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'To the horror of experts': Reading beneath scholarship on pro-ana online communities

Abstract

Pro-ana online communities in which people share their experiences of eating disorders have attracted concern among scholars and health practitioners because of fears about their potential to encourage disordered eating. This article draws upon concepts from feminist psychoanalysis to 'read beneath' a selection of scholarly work on pro-ana online communities and consider the implications of this reading for theory and practice in public health. In particular, we draw upon Julia Kristeva's work to 'uncover' how sections of the academy have attempted to manage the horror inherent in the abject in relation to pro-ana. To support our reading we also draw upon critical feminist and socio-cultural research on pro-ana, critical public health scholarship, and the Foucauldian notion of 'care of the self'. In accordance with our intent to overcome dichotomous thinking we locate our approach in the context of cultural studies of psychiatry, which is concerned less with clarity and non-contradiction than it is with the social, cultural and political relations of psychiatric knowledge production. This orientation is suited to capturing pro-ana's complex relationship with medical/psychiatric authority and the nuanced subjectivities of those who participate in such communities. We invite public health scholars and practitioners to appreciate a way of engaging with pro-ana communities that is geared less toward the impetus to control, censor or clinically intervene and more toward understanding them as sites through which individuals living with eating disorders can be in the world, and that both reveal and help us to understand the centrality of ambiguity and contradiction to subjectivity.

Keywords: abject; anorexia; care of the self; containment rhetoric; cultural studies of psychiatry; eating disorders; pro-ana online communities

Introduction

The Internet forms a vital part of the environment in which contemporary health issues emerge, are diagnosed and understood by those who experience them and those who seek to research and treat them (Miah & Rich, 2008). Like any new media or technology, the Internet has attracted both utopian and dystopian assessments about its potential impacts on people's health and identities. Some scholars credit new digital technologies with reconfiguring relationships between doctors and patients by creating spaces for the dissemination and reception of a range of health knowledges (Hardey, 1999). Others are more cautionary about the transformative potential of the Internet, emphasising that if online communities are to have any significant impact on public understandings of health issues, outside agents such as health professionals, governments and academics need to start listening to what goes on in these communicative spaces (Orgad, 2005).

In the realm of 'eating disorders', the emergence of 'pro-ana' or 'pro-ED' online communities since the late 90s has been met with considerable concern and curiosity from health practitioners and scholars from a variety of disciplines. We initially use scare quotes to describe eating disorders, pro-ana and pro-ED to indicate that such terms are problematic and contested. The constitution of 'normal' as opposed to 'abnormal' eating behaviours, body shapes and bodily practices, for example, is a product of shifting historical, social and cultural norms around food, nutrition, diet, eating, size, and how these intersect with notions of 'health' (see Crawford, 2006; Malson & Burns, 2009; Wright & Harwood, 2009). Terminology is also a disputed issue among those who participate in these online communities, with some preferring the language of 'practicing-ED community' (Weare, 2015). In this article we use 'pro-ana' to encompass online communities in which eating disorders are discussed, promoted and supported, as distinct from those sites that focus on cure, recovery and/or clinical intervention. This is the terminology that is most widely used in the commentaries and scholarly literature with which we engage.

The concern about pro-ana communities rests largely upon their characterisation as sites that promote 'disordered eating' and expose vulnerable people to significant health risks. This reflects the dominant clinical understanding of certain practices as symptomatic of serious mental illnesses (i.e. anorexia and bulimia) with one of the highest mortality rates of all psychiatric disorders. We recognise the dangers of eating disorders and the way in which they are often experienced as an unwanted imposition that comes to dominate the lives of those who experience them. But we also see some potential in viewing pro-ana online communities as one option available to individuals living with eating disorders to be in the world. Our work is informed by critical feminist scholarship

that challenges the medicalised view of anorexia and bulimia and emphasises instead ‘the ways in which dis/ordered bodies and pathological embodiment are constituted within and by socio-cultural discourse’ (Malson & Burns, 2009, p. 3). In the context of moral panics about ‘fat’ bodies, for example, scholars highlight the importance of deconstructing the medicalisation and pathologisation of fatness and thinness (Wright & Harwood, 2009). The wider context in which we situate our work is that of ‘healthism’, understood as an ideology in contemporary Western societies according to which ‘health’ assumes the status of moral virtue and for which individuals are personally responsible (Cheek, 2008; Crawford, 1980, 2006). Within such societies an ever-widening array of choices, technologies and prescriptions for healthy living are promoted, consumed and resisted in a way that is dissolving traditional boundaries about where and how health is enacted and what health care is (Cheek, 2008; Rose, 2001). This situation calls for us to explore, in a spirit of critique, the ways in which our assumptions and unconsidered modes of thought impact how we think about health and health promotion activities (Cheek, 2008; see also Crossley, 2002; Malkowski, 2014).

In accordance with our intent to overcome dichotomous thinking we locate our approach in the context of work within cultural studies of psychiatry, which is concerned less with clarity and non-contradiction than it is with the social, cultural and political relations of psychiatric knowledge production (Lewis, 2006; see also Blackman, 2007). For example, Lewis challenges the ‘either/or’ logic wherein one is either ‘mentally ill’ or ‘mentally healthy’ by highlighting instead the simultaneous and multiple subjectivities one can occupy and within which there are varying degrees of freedom. On the deconstruction of binaries Lewis argues, ‘patients *and* clinicians are always and inescapably a mixture of both (and neither) mental health and illness’ and, as such, the focus of clinical interaction from the perspective of ‘postpsychiatry’ ‘would be less the eradication of “disease” and “illness” and more “living with,” “adjusting to,” “muddling through,” and “coming to peace”’ (p. 169; see also Bracken & Thomas, 2005).

In this article we draw upon research into pro-ana online communities, critical public health scholarship, Julia Kristeva’s theorisation of ‘the abject’, and the Foucauldian notion of ‘care of the self’. In doing so, our aim is to invite public health scholars and practitioners to appreciate a way of engaging with pro-ana online communities that recognises and embraces the centrality of ambiguity and contradiction to subjectivity.

Central to our analysis is Kristeva’s (1982) concept of ‘the abject’ and particularly the paradoxical horror and fascination inherent to the abject. Warin (2003, 2010) draws upon and extends the

notion of the abject in her research with people with anorexia and to capture, in particular, the ways in which their experiences are simultaneously embodied and performed. Participants, for example, described a hierarchy of 'clean and dirty foods' and associated feelings of contamination and pollution in relation to the act of eating. Based on her research Warin (2010) observes that 'Anorexia was a practice that removed the threat of abjection' (p. 127). We build upon Warin's consideration of the visceral nature of the anorexic's abject-ification of food and eating via a more epistemological application of Kristeva to help us understand how scholarship confronts its own abject in the form of pro-ana communities.

Characterising pro-ana online communities: Support, contagion, disgust

Pro-ana online communities have been characterised in various ways. Bell (2007, p. 449) suggests such 'extreme' communities provide 'social support for an anti-medical explanatory model that would decrease recovery rates and potentially lead to the death or injury of its participants'. This relates to the popular characterisation of pro-ana communities as promoting anorexia as a lifestyle choice and providing people with support to live with it, rather than strategies to 'recover' or live without it (Ferreday, 2003). Fox, Ward and O'Rourke (2005, p. 965) describe pro-ana as 'an emergent community based on resistance to mainstream models of health and illness' where participants view anorexia as an identity position rather than a disease or mental illness. Knapton (2013, p. 461) describes it as an 'internet-based movement that hails eating disorders as a lifestyle choice' and, based on a review of pro-eating disorder websites, Day (2010) suggests self-starvation is 'typically reframed as an active lifestyle choice as opposed to sickness or disease' (p. 245). But some research findings also complicate the suggestion that such sites advocate eating disorders as a lifestyle choice. For example, a content analysis of 180 pro-eating disorder websites found that many included recovery-oriented information and that more sites referred to it as a disease (58%) than a lifestyle choice (42%) (Borzekowski, Schenk, Wilson, & Peebles, 2010). Another study with 33 pro-ana bloggers found that only three described their eating disorders as a lifestyle choice (Yeshua-Katz & Martins, 2013). These findings are echoed in research showing that young women manage anorexia as *both* an illness *and* an identity and engage in discursive work that enables them to deal with the supposed contradictions (Day & Keys, 2008; Rich, 2006; Warin, 2006).

Pro-ana exists in a complex relationship with medical/psychiatric authority, with (post)feminism, with media, with other forms of online expression in relation to eating disorders, and with concepts of choice, control, agency, resistance, discipline and containment, among others. Research shows that some participants in pro-ana communities may resist the pathologisation of their experiences as

mental illnesses that require medical intervention while at the same time deploying the label of anorexia and the clinical criteria that are attached to it. There is evidence that the professional knowledge and clinical criteria contained in the *DSM* about anorexia has entered into the way individuals negotiate and take up this subject position and potentially police the boundaries of pro-ana communities to ensure that those who have not been 'certified' do not enter (Allen, 2008). Boero and Pascoe (2012, p. 39) also found that some participants draw upon clinical knowledge as a way of demonstrating one's authenticity in response to those 'people who want to take part in the community but whose credibility as eating disordered is in doubt'. Thus, while pro-ana sites disrupt the medical model, they do not entirely abandon it. Likewise, we recognise that pro-ana communities are a complex phenomenon wherein participants occupy multiple and at times contradictory subject positions and the nature of pro-ana knowledge is hybrid, multiple, partial, contradictory and in flux (Connor & Coombes, 2014).

Concerns about pro-ana communities rest on ideas about contagion and a desire to protect the vulnerable from danger, which is believed to be heightened by their location within cyberspace (Ferreday, 2003; see also Knapton, 2013). Pro-ana communities have attracted hostile commentary and censorship because of some of their 'controversial' aspects, including 'thinspiration' pages that show pictures of extremely thin bodies, tips to avoid eating, and information on how to make yourself vomit (Boyd, Ryan, & Leavitt, 2011; Ferreday, 2003; see also Schott & Langan, 2015). In discussing the affective dimension of reactions to pro-ana Ferreday (2003, p. 288) notes that disgust dominates, and she identifies a 'slippage between disgust at the content of the sites and disgust at the anorexic body', which mirrors the objectification of participants in such communities as both victims and perpetrators of 'hate speech' (see also Knapton, 2013). As Ferreday illustrates:

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. (p. 289).

Such reactions to pro-ana online communities (as an unhealthy and risky phenomenon that must be contained or immobilised) resonate with what Lupton (2015) has identified as a 'pedagogy of disgust' in public health campaigns targeting obesity. For Lupton, appeals to the emotion of disgust can be used for moral and political ends and are therefore open to ethical critique. For Ferreday, the

display of disgust, as the only 'proper' response to pro-ana communities, ensures one's positioning within the 'healthy community' (Ferreday, 2003, p. 290). We would add that the kind of 'containment rhetoric' that is found in enactments of disgust poses a threat to processes of public deliberation that are inclusive of a range of perspectives and experiences because it often persuades its audience to be hostile toward those different 'others' (Malkowski, 2014). This is echoed in Ahmed's (2004) comprehensive discussion of disgust and her observation that '...the limits of disgust as an affective response might be that disgust does not allow one the time to digest that which one designates as a "bad thing"' (p. 99). This can work in subtle and apparently well-intentioned ways. For instance, Charland (2004) whose work we discuss in more detail in the next section, suggests that even citing pro-ana online communities in a research context may be ethically questionable because it could function as an 'advertisement' for such sites (p. 345). This rhetoric, sheltering as it does under the banner of ethical concern (Dickson & Holland, 2016), rests upon and perpetuates a type of risk thinking in relation to these communities that can be difficult to challenge because of its benevolent guise of protecting 'health' (see Lupton, 2005). Thus, while participants in pro-ana communities are primarily potentially putting themselves 'at risk', as a method of containment they may be positioned as a burden at a population level (see Malkowski, 2014).

Religion, madness, and the trauma of the object

In this section, we use three papers (Paquette, 2002; Charland, 2004; Chang & Bazarova, 2016) that focus on pro-ana online communities to demonstrate how a Kristevian epistemology is useful to 'uncover' how sections of the academy have attempted to manage the horror/fascination inherent in the object in relation to pro-ana. We have selected these papers specifically to frame our analysis and we acknowledge that much other scholarship on pro-ana, including that which we draw upon in this article, does not suffer from the same horror-relation.

In our first example, Paquette (2002) paints a telling picture of some of the initial reactions to pro-ana online communities from those working with eating disorder sufferers. She begins: 'every human innovation can be used as a force for good or a force for evil, and the Internet is no exception' (p. 39) and continues by quoting an article from the *Los Angeles Times* published in 2002: '..."Pro-ana" Web sites tout the eating disorder as a choice, not an illness, to the horror of experts'. Her editorial continues along similar lines, making a range of highly charged comments throughout: '...the Internet also has enabled seriously disturbed people to exert a negative influence on the weak and vulnerable...'; '...they offer on-line chat rooms in which visitors can find encouragement to embrace their illness as a fashionable lifestyle – even if they are wives and mothers'; 'the sites can

make seriously ill women more committed to their illusions and less receptive to voices from the outside world who want them to put flesh on their bones and vitality back in their lives' (p. 39-40). Paquette concludes by suggesting that nurse practitioners can be the saviour of visitors to pro-ana online communities by offering 'compassionate counselling and good information' to 'help many sufferers from this painful disorder discover happiness through healthful behaviors' (p. 40). We think it is fair to say that Paquette's language borders on the evangelical. She calls upon the tropes of good versus evil, describes sufferers as weak and vulnerable, talks of the contamination of the family, particularly 'wives and mothers', describes the reinstallation of flesh and vitality through the coupling of happiness and health and, finally, portrays health professionals as proponents of the good and right. This editorial was an early reaction to the discovery of pro-ana by the health community and as such we suggest that it is less sanitised than more recent work.

Charland's (2004) work examines some of the ways in which people are using the Internet to display resistance to the removal of psychiatric labels in response to official label changes. He refers to this phenomenon as 'madness for identity', about which he says 'we may have reached a turning point in the history of psychiatry where consumer autonomy and the internet are now powerful new forces in the manufacture of madness' (p. 336). Charland writes that when people join such sites their label is no longer a stigma but 'a shared and accepted feature of who you are' (p. 340). He discusses labels of Multiple Personality Disorder, Borderline Personality Disorder and Anorexia (particularly pro-anorexia online communities) as exemplifying this phenomenon. He argues, 'In each case, consumers have mobilized their forces on the internet to defend their right to wear and live by their labels' (p. 336). This perspective implicates the Internet, particularly certain forms of participation online, in disrupting psychiatry's authority over the constitution of psychopathology and invests Internet users with the agency and capacity to exert power over the psychiatric establishment. As Charland rather boldly suggests, 'At no time in the history of psychiatry have members of the public exercised so much power over the psychiatric establishment that serves them' (p. 342).

In discussing the phenomenon of 'madness for identity' and echoing the provocative language of Paquette (2002) Charland (2004) describes pro-ana communities as 'dangerous sites and very likely to put vulnerable and lonely identity seekers at risk' (p. 345). Reports of survivors being triggered by happening upon such sites are offered in support of this concern and Charland laments the propensity for such sites to run contrary to the ideals of health and recovery. He rather derisively refers to participants in such communities as 'identity seekers ... indulging in their disease' (p. 345). Charland's thesis tends to present an overly pessimistic view of such communities and would seem

to imply that we cannot or should not engage with them as offering alternative versions of 'health' that centre on promoting and defending subjectivities that medical authorities insist, or would have us believe, are pathological (i.e. as opposed to normal, understandable, acceptable or intelligible responses to what is happening in a person's life). In fact, Charland glosses over pro-ana as a reluctance to relinquish the 'sick role', thereby foreclosing from the outset that 'anorexia' or the pro-ana subject position could be understood in terms other than sickness. It is important to note a more active sanitising in Charland's work over Paquette's. Partly this is due to it being a full paper rather than a short editorial structure, and thus requiring a more comprehensive theoretical sanitising – though we would argue that this cannot fully obscure a similar good versus evil current running through the paper.

We move now to a more recent paper that purports to look at the management of stigma in pro-ana online communities (Chang & Bazarova, 2016). The approach of this paper is a traditional quantitative study, as the authors explain in the abstract: 'By analyzing 22,811 messages from 5,590 conversations from the Pro-Ana Nation online discussion board forum, this study examines communicative mechanisms of online negative enabling support through language analysis of disclosure-response sequences, changes in the language of the initial discloser within an interaction exchange, and the role of responses in eliciting those changes' (p. 217). Following closely from this, the paper's content feels almost completely free of the emotional turmoil that was clearly obvious in Paquette (2002) and still present in Charland (2004). It is a gleaming example of the sanitation that comes with the epistemology of the scientific method. However, it is revealing to look at how the University of Cornell publicised Chang and Bazarova's work, as we think the language there is more telling of the abject undertone of the research. While we fully accept that this article was written by someone else, H Roger Segelken from the *Cornell Chronicle*, we argue that it provides a way to consider the unconscious of the polished published article that appeared in the journal *Health Communication*. Segelken's tone encapsulates the spectral horror/fascination of the supernatural: 'individuals with anorexia seek a curious kind of comfort amid their stigmatized condition, haunting the so-called pro-anorexia websites, where too much self-destruction is never enough, where self-starving souls are never worthy – in the minds of their peers – of the mythical, idealized "Ana?"' (2014, para. 2).

The feminist psychoanalysis of Julia Kristeva (1982, 2004) can help us make sense of the striking, emotive, almost religious reaction of some scholarship to pro-ana online communities. In *Powers of Horror* Kristeva says that abjection '... is the other facet of religious, moral, and ideological codes ...';

we have an ‘... unwillingness to have a face-to-face confrontation with the abject’ (p. 209). Thus, when confronted by the acceptance and promotion of the abject in the form of ‘the mythical, idealized “Ana”’ (Segelken, 2014, para. 2), scholars react with horror and incite a defense against it. Alongside this horror, however, resides an uncomfortable fascination, one that draws the scholar in at the same time as repelling them. We can see clearly how scholarship has purified, systematised and thought-through the horror of a celebratory ‘Ana’ in pro-ana online communities. A strong dichotomy has been set up – either the anorexic is ‘in’ in the sense that they accept their ‘mental illness’ and do not participate in pro-ana communities or they are ‘out’ and reject their medical diagnosis in favour of a so-called ‘lifestyle choice’.

This dichotomy is essential for the pedagogy of disgust to operate; those in the ‘mental illness’ camp can be suitably disgusted by the potential contagion that pro-ana represents as evidenced strongly in the rhetoric of Paquette (2002) and Charland (2004) and also in the strong denunciation of pro-ana by those in the medical fraternity. Taking the text of Paquette (2002), for instance, we can see an emergence of the very first abject, the maternal body (Kristeva, 1989): ‘...they offer on-line chat rooms in which visitors can find encouragement to embrace their illness as a fashionable lifestyle – even if they are wives and mothers’. There is no reason for Paquette to specify the feminine role of the website user in her argument, and we see this as a powerful example of the draw of pro-ana as abject. Paquette, as a representative of medicine, seems particularly repulsed and fascinated by the potential for pro-ana to sully ‘wives and mothers’, to defile the maternal body specifically (Kristeva, 1989). This reaction, which is reinforced in the scholarly work on pro-ana, echos with Rizq’s Kristevian analysis of the institutional sanitising of mental health care (Rizq, 2013). Rizq explains, using a maternal metaphor, how the intimacy of mental health care became subject to the data requirements of the institution: ‘the intimacy and blurring of boundaries implied in the notion of breastfeeding as metaphor for maternal, emotional care is contrasted with the need for more legitimate, “real requirements” of “data collection”, something that is privileged within the organizational structure’ (ibid, p. 1289). Rizq’s point here is important, the sanitising effect of the paternal function, the phallic logic of data collection, not only takes precedent in the structure, but openly rejects the maternal. It constructs a dichotomy, and forces a position to be taken in relation to that. In contrast, following Kristeva (1982, 1989) and Warin (2003, 2010) we would argue that there is enormous potential to be uncovered if we purge these dichotomies and think instead about the blurring of boundaries (Conner, Coombes, & Morgan, 2015; Rizq, 2013) and the rather more complex role that the abject can play in this process, specifically as something that all subjectivities

are simultaneously drawn to and horrified by. Rather than forcing these apart as sanitising forces tend to, we see potential in reading them together.

Gottschalk's (2000) work, while not engaging explicitly with the abject, anorexia or pro-ana online communities, provides a useful route to an alternate way of seeing pro-ana communities that is not focused on a concern about contagion and containment, and an undertone of good versus evil. Gottschalk argues that modernist assumptions upon which *DSM*-type diagnoses rest (i.e. self as an isolated entity and mental illness as a private trouble located within it) are ill-equipped to understand postmodern selfhood as constituted by the relationships in which people participate and which are increasingly mediated by new technologies. He further considers the diagnoses assigned to postmodern self-hood as psychosocial paths or interpersonal strategies individuals develop to negotiate postmodern life, including its saturation by multimedia. Like Charland, Gottschalk also considers the label of Borderline Personality Disorder but in a rather different manner; he suggests such dispositions have close affinities with characteristics of postmodern selfhood such as 'rapidly shifting intensities, which oscillate between complete indifference and passionate involvement, between intense idealization and devaluation, between terror and chronic boredom' (p. 28-29). Importantly, Gottschalk is concerned not with any causal link between sociocultural trends and 'mental disorders' but the affinities between them. While he does not deal with anorexia specifically, his work prompts us to consider pro-ana online communities within the context of a self after modernity; that is, a subjectivity constituted socially. What distinguishes Gottschalk's perspective is that rather than accepting the fantasy of an 'eating-disorder'-free normal (Verhaeghe, 2008) (as Paquette (2002) does specifically, Charland (2004) intimates and Chang and Bazarova (2016) dare not even consider), work in postmodern subjectivities embraces the contradictory and multiple (Connor et al., 2015).

Pro-ana as 'care of the self'

At this point we want to turn to Michel Foucault's later work on ethics and 'care of the self', which he traces as an ancient theme in Greek culture and describes as 'an exercise of the self on the self by which one attempts to develop and transform oneself, and to attain a certain mode of being' (Foucault, 1997b, p. 282; Foucault, 1986). This practice can take a variety of forms, from work on the physical body to reflecting on the state of one's soul, but it is not about being self-absorbed and nor is it substitutable with individualism as some critics contend. Foucault suggests, 'Around the care of the self, there developed an entire activity of speaking and writing in which the work of oneself on oneself and communication with others were linked together' (Foucault, 1986, p. 51). Indeed, one of

the most important aspects of care of the self for Foucault is that it is a social practice that can take place in a whole range of settings that may actually constitute an ‘intensification of social relations’ (ibid, p. 53). Practical tests, such as exercises in abstinence, and self-examination are among the features Foucault identifies in his discussion of care of the self. He describes such tests as ‘a way of measuring and confirming the independence one is capable of with regard to everything that is not indispensable and essential’ (ibid, p. 59). Such self-examination is not about discovering one’s guilt or encouraging self-punishment but rather is directed toward reflecting on one’s goals and the success or otherwise of the means one has used to achieve them (Foucault, 1986). The principles of ‘care’ and ‘self’ in Foucault’s formulation are to be treated as ‘inherently interrelated concepts’ (Smith, 2015, p. 141). Murray also makes an important distinction between care of the self and ‘self-care’, which is an ideology that has come to dominate public health policy but relies on a conception of the self as ‘the source of its own agency, autonomous, free, and guided by conceptual reason’. Murray criticises the way in which this form of self-care, which describes a relationship of the self to the self that is technologised and instrumentalised, has been reduced to the biomedical management of the self:

the modern self remains constrained by a medical morality: I am morally remiss, my life is a life unworthy of living if I fail to submit to medical examinations, to doctors’ and psychiatrists’ recommendations, and to proactively minimize my risky behaviours and states-of-mind [...] if I neglect my self, if I do not live up to a level of self-care that is sanctioned by medical authorities... (Murray, 2007)

The self in self-care can be seen as part of a neoliberal form of self-governance, an entrepreneurial self who “freely” engages in examining and improving itself with the assistance of a range of experts who provide the terms through which they do so, while care is seen as principles to follow (Murray, 2007). It is on the basis of this understanding of self-care that the horrified health practitioner or bystander might focus primarily on the health compromising effects of pro-ana communities and their apparent departure from medicalised regimes and the will to health.

In proposing ‘care of the self’ as an alternative way of thinking about pro-ana online communities it is not our intent to valorise them as sites for the expression of freedom, control and resistance. Rather, it is to raise the possibility that participating in such communities could be seen as an exercise in not being governed in a particular way, according to particular strategies of normalisation, discipline and subjectification, and instead experimenting with one’s own subjectivity (see Rose, 2001). In what follows we point to some scholarship we find useful for opening up and generating further deliberation in this area.

Practices of the self are not invented by individuals but are models that we find in our culture that are proposed, suggested and imposed by our culture, society and social group (Foucault, 1997) and care of the self can be seen as 'the process of becoming a subject who is capable of choosing which truth games and technologies to be subjected to' from among these (Frank & Jones, 2003, p. 184). Pro-ana communities exist in a culture that tends to equate slimness with success, self-discipline and attractiveness, while marking fat and obesity as deviations from these perceived ideals (see Knapton, 2013). In this context, Boero and Pascoe (2012, p. 36) argue 'Focusing on these sites is also a way to deflect attention from larger cultural messages around eating and body size found in mainstream media outlets which are not so different from the ones promulgated on these sites'. It could be argued, for example, that the self-discipline and monitoring associated with anorexia can be seen as an 'appropriate "doing" of self-surveillance' of the kind that is promoted by the weight loss and diet industry and in public health campaigns about obesity (Boero & Pascoe, 2012, p. 34; see also Bray 1996). As Knapton (2013) suggests, pro-ana participants 'simply disregard society's limits of application of those conceptualisations and establish their own definitions of healthy lifestyles and extreme choices' (p. 472). Pro-ana, for example, 'allows the playing out of anorexic routine and ritual in a way that is free from judgement and the threat of treatment' (Ward, 2007, p. 11.1; see also Mulveen & Hepworth, 2006). Participation in such communities may be seen as an intelligible response to one's life circumstances or, to use Gottschalk's terms, a psychosocial strategy an individual deploys in response to their environment. Themes of control and compulsion figure prominently in experiences of anorexia and in pro-ana communities (Connor & Coombes, 2014; Dias, 2003; Gailey, 2009; Musolino et al., 2015; Warin, 2010) and participation in them may be experienced as achieving a sense of 'control' in one's life. Embracing the anorexic 'lifestyle' may be a source of 'ontological security', which is lacking in their offline lives (Ward, 2007, p. 136; Ferreday, 2003).

In thinking about pro-ana communities through the lens of care of the self we do not wish to fall into the trap Blackman (2007) cautions against with respect to treating subjects as discourse users to the detriment of recognising the 'real' pain and suffering that they experience (see also Ussher, 2000). Nor do we wish to celebrate pro-ana as an unequivocal expression of empowerment or resistance at the expense of recognising the role that culture plays in the formation of subjectivities (see Gill, 2008). Indeed, care of the self seems to us a useful lens through which to appreciate the coexistence of choice and compulsion or, to use Musolino, Warin, Wade, and Gilchrist's (2015a, p. 14) terms, 'the double entanglements of constraint and freedom in the performance of choice and agency'. These

authors offer the concept of 'healthy anorexia' to highlight how women engaged in 'disordered eating' 'tinker with and reframe popular health pursuits, allowing them to engage with dominant ideals of self-care and moral citizenship' (Musolino, Warin, Wade, & Gilchrist, 2015b, p. 23). While on the one hand their choices conform with healthism, they also reflect a 'logic of care' wherein disordered eating takes the form of care of the self and thus calls into question the need for professional help (ibid). That there is no 'cure' and people learn to live with and manage anorexia to varying degrees finds expression in the form of pro-ana communities and may therefore provide a more realistic picture of eating disorders than one might find in medical, psychiatric or public health literature. It is perhaps this, as Ferreday's (2003) work suggests, that drives and underpins the object-ification of pro-ana within some popular, medical and scholarly commentary.

Implications for public health theorising

Austin (2012) has recently called for a more comprehensive public health campaign to focus on 'eating disorders'. She emphasises the need for the development of a strategic plan that focuses on the macro level environment rather than on treating individuals and points particularly to initiatives 'such as a government-sponsored mass media anti-dieting campaign, and legal bans on extremely thin models in advertising' (p. 854). Given that governments and corporations have been sponsoring mass dieting for the past 30 years *in the name of public health* we find Austin's call to be socially and philosophically problematic. For us, this emphasises the impossible position that public health currently finds itself within.

Our discussion of pro-ana suggests that a different epistemology in public health needs to be theoretically explored (Warbrick, Dickson, Prince, & Heke, 2015), one that moves beyond sickness, prevention and cure, to recognise that all subjectivities exist in dialogue with both sickness and cure. In this view, everyone is subject to what Ripa de Meana (1999) calls 'the discourse of anorexia' even if they have no identification with it as a 'dis-ease' directly. Certainly, this would provide a far better explanation for the rampant weight anxiety that has swept the world in the past 30 years (Dickson, 2011; Salecl, 2004; Orbach, 2009).

Containment rhetoric as it manifests in scholarly work and policies directed at pro-ana online communities attains much of its persuasive power by adopting a 'bystander gaze' (Malkowski, 2014). It appeals to audiences who do not have experience of an eating disorder and who are likely to be horrified by not only the thought of practices such as self-starvation and purging but, perhaps even more, that people would publically display, share, perform, and even celebrate, their 'eating

disorders' on the Internet. Containment rhetoric that positions these sites as actively promoting eating disorders as a lifestyle choice and something that participants choose to 'indulge' in, as easily accessible and a contagion risk to the casual Internet user or 'identity seeker', to use Charland's (2004) terminology, is powerful for those wishing to shut them down, but potentially harmful to the goal of improving our understanding of their role in helping people to manage their embodiment, including their relationships with fat, food, eating, and the self. If anorexia is understood as a practice that removes the threat of abjection (Warin, 2010), pro-ana online communities could be seen as sites for maintaining or sustaining such practices, at the same time as they themselves become constituted as abject in carrying with them the threat of infection. It is perhaps, somewhat paradoxically, in the collapsing of any notion of a self that can be immune from contamination wherein lies the significance of these communities for their users and for those who study them.

Criticisms of pro-ana communities for creating eating disorder behaviours or capitalising on people who have a serious (mental) illness and who are vulnerable might be more revealing of a refusal to respect and listen to those who do not compliantly take themselves as subjects and objects of medical discourse or neatly conform with the narrative of restitution and recovery (see Blackman, 2007). Against the simplistic contagion thesis, Ferreday (2003, p. 285) highlights that while pro-ana communities appropriate new technologies, the 'community itself is rooted in having an anorexic body and in the day-to-day experiences of living with an eating disorder'. Positioning such communities as causal agents of anorexia ignores the reality that many of its participants are already living with an 'eating disorder' and may be disposed to resisting medicalisation based on their own lived experiences of the ineffectiveness of medical intervention and the relative therapeutic value of identifying and socialising with those who can relate to their experiences (see Warin, 2006). This finds expression in the important distinction between viewing these sites as encouraging the spread of anorexia as opposed to sites that are pro-anorectic and which 'provide support for those who feel they cannot survive without the condition' (Ward, 2007, 14.3).

If we accept that 'the subject' is always both resistant and compliant (Lacan, 2006), then the importance of public health embracing the practice of resistance as well as compliance emerges as a possibility. Cultural studies of psychiatry offers an orientation toward identifying 'the processes through which bio-psychiatric discourse is accepted and rejected, and the complex processes of translation through which consent and resistance are manufactured, lived and enacted' (Blackman, 2007, p. 20). Pro-ana communities may, for example, be seen as serving a similar function that Blackman associates with the Hearing Voices Network whose participants often challenge biological

psychiatry's view of voice hearing as symptomatic of psychopathology. They instead develop 'strategies of psychological survival' that 'provide means to live with the experiences in ways that are creating new forms of subjectivity and sociality' (Blackman, 2007, p. 2). We invite public health to appreciate pro-ana online communities as opportunities for understanding the material, discursive and intrapsychic aspects (see Ussher, 2000) of eating disorders. It is true that appreciating these forums may lead to the discomfort of seeing people 'exercising their symptoms' via discussion of techniques for weight loss for instance but this discomfort should be seen via Kristeva's conceptualisation of the horror inherent in the abject. The goal for public health itself is to recognise its own temptation toward 'purifying, systemizing, and [over]thinking' (Kristeva, 1982, p. 210). This requires an orientation toward listening to pro-ana communities with a view to understanding, rather than for control, censorship or clinical intervention.

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