AnaMadim deity back to a blog run from 2001-2006 (10), and in general the “first wave of pro-ana sites” (10) with a later shift to Ana and Mia (11). It is possible that the changed referential use of Ana to signify AnaMadim (described later in 2016 as Anamadim) to the prominent use of Ana reflects natural and expected timeline of language change where it has become clipped and both gained and lost meaning, or the pronounced use of both Ana and Mia is operating as a separate personification of both. My own fieldwork did not produce enough data on the use of Ana and Mia as explicitly religious or not to make the claim either way, particularly as I only found explicit deity references on websites, and much of my research concentrated on anonymous – often briefer and less elaborately constructed – communications between members on platforms. However, it seems highly likely that at this point some users are referencing the older, more religiously entrenched figure of

Ana, while others are using Ana as more of a personified figure of practice. This could be due to how long a person has been involved in a community or perhaps even the platforms they frequent. Regardless of the specific figure, the referential function of Ana as deity consistently overlaps with detailed religious practice and domains in order to invoke a commitment to anorexic practice.

“Tenets” borrow from domains of religiosity and AN criteria, a spiritual and medicalized hybridization that cannot be extricated fully from its roots in hysteria and pathologization. Pro-ana users seem to be at least tacitly, if not explicitly, aware of this combination, and the Ana (and occasionally Mia) figures are constituted by this awareness of entwined pathology, asceticism, and aesthetic. The Ana deity is constructed first through the identification of the main Ana figure. In her analysis of ANOREXIA AS RELIGION, Knapton (2013) identifies how the deity is “both adulated and feared” (470), manifesting sometimes as a savior or creator, other times as a demon, and related religious framings of food as sin requiring repentance (471). Pro-ana followers utilize religious domains to borrow structures and language to reinforce the religiosity of the Ana deity, including such structures as tenets, psalms, commandments, prayers, and letters of adherence (Appendix I).

Thin Commandments

- 1) If you aren't thin, you aren't attractive
- 2) Being thin is more important than being healthy
- 3) You must but clotes [buy clothes], cut your hair, take laxatives, anything to make yourself look thinner
- 4) Thou shall not eat without feeling guilty
- 5) Thou shall not eat fattening food without [without] punishing 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 [success]. (Appendix I).

This personification and religious figure enables discourse and instruction between the human individual and anorexic symptoms, and deepens the connections between “purity” and ascetic fascination with an anorexic body. Knapton also acknowledges existence of discourses in Western society that frame certain foods as “sinful” (471), demonstrating once again how pro-ana members take existing cultural mappings and metaphors of food and body, extending them just beyond the brink of what is considered “normal,” dragging tacit knowledge over the edge and explicitly into the light. The structural and textual aspects of deity, worship, and practice reimagines the more tacit, medicalized asceticism around anorexia into a recognizable conceptualization of an icon and associated set of morals, practices, and repentance strategies.

One website outlines directions for an Ana Bible composed of five sections spanning common pro-ana practices, but as an iconic Christian religious text: Thin Commandments, Thinspo, Tips and Tricks, Diets and Workouts, and a Buddy List (Fieldnotes, 11/18/2017). Other poetic choices such as the choice to replace “Ten” with “Thin” and the use of biblical language reinforce the religious messaging and show the wordplay and intertextuality common in the pro-ana community. The “Thin Commandments” above reference not only the structures of the Ten Commandments, but also the language; “Thou shall” and “Thou shall not” rings of, or simply misspells, the biblical original “Thou Shalt Not.” The addition of the outdated -eth suffix onto multiple

words in the deity literature (Appendix I), such as “maketh,” “filleth,” and “runneth” poetically ascribe ancient, sacred, and wisdom properties to mandated behaviors and beliefs. One Ana psalm includes “Yeah, though I walk trough [through] the aisles of the pastry department, I will buy no sweet rolls for they are fattening,” (Appendix I) an obvious rewrite of the prayer “Yea, though I walk through the valley of the shadow of death.” This rewrite has an additional sinister yet reassuring layer when considering both the “shadow of death” reference and the next line of the original, well-known bedtime prayer in the context of pro-ana contemplations and engagements with risk and mitigations of potentially deadly behaviors: “I will fear no evil for thou art with me.”

Biblical language and replacing “Ten” with “Thin” as opposed to slim, skinny, lean, bony, anorexic, or any other word with a similar definition and community usage reflects a poetic, alliterative, intertextual choice that binds the Ana figure tighter to structures of Christianity and asceticism. The continued usage could still be mere poetic play, but there is research that suggests that both the religious connection and the “Thin Commandments” stem from a medical metaphor that, while modern, harkens back to original anorexic roots of women hysterically over-performing a state of religious asceticism that tips over an edge:

The pro-ana religion seen on many pro-ana sites was never created by any pro-ana site at all. All the creeds, letters, comandments are all made by professional psychologists in an attempt to make the mindset of the anorexic views be seen through their eyes. This was seen as a powerful message, and to those who are anorexic and wanting to go further into it, seen these messages as motivation instead of the reverse that it was intended to be. It's funny how those that hate pro-ana unwittingly gave it a religion, isn't it? (Fieldnotes, 10/13/2016)

A non-pro-ana writer confirms that the “thin commandments” had originally been written by a recognized specialist in eating disorders as ‘a tool to help parents better understand their daughters with anorexia,’ but that they had been changed somewhat and, clearly, taken out of context by the pro-eating disorder community” (Walton 2010). Whether or not this historical timeline of the “Ana religion” and ascribed authorship is accurate, or if it’s a case of the same metaphors resurfacing amongst different actors for similar metaphorical purposes does not necessarily matter in this context, but demonstrates the resurfacing tacit inextricability of religiosity and pathology personification and “voicings” of eating disorders. As opposed to the commandments being taken out of context, it seems that they were repurposed. As deity rather than demon, the personification of the Ana deity constitutes a dialogic figure like the recovery-oriented personification of the boyfriend Ed, where anorexia is able to function as a figurative and concretized identity with the capacity for discourse, specific skill sets, and practices.

CONCLUSION

The potential erasure of other eating disordered types and behaviors through primarily fixating on anorexic behaviors and underweight bodies is significant to the discussion and research of pro-ana communities for several reasons related to both depiction and harm-reduction. People with eating disorders span a full range of eating-disordered behaviors as well as weight, BMI, body types, age, race, ethnicity, education, nationality, gender expression, gender identification, and neurodiversity – a diversity that can be assumed to exist in pro-ana communities as well, particularly in the complex sociality surrounding managing and concealing bingeing and purging behaviors. Pro-ana users reflect and reinforce the anorexic fixation and fascination not only through their pro-ana name, but also through the acquisition and practice of specified “ana” or “anorexic” behaviors that idealize intake restriction and exercise. Purging and other behaviors are then classified as a failed restriction, in different ways ranging from a screw-up or mistake, behaviors that will be expunged, managed, or *purged* through “better” implementation of restriction and anorexic behaviors, or as a last resort to “correct” the effects of performative eating intended to maintain a healthy, non-pathologized identity or avoid detection and the involved complexities of confrontation, worry, or institutionalization.

Sociality and the role of identity in edgework is important to note, as companionship and guidance is a key factor in pro-ana participation, even as it is also the feature that most alarms outside viewers and motivates censorship. Pro-ana users are

subjected to harsh criticism, accusations, and censorship, as well as the associated stigma of eating disorders in general. The edgeworking actions in pro-ana spaces are, I argue, a direct response to this pressure. Under pressure, pro-ana users construct and maintain a shared space and identity, and provide a way to improve skill sets that maximize weight loss and manage the social and physical risks. It is hardly surprising that digital platforms would spring up as a form of social solidarity through shared identity and practice in response to the isolation, stigmatization and internal mayhem associated with food, weight, restraint, and the deeply entrenched cultural connotations of morality and identity.

This thesis intended to identify and contextualize some key discursive strategies through metaphors, metonymic frameworks, and personification at work in the construction and maintenance of pro-ana identity through shared practice and complex performative measures that members have to implement in order to protect and maintain their pro-ana identity. Practice encompasses perfecting AN behaviors and complex risk management skills for preventing weight gain, averting death and damage, and concealing identity and practice. Digital community members use and trade practices to aid restriction, manage other ED symptoms, and prevent permanent harm in the pro-ana process. Pro-ana is a community of practice, but also a community of process – while AN and intense weight loss may be framed as a destination or end, the sociality, icons, artifacts, and skill-sets are part of a shared process of sorting through complicated and contradictory discourses about weight, space, and pathologization.

Situated in discourses of sainthood, nervousness, and hysteria, the metonymic frameworks for pro-ana reflect the medicalization of female bodies crossing physiological lines that departed from asceticism to disobedience that laid the foundation for the medicalized identification of AN. These themes of otherness and disobedience that are arguably an overly-performed adherence to constraints and morality ascribed to intake and the body, carry on in discourses about pro-ana through the media's constant reimaginings of the pro-ana individual as saint to savant to martyr to demon. Pro-ana identity and practice attempts to parse out and unravel these ascetic, medical, psychological, and physiological threads by isolating specific concepts and mastering them through acts of concretization, personification, and the resistance or implementation of eating disorder behaviors into specific tasks and acts that can be improved, implemented, weaponized, and indulged, depending on their function.

Pro-ana users discursively clarify these tacit and confusing discourses of weight and body through westernized medical frameworks, articulating the entanglements of asceticism, obedience, and aesthetics that shape transfixion on the anorexic body – a body that is both a fascination and a curiosity. Acts of isolating and implementing certain practices and the personification of symbolic icons and idyllic representations predicates these inchoate discourses into classified and fleshed-out narratives and figures that can be clearly imagined, understood, and agentive within larger social contexts.

This thesis attempted to contextualize how these pro-ana icons, figures, and voices function as a key player within Western frameworks of medicine and women's bodies, and not as a pathological, independently-existing deviant. Pro-ana culture is

sprung from the pathology of women's appetites and bodies, but also mocks this pathology. Through voicings and personifications that exemplify and exaggerate deeply entrenched and embodied cultural beliefs, pro-ana users find the tacit boundary of expected or required anxiety, and deliberately leap right over this edge. "Leap" may best represent this figurative crossing over a metaphorical "edge" of socially acceptable risk and dieting – like skydivers, pro-ana users do not necessarily claim actual safety and make the point multiple times that anorexia is an intrinsic aspect of self, and so the leap encompasses the processual free-fall of consciously strengthening anorexic practice and constituting an individual and shared group identity through the process of a shared dangerous journey.

The "leap" that pro-ana users make through the deliberate implementation of eating disorder behaviors both highlight and refute the pathological construct of anorexia. While pro-ana users represent multiple eating disorders and behaviors, the pro-ana praxis is structured through the medically organized symptoms of anorexia nervosa. Pro-ana users therefore embrace and utilize these structures that outline symptoms and behaviors, as well as embody the illness as an intrinsic aspect of self, even acknowledging inchoate disorder and chaos consistent with anorexia as disease – and yet they also subvert this pathologization, branching from the facet of illness to identity, and through this identity, the intricate web of physiological and social practices required to live the pro-ana lifestyle. Pro-ana users' unapologetic embrace of the pro-ana lifestyle is further complicated by the habits of a community characterized by outspokenness to the brink of recklessness and even predatory hazards. They spend massive amounts of time

and energy on developing linguistic and performative skill-sets to remain undetectable both on the screen, and *especially* in the “real world,” but also place a value on being visible and living a lifestyle rather than an illness. Pro-ana personifications and voicings actually pinpoint these contradictions with incisive awareness, bordering on satire at times.

These contradictions of voice, conspicuity, pathology, and secrecy are not so much a divergence from medicalized cultural narratives of women’s bodies and sanity, but rather an extension of it. Pro-ana users’ performances and figures have unraveled and fleshed out the various authoritative “voices” that shape weight, space, and self that go beyond the physical realm to the more figurative ways that people, particularly women, take up space, and unknit this laid and carried weight.

APPENDICES

Appendix A: Glossary

ANAD – National Association of Anorexia Nervosa and Associated Disorders

Anorexia nervosa – mental illness characterized by low body weight and intake

ARFID – Avoidant Restrictive Food Intake Disorder

Atypical Anorexia – anorexia without being underweight

Binge/Binging – the consumption of a large amount of food in an uncontrolled way that induces physical and emotional pain

Bonespo – use of bony or emaciated imagery to inspire adherence to anorexic practice

Bulimia nervosa – mental illness characterized by repeated binge/purge cycles

Compensatory Behaviors – behaviors meant to “make up for,” erase, or otherwise remedy caloric intake

Conceptual Metaphors – metaphors that systematically shape and constitute conceptual systems through everyday language that uses one domain to comprehend another

Disordered Eating – chaotic aspects of eating and food, in both perception and practice

Domains – groups of words that share common themes, semanticity

DSM – Diagnostic and Statistical Manual (5 is the most recent)

Inchoate – the inarticulate chaos of everyday experience

Meanspo – bullying oneself into adhering to anorexic practice

Metonymy – non-arbitrary, syntagmatic figurative language that relies on related conceptual systems already in place

NEDA – National Eating Disorder Association

Ontological Metaphors – metaphors that conceptualize and substantiate ideas

OSFED/EDNOS – Other Specified Feeding and Eating Disorder, previously named Eating Disorder not Otherwise Specified

Pica – eating non-food substances

Predicate/Predication – the process of metaphorically making sense of the inchoate, and strategically grounding or concretizing it through the use of an articulated domain

Pro-Ana – pro-anorexia

Pro-ED – pro-eating disorder

Pro-Mia – pro-bulimia

Purging – self-induced vomiting, laxative use, diuretic use, and compensatory exercise

Refeeding – to start eating more consistently or “normally” after a sustained period of restriction and/or disordered eating

Sweetspo – encouraging or sweet-talking into adhering to anorexic practice

Thinspiration/Thinspo – inspiration to continue anorexic practice, including meanspo, sweetspo, bonespo, fitspo, and others

Appendix B: NEDA

This appendix contains informational pages from the National Eating Disorder Association's [NEDA] webpage. NEDA is an educational and advocacy resource for awareness about eating disorders and recovery. The diagnostic criteria, "warning signs," dangers, and constraints on language/content continuously surface throughout this thesis in both actual pro-ana spaces and content, and the research, discussion, and discourse about pro-ana spaces and content.

B1. Warning Signs and Symptoms ("Warning Signs and Symptoms")

COMMON SYMPTOMS OF AN EATING DISORDER

Emotional and behavioral

- In general, behaviors and attitudes that indicate that weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Appears uncomfortable eating around others
- Food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)
- Skipping meals or taking small portions of food at regular meals
- Any new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

Physical

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a "true" period)
- Difficulties concentrating

- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts)
- Dizziness, especially upon standing
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and hair, and brittle nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

ANOREXIA NERVOSA

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Preoccupation with weight, food, calories, fat grams, and dieting. Makes frequent comments about feeling “fat.”
- Resists or is unable to maintain a body weight appropriate for their age, height, and build
- Maintains an excessive, rigid exercise regime – despite weather, fatigue, illness, or injury

[Learn more about anorexia nervosa >](#)

BULIMIA NERVOSA

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Drinks excessive amounts of water or non-caloric beverages, and/or uses excessive amounts of mouthwash, mints, and gum

- Has calluses on the back of the hands and knuckles from self- induced vomiting
- Dental problems, such as enamel erosion, cavities, discoloration of teeth from vomiting, and tooth sensitivity

[Learn more about bulimia nervosa >](#)

BINGE EATING DISORDER

- Secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Feelings of disgust, depression, or guilt after overeating, and/or feelings of low self-esteem
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge sessions
- Evidence of binge eating, including the disappearance of large amounts of food in a short time period or a lot of empty wrappers and containers indicating consumption of large amounts of food

[Learn more about binge eating disorder >](#)

OTHERWISE SPECIFIED FEEDING OR EATING DISORDER (OSFED)

Because OSFED encompasses a wide variety of eating disordered behaviors, any or all of the following symptoms may be present in people with OSFED.

- Frequent episodes of consuming very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Self-esteem overly related to body image
- Dieting behavior (reducing the amount or types of foods consumed)
- Expresses a need to “burn off” calories taken in
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics

[Learn more about OSFED >](#)

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

- Dramatic weight loss
- Limited range of preferred foods that becomes narrower over time (i.e., picky eating that progressively worsens)
- Fears of choking or vomiting

- No body image disturbance or fear of weight gain

[Learn more about ARFID >](#)

PICA

- The persistent eating, over a period of at least one month, of substances that are not food and do not provide nutritional value
- Typical substances ingested tend to vary with age and availability. They may include paper, soap, cloth, hair, string, wool, soil, chalk, talcum powder, paint, gum, metal, pebbles, charcoal, ash, clay, starch, or ice

[Learn more about pica >](#)

RUMINATION DISORDER

- Repeated regurgitation of food for a period of at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out
- If occurring in the presence of another mental disorder (e.g., intellectual developmental disorder), it is severe enough to warrant independent clinical attention

[Learn more about rumination disorder >](#)

Other Food & Behavior Concerns

ORTHOREXIA

- Cutting out an increasing number of food groups (all sugar, all carbs, all dairy, all meat, all animal products)
- An increase in concern about the health of ingredients; an inability to eat anything but a narrow group of foods that are deemed 'healthy' or 'pure'
- Spending hours per day thinking about what food might be served at upcoming events
- Body image concerns may or may not be present

[Learn more about orthorexia >](#)

COMPULSIVE EXERCISE

- Exercise that significantly interferes with important activities, occurs at inappropriate times or in inappropriate settings, or occurs when the individual exercises despite injury or other medical complications
- Intense anxiety, depression and/or distress if unable to exercise
- Exercise takes place despite injury or fatigue

[Learn more about compulsive exercise >](#)

DIABULIMIA

- Increasing neglect of diabetes management; infrequently fills prescriptions and/or avoids diabetes related appointments
- Secrecy about diabetes management; discomfort testing/injecting in front of others
- Fear that “insulin makes me fat”
- Restricting certain food or food groups to lower insulin dosages
- A1c of 9.0 or higher on a continuous basis

[Learn more about diabulimia >](#)

B2. Anorexia (“Anorexia nervosa”)

Anorexia nervosa is an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body weight for height, age, and stature; and, in many individuals, distorted body image. People with anorexia generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives, and/or binge eat.

Anorexia can affect people of all ages, genders, sexual orientations, races, and ethnicities. Historians and psychologists have found evidence of people displaying symptoms of anorexia for hundreds or thousands of years.

Although the disorder most frequently begins during adolescence, an increasing number of children and older adults are also being diagnosed with anorexia. You cannot tell if a person is struggling with anorexia by looking at them. A person does not need to be emaciated or underweight to be struggling. Studies have found that larger-bodied individuals can also have anorexia, although they may be less likely to be diagnosed due to cultural prejudice against fat and obesity.

DIAGNOSTIC CRITERIA

To be diagnosed with anorexia nervosa according to the DSM-5, the following criteria must be met:

1. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Even if all the DSM-5 criteria for anorexia are not met, a serious eating disorder can still be present. Atypical anorexia includes those individuals who meet the criteria for anorexia but who are not underweight despite significant weight loss. Research studies have not found a difference in the medical and psychological impacts of anorexia and atypical anorexia.

WARNING SIGNS & SYMPTOMS OF ANOREXIA NERVOSA

Emotional and behavioral

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling “fat” or overweight despite weight loss
- Complains of constipation, abdominal pain, cold intolerance, lethargy, and/or excess energy
- Denies feeling hungry
- Develops food rituals (e.g., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Cooks meals for others without eating
- Consistently makes excuses to avoid mealtimes or situations involving food
- Expresses a need to “burn off” calories taken in
- Maintains an excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury
- Withdraws from usual friends and activities and becomes more isolated, withdrawn, and secretive
- Seems concerned about eating in public
- Has limited social spontaneity
- Resists or is unable to maintain a body weight appropriate for their age, height, and build
- Has intense fear of weight gain or being “fat,” even though underweight
- Has disturbed experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight
- Postpuberty female loses menstrual period
- Feels ineffective
- Has strong need for control
- Shows inflexible thinking
- Has overly restrained initiative and emotional expression

Physical

- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, slow heart rate)
- Dizziness

- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Menstrual irregularities—amenorrhea, irregular periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin
- Dry and brittle nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Thinning of hair on head, dry and brittle hair
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

HEALTH CONSEQUENCES OF ANOREXIA NERVOSA

In anorexia nervosa’s cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences.

The body is generally resilient at coping with the stress of eating disordered behaviors, and laboratory tests can generally appear perfect even as someone is at high risk of death. Electrolyte imbalances can kill without warning; so can cardiac arrest. Therefore, it’s incredibly important to understand the many ways that eating disorders affect the body.

B3. Health Consequences (“Health Consequences”)

Eating disorders are serious, potentially life-threatening conditions that affect a person’s emotional and physical health. They are not just a “fad” or a “phase.” People do not just “catch” an eating disorder for a period of time. They are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships.

Eating disorders can affect every organ system in the body, and people struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

COMMON HEALTH CONSEQUENCES OF EATING DISORDERS

CARDIOVASCULAR SYSTEM

- Consuming fewer calories than you need means that the body breaks down its own tissue to use for fuel. Muscles are some of the first organs broken down, and the most important muscle in the body is the heart. Pulse and blood pressure begin to drop as the heart has less fuel to pump blood and fewer cells to pump with. The risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower.
- Some physicians confuse the slow pulse of an athlete (which is due to a strong, healthy heart) with the slow pulse of an eating disorder (which is due to a malnourished heart). If there is concern about an eating disorder, consider low heart rate to be a symptom.
- Purging by vomiting or laxatives depletes your body of important chemicals called electrolytes. The electrolyte potassium plays an important role in helping the heart beat and muscles contract, but is often depleted by purging. Other electrolytes, such as sodium and chloride, can also become imbalanced by purging or by drinking excessive amounts of water. Electrolyte imbalances can lead to irregular heartbeats and possibly heart failure and death.
- Reduced resting metabolic rate, a result of the body's attempts to conserve energy.

GASTROINTESTINAL SYSTEM

- Slowed digestion known as gastroparesis. Food restriction and/or purging by vomiting interferes with normal stomach emptying and the digestion of nutrients, which can lead to:
 - Stomach pain and bloating
 - Nausea and vomiting
 - Blood sugar fluctuations
 - Blocked intestines from solid masses of undigested food
 - Bacterial infections
 - Feeling full after eating only small amounts of food
- Constipation, which can have several causes:
 - Inadequate nutritional intake, which means there's not enough in the intestines for the body to try and eliminate
 - Long-term inadequate nutrition can weaken the muscles of the intestines and leave them without the strength to propel digested food out of the body
 - Laxative abuse can damage nerve endings and leave the body dependent on them to have a bowel movement
- Binge eating can cause the stomach to rupture, creating a life-threatening emergency.
- Vomiting can wear down the esophagus and cause it to rupture, creating a life-threatening emergency.
- Frequent vomiting can also cause sore throats and a hoarse voice.

- When someone makes themselves vomit over a long period of time, their salivary (parotid) glands under the jaw and in front of the ears can get swollen. This can also happen when a person stops vomiting.
- Both malnutrition and purging can cause pancreatitis, an inflammation of the pancreas. Symptoms include pain, nausea, and vomiting.
- Intestinal obstruction, perforation, or infections, such as:
 - Mechanical bowel problems, like physical obstruction of the intestine, caused by ingested items.
 - Intestinal obstruction or a blockage that prevents food and water from passing through the intestines.
 - Bezoar, a mass of indigestible material found trapped in the gastrointestinal tract (esophagus, stomach, or intestines).
 - Intestinal perforation, caused by the ingestion of a nonfood item that creates a hole in the wall of the stomach, intestines or bowels.
 - Infections such as toxoplasmosis and toxocariasis may occur because of ingesting feces or dirt.
 - Poisoning, such as heavy metal poisoning caused by the ingestion of lead-based paint.

NEUROLOGICAL

- Although the brain weighs only three pounds, it consumes up to one-fifth of the body's calories. Dieting, fasting, self-starvation, and/or erratic eating means the brain isn't getting the energy it needs, which can lead to obsessing about food and difficulties concentrating.
- Extreme hunger or fullness at bedtime can create difficulties falling or staying asleep.
- The body's neurons require an insulating, protective layer of lipids to be able to conduct electricity. Inadequate fat intake can damage this protective layer, causing numbness and tingling in hands, feet, and other extremities.
- Neurons use electrolytes (potassium, sodium, chloride, and calcium) to send electrical and chemical signals in the brain and body. Severe dehydration and electrolyte imbalances can lead to seizures and muscle cramps.
- If the brain and blood vessels can't push enough blood to the brain, it can cause fainting or dizziness, especially upon standing.
- Individuals of higher body weights are at increased risk of sleep apnea, a disorder in which a person regularly stops breathing while asleep.

ENDOCRINE

- The body makes many of its needed hormones with the fat and cholesterol we eat. Without enough fat and calories in the diet, levels of hormones can fall, including:
 - Sex hormones estrogen and testosterone
 - Thyroid hormones
- Lowered sex hormones can cause menstruation to fail to begin, to become irregular, or to stop completely.

- Lowered sex hormones can significantly increase bone loss (known as osteopenia and osteoporosis) and the risk of broken bones and fractures.
- Reduced resting metabolic rate, a result of the body's attempts to conserve energy.
- Over time, binge eating can potentially increase the chances that a person's body will become resistant to insulin, a hormone that lets the body get energy from carbohydrates. This can lead to Type 2 Diabetes.
- Without enough energy to fuel its metabolic fire, core body temperature will drop and hypothermia may develop.
- Starvation can cause high cholesterol levels, although this is NOT an indication to restrict dietary fats, lipids, and/or cholesterol.

OTHER HEALTH CONSEQUENCES

- Low caloric and fat consumption can cause dry skin, and hair to become brittle and fall out.
- To conserve warmth during periods of starvation, the body will grow fine, downy hair called lanugo.
- Severe, prolonged dehydration can lead to kidney failure.
- Inadequate nutrition can decrease the number of certain types of blood cells.
- Anemia develops when there are too few red blood cells or too little iron in the diet. Symptoms include fatigue, weakness, and shortness of breath.
- Malnutrition can also decrease infection-fighting white blood cells.

MORTALITY AND EATING DISORDERS

While it is well known that anorexia nervosa is a deadly disorder, the death rate varies considerably between studies. This variation may be due to length of follow-up, or ability to find people years later, or other reasons. In addition, it has not been certain whether other subtypes of eating disorders also have high mortality. Several recent papers have shed new light on these questions by using large samples followed up over many years. Most importantly, they get around the problem of tracking people over time by using national registries which report when people die. A paper by Papadopoulos studied more than 6000 individuals with AN over 30 years using Swedish registries. Overall people with anorexia nervosa had a six fold increase in mortality compared to the general population. Reasons for death include starvation, substance abuse, and suicide. Importantly the authors also found an increase rate of death from 'natural' causes, such as cancer.

It has not been certain whether mortality rates are high for other eating disorders, such as bulimia nervosa and eating disorder not otherwise specified, the latter of which is the most common eating disorder diagnosis. Crow and colleagues studied 1,885 individuals with anorexia nervosa (N=177), bulimia nervosa (N=906), or eating disorder not otherwise specified (N=802) over 8 to 25 years. The investigators used computerized record linkage to the National Death Index, which provides vital status information for the entire United States, including cause of death extracted from death certificates. Crow and colleagues found that crude mortality rates were 4.0% for anorexia nervosa, 3.9% for bulimia nervosa, and 5.2% for eating disorder not otherwise specified. They also found a high suicide rate in bulimia nervosa. The elevated mortality risks for bulimia nervosa and eating disorder not otherwise specified were similar to those for anorexia nervosa.

In summary, these findings underscore the severity and public health significance of all types of eating disorders.

Special thank you to Walter Kaye, MD, Professor of Psychiatry, Director, UCSD Eating Disorder Research and Treatment Program, University of California, San Diego

B4. Sharing Your Story Publicly (“Sharing Your Story Publicly”)

GUIDELINES FOR MEDIA OR SHARING YOUR STORY

As the largest information clearinghouse about eating disorders and related issues, the National Eating Disorders Association recognizes that the media is one of our most important allies in the effort to raise awareness about the dangers of eating disorders. For this reason, we strive to work with the media to tell stories that produce accurate, insightful, and informative pieces that will resonate with the public.

Eating disorders are complex illnesses that affect all kinds of people, regardless of gender, age, size, ethnicity, socioeconomic status or background, and they need to be treated carefully in media coverage. Avoiding numbers, stereotypes, and before/after comparisons is critical.

TIPS FOR COVERING EATING DISORDERS ISSUES FOR SAFETY & SENSITIVITY

- Try to strike a balance between "serious" and "hopeless," and always encourage people to seek help for themselves or loved ones who are suffering. Recovery is long and often challenging but it is achievable and there are many options available.
- Include information and treatment resources wherever possible - The National Eating Disorders Association website, screening tool, toll-free National Eating Disorders Helpline (myneda.org/helpline-chat), and 24/7 Crisis Support via text (send NEDA to 741-741) are great resources.
- If you need more information, ask! The [National Eating Disorders Association](http://NationalEatingDisordersAssociation.org) has the latest resources- and in many cases, we may be able to point you to [treatment professionals](#) or prevention volunteers in your coverage area.

Please note: We cannot connect media to people who are currently struggling with an eating disorder for ethical and legal reasons. However, if you are interested in speaking with an expert and/or someone in recovery from an eating disorder, please contact communications@nationaleatingdisorders.org.

Several common coverage mistakes can unintentionally cause serious harm.

WHEN YOU COVER EATING DISORDERS, PLEASE:

- **Don't focus on graphic images or descriptions that depict bodies of eating disorder sufferers.**

Research proves that coverage dramatizing dangerous thinness can provoke a "race to the bottom" among other sufferers (i.e., "They are thinner than I am and she's still alive, so I should lose more weight; or I'm not that sick, so I don't really have a problem).

Equally problematic is portraying higher weight bodies as unkept, lazy, out-of-control, etc. Stereotyping higher weight individuals by picturing them without heads, in unflattering positions, or with a large amount of "unhealthy" food promotes weight stigma and biases which are dangerous. Research proves weight stigma/bias lead to binge behaviors, dieting, and weight gain.

- **Don't play the numbers game.** "She ate X calories a day" or "He took as many as X laxatives at a time" can turn a well-intentioned article into a recipe for disaster.
- **Don't mention a person's current or past weight** or do "before and after" comparisons in writing or photos.
- **Don't focus on weight loss as a measure of "recovery"** for people in higher weight bodies with eating disorders. Recovery sometimes includes weight loss, but usually does not and should not be a measure of success.
- **Don't fall in to the trap of referring to all people with Anorexia Nervosa as "underweight" and people with Binge Eating Disorder as "overweight or obese".** People all along the spectrum of eating disorders are found in every size body. For example: a person with Anorexia Nervosa can be in a higher weight body and a person with Bulimia Nervosa or Binge Eating Disorder can be "under or normal weight".
- **Don't use "eating disorders" and "food addiction" interchangeably.** There are significant differences between the current definitions of "food addiction" and "eating disorders", and the research is not currently conclusive. Eating disorders are life threatening disorders which need a very specific type of treatment.
- **Use the term "higher weight people" or "people in higher weight bodies"** rather than "obesity" whenever possible. The terms "obesity" and "obese" have the effect of being stigmatizing and are rejected by many people with eating disorders.
- **Watch out for the appearance-ideal.** Eating disorders are highly restrictive and can be life threatening. Their sufferers shouldn't be glamorized or, worse yet, presented as people seeking attention with "astounding will-power" or "incredible self-control." Likewise, when covering those who binge eat, don't allude to sufferers as having "no will-power" or in a way that stigmatizes their body shape or size.
- **Be careful with narratives of "bravely fighting the illness alone."** Perhaps your subject did, but most don't - the vast majority of those who beat eating disorders do it with the ongoing help of trained medical professionals. Consider how you would write about someone "bravely fighting" alcohol or drug addiction without proper intervention and professional care.

Thank you for your commitment to accurate, sensitive, and responsible coverage!

Appendix C: Catherine of Siena

“Kate went on her first crash diet when she was 16. Although the diet— and the boyfriend dispute that sparked it— seemed to resolve itself, Kate’s eating habits didn’t remain normal for very long. That tiny taste of starvation and self-denial never really left her brain, and soon she found herself worrying that no food was really good enough to eat. Something was always wrong with what was being served. Soon Kate was living on little more than bread and water, and her weight plunged.

Family and friends began to comment about her unusual eating habits. They urged her to eat more, but Kate always had a reason why she didn’t need to eat. Later, psychologists would say that Kate was just exerting a need for control or was using food to express her fears about leaving her parents’ home. But Kate never elaborated much on her underlying motives. All she ever said, with her usual tight-lipped manner, was that she didn’t need to eat and, besides, she was just fine as she was. Nothing was wrong with her eating habits, so would everyone please leave her alone?

Always religious, Kate attended her usual services with a renewed vigor. She always allowed herself to take communion— the bread was holy, blessed by God, so how could anything be wrong with it? Despite being urged to eat more by those at church, Kate quietly persisted in her self-starvation. Not eating, she said, made her feel pure and closer to God. How could that be a bad thing? It wasn’t, her church friends said, but neither was eating to sustain basic bodily functions. Kate was growing facial hair, a sure sign of her body’s beleaguered reserves and futile attempts to keep itself warm.

As the years passed, even Kate herself began to understand that her self-starvation had spiraled out of her control. Consuming even the smallest amounts of food caused her great pain. If she did eat more than the daily crumbs she allowed herself, she forced herself to vomit. She wrote pages about what a vile person she was, about how she deserved this torment since she was such an awful person. Kate begged for forgiveness, to be relieved of the burden of starving herself. But these prayers weren’t answered.

At the age of 33, after 17 years of anorexia nervosa, Kate died of starvation.

So who was Kate? To many readers, her story seems so familiar: a teenage dieter whose life was ultimately lost to the clutches of an eating disorder. Her story is, in fact, familiar as one of the countless tragedies of anorexia, but Kate’s anorexia had nothing to do with supermodels or a diet-obsessed culture. It couldn’t have. “Kate” is really Saint Catherine of Siena, who died in 1380 (Reda and Sacco, 2001).

When I first read Saint Catherine’s story, I was struck by how similar our stories were. True, I didn’t use religious language to explain my eating disorder, but the core symptoms— a fear of food, an inability to maintain a normal weight— were the same” (Arnold 2012, 7-8).

Appendix D: Jenni Schaefer, *Life Without Ed*

These documents are originally from Jenni Schaefer's book *Life Without Ed*. I extracted them as a free resource from her website.

D1. Divorce Decree (Schaefer 2018)

IN THE COURT OF RECOVERED ROCKS, _____
(City) (State/Province/Region) (Country)

_____, Plaintiff
(Name)

vs.

Ed, Defendant

Case No:
UCanDolt!

DECREE OF DIVORCE

This cause came on for hearing on _____ (insert date) upon the complaint of the Plaintiff, and upon consideration thereof, the Court enters judgment as hereinafter set forth.

The Court finds that the parties were married on _____ (insert date). The Court also finds that the parties are incompatible and that the Plaintiff is entitled to a divorce as demanded.

Grounds for Divorce

1. Ed is abusive, controlling, and manipulative.
2. _____
3. _____
4. _____
5. _____

Allocation of Parental Rights

No children have been born. Therefore, no communication is necessary between the parties concerning a child's welfare. *This means that full recovery is possible!*

Property Division

IT IS ORDERED, ADJUDGED AND DECREED that the parties' marital property and debt be distributed between the parties as follows:

Ed can take back his pain, misery, lies, and _____

Plaintiff is entitled to all happiness, laughter, dreams, relationships, and love. (Below, write recovery gifts in your life.)

Signed

Plaintiff _____ Date _____

Supporters of this Divorce

Jenni Schaefer

Resource provided by www.JenniSchaefer.com. Jenni is a singer/songwriter, speaker, and author of *Life Without Ed* and *Goodbye Ed, Hello Me*. She is the co-author of *Almost Anorexic* (released by Harvard Health Publications and Hazelden). Connect with her at www.facebook.com/LifeWithoutEd. Feel free to post your signed divorce on her Facebook page!

Figure 5: Divorce Decree

D2. Eviction Notice (Schaefer 2018)

Eviction Notice

(Fill in the blanks with your information.)

TO: ED

I AM TERMINATING YOUR TENANCY AND WANT TO EVICT YOU FROM THE FOLLOWING PROPERTY:

THE MIND AND THOUGHTS OF _____

MY REASON FOR EVICTING YOU IS:

- You have overstayed your welcome.
- You've abused your privileges by tormenting _____ with relentless & harmful thoughts.
- You have unauthorized parties. You are loud, rude and unruly.
- You keep _____ trapped in a cycle of self condemnation, shame, & low self esteem.
- _____
- _____
- _____

Joy, Happiness and Self-Acceptance are waiting to move in!

You must move from the property by the following date:

NOW!!

Name of Owner: _____'s healthy self

Address of Owner: The Heart and Soul of _____

Telephone number: 1-800-GET OUT!

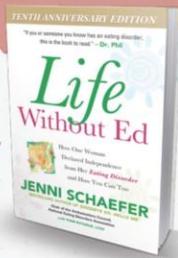
Date: _____

Adapted from Linda Mitchell's original eviction notice. Linda lives in Daytona Beach, FL and is a member of COPE (Community Outreach For The prevention of Eating Disorders).

Resource provided by www.JenniSchaefer.com. Jenni is a singer/songwriter, speaker, and author of *Life Without Ed* and *Goodbye Ed, Hello Me*. She is the co-author of *Almost Anorexic* (released by Harvard Health Publications and Hazelden). Connect with her at www.facebook.com/LifeWithoutEd. Feel free to post your signed eviction notice on her page!

Figure 6: Eviction Notice

D3. Declaration of Independence (Schaefer 2018)



My Declaration of Independence

EXCERPT FROM LIFE WITHOUT ED

In every stage of these oppressions, _____ has petitioned for Redress in the most humble terms. Her repeated Petitions have been answered only by repeated injury. _____ must, therefore, acquiesce in the necessity, which denounces her Separation, and hold Ed as the Enemy.

_____, therefore, solemnly publishes and declares that she is Free and Independent; that she is absolved from all allegiance to Ed, that all connection between Ed and her ought to be totally dissolved, and that as a free and independent woman she has the full power to eat, live in peace, and to do all other acts and things which independent people do. And for the support of the Declaration, with a firm reliance on the Protection of Divine Providence, _____ mutually pledges to her therapy group her life, fortune, and sacred honor.

Get support for your declaration by asking your friends, family members, and treatment team to sign here.

This is a book excerpt specifically about Jenni's experience, which is why it refers to "woman," "she," and "her." If you are a male, please edit as needed.

Jenni Schaefer is a singer/songwriter, speaker, and author of *Life Without Ed* (now available as a Tenth Anniversary Edition and audiobook!) and *Goodbye Ed, Hello Me*. She is the co-author of *Almost Anorexic: Is My (or My Loved One's) Relationship with Food a Problem?* For more information about Jenni's books and music, visit www.JenniSchaefer.com. Connect with Jenni at www.facebook.com/LifeWithoutEd or <https://twitter.com/jennischaefer>.

Figure 7: Eviction Notice

Appendix E: Tips and Tricks

This appendix contains lists of tips, tricks, and strategies from pro-ana websites. All tips and tricks are written as they appeared on the webpages. These “tips and tricks” capture overall pro-ana practices and strategies, as well as risks and risk management.

E1. Ana’s Medicine Cabinet (Fieldnotes, 06/27/2017)

Ana's Medicine Cabinet

Must Haves:

- **Multivitamins: 0 calories and essential for every ana.**
- **Potassium Supplement: the most common nutrient-related cause of death from anorexia is potassium deficiency.**
- **Other supplements to consider are calcium, zinc, Omega-3 oil, magnesium, B-vitamins, iron, Vitamins A, C, and D, and biotin.**

Also Good to Have:

- **Laxatives or laxative tea. Fast-acting laxatives are the harshest and most dangerous, overnight laxatives are somewhat less harsh, laxatives intended for frequent or daily use such as Miralax or milk of magnesia are the gentlest and safest. Laxative tea is also gentle and safe and uses natural herbs.**
- **Caffeine pills: to decrease appetite and increase energy and metabolism. Caffeinated mints or gum also work.**
- **Antacids: hunger causes buildup of stomach acid; antacids will reduce hunger and stop your stomach from growling. Try to look for one with vitamins or calcium in it.**
- **Kelp pills: Increase metabolism**
- **Green tea pills: increase metabolism, are thought to flush out fat.**
- **Cayenne pepper or garlic capsules: Increase metabolism, are good for your heart.**

Figure 8: Ana's Medicine Cabinet

E2. Purging (Fieldnotes, 10/27/2016)

Binge on semi-safe foods (sugar free foods) and try to not have a full blown binge that often, or else you'll gain weight.

Drink as much water as possible when you're bingeing, sip water or sugarless tea, you'll feel full VERY fast without actually eating that much and it'll help you get everything out.

You can only get up to 40%-50% of what you ate.. so be careful with the foods you binge on.

If you share a bathroom with someone (family if you live at home), try to avoid bingeing on anything that contains yogurt, the stench will be there for so long... and not even air refresher can help.

Spray Windex inside the toilet after you flush **and then flush again**.. this removes that shiny layer on top of the water..

Do NOT purge unless you're sure the toilet water is strong enough to flush down everything. Always flush before you start purging to check for this.. you don't wanna be stuck in a toilet with floating food bits on top.. and you won't be able to double-flush! (This is when you're over at someone's place... if you're in a public toilet then nevermind) Don't binge on anything colored red or orange, that way you'll know if you puked blood and must stop..[this is horrible but true..]

After you're done purging, wash your mouth with baking soda and water, then drink three cups of water, this would minimize the damage on your teeth and throat.

I'm sure you know this, but do NOT brush your teeth after you purge. By doing so you'll remove that layer that protects your teeth!

Don't try to purge anything citrus, any sodas, and do NOT purge coffee.. it's the worst, especially if it's black!

Some foods that are easy to purge are puddings, soft cereals, cookies WITH milk, and any liquid-like foods really. and foods that are hard to purge alone are breads, dry cookies, chicken, meat, crackers, chips... But honestly? any foods combined with a good amount of water would be easy to purge [I once purged two loafs of bread easily because of the tea I drank with them].

If you frequently purge, then make sure you replenish your electrolytes. This includes drinking gatorade, "smart" water, or any kind of liquid that contains potassium.

You can also try eating bananas, dates, carrot juice, dried apricots, White Beans, and potatoes. If you have a hard time eating anything solid then try making a banana smoothie or some sort, but EAT POTASSIUM, You can get a heart attack if your potassium levels drop, so try having some of these foods and make sure you don't purge for at least three hours after eating them.

Make sure you hide those bite marks on your knuckles(Russell's sign).. it's an instant give away!

Don't try to purge anything solid without drinking water.. you'll just gag alot and nothing would come up.

Before getting out of the bathroom make sure your eyes aren't red. Wash your face a couple times.

Combine purging with exercise, that way you won't gain weight.. you might even lose some!

DO NOT get caught. If you think you might get caught then just don't do it. You can exercise it later off... just don't get caught or your life would be over.

In the end, try to minimize purging as much as possible.. only do it if you had over 1000 cal for example... you won't be able to get out all the calories so try to make your stomach full without having so many calories, binge on low cal foods(the ones that don't actually taste like cardboard), and stay as safe as possible.

E3. Ana Tips (Fieldnotes, 10/27/2016)

Say you're not hungry, and that you'll eat later. Emphasize on "Later".

Say you already ate. But be detailed (example, I already ate Pizza with _____, I already had lunch at school..)

Don't be vague, be specific. If someone offers you cookies or other snacks, ask if they can save you some for later on, say you'd love to have some, but you need room for [insert food] that you'll be having later on for dinner/lunch...

If you're at the dinner table and there are no safe foods around, put a huge mug of diet coke/water/anything zero cal, next to you. Put some food on your plate but don't fill it too much, that is with the least caloric foods on the table, then eat some food and chew as long as possible, then drink as much as possible, but don't stop and sit there doing nothing, it'll get suspicious.

Also at the dinner table, don't eat in patterns... trust me everyone's eyes will be on you. Just eat as normally as possible, and if you eat too much you can purge later on or exercise it off.

If you know that you won't be able to skip dinner with your family that day, then eat absolutely nothing during the whole day and save all the cal for dinner. You won't possibly go over 500 calories unless the food is deep fried and filled with junk.

You won't know how many calories are in that homemade food your mom made, so be careful for any hidden calories(olive oil, butter), especially in salads! Do not eat a salad that has dressing.

Say you're on a diet, be very blunt and honest. That way no one would think of why you're not eating desserts or any fried foods... If you try to convince them you're **not** on a diet and still are not eating fried food then you'll get suspicious. Just be confident.

Skip as many meals as possible(with family), it's not so hard to do so..

Don't be too paranoid at the dinner table, no one notices food as much as you do, so they won't be that obsessed with what you do eat or not. Most probably they aren't even paying attention to what you actually eat... So be calm and eat what you can. [one time at the dinner table I started spitting food in a tissue paper and no one noticed..]

Don't talk about food too much, one time my sister told me that all I talk about is food, so don't do that... Even though you can't stop thinking about food, don't express it.

Say you're on your period and are having bad cramps etc.. it'll get you to skip a couple meals.

Say you have a stomachache.

If you wear braces say you just got them tightened and your teeth hurt too much.

Say you have a headache..

Eat ONLY when people are eating... Save your calories!

Drink tea and coffee as much as possible.

Eat lettuce as much as possible.. lettuce with mustard has barely any calories and tastes yummy.

Add tons of spices to your food, they barely have any calories and will add flavor.

Freeze your fruits(watermelon, oranges, bananas, apples..) That way they'll take you longer to eat.

If you feel like you're going to binge, go drink TONS of water/diet coke, and snap a rubber band on your wrist, that way you'll snap back into reality, then think of the emotions you'll go through if you binge and purge... It'll hopefully prevent you from bingeing.

Also you can try being around people as much as possible.. It would work because you can't binge in front of people... just be around your family as much as possible when you feel a binge coming up.

If you're hungry but have no appetite, go drink water. If you're craving foods and are in binge mode, go eat the food you're craving but don't swallow it. Spit it out and rinse your mouth with water before swallowing anything, that way you won't ingest any calories.

Fake your confidence. Fake it all, pretend that you're the hottest model out there with skinny legs and a flat stomach. When you're confident you can have it all.. Just fake it. Then everyone would think you're normal and not withdrawn..

Don't wear way oversized clothes, wear clothes that are SLIGHTLY baggy if you're self-conscious, by wearing clothes that are too baggy A) people would be suspicious, B) you'll look way thinner than you already are.

E4. Ana Tips (Fieldnotes, 11/02/2016)

RULES, RULES, RULES. This is important. You need to set rules for yourself, and if you are truly ana, you will have no problem sticking to them because you are **STRONG!** Rules are everything. Examples: Don't eat anything white. Do not, under any circumstances, eat after 6:00. Don't eat before 3:00. Cut each bite into x amount of pieces, chew x amount of times. Do not eat anything that has over 3 grams of fat. Make your own and keep adding to them.

Ana must be the center of your life.

Drink a full glass of water before you eat and then sip a full glass between bites, you'll get full much faster. Remember it takes 20 minutes for the brain to realize the stomach is full.

Eat denser food because it feels like more. Light and fluffy foods compact in your digestive tract and you will feel hungry soon after.

Take out only the amount of food you plan to eat and don't allow seconds.

Think before you eat. Don't eat while distracted (TV, etc). Stop and consider if you really want to eat that then consciously give yourself permission.

4 100-calorie meals is better than one 400-calorie meal.

Never eat anything bigger than about a cup, your stomach will expand and you'll get hungry more. If you need to, eat more frequently, not bigger amounts.

Slim-Fast and other "healthy" bars and shakes have more carbs and calories than in the meal they're intended to replace. Stay away.

Drink at least a glass of water every hour. It's better for weight loss to sip throughout the day than to chug a full glass (except before eating, in which case it can make you eat less, or make you slightly nauseous so you don't want to eat at all). Try keeping a water bottle somewhere you'll see it a lot, like every 10-20 minutes, and take a drink from it every time you see it/notice it.

Drink up to a shot of apple cider vinegar before eating, it's supposed to minimize fat absorption. Also speeds metabolism and can help curb cravings. Drinking more than a shot causes a vague nausea which helps suppress appetite.

Ice or gum are good food substitutes. Celery works too if you're really hungry.

Use small, dark colored plates. Dark blue or black makes you eat less, and smaller plates and utensils cause you to take smaller portions from the start.

Make a list of "bad" foods. Periodically, cross one of the list and pledge to never, ever eat it again. Eventually there will be none left.

Eat in front of a mirror, naked or in underwear if possible. If you can't, carry a picture of yourself in a revealing outfit and look at it when you want to eat. When you have cravings pinch your fat and look at your problem areas, don't add to them!

Eat a lot of fiber for digestive health and low calories.

Create a methodical routine for eating. Cut food into tiny pieces, count your bites and the number of times you chew, set your utensils down between bites, and sip water between bites. Add other rules or rituals of your own.

Eat higher-calorie items earlier in the day so you have more time to burn them off; if you eat late eat light or it will be more likely to be stored as fat due to inactivity. Try not to eat too late, sleep burns calories and is a good opportunity to burn fat with little effort. The body must burn through all digesting food before taking energy from stored food (fat).

When you go out, take very little money or only enough to buy whatever non-food item you plan on buying. This will make it harder to buy food on impulse.

Don't take bites, either from others' food or while cooking, as the calories add up surprisingly fast and you may not realize how much extra you're taking in.

Write down everything you eat and its calories. This will make you think before eating and also make you more aware of how much food and calories you are actually consuming. You can also write down other things such as how you're feeling, who you're

with, place, time, and why you chose to eat it, this will help you track patterns in your eating behavior.

Wear a rubber band around your wrist and snap it when you want to eat. Food = pain. Set a time you cannot eat past. 6:00 or 7:00pm are good choices. This is especially helpful if you are prone to night binging. Then make a rule that you cannot eat before 6:00 or 7:00AM, this is like having a 12-hr fast every day.

You shouldn't eat for at least 3 hours before going to bed. The extra hours will help burn off the calories. If you eat soon before sleeping, you absorb more calories due to inactivity and you put on weight.

Have a peppermint or peppermint tea. Peppermint decreases hunger.

Brush your teeth when you want to eat. The clean feeling and mint aftertaste will put you off food.

Press on your stomach when it grumbles. TUMS also stop stomach growling and have calcium.(5 calories a piece so be careful!)

Carry a list of all the reasons you want to be thin and avoid food. Look at it when you want to eat to remind yourself why you won't. Or, write a new list every time you want to eat. It'll distract you, postpone eating, and thinking of the reasons will inspire you.

Cut a ribbon the size you want your waist to be. wrap and tie it around your wrist like a bracelet. Every time you look at it you'll be reminded of your goals. When you're tempted, take it off and wrap it around your waist. See how close you are, or how far you have to go, and resist the temptation.

Always leave at least one bite of food on your plate. This will help you to be able to stop eating and prevent binges. It will also stop you from compulsively finishing portions even when you have eaten enough.

Save \$1 for every meal you don't eat, then use the money to buy yourself a non-food present.

Friends will only get in the way. Avoid them until you reach your goals.

Never eat in secret. This is a terrible habit that leads to compulsive binging. If you wouldn't eat it in front of all your friends you shouldn't be eating it at all! Also if you only eat around other people they will know that you do eat and assume you eat alone as well, thus lessening suspicion that you have an ED.

Never eat out of a box or jar. Always eat from a plate or bowl. This will help you in several ways: You will see how much you are really eating; you can determine in advance how much you will eat and not go back for seconds; using a small plate or bowl will make you eat even less; you can count/measure out an exact serving and know the accurate amount of calories you are consuming.

Give clothes to Goodwill as they get too big for you. Don't keep them around "just in case."

If you live alone, put thinspo and/or reverse thinspo pictures on the pantry and refrigerator. A mirror works well too.

When you have hunger pangs, picture your stomach eating away your fat, and that what you feel is the feeling of thinness and your fat burning away.

Coffee is an appetite suppressant. Drink it black or with Splenda or other no-calorie sweetener.

Count your bites, and the number of times you chew them. Plan in advance how many bites you can have. Then make them smaller or use smaller utensils.

Paint your nails so you can't eat until the polish dries. Teeth whitening strips are good too.

Drink water before eating. If you're still hungry, drink green tea or broth. If you still need to eat, you'll eat less than you would have.

Eat low-calorie foods with strong flavors. Sometimes you're craving taste, not food. For bouillon, use less water than is recommended. Peppermints, pickles, peppers, and mustard are good choices.

Do not eat anything unless you know the exact amount of calories in it.

Chew gum while cooking. That way you can't take bites while it is cooking, and you won't want to eat it once it's done.

Keep food out of sight, not sitting out, and stay away from food and the kitchen to keep your mind off it.

Keep a pocket thinspo in your wallet with your cash so you won't spend money on food. For sweet cravings, lick a chopstick and dip it into a diet Swiss Miss pack.

Write your current weight on one hand, and your goal weight on the other. When you go to eat, you'll be reminded how fat you are, and how skinny you could be.

The Four D's:

- Distance yourself from food.

- Distract yourself.

- Delay eating

Keep good posture, it burns 10% more calories throughout the day. You also look better.

- Decide what your goals really are.

Vitamin B6 and B12 raise metabolism and give you energy.

Eating protein increases your metabolic rate by 14%.

Green tea raises metabolism and is very good for the skin and overall health. Drink it in the morning to increase metabolism for the day. Add lemon to make it more effective and to add a detoxifying aspect.

Hot water with lemon is another good morning drink.

Spicy foods raise metabolism, if you don't like them you can take cayenne pepper capsules available in supplement section of drugstores or health food stores.

Drinking apple cider vinegar is said to raise metabolism, have a few tablespoons, can also be mixed in water (with lemon would be best) or used as salad dressing.

Start the morning with stretching to wake up your muscles, the morning is also the best time to exercise because your body will use stored food (fat) as fuel instead of food you ate. It also processes food better throughout the day and gives you more energy if you exercise in the morning.

Get at least 6 hours of sleep each night, less than this can decrease metabolism by 10% and increase appetite by 15%. You look better and feel better when you have more sleep also if you're sleeping then you're not eating!

E5. Secrecy (Fieldnotes, 12/06/2016)

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.

E6. Recovery (Fieldnotes, 12/06/2016)

Re-feeding

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.

Appendix F: Threads

This appendix contains the full text of some “threads” of conversation between pro-ana users that are paraphrased or otherwise shortened within the thesis. All discourse is written as it appeared on the webpages.

F1. Preparation (Fieldnotes, 04/21/2019)

A

I don't know how active this sub is but I'm freaking out. Really freaking out. I'm a supremely calm person, I never have anxiety attacks or anything like that. I've been backpacking and loving every second of it. No one can watch what I do or don't eat, it's amazing. I've actually been having 1200 - 1500 calorie days so I can try the foods in the places I'm visiting. I actually feel *good*, I haven't even cared when I've been bloated after those days. I usually fast the day before or after, but if I'm honest, I was fasting less and less and just eating. I felt really in control and had lots of things to distract me from myself, plus I've been doing so much activity while exploring places that I've been losing at a 'safe (lol)' pace comparative to how it's been for months. This week I'm meeting a friend and she's already been talking about how excited she is to eat with me. It's making me panic. No one knows I do this, and everyone round me is a finger on the trigger with things like it. The idea of even having 1200 calorie days when I'm with her is actually pushing me to the verge of tears. I don't want to eat, I really, really don't want to eat, and I don't want to have alcohol with her. It's EMPTY, it's such a waste. It's just the two of us so it's impossible she won't notice when she's eating and I'm not.

At the end of this we're going to Disney land with another male friend, and he already found a vegan restaurant that we can all go to together. I don't want to eat with them. I don't want any attention on myself or my food. I just feel like I want to vanish. I don't know what to do and he loves drinking. I send them a reminder that I don't have a lot of money so I won't spend all of it on alcohol, and he said he'd already taken it into account and I can 'have a few on him.'

It makes me sick because they're both such good kind people, and I'm having a crisis thinking about even going near them. Why the heck did I even agree to see them!? I feel like I'm about to be hit by a train.

B

As someone riddled with crippling social anxiety I find myself in these situations often. If you're female use your period, reduce bloating no alcohol, no appetite or excusing yourself to the bathroom would be covered. Also if you're still anxious just call it pms. You could always cancel for a stomach bug. Since your backpacking you never know. Also always remember that they're your friends and they'll understand if your not feeling well.

If I were you I would let them know the morning before how excited you are for the next day, then at night time just let them know you're not feeling well. You ate something that seemed a little off and now your thinking it might've been a bad idea. Say your gonna get some extra sleep and take something and hopefully you'll feel better in the morning. The morning of tell them you really want to see them so your going but you don't feel your best so no drinking and soft foods. You would probably have to eat something small like a veggie broth (low in calories) to avoid your friends worrying too much about you. Also if your still anxious order some cold water. Don't forget to throw in a couple extra bathroom stops and rubbing your tummy occasionally. If you're a tea person, mint tea makes you burp a lot which just backs up your tummy pains a little more or even asking for mint and lemon if your water when you go to the restaurant. I really hope it all goes well and kinda want an update as to what you go with or if anything helped. Sorry about the long post but good luck!

C

Thank you so much for commenting!! I feel a bit better now because I made some rules for the week.

I think I'll play sick over the Paris weekend because the alcohol upsets me the most + at Disneyland there's too many food opportunities but also distractions, so I'll be able to get away with not eating then or just having fruit. I think when there's two of them it'll be less noticeable.

Over this week I have no idea. It'll be really suspicious if I'm sick the whole time. Today I can get away with saying I ate loads this morning (she arrives after me), and I'm hoping she sleeps in for most of the week since she'll be jet lagged and I can just say I'm a breakfast person and eat while she's sleeping, then when I'm with her in the afternoon I can eat 400 calories and it'll still be within the rule list.

Thanks so much for responding back to me though, it means so much.

I'll let you know how I go!

F2. Weight Gain

Poster 1:

I wonder if others can relate... Im struggling after my T encouraged me to eat more and I have gained 35+ lbs in under 2 months. She said I was Skeletal and so i trusted it would be safe to eat a little, but it wasn't. It was all lies. It sucks. I can't stop eating now either. I literally want to grab my gun and shoot myself.

But I haven't thusfar. I made this movie instead. I thought you might understand this feeling [movie link, hollow and full]

Poster 2:

This sucks so much, I'm so sorry. It sounds like you've been binge eating...?
R/BingeEatingDisorder might have some tips.

Poster 1:

Im looking at that subreddit as well. I've never been a binger before. just anorexia always. This is far more terrifying. And the worst part is all of the shame. At least with that said, there was some sense of calmness and pride at restraint.

Poster 2:

Haha - I'm the opposite of you. I binge ate my whole life, then lost a bunch of weight, and now I'm a a mixture of both.

Being out of control when bingeing is so much more awful to me than being hungry.

Let me know if you need any help with stopping bingeing!

Poster 1:

Thank you! The mixture has to be equally confusing.

I honestly don't know where to begin so I can get the bingeing under control. I see how the habit feeds on itself and it spirals out of control. I feel so gross so I stay in bed all day, eat more, feel gross, stay in bed the next day... etc. I don't know what im waiting for to break the cycle, but i actually start to have panic attacks at the thought of leaving my room and being seen by anyone now. And none of my clothes (sick clothes and regular clothes) dont fit me. I dont even see my therapist in person anymore. We have only done phone sessions since March bc of all this. I feel trapped.

Poster 2:

:((

That sounds awful, I'm so sorry. Do you have people in your life who can help break you out of it at all?

Poster 1:

I see a therapist twice a week. (technically we just speak by phone these days because I'm too ashamed to leave my house). But she is fantastic. it's still very hard to talk about food stuff. Even when I was inpatient, I didn't disclose much. i get so stressed and ashamed when having to discuss it, especially when I am in this binge mode. I feel like

there is at least some compassion and gentleness extended towards those who are underweight and restricting. But once you begin to binge, you regain your weight and then some, I don't think you are seeing the same way. Maybe it's all in my head, but I feel like people will view me as taking more than I'm entitled to, which technically I am when it comes to food, and they will view that as my whole character and judge me.

F3. Bulimia and Teeth (Fieldnotes, 03/15/2019)

A

a way to recover teeth after bulimia?

My teeth are not ruined but I know they'll be soon... I also know never to brush your teeth after purging as it's only brushing the acids from your food/stomach deeper into your teeth. Any way i can strengthen them?? They feel dry... it's so awful.. and drinking water does nothing for it.

B

My answer

There are indeed ways to reduce the tooth damage from purging. Visit a dentist, tell them that you purge, and add that you don't want to recover. They can advise you on: how to neutralize the acids which remain in your mouth (once after every purge session); what kind of prescription mouthwash you should use (once daily); and whether or not you need a dental appliance to protect your teeth.

If your teeth rot, you may need fillings, bridges, and/or implants, depending how severe the damage is. Bridges and implants can be extraordinarily expensive. A bridge, for example, might cost between \$700 and \$1500 per tooth. ([Source.](#)) And bridges don't always last forever. ([Source.](#)) Or I suppose you could get dentures instead.

(Much of the above is based on what I've read at colgate.com.)

Note

Purging isn't very effective. It's impossible to purge more than 50% of the calories you ate.

Edit

If you can't afford to visit a dentist, there are a variety of free or cheap options. For example, you can go to a local dental-hygiene school and get free or cheap dental care from a dental-hygiene student. If you'd like to learn about other free or cheap options, just reply to this comment.

A question

I assume:

you don't want to stop binge eating, and also
you don't want to want to stop binge eating.

Am I correct?

A

thanks for the advice... I'm recovering from anorexia which came from bingeing and purging until I got sick of that vicious cycle. Then I just stopped eating altogether. Now i'm in recovery, I know I need to eat to fuel my body but my emotions get out of hand after any meal and I can't feel better until I purge.

B

No problem!

Do you, or anyone, want me to suggest some support groups and/or some eating-disorders helplines? (Their members might be able to help you, if you phone them when you feel like purging.)

C

There really isn't.

I gargle with baking soda but I have also ground the fuck out of my teeth.

I use something without whitening ingredients since those often "polish" enamel often.

Be sure to see your dentist every six months. Seriously. That's the price of this disorder.

You also might have an actual dry mouth disorder, fwiw, but re: enamel - no way to grow it back.

I got my teeth bonded where the enamel was weak due to grinding, you might benefit from that too.

Appendix G: Disclaimers

This Appendix contains disclaimers and restrictions. This data was screenshot from both pro-ana spaces and platforms where pro-ana users post content.

G1. Ana Website (Fieldnotes, 05/02/2019)



Figure 9: Website Disclaimer

G2. Ana Website (Fieldnotes, 05/02/2019)

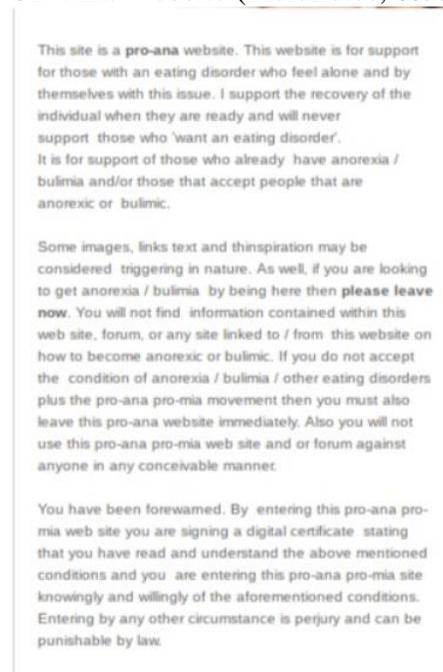


Figure 10: Website Disclaimer II

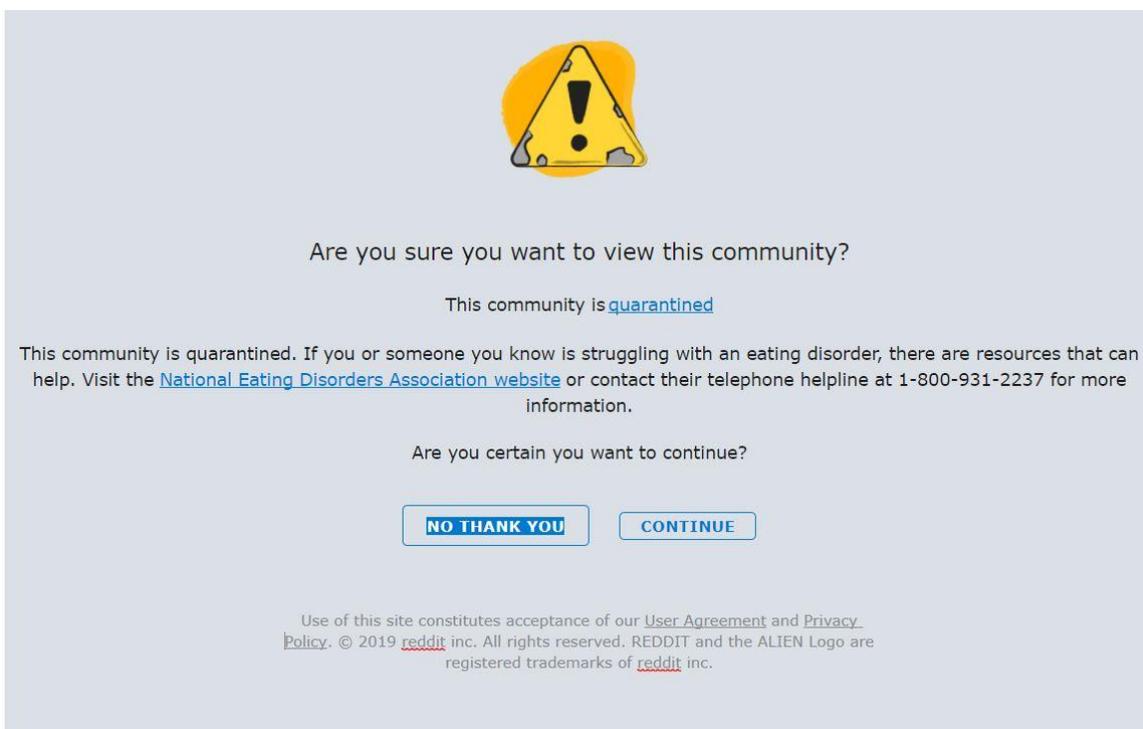
G3. Reddit Warning (Fieldnotes, 04/25/2019)

Weekly Venting and Ranting Thread

Please use this thread to vent and rant about anything eating disorder or █████ related, including thoughts and feelings about other members. If you wish to discuss a member on █████ please DO NOT state their username. Expect this to act as a trigger warning that this thread could be upsetting. If you post here, please try to reply to at least one other person's post as well.

Figure 11: Venting and Ranting Thread

G4. Quarantined Subreddits (Fieldnotes, 02/19/2019)

**Figure 12: Reddit Quarantine**

G5. Quarantine Definition (Fieldnotes, 02/19/2019)

On a platform as open and diverse as Reddit, there will sometimes be communities that, while not prohibited, average redditors may nevertheless find highly offensive or upsetting. In other cases, communities may be dedicated to promoting hoaxes (yes we used that word) that warrant additional scrutiny, as there are some things that are either verifiable or falsifiable and not seriously up for debate (eg, the Holocaust did happen and the number of people who died is well documented). In these circumstances, Reddit Administrators may apply a quarantine.

The purpose of quarantining a community is to prevent its content from being accidentally viewed by those who do not knowingly wish to do so, or viewed without appropriate context. Quarantined subreddits and their subscribers are still fully obliged to abide by Reddit's Content Policy and remain subject to enforcement measures.

Quarantined communities will display a warning that requires users to explicitly opt-in to viewing the content. They generate no revenue, do not appear in non-subscription-based feeds (eg Popular), and are not included in search or recommendations. Reddit may also enforce a number of additional product restrictions that exist currently or as they may develop in the future (eg removing custom styling tools).

Moderators will be notified via modmail if their community has been placed in quarantine.

Appealing a Quarantine

To be removed from quarantine, subreddit moderators may present an appeal here. The appeal should include a detailed accounting of changes to community moderation practices. (Appropriate changes may vary from community to community and could include techniques such as adding more moderators, creating new rules, employing more aggressive auto-moderation tools, adjusting community styling, etc.) The appeal should also offer evidence of sustained, consistent enforcement of these changes over a period of at least one month, demonstrating meaningful reform of the community.

Moderators should only submit credible appeals that are supported by notable and sustained community transformation. Moderators are encouraged to take the time they need to craft a successful appeal.

Appendix H: Easter

This appendix contains “threads” of conversation from Discord specifically pertaining to Easter. Holidays can be difficult to navigate for pro-ana users, and this is a specific snapshot of a particular holiday experience in real time.

H1. Easter Candy (Fieldnotes, 04/25/2019)

Poster 1:

I feel a lot better now 😊 i threw away about 90% of the chocolate i got which makes me feel quite guilty but it's too much of a temptation to keep 😞 i tried tasting the remaining 10% and ended up just chewing and spitting it.

I know it's an unhealthy habit to get into but chocolate is addicting yet scary [scrunched face emoticon]

I shall now wash my mouth out so that theres no remaining sugar in it :))

I hope everyone as a great day!

Poster 2:

I thought I gained weight after I binged but I went from 107
105.8. Bekaklskdkskxkkdkek. What AHS Ben

Poster 2:

And my waist measurement is now 23 inches when it was 25 since I last checked like a month ago. This seems too good I'm suspicious

H2. Binge (Fieldnotes, 04/25/2019)

Poster 1:

Okay so basically today was easter and i did really good throughout the day but i guess it all got to me bc i just binged on chocolate eggs which i havent had in at least a year for some reason?? And then i just sorta sat in the shower and had a mental breakdown lol that was so lame of me

Im never eating again my stomach is killing me its never been this full before even if i "binged" before it still fell below 700 cal at the end of the day but im pretty sure ive now eaten a total of 1000-1500 and that makes me want to cry and it was all in one sitting and chocolate doesnt even taste that good its disgusting it literally makes me want to hurl bc its gross and my body isnt used to taking in so much fat and sugar and i can literally feel

it making my hips and thighs and stomach and arms and chest fatter and i really dont want to think about that im disgusted with myself

Poster 2:

I know it feels horrible to binge especially on foods you don't even like that much but its Easter you should be allowed to enjoy holidays and live your life! This is only a minor setback though I'm confident you'll be back in the swing of things.

Poster 3:

Bingeing always suck because you don't realize what you did until afterwards. Monkey brain is so fucking dumb I swear. I doubt the chocolate eggs will make you any fatter, but if it makes you feel better try to do some minute long planks. It'll help you feel better and also get that flat tummy

Poster 1:

Honestly it's only 11 am and I feel like I'm going to die. I wish I could just eat everything ugh.

Poster 3:

I made sure I didn't eat anything before the big meal today and I still overate. I feel so fuckjng disgusting. I almost purged today before coming to work, but instead I did a little workout on my hour break.

Poster 1:

I've had a day long binge, and I know I'm setting myself back but I have no control. Like 0 willpower. I have to be stricter with myself. Stick to 500 calories a day at most. Because the more I eat, the more I want to binge.

Poster 1:

Basically I'm going to drink tons of water. Do a 16 he fast. Exercise in the morning, when I get home from school, and at night. Half my normal calorie intake for 3 days. Only eat Whole Foods and protein. Then go on a diet. Gotta hold myself to that [eye roll]

Poster 4:

I had a tough time yesterday with Easter, too. I overate early in the day and then again later in the evening. Also had a lot of candy I didn't log. I'm up in weight today but I know it's from all the excess food and sodium and I'll go down again soon, but it's just so frustrating and makes me want to cry.

I've decided that I want to try out intermittent fasting along with restriction..... I want to do 18:6 which means I'll fast for 18 hours a day and I'll only be able to eat for 6 hours before the next day starts and I have to fast for 18 again. Combining that with less than 1,000 calories a day..... I'm going to aim for less than 850, but I'm setting that number higher so I don't feel like shit about myself and quit if things don't go as well.

H3. Calories

Poster 1: I dont even wanna count the calories i had today, it makes me sick

Poster 2: Going over my calorie limit with Easter candy. Haha. I'm going to kill myself.

Poster 3: Honestly same But please dont do that youre a really nice person and you can always get back on your feet afterwords [red heart emoticon]

Appendix I: Ana Deity

This appendix consists of a website page about the Ana Deity. All writing appears as it was posted on the webpage. (Fieldnotes, 02/03/2017)

Thin Commandments

- 1) If you aren't thin, you aren't attractive
 - 2) Being thin is more important than being healthy
 - 3) You must but clothes, cut your hair, take laxatives, anything to make yourself look thinner
 - 4) Thou shall not eat without feeling guilty
 - 5) Thou shall not eat fattening food without punishing 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 to thin
 - 10) Being thin and not eating are signs of true will power and succes.
-

Why I starve myself

- Because I can
- Because I'm the hunger artist
- Because I want to
- Because if I can accomplish this, I can do anything!
- Because off all the people in my life who die of jealousy when they see the way I look

- Because it makes me feel brand new every day!
 - Because I just won't quit
 - Because I have wanted to be this way forever
 - Because I don't have any time to waste on food
 - Because I can do anything I put my mind to
 - Because I have the willpower
 - Because it's my life
 - Because it's my choice
 - Because of my next birthday
 - Because it's me. And though I don't advise it to anyone else; I'm too thin, and I don't eat enough, and that's me, and I love it!
 - Because I want to be skinny for summer
-

Ana's Creed

I believe in control, the only force mighty enough to bring order in 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 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 starvation.

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 sometimes I think I live in it.

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

Ana's Laws

Thin is beauty; therefore I must be thin, and remain thin, If I wish to be loved. Food is my ultimate enemy. I may look, and I may smell, but I may not touch!

I must think about food every second of every minute of every hour of every day... and ways to avoid eating it.

I must weigh myself, first thing, every morning, and keep that number in mind throughout the remainder of that day. Should that number be greater than it was the day before, I must fast that entire day.

I shall not be tempted by the enemy (food), and I shall not give into temptation should it arise. Should I be in such a weakened state and I should cave, I will feel guilty and punish myself accordingly, for I have failed her.

I will be thin, at all costs. It is the most important thing; nothing else matters.

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

Ana's Psalm

Strict is my diet

I must nog want

It maketh me lie down at night hungry

It leadeth me past the confectioners

It trieth my will power

It leadeth me in the paths of alternation for my figure sake

Yeah, though I walk trough 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 beens and lettuce

I filleth my stomach with liquids

My day's quota runneth over

Surely calorie and weight charts will follow me, all days of my life

And I will dwell in the fear of the scales forever

Letters to and from Ana

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 situps. 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 teethed, 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 that's 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.

Love Always, Worthless One

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