

ABSTRACT

Modeling a Multiple, Contradictory Self: Collective Voices of (Anorexic) Identity from Cyberspace

Sarah Ingram Weeks, M.A.

Thesis Chairperson: David W. Schlueter, Ph.D.

As the primary text of the psychiatric establishment, the *DSM-IV* has been criticized for contributing to the stigmatization and marginalization of individuals with mental illness. The rapid rise of the internet as a communication tool has enabled previously marginalized and isolated sociocultural subgroups to create virtual communities where they can share their unique understandings and experiences of living with a mental illness. Individuals with eating disorders constitute one such subgroup who have created virtual spaces via pro-anorexia communities. Free of the discursive constraint present in their day to day lives, these dialogical spaces are at the same time anonymous and highly intimate; thus, the accounts contained within and across these communities are a beneficial source from which to investigate the meaning of anorexia from the patients' perspective. Through a feminist, post-structuralist discourse analysis of (anorexic) narrative and the theory of the dialogical self, I suggest a model of collective voices of (anorexic) identity.

Modeling a Multiple, Contradictory Self:
Collective Voices of (Anorexic) Identity from Cyberspace

by

Sarah Ingram Weeks, B.S.

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Approved by the Department of Communication Studies

David W. Schlueter, Ph.D., Chairperson

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Approved by the Thesis Committee

David W. Schlueter, Ph.D., Chairperson

Karla K. Leeper, Ph.D.

Anne-Marie Bowery, Ph.D.

Accepted by the Graduate School
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J. Larry Lyon, Ph.D., Dean

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TABLE OF CONTENTS

| | |
|--|-----|
| ACKNOWLEDGMENTS | iv |
| DEDICATION | v |
| CHAPTER ONE | |
| Introduction | |
| <i>Modeling a Multiple, Contradictory Self: Collective Voices of (Anorexic) Identity from Cyberspace</i> | 1 |
| CHAPTER TWO | |
| Review of the Literature | |
| <i>From Discourse to the Dialogical Self in Pro-Ana Blogs</i> | 19 |
| CHAPTER THREE | |
| Theory and Method | |
| <i>The Dialogical Self and Computer Mediated Communication</i> | 51 |
| CHAPTER FOUR | |
| Analysis and Discussion | |
| <i>Discourse Analysis of Collective Voices of (Anorexic) Identity</i> | 64 |
| BIBLIOGRAPHY | 101 |

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DEDICATION

To any individual who has felt misunderstood by their family, friends, and teachers, and disappointed by their therapists and doctors—for anyone who suffers, and suffers still more from thinking about suffering:

“Thinking about illness!—To calm the imagination of the invalid, so that at least he should not, as hitherto, have to suffer more from thinking about his illness than from the illness itself—that, I think, would be something! It would be a great deal! Do you now understand our task?”

Friedrich Nietzsche, *Daybreak* , 34.5

CHAPTER ONE

Introduction

*Modeling a Multiple, Contradictory Self:
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“Our mental life, including ‘feelings’ and sensations, is a tool at the service of a many-headed, variously-minded master: this master is our valuations. Our valuations, however, betray something of what the conditions of our life are, the smallest part being the conditions of the individual, a larger part those of the human species, the largest and most extensive the conditions under which *life* is possible at all”

(Nietzsche, 2003, 40[69]).

“Problem: how far the ‘will to the beautiful’ reaches”

(Ibid., 43[1]).

As the Internet proliferates as a commonplace information technology, it is used increasingly to obtain health information. Scholars suggest that the “growth in individuals seeking such material has arisen due to the influence of more consumer-orientated health services [and] an increased emphasis on self-management of illness” (Tierney, 2006, 181). In addition to increased and expedient information access, the Internet also enables users to communicate with other users, in spite of great distances and/or social isolation. Socially isolated individuals, especially those who experience stigmatization and are excluded from mainstream society, are most likely to utilize the internet to access health information and communicate with others like themselves via online discussion boards, personal homepages, and communities of weblogs (commonly known as “blogs”). Among such socially isolated individuals, those diagnosed and labeled as “mentally ill” are likely to use the internet specifically for social support absent in their day to day lives (Whitlock, Powers, & Eckenrode, 2006, 407).

Charland (2004) describes the internet as an “ungovernable social universe” where “consumers have mobilized their forces...to defend their right to wear and live by their [psychiatric] labels” (336). Among the examples of the latter phenomenon offered by Charland, pro-anorexia communities are one of the most disturbing and ethically problematic. Tierney (2006) explains that the pro-anorexia movement in cyberspace enables “individuals who subscribe to an anti-recovery stance in regard to eating disorders...to interact with people holding the same ideals” (182-3). Online spaces for pro-anorexia (dubbed “pro-ana” by their users) generally include a wealth of information about eating disorders, including “tips and tricks”, plans for diets and fasts, “thinspiration” (image galleries teeming with pictures of hyper-thin models/celebrities, intended to motivate and inspire restrictive eating and intense exercise), message boards, chat rooms, and links to other pro-anorexia communities and users’ blogs. Although referred to as “pro-anorexia” sites, the majority of communities are intended for those who consider themselves as having any kind of eating disorder. Health experts and popular media worry that communication via pro-ana websites may not only be encouraging and reinforcing anorexic behavior, but also impeding therapy through the support and validation they offer for anorexia—on many of these websites, anorexia is treated not as a disease, but a *lifestyle* (Fox, Ward, & O’Rourke, 2005, 947).

Despite the media backlash against pro-ana, recent studies published within academia suggest that these sites may be the only medium where anorexics can engage in dialogue about the feelings and experiences of anorexia. According to Rich (2006), anorexics feel misunderstood by their teachers, peers, and loved ones, emphasizing that the only individuals they can connect with are others with eating disorders (289). Pro-

ana sites may be the only dialogical space where anorexics can share their experiences and create their own meanings that “resist the pathologizing stereotypes” associated with “medicalised constructions” that permeate dominant discourse (285). The dominant discourse which shapes our conception of eating disorders is that of the psychological establishment; specifically, the current edition of the *Diagnostic and Statistical Manual*, the *DSM-IV*.

The *DSM-IV* is used by clinicians as a kind of diagnostic handbook; various mental illnesses and disorders are categorized and organized according to specific symptoms that when found together constitute particular mental conditions. The controversy surrounding the use of diagnostic categories and psychiatric labels is ongoing. Arguments against *DSM-IV* validity are centered on the fallacy of the assumption that diagnostic categories have been established through objective, value-free, scientific inquiry. Proponents of the antipsychiatry movement argue instead that “values are presupposed at every level of analysis” (Skene, 2002, 115). Furthermore, Widiger (2002) explains that the diagnosis of a mental disorder “engenders a value judgment about inadequate psychological functioning.” The concept of mental *disorder* “values necessary, adequate, or optimum psychological functioning.” In other words, what is deemed adequate or inadequate about psychological functioning, which eventually leads to the labeling of an individual as “healthy” or “mentally ill,” is socioculturally constructed.

Renowned psychologist Ian Hacking explains a particularly problematic criticism of diagnostic categories relevant to the study of (anorexic) identity within pro-ana communities: “the classification of human beings makes a difference in how we view

ourselves, our sense of self-worth, and even how we remember our own past” (Quoted in Skene, 2002, 124). Therefore, the categories, classifications, and labels of the *DSM* may become the organizing heuristics of identity in those labeled. Kleinmann elaborates that “patients order their experience[s] of illness...as personal narratives” that in turn “contribute to [their] experience of symptoms and suffering” (Quoted in Scheurich, 2000, 467). Therefore, diagnostic categories are not only as value laden as they are socially constructed, but also have the tendency to exacerbate patient’s illness experience as labeled individuals incorporate *DSM-IV* conceptions and terminology into the construction of their narrative identity.

Charland criticizes online support groups for mental illness because participants often indulge in their mental illness and its symptoms as primary defining features of their self. Rather than considering themselves and others they encounter online as people with common problems and/or tendencies that have morphed into particular behavioral/mental complexes. For instance, pro-anorexia website participants consider starvation and thinness to be defining features of their identity, instead of thinking “I have issues with control, self-esteem, perfection, and power.” In some cases, diagnostic categories lead patients to interpret all their feelings, behaviors, experiences, and self-reflections according to their mental illness. Though psychiatry acknowledges that diagnostic categories exist more for those trying to understand the disease, rather than those who have it (much like funerals exist for the living and not for the dead), there is no doubt that the experience of being diagnosed with a mental illness is a “memorable moment,” or significant event, in the development of a patient’s mental life and self-understanding.

Narrative identity, as the construction of self through life stories, is closely related to the increasingly popular theory of the dialogical self. Typically, the self is conceptualized within a Cartesian model of the mind that assumes identity is “individualized, ahistorical, noncultural, disembodied, and centralized” (Raggatt, 2002, 89). Conversely, Hermans (2003) dialogical self theory views identity as “embodied, socialized, historical, decentralized, and cultural” (89). Hermans explains that identity formation takes place because individuals internalize their experiences of the external world. Thus, the narrative of one’s life story is “the product of shifting, internalized voices that are in conversation and conflict” (Raggatt, 295). The many voices of the self are experienced as a unitary ‘I’ because humans have a tendency to perceive stimuli as coexistent, “depicted side by side, and simultaneously” (Hermans, 93). This heuristic leads the present thinking ‘I’ to develop into a single person, in continuous dialogue with various “doubles” of his or her identity (Raggatt, 294).

Hermans borrows Bakhtin’s metaphor of the polyphonic novel to explain how the self is perpetually in a state of multiplicity and contradiction. Bakhtin developed the concept of the “polyphonic novel” to describe the works of Dostoevsky, whose stories are characterized by a collection of many “individual and mutually opposing viewpoints embodied by characters involved in dialogical relationships” (93). The self is similarly populated by a “dynamic multiplicity of relatively autonomous I-positions.” Like the characters of the polyphonic novel, each “I position” or narrative voice possesses its own life story. Each is a “manifestation of a particular ideology or ‘take’ on reality that is mediated by language and culture, but also internalized” (Raggatt, 294). Further, the power relations of society that make certain values or ideologies dominant are mirrored in the power relations between voices of the self.

It is through the positioning of particular voices that identity is formed. Raggatt explains that voiced positions function “as a major narrative thematic complex that gives form to a particular version of events, and functions both to organize experience and guide action” (298). Voiced positions of the ‘I’ are in constant flux, as a “moving repertoire of ‘I-positions’ defined by a range of different, often opposing evaluations” (294). I-positions exist along a continuum that ranges from stories with positive associations to stories with negative associations. The various I’s or voices of the self “both accompany and contrast each other” (Hermans, Rijks, and Kempen, 1993, 232) as they shift along the continuum according to a complex web of factors such as “setting, history and the moral and social order” (297).

From the dialogical perspective, identity is studied by finding the “location and organization” (296) of voiced positions. However, since the composition and organization of voiced positions depends upon the context of the subject, to study the self one must also study the society within which the self is situated, including its associated power structures. As mentioned previously, Nietzsche suggests that our mental life, as the moment to moment experience of one’s self, may be seen as a “tool in the hands of a many-headed, variously minded master” which represents one’s valuations. Many of our valuations, and thus, the meanings ascribed to experiences and behaviors, arise from society and one’s place within it. It is the socialized aspect of the dialogical self, as the internalization of the conditions of society, which makes it particularly suitable for the study of identity within individuals who experience eating disorders. According to the feminist, post structuralist scholars Malson and Ussher (1996), “the ways in which contemporary Western culture is imbricated in anorexia are both complex and multiple” (267). Thus, some background knowledge in feminist post-structuralist critical theory

regarding anorexia is required to undertake the task of discerning the voices of anorexics' dialogical selves.

Anorexia and the Post Modern Body

Anorexia nervosa is characterized by excessively low body weight, distorted body image, and an intense fear of weight gain, all accompanied by a variety of potentially harmful eating and exercising behaviors. Anorexia does not affect females exclusively, although it is present at a lower rate in the male population. There is substantial research concerning the causes, etiology, prevalence, and treatments of anorexia, but little research specifically addresses the meaning of anorexia as it is experienced by those afflicted. Malson (1997) points out that the explanations of anorexia from a variety of diverse perspectives share many "theoretical and philosophical assumptions" (223). In particular, explanations are derived from scientifically established facts about "*individual pathology*" and "*individual characteristics*" of personality, behavior, and causes.

Feminist post-structuralists such as Bordo, Ussher, and Malson criticize prominent sociocultural perspectives of anorexia for their conceptualization of anorexia as an "over-internalization" of late 20th Century capitalism's "omnipresent cultural ideas of feminine beauty as thinness" (Malson, 1999, 138). By taking anorexia to be an individual disorder, sociocultural perspectives neglect to consider how anorexia "may be expressive of a multiplicity of societal as well as individual concerns and conflicts about femininity, gender power relations, consumption, control and individualistic competitiveness" (1997, 225). Instead of as an individual pathology, Malson and Ussher (1996) conceptualize anorexia "in terms of discourses and discursive practices that constitute our contemporary Western cultural context" (277).

From the post structuralist perspective, language does not merely *reflect* reality but is “*constitutive* of reality” (271). Discourses then, “as sociohistorically specific social practices. . . constitute and regulate our lived experiences;” or as understood by Foucault, discourses “systematically form the objects of which they speak” (271). Malson and Ussher explore discourses surrounding anorexia and the anorexic body through a qualitative analysis of extensive narrative data acquired from interviews with women diagnosed as anorexic. They assume (anorexic) bodies are “always-already located within multiple systems of signification and power relations” (Malson, 1997, 145). A variety of discourses “converge upon the female body,” constituting and regulating it as an (anorexic) body. Among these “frequently contradictory” discourses, Malson and Ussher focus on how romantic discourse and discourses of Cartesian dualism “locate women in particular power-relations and engender particular discursive practices of body-management, some of which are clearly very damaging” (277).

In order to provide the best treatment possible for individuals diagnosed with anorexia and struggling to recover, it is necessary to understand its *meaning* to the patient, not just as a pathology, but “as a collectivity of subjectivities, experiences and body-management practices,” sociohistorically constituted within a “postmodern cultural context” (Mason, 1999, 143). To understand the culturally symbolic meanings internalized as various thoughts and practices of anorexia, we must investigate the assumptions and knowledge systems which produce the fallacious singular meaning of “cultural norms of thinness” (Hesse-Biber, 1996, 94).

‘Real’ Discursive Constraint, ‘Virtual’ Dialogical Space

It has been established that discourses regulate the postmodern body through the creation of values within the individual. Hesse-Biber explains that “the link between

cultural norms” and individual values is “mediated by the family, school, and peer group”, all of whom serve to “translate and embellish society’s messages” (95). Since cultural norms seem to epitomize thinness yet reprimand anorexic behavior, it is no wonder that so many patients with anorexia resist treatment and report the common experience of “isolation” and “disconnection” (Rich, 2006). Anorexia is intimately intertwined with socioculturally, historical, and gender-specific norms that exist not only in the suffering individual, but others the individual looks to for support, including doctors. Rich explains that the eating disorder patients she interviewed attributed their felt disconnection to the way others “read the anorexic body,” primarily through “physical signs,” which amounts to “biomedical objectification” (291).

Rich explains that by focusing on “thin bodies,” rather than “complex and unique young women with multiple identities” biomedical objectification produces “discursive constraint...that literally constrains the discourse that these young women can apply to their self” (293). She further explains that patients she interviewed, across the board, reported that they only felt understood in dialogue with others who suffer from eating disorders. This phenomenon of the communal aspect of anorexia helps to explain the widespread and increasing popularity of online pro-anorexia culture. The websites and weblogs created by “pro-ana” individuals serve as a dialogical space where these “disconnected” women and men experience a connection with others and freedom to interpret experiences and negotiate meanings. Despite the popular media’s backlash against pro-ana sites, there is little proof that they truly spread or worsen the condition. Most academic studies conclude that, first and foremost, pro-ana sites and weblogs function as a free space for self-exploration without the fear of stigma. It follows that the narrative voices found there are rich with personal meanings and values. The virtual

communities are decidedly counter-hegemonic, although undoubtedly extreme in their measures, and might be considered to constitute a counterculture. Thus, the text on these sites will serve as a rich data source to analyze for the meanings of anorexia from voices of experience.

Discourse Analysis and Voices of the Self

Pro-ana websites frequently contain links to Pro-ana bloggings, collections of online diaries of individual users concerned with a particular topic. Pro-ana blogs will be the primary data source I make use of to obtain narrative. Previous studies establish methodology from which to analyze the construction of identity on the internet. Hevern (2004) established that weblogs specifically follow a pattern of identity construction that is highly similar to conceptions of the dialogical self (321). I will gather and analyze narrative from a collection of female *and* male pro-ana blogs to identify themes of identity and the underlying values of discourse. The process employed in obtaining and analyzing data is discussed in greater detail in Chapter 3.

The narrative of (anorexic) identity obtained will be analyzed using a feminist post-structuralist form of discourse analysis. My goal will be to determine how discourses and power relations that contribute to anorexia are internalized as positions of identity and the relations between them. The goal of analysis, broadly, will be to determine what the voices of identity presented in pro-ana blogs *sound* like. What discourses constitute the values and meanings voiced? Is there one voice of pro-ana identity, or many? How does participation in pro-ana culture affect the balance of powers between the voices? Finally, how should clinicians acknowledge and mediate these possible effects when communicating with patients in an effort to design optimally effective treatment? Information about the meaning of anorexia from voices of

experience will be invaluable to improve the general understanding of anorexia and in turn, the efficacy of available treatment.

How Poisonous is Pro-Ana?

Many previous studies fear that pro-anorexia websites and blogs maintain, or even worsen, user's health. According to *Washington Post* writer Payne (2004), "Experts say sites can reinforce unhealthy behaviors, slow the recovery process and discourage people from seeking help" (F01). Other studies argue that the harm of pro-ana sites is "not inevitable," and conclude that they simply function as a much needed outlet for users' experiences. Throughout my analysis, I will look for narrative pertaining to how users attribute meaning to their participation in virtual pro-ana communities and blogs. Is it the experience of users that these virtual communities motivate them to maintain their disorder? It is reasonable to argue that engagement in pro-anorexia sites, through exposure to the language and practices (including *images*) of the pro-ana subculture, does maintain destructive behavior. Raggatt argues that "the dominant positioning of one or other narrative voices may have important consequences for emotional life and well-being" (297). If language and discourse lead to the development of voiced positions of identity, it is likely that greater exposure to certain types of language contributes to their internalization as identity positions.

Above all, I will argue that it is discourse which most contributes to the spread of anorexia, not pro-ana sites or blogs. Social discourse and power relations are the pre-conditions for the creation of a subculture. Individuals interested enough to search for and participate in pro-ana sites must have at least internalized a desire to be thin so strong that such drastic measures are perceived as acceptable. Contemporary discourses surrounding the body normalize practices of self-regulation and pre-form the present

tendency of women *and* men to self-regulate their body to extreme degrees. Whether pro-ana sites are specifically to blame for the spread and maintenance of eating disorders is impossible to determine. The answer is different for each individual, and dependent upon the current state and progression of anorexia within that individual.

Our “cultural fascination with eating disorders” (Malson & Ussher, 1996, 268) and thinness is more to blame than the subcultures that arise in response. Ultimately, the increasing problem of dieting and eating disorders lies somewhere between contradictory messages of society. Values are saturated with numerous images of the ideal body (the “spectacle of thinness”), messages about dieting and exercise, and messages about what constitutes health living. At the same time, there exists a widespread problem of obesity in the United States. Society glorifies capitalist consumption while idolizing a beauty ideal that requires self-deprivation to achieve. It is unlikely that individuals who intentionally adopt eating disordered behavior do so as a result of serendipitously coming upon the ideas and advice of pro-anorexia. Discourse establishes the importance of the (thin) body for social acceptance, so it is likely that individuals attracted to pro-anorexia sites already have prior experiences of psychological strife and identity issues.

Cultural Significance of Anorexia: Prevalence Contradicts Stereotype

Many issues contribute to the significance of anorexia as a research topic. According to the National Institute of Mental Health (2001), anorexia is the “third most common chronic illness among females in the USA,” affecting “0.5 to 3.7 percent of females” with a fatality rate of “5.6 percent per decade” (2). This fatality rate is “12 times higher than the annual death rate due to all causes of death among females ages 15-24” (3). Of the patients diagnosed with anorexia who enter recovery, “about 30 percent make a partial recovery, and 20 percent have no substantial improvement” (F01). Even

more disturbing is the fact that many cases of borderline, but significantly harmful, eating behavior are likely to go undiagnosed due to the current cultural norm of dieting.

The effects of anorexia are widespread and potentially fatal. Current treatments are minimally successful and the number of women dieting continues to increase, in our culture as well as in others. Further, in 1996, Hesse-Biber noted that “men are finally getting hooked into feeling immoral if they eat the wrong foods” (107). Ten years later, even though male patients constitute an estimated 10 percent of patients with eating disorders (National Eating Disorders Association, 2006, 1) there is still little research which addresses eating disorders in males specifically. The following is a discussion of issues surrounding anorexia which make it an important, and urgent, topic of study.

Difficulty Establishing Therapeutic Alliance

Of all patients with mental illness, those with anorexia are notoriously obstinate and resistant to treatment. Nordbo, et. al. (2006) suspect that this is because “anorexic patients tend to appreciate their symptoms” which may explain “their low motivation for change” (556). It is important for psychotherapists to establish a “therapeutic alliance” in order to “help ambivalent patients achieve durable change in their condition.”

Therapeutic alliance, however, must be established according to a “patient’s personal values.” Few studies investigate how patients perceive their behavior as meaningful, which may contribute to the failure of treatment strategies. Since many anorexics “attribute positive value” to their behavior and resist recovery, it is important that clinicians first establish rapport with their patients in order to treat them. To best achieve rapport, it is important that the clinician understand the individual’s experience from the point of view of the client’s values and perspective. It is important to learn as much as

possible about eating disorders from as many perspectives as possible in order to create and implement the best treatment possible.

Cross-Cultural and Cross-Ethnic Saturation of Eating Disorders

The belief that eating disorders primarily affect young, white, upper middle class females is persistent. However, “there has been increasing evidence of disordered eating occurring among racial and ethnic minorities in the United States” (National Eating Disorders Association, 2005, 1). It was previously assumed that “cultural identity provides some protection” for ethnic women from eating disorders. However, it is now suggested that due to the conflict inherent in negotiating two cultural identities, those furthest “from the dominant ideal of beauty” may suffer the greatest psychological effects. It is noted that the evident increase in eating disorders among ethnic women may be due to increased reporting. The latest study (Striegel-Moore, et. Al., 2003) found that there are still more white women with eating problems than black women, but does conclude that they are present. Only time will tell to what extent body image ideals will permeate the consciousnesses of women from all backgrounds.

Not only are eating disorder and body image dissatisfaction crossing ethnic boundaries within the United States, but the prevalence of eating disorders transcends international borders as well. Bordo (2003) explains how the Fiji islands illustrate cross-cultural saturation of body image and eating behavior. Until 1995, the islands had no television, and 0 reported cases of eating disorders. After only three years of broadcasting “from the United States and Britain...62 percent of the girls surveyed reported dieting.” When one considers anthropological data revealing that the Fiji’s aesthetics “favors voluptuous bodies,” it becomes less difficult to agree with Bordo that “we live in an empire of image and that there are no protective borders” (1).

Males with Eating Disorders

The *American Journal of Psychiatry* (2001) points out how eating disorders among males are on the rise. Twenty years ago, there was 1 male to every 10-15 females with eating disorders. In 2001, it was found that for every 4 females with anorexia, there is 1 male and that for every 8-11 females with bulimia, there is 1 male (1). It is difficult to acquire exact statistics because males are less likely to identify themselves as “eating disordered” and seek help. Crisp and Burns (1983) find that males display the “classical syndrome” with only a few minor variations in its symptoms. Due to the media’s focus on muscularity for masculinity, athletic males may be at risk. The focus on muscularity may also contribute to the lower number of males diagnosed as anorexic because “muscularity” is not part of the language of the *DMS-IV* definition. Further, Hospers and Jansen (2005) explain how homosexuality is a risk factor for eating disorders in males because of the increased emphasis on physical beauty in their community (1189). As previously mentioned, there are few studies that investigate the *meaning* of anorexia for the patient and even less so for males. My study will include an analysis of narrative from male pro-ana blogs in hopes of distending this body of research.

Taken together, the latter factors emphasize the necessity of considering new ways of conceptualizing anorexia, its causes, its typical victims, and its best possible treatment methods. Feminist, post-structuralist critiques of medicine and psychology have argued that diagnostic criteria are insufficient to encompass the meaning of eating disorders in our culture because they neglect the meaning of eating disorders as articulated by those with experience. This study seeks to develop a new way of conceptualizing eating disorders based primarily upon voices of experience.

Psychologists may be able to help patients more effectively if they take into account

identity positions of the anorexic mindset and the social discourses which constitute those positions. Additionally, if psychologists are aware of what their patients may experience on pro-anorexia sites and how it might affect them, they will be better able to mediate their effects.

Conclusion

As the dominant discourse, the *DSM-IV*-derived medical conception of anorexia shapes the understanding people have of the disorder, in addition to the understanding of the individual labeled “anorexic.” The hegemony of the *DSM-IV*’s conceptualization leads to a disparity between how anorexia is actually experienced and the available medical, biological language with which it is described. This discursive constraint leads to social stigma, which in turn results in feelings of isolation and disconnection in diagnosed individuals. Because of the Internet, previously isolated individuals with eating disorders can now participate in virtual communities where they find support from virtual friends with whom they explore the meanings and experiences of living with their “disease.”

From the perspective of the dialogical self, identity is not seen as constant, but continuously created and negotiated through individual narrative. Pro-ana blogs, then, function as a dialogical space through which users not only communicate experiences and concerns, but actively create aspects of their identity. As a space where a counterculture is free to construct its own identity, pro-ana blogs are a particularly rich data source for narrative representation of pro-anorexic identity. Ligorio and Pugliese (2004) point out that the theory of the dialogical self used in psychotherapy has proven itself “capable of investigating changes and shifts in personality, cultural complexity, and the experience of uncertainty” (p. 337). The investigative capacity of dialogical self theory, combined with

discourse analysis, should enable the extraction of the multiple and contradictory meanings of “anorexia,” and self-starvation intentionally adopted as a lifestyle.

I will analyze the location and organization of I-positions and their related discourses to explore how anorexic identity is created, experienced, and maintained. A “montage” of thematic voices from pro-ana blogs will be compiled in an effort to represent the collective experience and meaning of eating disorders, and anorexia in particular, including the various contributory discourses and their subjective experience by afflicted individuals. A consideration of anorexia from the point of view of those who experience is invaluable to researchers and clinicians and is sorely needed. As the majority of patients report feeling “alienated” by the medicalized discourse, changes in the establishment’s conception of eating disorders should trickle down to how treatment is offered, and eventually, the conception of society at large.

Finally, I will use Nietzsche’s imagery of the “many-headed, variously minded master” to explain the relation between voices of identity, personal values, and social discourse. Various voices, or I-positions, of identity originate from particular heads of the “master,” which in turn are variously attached to certain values that arise from an individual’s “conditions of life,” or in other words, from discourses. Some of the voices that constitute identity (such as thinness as a beauty ideal) are present before the onset of the illness. With the adoption and maintenance of anorexia as an identity, supplemental heads/values are added and various voices are strengthened and weakened in support of anorexic behavior. As the power of each voice changes and more heads are added, there are more power struggles between the voices. The conflict between the voices causes emotional distress in the individual’s experience of “I,” or one’s mental life. From this point of view, therapy should seek to identify the various voices of identity, including

their underlying values, in an effort to alter the balance of power to the extent that it is conducive to an individual's emotional well being.

CHAPTER TWO

Review of the Literature

From Discourse to the Dialogical Self in Pro-Ana Blogs

“This drive is stoking up this irrepressible, irrational self-destructive frenzy in which beauty and elegance, which were original goals, are now merely alibis for a daily, obsessive disciplinary exercise. In a total turnabout, the body becomes that menacing object which has to be watched over, reduced and mortified for ‘aesthetic’ ends, while one’s eyes are kept riveted throughout on the skinny, emaciated models of Vogue, in whom one can decipher all the inverted aggressiveness of an affluent society towards its own body triumphalism, all the vehement denial of its own principles.”

(Baudrillard, 1998, 142).

In order to establish a model of identity according to Nietzsche’s idea of the self as a “tool in the hand of a many-headed, variously minded master,” I will begin by discussing how valuations arise in individuals from the perspective of discourse theory. The “master” in control of the self represents one’s valuations, which in turn, betray the conditions of the society in which one lives. I conceive of discourse as a sphere of which the individual, or subject, is at the center. Various discourses are woven throughout the volume of the sphere as a web; connections and overlaps of discourse become increasingly dense as they approach the sphere’s center (the subject or self). The narrative self exists at nodes where discourse is most dense in its interconnections with the self. These nodes represent the product of discourse as an individual’s experiences, ideas, and beliefs, which are the valuations that constitute voices of the self. Thus, in this chapter I will progress from the outer portion of the sphere (discourse) to its center (the subject).

From Discourse to Voices of the Self

Discourse theory, as understood by Foucault, is a useful theoretical framework to study how the conditions of society constitute an individual's valuations, and thus, identity. Discourse “defines and produces the objects of our knowledge” (Hall, 2001, 72-3) by determining what language is available with which to ascribe meaning. The power of discourse permeates and exerts a regulatory power on all structures and institutions of society, including the individual. Discursive power is sometimes referred to as hegemony, which produces consensus among members of society and the legitimation of norms.

Woods (2006) defines discourse simply as “real language in use” (x) and further suggests that “it may even be largely through the social practice of language that we actually ‘construct’ ourselves” (viii). Kerby (1991) concurs, positing that the “basis of the subject is in the exercise of language;” the self is then at least partially a product of discourse (4). In particular, the self is composed of “narrative constructions” or “stories”(1). Narrative “plays a central, structuring role in the formation and maintenance of our sense of identity” (Eakin, 1999, 123). Identity is a composite of an individual’s narratives or life stories; narrative establishes the perceived unity of identity as it organizes “episodes, actions, and accounts of actions in time and space” (Hermans, 1999, 1194) according to personal valuations. Narrative is not merely descriptive, but “*fundamental to the emergence and reality of the subject*” (Kerby, 4). Thus, narrative as the “horizon of possible meanings” (Schrag, 1997, 19) is intimately intertwined with discourse. Kerby sums up the relation between identity, narrative, and discourse as follows: “Who or what the self (and ultimately the person) can be is a result of the semiotic and discursive practices within which the speaking subject functions” (113).

“If language is the site for the negotiation of meaning and the self is a meaning making process” then identity is found “within the interactions between self and other, and self and discourse” (Hoskins, 2000, 49). As Malson and Ussher (1996) explain, “the anorexic body...is then always-already an object of discourse...caught up in multiple systems of meanings, symbolic representations, and power-relations” (270). Obsession with body image, a primary characteristic of the experience of anorexia, is central to many of the narrative constructions of the self as “anorexic” or “ana.” Thus, the relations of the body to the narrative self is crucial. Kerby explains that the body is the “subject of speech, floating in linguistic space” (20). In other words, the body is *both* the “site of narrative and site of ascription for subjectivity” (21). Thus, bodies and selfhood are “intertwined and inseparable” (29) but at the same time, body image is “dynamic and plastic,” reorganizing itself radically with contingencies of experience” (28).

For individuals with anorexia, narrative constructions of body image increasingly permeate valuations that constitute the voices of identity. Lock, Epston, Maisel, and de Faria (2005) create the metaphor of the “discursive parasite” to describe how anorexia “takes over the person’s voice to use it for its own purpose, its own hegemony over the host” (322). The idea of the hegemony of a particular narrative voice brings me to the next topic of importance: the dialogical self. Hermans pioneered dialogical self theory in a series of studies based upon over a century of research. In particular, he draws upon William James’s “I-me distinction” and Mikhail Bakhtin’s notion of dialogism and the metaphor of the polyphonic novel. In the simplest terms, the dialogical self is defined as a “dynamic multiplicity of relatively autonomous *I positions*...the *I* has the ability to move, as in space, from one position to the other in accordance with changes in situation and time” (Hermans, 1999, 1197).

Schrag points out that the “identity of the narrating self... finds its proper analogue... in the self-identity achieved through the development of characters within the plot of a story” (39). This metaphor is essentially the same as that of the polyphonic novel in dialogical self theory, which I will elaborate below. Hermans (2000, 2003) and Raggatt (2002) frequently refer to the dialogical self as a “field of narrative voices” or a “narrative landscape.” In this landscape, “each voice tells a different story; each competes for dominance in mental life, and each struggles to find outward expression” (Raggatt, 2000, 66). The connections between discourse, narrative, and the self are found in the dialogical relationships between the voices. Hermans (2004) elaborates: “the power struggles and differences between the several voices in a particular community are reflected as the power differences between the positions in the self” (300).

Thus, the power relations that exist in the hegemony of social discourse are mirrored in the power relations between voices of the self. Nietzsche’s “many headed, variously minded master” serves as an excellent model from which to visualize the power struggles between the characters (which may be seen as the source of narrative voices or I positions) of the dialogical self. As a discursive parasite, anorexia increasingly takes over an individual’s narrative voices by “co-opting those discourses that have already constructed the person to think about and articulate themselves in the ways they do, and promising them all the things they have come to believe they cannot do for and out of themselves” (Lock, et. al., 322). The discursive understanding of anorexia implies that its primary action may be to disturb the afflicted individual’s values and thus, the power relations between voices of the self. It is important to note that as a “parasite,” anorexia accomplishes its action over the host only by “co-opting” discourses that are already

present. Thus, the social construction of values in the individual is an important factor in the development of anorexia.

Features of the Dialogical Self

At this point I will discuss the features of the dialogical self which make it an appropriate model from which to study not only the discursive anorexic self, but also, the way identities are constructed in cyberspace. Hermans (2004) observes that internet communities “provide users with a welcome place to experiment with the innovation of the self by introducing new positions in a space that is less restricted by traditional power structures” (310). As I move through this process, I will highlight how specific features make the dialogical self a useful framework from which to study not only anorexia and the construction of online identity, but also how each feature of the dialogical self encompasses the ideas of narrative and discourse. The first two features are general aspects specific to understanding the dialogical self. The second, third, and fourth features highlight how the self is implied in discourse and meaning-making, especially the experience of the self as embodied.

Narratively structured, temporally organized. Philosophical, literary, and psychological traditions have established the validity of the theory that the self is produced through narrative. Narrative, as the telling of stories about oneself, organizes experiences over time. Hermans explains that temporality is an intrinsic feature of narrative; “Without time, there is no story” (249). Past experience, present interpretation, and future hopes, dreams and fears, are unified through narrative constructions which lead to the experience of a unified, speaking ‘I’. In dialogical self theory, Hermans (2004) supports this premise with William James’s distinction between “I” as the “self-

as-knower” and “Me” as the “self-as-known.” I, the self-as-knower, is a “unifying principle, responsible for organizing different aspects of the *Me* as parts of a continuous stream of consciousness” (246).

Thus, the self is composed of a variety of stories (narratives) that are referred to as “I” positions. Each I position (or voice) represents the “manifestation of a particular ideology or ‘take’ on reality that is mediated by language and culture, but also internalized” (Raggatt, 2002, 294). As the narrator of our own lives, we organize experiences, events, and meanings within a narrative structure. Hermans expresses the composite of stories or narratives that constitute a person’s identity through the metaphor of the polyphonic novel. Hermans borrowed the polyphonic novel from Bakhtin’s work on Dostoyevsky. The characters of Dostoyevsky’s stories represent opposing points of view in dialogical relationships. Similarly, the “narrative voices or “I positions” of the self may be understood as representations of characters who interact within one’s life story.

The multiplicity of characters who populate the self-story are considered to be “spatially located agents, who as intentional beings, engage in a variety of actions populate stories” (Hermans, 1999, 1194). Voices or I positions, as these characters, are involved in a “process of question and answer, agreement and disagreement...as different voices, these characters exchange information about their respective *Me*’s, resulting in a complex, narratively structured self” (248). In contrast to the unity of self found in Cartesian conceptions, “the dialogical self is always tied to a particular position in space and time” (249). “The *I* in one position, moreover, can agree, disagree, understand, misunderstand, oppose, contradict, question, challenge and even ridicule the *I* in another position” (249).

Spatially organized. The previous quote leads me to the next feature of the dialogical self. Hermans (2004) uses the term ‘positioning’ to refer to the specifically spatial organization of the dialogical relationships between characters of the self. The “I *itself*,” Hermans argues, is “distributed in a spatial world” (298). As a “dynamic multiplicity of I positions,” the ‘I’ moves between these positions and is variously localized, as if in space. Further, these dialogical narrative relationships are structured not only by “space and time, but temporal relations are even translated into spatial relations” (246).

Bakhtin’s term “juxtaposition” emphasizes how within “narrative spatialization,” the plurality of voices are “neither identical nor unified, but rather heterogeneous and even opposed” (249). The result of the spatialization of dialogical relationships between I positions, according to Hermans, is that it “allows for the treatment of a particular idea in the context of both interior and exterior dialogues, creating ever-changing perspectives” (249). However, positions are not isolated—but the individual is a result of an “active process of positioning in which cooperations and competitions between positions develop in a particular situation” (253). Similarly, Nietzsche refers to positions as “drives” and argues that “each of these drives feels restrained, or fostered, flattered, in respect to each of the others; each has its own law of development (is up and down, its tempo, etc.)—and one approaches death as the other rises” (59, 1[58]).

Social and multi-voiced. One of the major benefits of dialogical self theory in identity research is that it allows for the study of the “self as ‘culture-inclusive’ and of culture as ‘self-inclusive’” (243). Hermans again refers to ideas developed by Bakhtin, who argues that “individual voices are influenced by the culture of institutions, groups, and communities in which they participate...collective voices that are prominent in the

individual's personal history...influence what the speaker's individual voice is saying" (300). This argument is supported by Kerby, who posits that narratives are "considerably influenced by the social milieu in which the human subject functions" (6). Thus, the stories we have to tell about ourselves are influenced not only by language (discourse) but by "how other people narrate us" (6). I will address two issues in this section: the self as other and power relations within the self.

The dialogical self is "social" because "other people occupy positions in a multivoiced self" (Hermans, 250). Hermans separates the self into internal and external domains. The other is part of the "external domain" of the self, which "comprises all positions that refer to those people and objects in the environment that usually are considered as 'mine'" (Hermans, 2003, 102). The other, as an extension of the self, is another I position and another character in the polyphonic novel, "as a relatively autonomous being" with a life story to tell. The "internal domain" of the self includes "positions which are appropriated by the person as belonging to his or her I" (101). The boundary between the internal and external domains of the self is open and highly permeable, which leads to the flexible and decentralized nature of the self as dialogical. Hermans refers to the inclusion of the other in the self as a "theoretical upgrading" which "implies that the other is more than an extension of Me on the object level, but first of all an extension of I on the subject level...the other is an I-Me reality located both on the subject and the object level" (103). The result of this quality is that "self knowledge and knowledge of the other are intimately intertwined" (104).

Other voices populate I positions of the dialogical self, not only as the voices of significant others encountered over an individual's life course, but also as "collective voices" which result from the "experience of we." Due to the highly permeable

boundaries between internal and external domains of the self, experiences of “we” within certain “groups, cultures, and societies may be involved in dialogical relationships including their differences in power” (105) as collective voices. This leads me to the next topic of significance, power relations within the self. It is within this social, multivoiced feature of the dialogical self that the role of discourse is most implicated.

Identity sociologist Peter Callero (2003) argues that the self is a “fundamentally social phenomenon, where concepts, images, and understandings are deeply determined by relations of power” (127). Raggatt (2000) explains how identity develops in a “process of dialogue between the individual and the host culture” (67). Individuals appropriate meaning from culture in the “form of important attachments, including influential people, critical events and narratives, valued objects and environments, and even orientations and attitudes to our bodies” (67). Cultural meanings, as valuations, are interwoven throughout the voices of various characters in the self story. Narrative voices “compete for expression in both the lived experience of the individual, and in the individual’s psychosocial storytelling” (67). Identity, then, is “like an organized chorus of competing voices defined by relations of power, dominance, and moral choice” (85).

From the assumption that “our multiple subjectivities (voices) are defined by moral imperatives inscribed in a social order which is inherently hierarchical” (69), it follows that power relations between I positions mirror those of the society in which the individual is positioned. Raggatt’s “moral imperatives inscribed in a social order” closely resemble discourse, which is understood as the available language which determines the range of possible meanings that can be ascribed to objects or experiences. It is important to note that as “meanings which prevail in a wider social and cultural context of a society and culture,” (Taylor, 2006, 94) certain forms of discourse “achieve

dominance through normalization and reiteration” (Shildrick, 1997, 12) and thus function as social imperatives.

Motivated storyteller. Now that the power relations between I positions have been established, it is important to address how particular I positions become dominant over others. Hermans (1999) uses the metaphor of the motivated storyteller to explain how valuations arise in individuals. “The person,” Hermans explains, “is not simply a storyteller but a passionate storyteller” (1193). When telling their stories, individuals tend to emphasize those parts which evoke the strongest emotional affect. In addressing *how* some things “evoke more affect than others,” Hermans explains that “particular events receive emotional value when certain basic motives are fulfilled or frustrated in the encounters with the world” (1194). As a “motivated storyteller,” the construction of meanings influenced on the basis of two primary motives: self-enhancement (S-motive) and the desire for connection and closeness with others (O-motive).

The process of storytelling involves “two (or more) spatially located individuals...involved in a process of intersubjective interchange” (1195). Hermans assumes that many storytelling processes are expressions of “dialogical interchange that have a significant organizing influence” on the stories told. Some examples of this “intersubjective interchange” between self-characters include “turn taking, question and answer, agreement and disagreement, paraphrasing, and reflection of feelings” (1195). Specifically, Hermans posits that there are two forms of dialogue which organize daily experiences: real and imaginal. “Side by side and interwoven,” real and imaginal dialogues “structure the process of intersubjective interchange” (1195).

Real dialogues are those that occur between the individual and others as they interact with their environment. These are part of an individual’s experiences expressed

in the content of stories. On the other hand, imaginal dialogues “range from imaginal interactions with *actual* others (e.g. from internal dialogues with parents, friends or media figures)” to “imaginal interactions with variations on actual others” to “imaginal interactions with fantasy figures bearing no relation to actual life (figures in dreams, art, or visions)” (1993, 218). Hermans argues that imaginal dialogues are an “essential part of our narrative construction of the world” and even have a “pervasive influence on real dialogues” (1195). To elaborate on the nature of imaginal dialogues, Hermans (1993) suggests that in the life of the mind we may find ourselves “talking with our mothers or fathers, opposing our critics, conversing with our gods, or questioning some personification of our conscience” (213). Our actions and interactions with others are also influenced by imaginal dialogues. For example, in the writing of a paper, one might imagine the criticism, ridicule, or praise one’s writing might evoke in various others, which in turn affects the structure and content of the final product.

In summary, “self-narrative is assumed to be an organized process of valuation” (Hermans, 1999, 1195). A “valuation” is defined as “an active process of meaning construction...any unit of meaning that has a positive (pleasant), negative (unpleasant), or ambivalent (both pleasant and unpleasant) value in the eyes of the individual” (1993, 218). Raggatt clarifies the connection between Valuation Theory and the dialogical self by proposing that narrative voices are “moral-evaluative structures” which in the process of narration involve “taking moral positions, exploring conflicting ideas about what constitutes ‘the good’, through dialogue between voices occupying very different subject positions” (69). Nietzsche had a similar understanding of the moral-evaluative nature of positioning, but refers to what I have called narrative voices or I positions as drives: “Starting from each of our fundamental drives there is a different perspectival appraisal

of everything that happens and is experienced.” Identity is then a process which involves the “positioning of the ‘I’ at different locations defined by a range of *good and bad stories*” (Raggatt, 2002, 296) in a dialogical relationship. Valuations are always associated with feelings (affective modalities) which reflect one’s basic motives, primarily S-motive and O-motive (Hermans, 1993, 219).

Embodied. The dialogical self has so far been established as a model in which identity is narratively structured and temporally organized by a social, multi-voiced, and motivated storyteller. Now the last feature—the self as embodied, which is especially important to the study of identity in anorexia—can be addressed. In order to become dialogical, “personal meanings must be embodied...it is only when a thought is endowed with a voice and expressed as emanating from a personal *position* in relation to other that dialogical relations emerge” (213). Raggatt assumes that “lives can be read as polyphonic texts, and that certain people, objects, and events are the ‘signatures’ for those texts, acting as icons or landmarks for life stories” (2000, 71). Raggatt refers to the landmarks of self narrative as “attachments,” which include “important people, stories, personal myths, critical events or nuclear scenes, places, objects and possessions, and *attitudes and orientations to one’s body and body parts*” (71).

The dialogical self is thus not only embodied in the sense that narratives are spatially organized, but also one’s sense of his or her own body and history of bodily experiences are embedded in identity, either as various voices or as particular voices’ motivational base. When one considers Foucault’s extensive work concerning the social regulation of the body, it is evident that various valuations associated with the body are embedded in social discourse. Within the individual, bodily valuations are closely connected with the motives of self-enhancement and connection with others. However,

the way self-enhancement and connection with others can be attained through body management is primarily socially determined.

Discourses that Construct Anorexia

Up to this point, the groundwork for understanding anorexic identity from the perspective of the dialogical self has been established. The dialogical self as multiple, contradictory, and social is particularly suitable for the study of anorexia, which has been widely established as a socially constructed condition, characterized by the experience of conflict (Rich, 2006, 299). Malson (1999) emphasizes that the “values and dynamics of contemporary Western culture are implicated” in anorexia and eating disorders in general are “multiple and complex” (138-9). She criticizes previous explanations of anorexia for focusing primarily on *individual* pathology. Even as new approaches increasingly acknowledge the sociocultural nature of eating disorders, they still fail to address the “*multiple* meanings” of the widespread practices of dieting and thinness.

Malson (1997) suggests that a discursive approach to the study of anorexia “transgresses the individual-society, internal-external dichotomy, locating (anorexic) subjectivities within their sociocultural and gender-specific discursive contexts” (227). For the purposes of this investigation, “the discursive and physical management of the thin/anorexic body and the discursive struggle over its meanings” are assumed to be a “management of identity” (Malson, 1998, 142). Thus, before introducing the methodology used to investigate the composition of voices within the (anorexic) self on pro-ana blogs, it is necessary to overview various discourses surrounding contemporary body management and the thin, anorexic body in particular.

I will begin with Foucault’s view on how discourse “systematically forms” individuals, including their body-management practices. I will show how discourse

affects the experiences and understandings of individuals by beginning with the primary discourse surrounding the contemporary body: biomedical discourse. Specifically, I will discuss discourse associated with the *DSM-IV* and show how values are inherently involved in psychiatric diagnosis. After establishing the most widely available discourse concerning the body and health, I will discuss the specific symptoms laid out in the *DSM-IV* for the diagnostic category of “eating disordered” and “anorexic.” Then, I will discuss how discourses of Cartesian dualism, romantic discourse (Malson, 1996, 267) and the ideology of consumer capitalism (Baudrillard, 1998) lead to the sense of control and extreme motivation to initiate and maintain disordered eating behaviors. According to Malson, the ways in which discourse is “always-already inscribed” on the anorexic body and self are multiple and conflicting. Therefore, the discourses discussed here are only a few of many possible discourses that simultaneously constitute the (anorexic) self.

Discourses of ‘Individual’ Embodiment as Foucault’s Micro-Physics of Power

In an effort to establish a general theory of how discourse constitutes individuals’ values and experiences, it is beneficial to begin with a discussion of Foucault. Discourses do not simply describe people and objects within a social context but actually constitute their being in the world by determining how they understand themselves and how they are understood by others. Malson (1997) explains that “by constituting bodies (or other objects) in particular ways, discourses thereby constitute ‘regimes of truth’ that position subjects in different ways” (228). A Foucauldian approach to discourse and the body is concerned with the “institutions that govern the body” and an “epistemological view of the body as produced by and existing in discourse.” It is important to note that discourses are about *power*. By “constituting fields of knowledge, instituting truths, [and] constituting subjectivities,” discourses “regulate and discipline populations, individuals

[and] bodies.” Because discourse constitutes possible knowledge, which is interchangeable with power from Foucault’s perspective, the embodied subject is “positioned in discourse and subjected to normalizing judgments.” In a sense, power/knowledge *produces* reality, as “domains of objects and rituals of truth” (229).

One might ask *how* exactly discourse controls individuals and regulates their body management through normalization. Shildrick explains that the “polymorphous forms of domination to which we are subjected are frequently masked so as to appear freely chosen” (54). When disciplinary practices appear to be “self-generated and self-policed behavior” they are likely to experience the greatest efficacy of control. Foucault calls internalized procedures of control “technologies of the self” which “permit individuals to effect, by their own means” a variety of “operations on their own bodies, their own soul, their own thoughts, their own conduct...so as to transform themselves, modify themselves, and to attain a state of perfection, happiness, purity, and supernatural power” (54-5). In relation to the body, much feminist research has focused on “strategies of self-transformation” that take the form of “such commonplace occurrences as dieting and weight control.” The micro-politics of power worked upon bodies extends from “appearance (clothes, make-up), through morphology (‘figure’) to comportment (expression and movement).” Thus, there is a “constantly recirculated idealization” of the body which requires individuals, consciously and unconsciously, to “shape” themselves to conform.

Foucault refers to the societal reification of norms as the “disciplinary gaze” which drives individuals to self-regulate to embody standards. He argues that today, society has become an “economy of visibility.” Using Bentham’s panopticon as a metaphor, Foucault explains how the power of discourse is individually internalized.

Within a panopticon, prisoners are visible at all times to the guards, but invisible to other prisoners. The effect of such a “collection of separated individualities” under “disciplinary gaze” induces a “state of conscious and permanent visibility that assures the automatic functioning of power” (201). By making surveillance possible at any time, power as the disciplinary gaze “simultaneously constitutes and dominates the individual” (Shildrick, 49). Further, it is the “smallest techniques of discipline,” usually those associated with the body, that are experienced as most “foundational” (223).

At this point in the discussion of how discourses regulate individuals and their practices of body management, it is natural to question what discourses are dominant. Scholars agree that it is the ‘biomedical’ body which constitutes the majority of body related values and beliefs. The reason modern biomedicine has become a highly generalized discourse is because it is “characterized by the strategies of normalization which constantly measure assess, record, and project the limits of health.” Under the guise that beliefs established through rigorous scientific inquiry are objective and under the assumption that statistics generated from studies on sample populations act as a health ‘truth,’ its values have become adopted by mainstream society at large. The concern of healthcare with the body is thus “situated within a project of regulation through generalization.” In Shildrick’s words, “healthcare may be characterized not as disinterested beneficence or neutral scientific intervention, but as inextricably caught up in the technologies of power” (57).

The *Diagnostic and Statistical Manual-IV*, as a scientifically established handbook of diagnostic criteria, is clearly the dominant discourse of the psychiatric community. Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise Specified have become three clinically distinct yet symptomatically related categories in

the *DSM-IV*. How then are values implicitly contained in various diagnostic categories so as to work as a micro physics of power on individuals? In the following section I will discuss how values are implicated in psychiatric diagnoses and the diagnosis of eating disorders in particular.

Values in Psychiatric Labeling: The DSM-IV and Eating Disorders

John Z. Sadler (2005) admits that the *DSM-IV*'s "simple language and current status as a cultural icon have nudged it into the domain of pop psychology and pop culture" (419). He explains that the *DSM-IV*, as a diagnostic system, is "intended to advance the generation of knowledge about the conditions [of mental illness] as well as provide a 'shorthand' for clinicians in communicating about and understanding patients' conditions" (357). Despite the intent of psychiatric labels to enable professional research and discussion about mental disorders and their characteristic symptoms, they have become commonplace social signifiers of popular culture. Four background contexts of human mental disorder, according to Sadler (2004), are useful to summarize and enlighten the controversy surrounding psychiatric diagnosis and labeling. First, mental illness has a "history of stigmatization" which "provides a cultural atmosphere that permeates and reinforces other social phenomena" surrounding mental illness. Second, stigmas of mental illness are fed by "ambiguities around personal responsibility and volition" (164). It is often unclear whether the emotions and behaviors of people with mental illness are *done to* the person by the illness or something the person, who is also a person who has a mental illness, does.

Questions of responsibility and volition are fed by the third background feature, "the relation between the self and mental illness" (164). The treatment of mental illness is problematic because the attribution of individual characteristics to those of "illness"

versus “self” is always indeterminate. Whereas a physician mends “broken body parts,” the psychiatrist attempts to act upon “the sense of self; the ability to reflect on and modify one’s own thought and behavior, and the capacity to imagine, experience, and even create alternative worlds” (165). Finally, the fourth feature is the way “mental disorders and their component features are valued.” As a socially situated phenomenon, mental disorders and associated behaviors in individuals are under the scrutiny of society at large. The latter features make it clear that the classification of mental disorders is problematic primarily because they are always indeterminably mixed with the self, which is subjected to further evaluation by self and others.

Labels and diagnostic categories are derived from classification systems that are not objective and “value-free” as it is commonly assumed. The post-modern tenet that language constructs reality is pertinent to the argument that the values encoded in categories of the *DSM-IV* are harmful. Language is created by society and operates as discourse, so it is reasonable to argue that from this perspective that the reality experienced in relation to mental illnesses is also shaped by society. Grossman (2004) points out how “labels, as part of diagnostic language, foster attributions of responsibility for mental illness and guide professionals’ views of the client” (513-514). Thus, the reality of the patient’s situation is influenced by diagnostic language, which is itself a result of social practices and cultural conventions.

Grossman identifies two problems in the diagnostic language of the *DSM-IV* and discusses their implications. The primary problems that arise from the language employed by the psychiatric establishment are located in the *DSM-IV*’s introductory definition of “mental disorder”, which specifies:

“each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in the person that is associated with

present distress...this syndrome must not be merely an expectable and culturally sanctioned response to a particular event... Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual...

A common misconception is that a classification of mental disorders classifies people, when actually what is being classified are disorders people have”

(APA, 1994, xxi).

Grossman first addresses the “in the person” distinction. Despite the disclaimer that diagnostic labels are to be used as “disorders people have,” it is common for not only the general population, but also psychiatric professionals to refer to patients as “bipolar” or “anorexic.” She further explains, “it is rather duplicitous of the *DSM* to claim that the disorder must be “located in the person” while at the same time cautioning against the ‘misconception’ that the disorder classifies the person” (p. 516). Regardless of how individuals with mental illness are described, the *DSM-IV*’s specification that mental illness is located “in the person” contributes to the widespread use of phrases which identify mental illness as the primary characteristic of afflicted individuals.

Second, Grossman criticizes the *DSM-IV*’s distinction of mental disorder as “not merely an acceptable and culturally sanctioned response to a particular event.” This phrase means that mental illnesses must be more than an effect of environmental stress; in other words, to be considered a mental illness there must be some neurophysiological dysfunction that is manifested as abnormal behavior. The environmental stress distinction is criticized for narrowing the conceptions of the cause of mental disorder to disturbances in individual pathology, thus unduly ignoring other possible causes. Together, the “in the person” and “not merely environmental” distinctions guide professionals to understand mental disorders in individuals as having “a more stable, trait-like quality” (517). As discourse, this understanding trickles down to constitute the conception of mental illness held by society at large.

Grossman continues with her arguments to claim that clinicians bring “a set of assumptions about the causes of disorders” to analyze how various attributions “affect the view they have of their clients” (517). She concludes that *DSM-IV* definitions of disorder influence clinician’s attributions: “the definition locates the disorder in the person and limits the professional by excluding environmental factors as potential causes” (520). Attributions are “constructed realities guided by current trends in language” and are not “inherent truths about the nature, etiology, or progression of mental illness.” Attributions associated with eating disorders are those of blame and control. Grossman gives an example of how attributions of psychiatric discourse are transmitted to society through eating disorder prevention programs. These programs do not identify sociocultural causes of eating disorders, despite the widely established belief that eating disorders are a highly socioculturally bound syndrome. Instead, these programs focus on warning signs and self-esteem building exercises. Grossman acknowledges that while these programs were created with good intentions, “they are a reflection of the *DSM-IV* definition and the influence it has on attributions of blame and control.” By teaching elementary children “warning signs” of eating disorders to be aware of without discussing their possible meanings, the *DSM-IV* language is internalized as appearance- based recognition schemas in the general population.

Grossman’s work establishes the first point of controversy surrounding the *DSM-IV*. Psychiatric labeling has the negative affect of social stigma, which leads to the further marginalization and isolation of those diagnosed and labeled with a mental illness such as anorexia. Patients experience stigmatization and marginalization not just from abstract social sources (i.e. memorable messages from the media), but also from family members, teachers, peers, and even the clinicians who treat them. Attributions of blame

and control may be perceived by the individual diagnosed and lead them to feel even more hopeless about their condition. They feel *blame* for having irrational difficulties with day to day life and the societal expectation that individuals ought to “take charge” and *control* their behavior and mental state. When one considers the high levels of self-loathing and feelings of powerlessness that are often experienced by patients with eating disorders, the previous expectations certainly seem unjust. The stigmatizing effects of psychiatric labeling are at least one reason why individuals diagnosed as anorexic feel the need to generate alternative meanings about their experience via pro-anorexia websites.

Psychiatric labels are also problematic because they are applied on the basis of the presence or absence of certain clusters of symptoms. These symptoms are understood as states of being that are considered ‘abnormal’. In order to identify what is considered ‘abnormal’, the behavior of patients diagnosed with mental illness is measured against the behavior of ‘normal’ members of society. Thus, norms are inherently socially and culturally determined. Skene (2002) outlines two reactions of scholars concerning the problem of values in psychiatric diagnosis: the “realist” position and the “strong normativism” position. Realists argue that reliability in classification will increase through the introduction of “operationalized criteria for diagnosis” and the removal of “evaluative components” (114). On the other hand, the strong normativists (which include Szasz, author of the famous *The Myth of Mental Illness*) reject psychological classification and diagnosis on the basis that “mental illnesses are merely labels applied to social deviance” concluding that “psychiatry is a form of social control which represses undesirable behaviors” (114-115). Skene identifies fallacies associate with each position and alternatively suggests Foucault’s explanation of mental illness to support a moderated perspective of strong normativism.

According to Skene, Foucault believed that “social practices, institutions, and knowledge serve to construct the phenomena of madness.” This does not mean that madness constructed as mental illness does not exist, but rather, its existence depends on “how practices, institutions, knowledge, and power create possibilities” (124). Most models of mental illness do not recognize that what diagnostic categories describe are not only disorders in individual pathology, but also a “set of social norms in relation to expected roles and behaviors” (123). Finally, the changing nature of mental illness throughout history suggests that developing more accurate categories will not be achieved by empirical analysis alone, but through a cross-historical, cross-cultural qualitative “analysis of the conditions that constitute the phenomena” (126).

Contemporary critiques of psychiatry reject the common tendency to overlook other, possibly important, contributing factors in favor of identifying a psychopathological basis for mental disease. Skene’s position of “moderated strong normativism” addresses the problems of value-based diagnostic categories and suggests alternative ways of understanding and distinguishing between mental illnesses. Instead of simply arguing that mental illness is socially constructed, Skene urges the psychiatric establishment to accept that “the extent to which value constitutes madness is also the extent to which psychiatric nosology will be relative to culture, history, and social situation” (126). Thus, Skene leaves open the possibility of multiple and complex causes of mental illness.

This discussion is not meant to imply that I advocate antipsychiatry; I believe that neuropathology plays an undeniable role in mental illness, particularly in more severe disorders such as bipolar disorder and schizophrenia. However, neuroscience studies have shown that the social and cultural environment to which we are repeatedly exposed

habituates the chemical responses within neural networks that, in turn, directly affect behavior and experience. In the case of eating disorders, particularly anorexia, Bordo (1993) views psychopathology as the “crystallization of culture” (139). From this standpoint, psychopathology is clearly involved in eating disorders, but it is assumed that the delicacies of biological functioning are intimately associated with social conditioning. In this way, Bordo overcomes the unintended implications of the *DSM-IV* that mental illness spontaneously arises as abnormal pathology within individuals. This perspective acknowledges the socially constructed nature of mental disorders while accepting the existence of real phenomena experienced by individuals that clinicians should aim to treat in the most effective way possible.

DSM-IV classification and description of eating disorders. As the dominant discourse, what does the *DSM-IV* say about eating disorders? The official definition listed is threefold. For the diagnosis of an eating disorder, there must be a (1) “definite disturbance of eating habits or weight-control behavior;” which results in (2) a “clinically significant impairment of physical health or psychosocial functioning;” that (3) is not secondary to other medical problems or psychiatric conditions (408). Once diagnosed with an eating disorder, individuals are further classified into three specific categories: anorexia nervosa, bulimia nervosa, and atypical eating disorder. An “overevaluation of shape and weight” is found in both anorexia and bulimia nervosa. Anorexia is applied to individuals who display “active maintenance” of “unduly low body weight” and “amenorrhea” (the cessation of menstruation). Bulimia nervosa is applied to individuals who display “recurrent binge eating” and “extreme weight control behavior” without meeting the criteria for anorexia. Finally, “atypical eating disorders (or eating disorder

not otherwise specified)” encompasses eating disorders of “clinical severity that do not conform to the diagnostic criteria” of the previous two categories.

Rich explains that biomedical discourse derived from the *DSM-IV* “produces a language through which illness is deemed to be ‘recognisable’” (290). It is through the labels and values of the *DSM-IV* that the dominant discourse concerning mental illness is composed. Symptoms are identifiable traits that indicate a particular type of person. In the case of eating disorders, there is a tendency to focus on physical well being, on the “increase or decrease in weight, rather than understanding the social and emotional dimensions of what it is [like to suffer from an eating disorder]”. Rich explains how many eating disorder patients report feeling “misunderstood or isolated” by pathologizing language used by significant others. The negative experiences of diagnosis are primarily related to how “others ‘read’ the anorexic body” in ways that reduce “health and wellbeing” to matters of “weight loss or gain” (289). Thus, individuals who tend to focus an unhealthy amount of thought energy to body matters are understood by others as ill or healthy primarily upon the basis of their body size.

In addition to focusing on physical indicators of eating disorders, many of the patients in Rich’s study reported that their attempts to explore “the complexities of relationships with food, body, self and eating” were “silenced” because the language of biomedical discourse is insufficient to encompass the experience of an eating disorder. Within a variety of social contexts, “anorexics” are constructed as “irrational, seeking attention or ‘abnormal’.” By implicitly defining anorexia as a “negative social position,” dominant discourse of the *DSM-IV* produces discursive constraint on the subject who is diagnosed. The language “literally constrains the discourse” that individuals with eating disorders “can apply to their self” (293). Rich explains that it is only “through contact

with other people with eating disorders” that patients feel understood. Further, “the only point of contact with fellow sufferers may be through the internet.” As a “critical context for the construction of alternative identities and narratives,” the internet helps sufferers to “feel less isolated” and provides alternative understandings “to help deal with stigmatization.” Despite possible negative effects, the pro-anorexia community at least “provides? alternative spaces for these young women [and men] to voice their experiences without the threat of feeling pathologized” (205).

Discourses that Construct Eating Disorders

In her extensive feminist, post-structuralist study of eating disorders, Malson (1999) focuses on the ways in which “so-called *dis-orders* of eating and embodiment are constituted within (rather than being deviations from) the normalized (and normalizing) *orders* of subjectivity, embodiment and body management of contemporary Western society” (398). Throughout her work, Malson identifies the primary discourses imbricated in the construction of anorexia: Cartesian Dualism, Romantic Discourse, and consumer capitalism. Dualist Discourse constructs “human existence” in such a way that “the spiritual or mental is seen as entirely separate from the physical realm” (1997, 233). Bodily urges are dissociated from the conscious mind and individuals are encouraged to rule over and control their bodies. Cartesian dualism “constitutes the body and (embodied) subjectivity” in a way that “locates desire in the alienated body and therefore produces the need to control that body” (234). Eating is something that arises from a bodily desire that needs to be controlled. The thin body is further constructed positively as “proof of the mind/self’s control over the body” and signifies “perfection and integrity of the mind/self.” The fat body, in contrast, signifies “indulgence and an inability to

control the alien, eruptive body of dualist discourse.” Body fat is then produced as the “*source* of estrangement of the self from the body” (235).

The constructions of thin bodies as beautiful and fat bodies as ugly are so “dominant and normalized” that they often appear to be “unquestionable description[s] of some law of natural aesthetics” when in fact what is considered a beautiful body is sociohistorically specific and fluctuates across history (Malson, 1996, 272). The equation of thinness with beauty is produced through the “discursive construction of the woman’s body as attractive within a heterosexual matrix” that positions woman as the “object of masculine desire.” This construction of thin as beautiful/fat as ugly is “firmly embedded within a traditional romantic discourse” in which the beautiful woman “gets the man and thereby gets to live ‘happily ever after’” (272). Romantic discourse, “underpins the narrative structure of numerous fairy-tales and romantic fictions.” Disney movies are an excellent example of this phenomenon. Can you recall even a single Disney movie in which the heroine is not beautiful *and* thin? Further, even in more recent films that attempt to empower women by portraying primary female characters involved in endeavors other than marriage (i.e. reading books in *Beauty and the Beast*, fighting as a samurai in *Mulan*, protecting nature in *Pocahontas*), the happy ending is still established through romantic love and a small waistline.

Romantic discourse in this way “produces women’s desire to be thin” by constituting the thin body not only as beautiful, but as a “means of achieving ‘salvation’ through a heterosexual relationship.” In this framework, dieting becomes more than a “trivial matter of ‘vanity’” because it is an “essential part of achieving happiness” by ensuring that one is attractive enough to ‘get’ a man. The language used by Malson to explicate romantic discourse focuses on the experience of women. It is important to note

that the rising independence and social status of women has put increasing pressure on men to measure up to a particular standard of attractiveness. In the past, women were dependent upon marriage for financial security and were thus less selective about physical appearance. Now, women have greater job opportunities and the battle for equal status and wages continues. The overall effect for men is that they also must contribute a certain amount of effort and awareness to their appearance because money is no longer enough to entice a woman into marriage.

Finally, the discourse of consumer capitalism has a profound effect on the ways individuals regulate their bodies. The introductory quote from Baudrillard highlights the status of the body in today's society. In consumer society, the "general status of private property applies also to the body" (129); the body is manipulated, invested in to "produce a yield" (131). A basic mechanism of consumption is the "formal autonomization of groups, classes, and castes (and the individual) by and through the formal autonomization of systems of signs or roles" (138). Through the liberation of the body, consumer society enables it to be "exploited rationally for productivist ends." In other words, for an "economic process of profit generation to be established at the level of the deconstructed body" an individual must take him/herself as object, "as the most precious exchange material" (134).

Thus, the body is liberated not for "autonomous ends of the subject" but instead by a "*normative* principle of enjoyment and hedonistic profitability, in terms of an enforced instrumentality indexed to the code and norms of a society of production and managed consumption...one manipulates it one of the many *signifiers of social status*" (131). Consumer society "enjoins all individuals *to put themselves in the service of their own bodies*...The modern woman is both the vestal and the manager of her own body;

she takes care to keep it beautiful and competitive.” Beauty, in this framework, functions as a sign material with a specific exchange value. Further, Baudrillard realizes that the “imperative, universal, democratic beauty” inscribed on the foundations of consumer society “as a right and a duty...is *indissociable from slimness*.” (140).

Returning to the introductory quote, what Baudrillard refers to as “this drive” is that of “managed narcissism,” which under the guise of emancipation “fuels the veritable enterprise of self-repression” (142). The widespread obsession with body management betrays the contradictions of consumer society. Baudrillard considers the idealization and “mystique” of the fashion model and “fascination with slimness” as “forms of **violence**” in which the “body is literally *sacrificed*—both fixed in its perfection and violently vitalized as in sacrifice.” He even goes so far as to argue that today, the body as an “*object of salvation*” (129) has substituted for the moral and ideological function once held by the soul. Thus, the discourse of consumer society makes the body an individual responsibility, which in order to be “respectable,” one must manage as an object whose exchange value must be maximized. Through the construction of the body as social signifier in a context where slimness cannot be dissociated from beauty, the discourse of consumer capitalism motivates individuals to starve themselves without regard for health in order to attain the highest exchange value.

Conclusion

Through a discussion of discourse, the dialogical self, and discourses related to eating disorders, this chapter has established the groundwork necessary to understand the composition of the (anorexic) self as portrayed in the narrative of pro-anorexia weblogs. As the language available in a particular culture at a historically situated point in time, discourse constitutes “regimes of truth, fields of knowledge about the world and about

bodies” (Malson, 1997, 231). Discourses constitute individuals by determining the language available with which to construct meaning through narrative; in other words, discourses construct identity by determining the meanings and values of the stories that constitute an individual’s identity. From the perspective of the dialogical self, social values and meanings become characters in the polyphonic novel or positions in the field of narrative voices as “collective voices.” Finally, some specific discourses that construct anorexia as a “complex, heterogeneous, shifting collectivity...expressive of a *multiplicity* of societal concerns and dilemmas...particular to the socioeconomic, cultural, and political dynamics of contemporary Western culture” (1999, 139) are overviewed as the starting point for a post-structuralist, discourse-analytic approach to the investigation of (anorexic) identity.

CHAPTER THREE

Theory and Method

The Dialogical Self and Computer Mediated Communication

Peter L. Callero (2003), a sociologist of identity, notes that “as the globalization processes of late capitalism continue to destabilize traditional practices and cultural assumptions, the self is exposed in various ways” (115). Hermans (2004b) further hypothesizes that “in the context of a global and digital society,” dialogue between positions of the self is “becoming increasingly mediated as a result of technological advances” (297). The internet is unquestionably one such technological advance which leads to a greater “global interconnectedness” that in turn provides novel “opportunities for innovation of the self as multivoiced and dialogical” (297). Appropriately, the past few decades have eschewed an increasing number of scholars from a variety of disciplines to use the internet as a privileged medium from which to investigate the construction of identity.

In my feminist post-structuralist discourse analysis of (anorexic) identity, I focus on how discourse is invoked, implicitly and explicitly, in the values portrayed through the narrative self-constructions of individuals with anorexia. Narrative data used for analysis has been drawn from pro-ana blogs and used to investigate the “multiplicity and complexity of the experiences of eating disorders.” My method is similar to that of Rich, who includes narrative data from a range of perspectives across a broad collection of disciplines to create a “patchwork of voices.” This method “enables representation of the ways in which the experiences within and through anorexia are ephemeral,” shifting as

these individuals “move across a variety of social settings.” Interspersed throughout the analysis of the voices of online (anorexic) identity, I use those from other sources to highlight similarities and differences, thus displaying “multiple refracted realities simultaneously” (286).

Giles (2006) urges researchers to consider the “peculiarities” of eating disorders that make them a “ripe topic for the kind of identity work” carried out in virtual pro-ana communities. As discussed in the previous chapter, eating disorders are shaped by a “broad network” of conflicting discourses; as such, the perspectives portrayed by pro-ana webmasters and bloggers vary greatly. My goal in creating a “patchwork of voices,” primarily from pro-ana blog narrative data, is to show what the voices of (anorexic) identity sound like as a collective. Malson (1998) specifies that instead of an individual pathology, anorexia should be understood as “a plural collectivity, signifying a multiplicity of shifting and often contradictory subjectivities” (145). Although the voices presented are those of various individuals, many common themes and feelings emerge through analysis of their narrative. Combined with the conception of the dialogical self as social and consisting of “collective voices,” the commonalities between the voices identified will represent collective voices of (anorexic) identity.

From these collective voices, we can begin to construct a model of the multiple and contradictory I positions of the (anorexic) self as Nietzsche’s “many headed, variously minded master.” I am aware of the problematic nature of creating a general model to represent anorexic identity, something inherently contradictory and unique, as a collective. So, I will take a moment to discuss my intentions and expectations in doing so. I am interested in the ways discourses constitute the values of individuals as voices of their dialogical self, or as characters in the polyphonic novel that is their life story.

Nietzsche's idea of the self as a "tool" under the control of a "many headed, variously minded master" serves as a simple model to visualize narrative voices in constant dialogical struggle and their relative power relations. Nietzsche's conception of the self is particularly appropriate to use as a model to visually connect the dialogical self to discourse, thus situating the self in a specific social context. It is reasonable to argue that if the voices of anorexic experience identified are representative of values that arise from social discourse, they can also be representative of how certain discourses construct values in individuals that result in their attachment to anorexia.

As a discursive parasite, anorexia merely overtakes narrative voices already present within the self, convincing them to work for *its* goals as the best/only way to achieve their own. Within the Nietzschean model of the self, anorexia may start as a clever and devious character within the self story; among the many heads of the master, the anorexic voice "spits poison" in the ears of vulnerable heads. As anorexia is actively written into the stories of more and more of the characters of the self, it gains increasing power over the person constituted by the voices.

The creation of a model of anorexia based upon collective voices is in no way meant to advocate the normalization and generalization of individual illness experiences. Instead, my goal is to create a *dynamic* model with the ability to encompass a multitude of experiences in order to enhance not only the way others understand the patient, but also, the way they understand themselves. Because this model is based upon a conception of anorexia as a "discursive parasite," it is intrinsically acknowledged that the constitution of heads and power struggles between them in anorexia depends on their initial constitution within specific individuals. Anorexia, as a parasite, feeds off various values socially constructed in the individual by discourse *and* their unique experiences.

Thus, the combination and relative power of these collective anorexic voices always varies between individuals.

The model I propose is representative only of the general values and feelings of anorexia because it is based on discourse. At the same time, it is intended to be flexible enough to represent an individual experience of anorexia by adjusting which voices are initially present, which voices become prominent over the course of anorexia, the power relations that exist between them, and even which voices are absent. However, before beginning the analysis of narrative data used to construct this model, it is necessary to discuss previous research concerning the construction of identity on the internet, and within the genre of weblogs specifically.

Construction of Identity on the Internet

Identity theorist Vincent W. Hevern (2000) pioneered the application of dialogical self theory to studies of the relation between identity and the internet with “Alterity and Self-Presentation via the Web: Dialogical and Narrative Aspects of Identity Construction.” He notes that as a new communication medium, the Internet is likely to significantly effect the identity construction of individuals “belonging to populations at the margin of mainstream society,” or to use his term, “alterity groups” (1). Further, his qualitative analysis of the structure and content of personal homepages shows that the “forms by which web authors fashion their online identities...appear highly consistent with the social psychological model of the self as dialogical” (1). Later, Hevern (2004) conducted a similar study, this time on weblogs, with the conclusion that the self that “emerges” from their “threaded” diary entries is a “concrete instantiation” of a personally and socioculturally positioned dialogical self (322).

Hevern's research concerning the connections between alterity groups, internet identity, and the dialogical self are crucial to the task I will undertake of investigating the narrative voices of (anorexic) identity found on pro-ana blogs. Hevern defines alterity groups as collections of individuals who do not "share the characteristics of the majority of population" and, as a result, are often marginalized and silenced by mainstream society. It follows that researchers encounter difficulty studying and understanding the identity development of such groups because they lack access to sample populations and do not possess adequate tools to measure their unique traits. Charland (2005) notes that "virtual disease communities," with increasing popularity, provide "geographically isolated and socially alienated" individuals "solace through shared experience and companionship" (341). The internet enables such individuals to connect with each other and engage in dialogue about their illness experience in a manner impossible before our present digital age.

As a dialogical space for the anonymous free expression of marginalized individuals, the Internet offers a rich data source from which to observe the identity construction of alterity groups as it occurs in real time. The anonymity of the Internet further enables individuals to be honest and frank about their experiences in ways the social conventions and norms of "real world" situations prohibit. Individuals with eating disorders, especially those who take a pro-ana stance, clearly constitute an alterity group whose members engage in a multitude of online expression. Giles notes that there are now over 400 pro-ana websites, within each of which there are numerous links to pro-ana bloggings. Ensign (2006) estimates that the "xanga.com [eating disorder] blogging community alone has at least 12,500 members." Further, xanga.com is only one of many possible weblog clients, so it is clear that pro-ana culture participation is widespread.

The “phenomenal proliferation of life writing spaces on the Internet” is paralleled by an “an equally unprecedented interest” of individuals who engage in such a practices (McNeill, 2003, 25). At this point, it is necessary to discuss the general theory, structure, and content of weblogs to situate discourse analysis within the context in which the narrative data exists.

Weblogs: Electronic Journals and “Threaded Identity”

“Since mid-1999, blogging as an online activity has been increasing exponentially” (Herring, Scheidt, Bonus, and Wright, 1). The most widely-accepted definition of the weblog is a frequently updated “website consisting of dated entries arranged in reverse chronological order so the most recent post appears first” (Holbrook, 2). Rodi (2002) identifies the following distinguishing characteristics of blogs: frequently updated, short time stamped posts in reverse chronological order, commentary with links to source material, clear ownership (usually by individuals), and links to other recommended weblogs or websites. Despite these characteristics, the blog genre has “no shortage of definitional problems;” on top of the fact that as a medium of computer mediated communication, blogs are constantly changing and developing, there also exists a wide range of variability in what academics believe constitutes a blog. Hence, I will focus on a single well-developed genre of blogs, that of blogs as electronic journals, to introduce their broad characteristics and then narrow in on the terms and topics important to the study of identity in pro-ana blogs specifically.

Recently, blogs have been “studied as sites for identity construction and self-invention” and have underlined the “unruly multiplicity” of social identity online (TCI). Weblogs, Rodi says, “reflect the writer’s unique blend of interests, enthusiasms, and personality” (2). Although it is impossible to generalize the blog genre, many scholars

argue that most blogs closely resemble electronic journals. According to McNeill, “online diarists combine a traditionally confessional genre, the diary, with a medium that makes confessions widely available but still anonymous, impersonal, separate from diarists’ offline lives and identities” (27). McNeill goes on to point out that blogs are “descendant[s] of personal homepages” (28). Hevern also recognizes this similarity; after his dialogical analysis of personal homepages, he finds the same qualities, in an even more pronounced degree, on blogs.

As an electronic journal medium, the degree of and motivation for self-expression possible on blogs clearly exceeds the limits of traditional theories of auto/biography. The “immediacy and accessibility” of blogs “blurs the distinction between online and offline lives, virtual reality and the real world, the public and the private, and most intriguingly for auto/biography studies, between the life and the text” (25). Recognizing the latter, McNeill specifically discusses the ramifications of “online production for the diary genre” (26). McNeill begins by stating that “even the scantiest of blog narrative incorporates “trademark” diary features,” such as time stamped and dated entries and a focus on the experiences/interests of the narrator as a protagonist (29). However, on blogs “diarists can incorporate the instruments of the Internet to enrich their diary narratives, turning textual self-portraits into three-dimensional virtual experiences that allow the reader to take a guided tour of the diarists “life” ” (30). Bloggers include images, audio files, movie files, graphics, and links to other sites as hypertext. What then are the effects of these additional expressive technologies on the ways bloggers produce their diaries?

Most blogs are presented as a main page, usually created from a fill-in-the-blank style diary template, with two vertical frames. The template is often provided by the blog

utility and serves as a visual theme to organize the content of the diary around a thematic style. These blogs exist on relatively easy to use blog sites such as *Blogger*, *Xanga*, *LiveJournal*, and *Diaryland*. The main frame is almost always on the right and consists of the diary entries in reverse chronological order. At the top of the much narrower left frame, the blogger usually places a pictorial representation of themselves, similar to an avatar (a pseudonym or nickname for Internet communication), in the form of an actual image of themselves or images found on the internet they deem to be representative of their identity. Below the representation of the blogger are various stats about them, such as interests, age, location, sex, favorite books and movies, etc. Some blogs even have a link to an entire “About me” or “Bio” page. In contrast to “About Me” information, “Bio” pages often have a “much more substantial background”

As McNeill points out “many of the accessories found in an online diary reflect its nature as a public document, meant for readers other than the diarist” (30). In effect, blog devices “package texts and subjects, identifying them for appropriate audiences,” (31) making it easy for readers to quickly identify whether they will be interested in reading the blog entries or whether they should move on to find someone with whom they share more common interests. The existence of “FAQ” (frequently asked questions) pages show that bloggers, “in their response to real or imagined queries from readers,” intend for others to read their diary—not just any other, but specifically those who understand them.

Pro-Ana Blogs as Virtual Communities

Pro-ana blogs, although distinctly autobiographical example of illness narrative, are also “community/support group” because the majority of pro-ana blogs exist within communities related to a particular topic, termed “blogrings.” The majority of blogging

sites enable users to search for bloggings based on keywords (such as pro-ana) and individual blogs not only display links to the blogging (and all its members), but also to the individual blogger's favorite blogs. Individuals can then join blog communities with various levels of membership restriction. The entirety of the narrative data used in this study was collected from blogs that exist in "public" bloggings; meaning that I did not have to become a confirmed member with a password in order to view the content. The existence of bloggings points to the community aspect of engaging in the Internet as a free space for self-expression.

The community aspect of blogs is immensely important to the way individuals construct identity. The particular content and means of expression employed on blogs invite "readers who share their interests, values and backgrounds" In this way, bloggers create "insider/outsider roles for readers" (33). The use of "proper nouns, place names, presuppositions, and explanatory asides are traditional strategies by which...diarists create intimacy." Further, Internet technologies enable diarists to accompany textual experiences with images, music, video, and links to other sites or blogs. McNeill explains that that these methods construct a "virtual world" for the diarists so that "readers can in a sense share the diarist's experiences" and "see as he or she does, rather than relying" solely on textual descriptions.

Data Collection

To collect, organize, and analyze data I will use the form of digital ethnography employed by Webb (2001) and Dias (2003), combined with Cicourel's "data-driven mode of analysis." As explained by Webb, this type of analysis involves a "*verstehende*" in which the ethnographer immerses her/himself in the data record" and attempts to discern "'what is going on' by invoking his/her member's knowledge to make sense of

the ongoing activities just as do actual participants.” *Verstehende*, the German word for “understanding,” is a way of doing sociology that understands its subject more fully by the inclusion of multiple factors. These include context—a good ethnographer should understand actions and events from the context in which they take place and their meaning within that particular context. Thus, I will be criticizing pro-anorexia websites from “inside the text.”

Ethnography is intended to be particularly suited to the research of social environments. Digital ethnography is an appropriate alteration of the method because the location of virtual environments, in the form of pro-anorexia websites, can clearly be considered social. At their core, they are a space for voices to engage in dialogue with one another. Members possess shared understandings and mutually accepted ways of communicating. McNeill cites Swales who argues that these online “alliances form the bass of...discourse communities: groups united by their commitment to similar rhetorical goals” (34).

Ethical Considerations

Before beginning the official analysis, it is necessary to address some ethical issues. As pro-ana weblogs are essentially online diaries, the narrative of individual illness experience they contain is often very personal. As such, some scholars have considered their use ethically problematic. However, the general rule researchers follow is that whatever occurs in a public domain, may be considered public information. Thus, in collecting data I have avoided any forums that require registration or password entry. Further, I withhold the specific ‘urls’ and names of sites and message boards included in this study. As Dias points out, the fluidity and transience of these sites make it unlikely that the links and labels remain stable. Giles describes pro-ana culture as a “nomadic

community that drifts through cyberspace as successive sites are shut down by hosts and then reopened at new locations,” (464) under new names.

The identity of weblog participants is in the form of a name, “screenname”, or picture is carefully protected. Names will always be substituted, as well as “screennames,” which will be substituted by a typically used “screenname.” When reviewing thinspiration, any pictures of site users will be excluded (most images come from high fashion media). Above all, the information about the users will be used respectfully, with the goal of contributing to a greater understanding of anorexia, in the hopes of improving the efficacy of treatment.

Webb points out that an important benefit of using ethnography to research particular groups within cyberspace “allows the researcher a unique opportunity to observe a culture in the process of formation.’ (566). Pro-anorexia websites, according to Dias, are particularly “fluid and transient” which “illustrates the resilience of women who seek them out and (re)create them” (31). The online domain of pro-anorexia, self-named “pro-ana” communities, are transient in that links to particular sites are rarely persistent. Their transience further leads to their fluidity (of content and meaning) as new sites are continuously created and revised and as participants enter and withdraw from the online community. These two features confirm that the pro-ana culture, in particular, is always in the process of being formed and should be conceived of as “various qualities of culture in flux” instead of a coherent stability.

The concept of a fluid culture, formed through ongoing, multiple, and interacting processes, brings me back to the concept of the dialogical self. To the pro-ana participant, anorexia is experienced as a fundamental part of their identity. Dias points out that “through their narratives we see how dominant cultural scripts about their bodies

are reproduced, negotiated, and/or resisted” (31). As previously explicated, the “dominant cultural scripts,” in this case, are the biomedical and psychiatric understandings of anorexia as an “irrational” *disorder*. As this concept trickles down to the understanding of the public at large, specific linguistic constructions (i.e. the labeling of a person as “anorexic”) lead to the assumption that the disorder is “in the person” instead of “a disorder a person is experiencing.” As explained in the previous chapter, these sociocultural beliefs or ways of thinking/being are transmitted to individuals as values through discourse.

CHAPTER FOUR

Analysis and Discussion

Modeling Identity: Discourse Analysis of Collective Voices of (Anorexic) Identity

“A revaluation of values is achieved only when there is a tension of new needs, of new needers who suffer under the old valuation without becoming aware—“

(Nietzsche, 2005, 152, 9[77])

In Chapter One, I presented the issue of virtual pro-anorexia communities alongside the controversy surrounding the *DSM-IV* and psychiatric labeling. Due to the stigmatizing effects of diagnostic categories, those diagnosed with “anorexia” experience discursive constraint as they struggle to interpret their experiences and ascribe meaning to their thoughts and feelings. In other words, the real language in use available to the subjects with which to construct meaning is determined by dominant discourses, especially the discourse of the psychiatric establishment and the *DSM-IV*. As Nietzsche explains in *Daybreak* (1997), discursive constraint arises because “language and the prejudices upon which language is based are a manifold hindrance to us when we want to explain inner processes and drives” (71, 115). As a result, pro-anorexia websites function as a dialogical space where those who suffer from eating disorders can engage in anonymous yet highly personal dialogue about their unique illness experience without fear of stigma. Communications scholar Maria Mastronadi (2003) suggests that pro-ana spaces enable participants to experience a “greater position of power from which to name, describe, and interpret emotions and behaviors concerning their relationship to the context in which they experience struggles over their lives and bodies” (2).

Feminist, post-structuralist scholars such as Helen Malson (1999) criticize popular conceptions of anorexia for their focus on *individual* pathology or for their specification of an “*over*-internalization of cultural prescriptions about female beauty and the ‘necessity’ of dieting.” She argues that the latter ideas “only *begin* to understand how our socio-economic, cultural, and political contexts are implicated in the production of anorexic subjectivities, experiences and body-management practices” (138). Malson suggests that instead, anorexia should be conceptualized as a “collectivity of subjectivities, experiences and body-management practices located in and constituted by a socio-historically specific, ‘postmodern’ cultural context” (143). Various discourses make a range of (anorexic) subjectivities possible which may be “expressive of a multiplicity of societal as well as individual concerns and conflicts about femininity, gender-power relations, consumption, control, and individualistic competitiveness” (Malson, 1997, 225).

The controversy surrounding the essentializing effects of psychiatric labeling and latter criticisms of dominant conceptions of anorexia has led researchers to develop a new method of conceptualizing illnesses based upon narrative accounts from patients’ real experience. Malson conducted a series of interviews with individuals labeled or self-labeled as anorexic to investigate the discourses and discursive resources deployed in the constructions of ‘anorexia,’ ‘femininity,’ and ‘the body.’ Through discourse analysis of narrative obtained from interviewees, Malson identified several primary discourses that occurred “both within and across” their accounts. Thus, she established with empirical evidence the certain discourses produce the (anorexic) body and person through “a multiplicity of meanings and may signify a variety (often conflicting) subjectivities” (142).

In her book, *The Thin Woman* (1998), Malson asserts that the “discursive and physical management of the thin/anorexic body and the discursive struggle over its meanings” are equivalent to a “management of identity” (142). In an attempt to create a patient-centered conceptualization of (anorexic) identity, I present the narrative of real people with anorexia which exemplifies the various discourses identified by Malson and discuss their multiple meanings. Lock, et al. (2005) explains that social discourses operate as “unseen technologies of the self” that become an “integral part of the ordering of everyday life” (324). The meanings associated with various discourses are internalized as personal values, or as discussed in Chapter Two, “collective voices” of the self that participate in the dialogical relationships. As a discursive parasite, anorexia takes over these collective voices already present within the self, “co-opting those discourses that have already constructed the person to think about and articulate themselves in the ways they do” in such a way as to remain invisible and achieve its own “hegemony over the host” (322). I apply this conception of anorexia as a discursive parasite and the idea of “collective voices” of the dialogical self to Nietzsche’s idea of the self as a “many-headed, variously minded master.” In this sense, anorexia is a devious tyrant among the characters of the self, persuading each voice or head of the master to work towards its own ends by taking advantage of those values internalized from discourse.

Narrative therapists work to “disentangle the person from the problem” by assuming that discourses construct “how a person understands their situation” and how their relation to this situation “has been constructed through the discursive resources available to them.” For the case of eating disorders, narrative therapists identify “anorexia as the problem, and not the person as anorexic” (315). Thus, I construct a

model of anorexia as discursively constituted within the self in multiple and contradictory ways. Various discourses constitute certain values within individuals to make them susceptible to anorexia. By using narrative examples of these “collective voices” to suggest the nature of various heads of Nietzsche’s “master,” one can not only *visualize* the dialogical relations between characters of the self, but can also hear what these voices *sound* like. My goal for the construction of this model is flexibility; since not all individuals with anorexia possess all the voices I discuss, and further, because the power relations between the voices are highly variable, the model must be variable enough to be adapted to fit the specific constitution of voices within particular individuals.

In my discourse analysis of narrative pertaining to anorexic experience, I begin with Malson’s explanation of anorexia as a simultaneous process of self-production/destruction. I then trace this thread of meaning through each of the supporting discourses: Cartesian dualism, individualism, and consumer autonomy. As I discuss each discourse, I weave voices of anorexia from cyberspace throughout the analysis to create a “patchwork of voices.” In addition to textual examples of narrative, I include graphics posted by ‘bloggers’ to show the innovative methods they utilize to create meaning for their experiences. After introducing the concept of anorexia as self-production/destruction, I will review each of the primary discourses within and across which it is constituted. Before discussing the psychotherapeutic implications of the multiple, contradictory model of the self, I note the tension between the possibly harmful effects of pro-anorexia networks and the importance of the support and companionship they offer their members.

Anorexia as a Discursive Management of Identity: Self-Production/Destruction

As mentioned above, anorexia is taken to be a “plural collectivity, signifying a multiplicity of shifting and often contradictory subjectivities” (Malson, 1998, 157). The narrative analyzed by Malson demonstrates a range of subjectivities running through multiple discourses surrounding “anorexia, femininity, subjectivity, and the body” that “constitute and regulate people’s lives” (192). As a “management of identity,” anorexia can be seen as a process of creating identity while “simultaneously destroying oneself, both literally and metaphorically” (159). In the accounts of Malson’s interviewees, anorexia was “positively construed as a means of finding or marking an identity for oneself” while at the same time, there was a “concomitant negative construction of ‘the self’ as otherwise lacking an identity” (147). As Figure 1 suggests, pro-ana as a lifestyle is a method of self-production. At the same time, the phrase “ANA MADE YOU” implies that individuals who prescribe to a pro-ana stance must remember that they are indebted to “ana,” as some abstract entity, for their identity.



Figure 1. Contradictory nature of anorexia as self-producing and self-annihilating.

It is through a dual, contradictory process of self-production/destruction that anorexia works as a discursive parasite. As a constantly negotiated subjectivity, there are various discourses throughout which this process is interwoven, producing different meanings for the personal values and body management practices present in individuals

with anorexia. As patients negotiate day to day life, they inevitably encounter many discourses which position their subjectivity in various ways. For example, anorexia can variously signify an illness, an extreme diet, a coping mechanism, a desperate ploy for attention, and/or self-punishment (143). The dual process of self-production/destruction is interwoven throughout primary discourses of Cartesian dualism, individualism, and consumer autonomy. There are also contexts that incite secondary discourses, such as romantic discourse, gendered discourse, and medical discourse, which further demand that the individual negotiate his or her identity. Thus, anorexia represents a constantly shifting subjectivity, discursively produced as self-production/destruction.

Cartesian Dualism

Descartes' dualistic solution to the famous mind-body problem continues to permeate contemporary discourse concerning what it is to be a person. The dualistic conception of human existence as "essentially dichotomized into the spiritual or mental and the physical" privileges the mind whereas the body is construed as separate and alien. The self is located within the mind and (ideally) rules over the body with rationality and will power. With this dichotomy, dualistic discourse contributes to many features of anorexia and the anorexic mindset. By separating mind from body, certain body types come to signify certain types of individuals. Further, by privileging the power of the mind over the body, dualistic discourse constitutes many of the control issues repeatedly cited as central to the self-maintenance of anorexia.

The experience of distorted body image, or in psychiatric lingo, "body dysmorphic disorder," (BDD) is a typical feature of eating disorders. When someone with an eating disorder looks in the mirror, BDD causes them to see their reflection as ugly and repulsively overweight, despite whatever the "true" condition of their body. An

important side note is that the reverse can also be true—some individuals with compulsive overeating or binge eating disorders do not see themselves as overweight, even after weight gain. It is common that individuals with eating disorders experience their own bodies as alien, as “an enemy that confines and distracts the self and impedes reason” (Malson & Ussher, 1996, 273). Dualistic discourse, Malson says “provides the positively construed subject position of the mind/self dissociated from an eruptive, bad body” (160). This leads to the anorexic experience of “the eating body” and “the thin body.” Eating is constructed as a bodily urge to be overcome, and fat “metonymically signifies the alien, out-of-control body” (274). The mind, the true self, is then necessary to overcome the body’s alien urges in order to produce a thin body. Self-starvation then becomes a technique of self-production. The discourse of Cartesian dualism produces the desire to “achieve an impossibly thin body” which signifies a “perfect powerful, independent...controlled and disembodied subjectivity” (276).

Within pro-ana communities, some variation upon the phrase ‘You can do it if you put your mind to it!’ abounds. There are forums filled with inspirational quotes intended to empower the mind’s control over the body. Some bloggers compose their own poems to relay their experiences (positive or negative), offer inspiration for difficult times, or contribute to the self-disciplinary internal voices of others. For example:

*Well if you ever had a steak. / And turned into a cow.
Then had yourself some bacon. / And turned yourself into a sow.
You look into the mirror / And ask yourself...how?
The answer is as easy. / As you suffer fat defeat.
You are what you are. / And you are what you eat!*

(Excerpt 1)

This short poem conveys the need to exert control over one’s body because within dualistic constructions, fat signifies is not only “ugly” but indicates a negative identity or

character. The author connects high-fat foods, classically off-limits for restrictive eaters, with imagery of cows and pigs, symbolically representative of lazy, stupid, large, and indulgent animals. The commonplace creed “You are what you eat!” is also a frequent worldview of pro-ana individuals, indicative of the ascetic meanings of anorexia as salvation/purity. Many individuals experience control ecstatically and grow attached to the feeling of emptiness. I will revisit the latter themes in a moment.

“Thinspiration” is another method prominently used in pro-anorexia communities to inspire control—this term refers to photo galleries overflowing with images of thin, sometimes repulsively thin, bodies. Some bloggers photo edit images and overlay textual creeds, as in Figure 2.



Figure 2. Examples of user-created thinspiration.

Despite the positive experience of ‘being in control,’ anorexia simultaneously begins to control its subject. As Bordo (1993) explains, individuals with anorexia are as “obsessed with *hunger* as they are with being slim” and are “in constant dread of being overwhelmed by it” (146). For instance:

Yesterday I marveled at my power over myself. I was walking around high off the sheer control I was experiencing. I walked through the grocery store with my boyfriend's mom - who offered to pick me up anything I wanted... and I asked for nothing. I "no thank you"-ed her at everything she offered me...And that night, brownies with M&Ms were baked. I resolved not to touch them. So I leaned in very close to the pan, when they were quite hot, and smelled them. Immediately my stomach growled in protest. I smiled, sickly satisfied. Then suddenly... I was struck with an almost uncontrollable urge to stuff myself with them, as I'd had nothing all day. I cut myself an enormous piece and took a bite. It was delicious...but it was DISGUSTING. It was thick and heavy and I could only imagine the

calories and fat grams in it. I spit it out into a napkin and immediately began swishing my mouth furiously with water, and spitting. Swish and spit... Until all traces of its taste were gone. Thank heaven I hadn't swallowed...O, emptiness, how I've missed thee!

(Excerpt 2)

i enjoyed the feeling of being hungry. it's kind of like a test, the ultimate form of self-control and discipline. and if you work hard, you will enjoy the fruits of your labor

(Excerpt 3)

I am a fat disgusting lump who should not be allowed anywhere near any type of food, whether it's good or bad. I need will power and self control. If only you could buy these. This is so much harder than last time. I can feel everything i eat just make me feel and look bigger and bigger.

(Excerpt 4)

The first example shows how even within one day, the pleasure of control is intertwined with the fear of losing it. The theme of self-deprivation and the tendency of anorexics to disregard their bodily urges, while at the same time remaining hypersensitive to their body state, are also exemplified in these narratives. In Excerpt 2, the speaker voices how she believes she can literally sense the calories from food she eats being stored as fat on her body. This, and the statement, “O, emptiness, how I’ve missed thee” exemplify the ascetic dimension of anorexia. Subjects become accustomed, in some cases, addicted to the feeling of self-deprivation and emptiness. In some cases, restriction/starvation is experienced as purifying:

i'm in the mood of pureness and that's serious stuff for me. eating something like pizza will make me feel very depressed and disappointed with myself, like dirty./ i'm feeling so into fruits and veggies that if nothing weird happens this weekend i'm planning on going other week like that. i's just so good, and my body feels so relief./i don't know, maybe i could be obsessed with clean and healthy food.

(Excerpt 5)

There will never be any one strong enough to save her from herself./I don't care how much it hurts/I want to have control/I want a perfect body/I want a perfect soul.

(Excerpt 6—the final two fragments “I want a perfect body, I want a perfect soul” are from Radiohead’s song “Creep.” Some bloggers frequently quote artists from popular entertainment media—other examples include Silverchair and Fiona Apple)

The emptiness inside me speaks of the numbness within me. I am starving away my emotions. The loneliness and feeling of fear will never disappear, so I tirelessly pursue my own agenda of starvation. My mind is a battle field where one side seeks refuge and the other side is resistant to change.

(Excerpt 7)

Self-deprivation, when placed in the context of asceticism, “mark[s] one’s self-dislike and lack of worth.” The subject engages in disordered eating to accomplish something positive—self-producing an identity of a controlled and powerful individual with a thin body. Malson (1998) suggest that at the same time, “control/denial of the body through food refusal can be understood as refusal of a (sinful) self, as self-destructive” (161). The “sinful” self refused is the uncontrollable, “fat” self. Thus, anorexia can also become a means of salvation by providing its subject the mask of a positive identity, a topic which I will further discuss in the conclusion to this section.

In summary, dualistic discourses produces the powerful mind ruling over an impulsive body. This discourse enables the (anorexic) subject to literally self-produce a *thin* body though the self-destructive practices of dieting, self-starvation, excessive exercise, and/or purging. As a result of these processes, flesh and fat which “blur the defining borders of the body...between the self and the out side world” are obliterated as the subject metaphorically chisels an identity for oneself as a (thin) person. The following excerpt is an apt combination of all the themes discussed here:

Food is greed and the flesh is weak./ My weight is my obsession losing weight is my passion, the only goal is never to eat again./ Starvation is the most reasonable way to lose weight to achieve ultimate thinness./ I will not stop the pain is necessary especially the pain of hunger and exercise./ It reassures me that I am strong and can withstand anything/ I am no longer a slave to my body. / I am so evil and vile that I deserve to starve./ The only option is to be thin nobody likes fat people, thin is freedom, power and will make you successful / Every hunger pain will strengthen my resolve once I am thin I will be free, strong and independent. / Starvation will purify me it will make my spirit strong it will proof my strength and will power.

(Excerpt 8, emphasis added)

However, when the subject fails in exerting the power of the mind over the body, the fallacies of the dualistic construction of the self must be acknowledged. Succumbing to the urge to eat—“body signs are not to be trusted”—causes the individual to experience her or his body as “hateful, evil and uncontrollable.” When one measures their self-worth against their ability to control one’s body, as is the case with many individuals with anorexia, who regulate their body into a state of extreme thinness, the failure to maintain control is a failure of the self. Hence, hatred of the body becomes hatred of oneself.”

As the subject continues to progress towards the imagined ‘thin’ ideal, his or her mental life becomes increasingly consumed by thoughts of calories, ounces, pounds, and inches. This represents the destruction of the initial identity as “feelings, memories, and thoughts” are expunged in favor of “seemingly meaningless details” (169). In some cases, despite visible emaciation, what the numbers relating to one’s body say (pounds, inches, etc.) and whether they have increased or decreased becomes a determining factor of self worth. Take this example:

There is something so comforting about weighing oneself and seeing the number creep lower than it was the last time. Something so fantastic about being lighter on your feet, being less of a strain on this world, about somehow shrinking (however tiny) the stores of corpulent tissue contained within your body

(Excerpt 9)

The self-production process of losing weight produces such positive feelings and experiences that it becomes almost addictive. Thus, this attention to detail becomes of increasing importance as anorexia progresses. This issue leads me to the next discourse, individualism, which is heavily intertwined with dualism. These two discourses, as I will explain, mutually reinforce each other through a reflexive process.

Individualistic Discourse

Dualistic discourse, as the prevailing assumption of what constitutes a person—a mind *over* a body—inevitably spills over into discourses of individualism. Within American society in particular, the concept of the person as a “sovereign and unitary individual, separate from society” prevails. It is “written into social organization, concepts of justice, social order and human rights.” As self-determining, autonomous individuals, we are responsible for our self and its extensions, especially the body. As there are moral imperatives to accurate and effective financial management, there is also a moral calling to maintain one’s own health, as indicated by social imperatives, such as hygiene, and also demonstrated by the rise of fitness and proper diet. However, Malson (1997) points out that “health and beauty are frequently conflated” to suggest the problematic nature of these social imperatives (Malson, 1997, 151). Further, Baudrillard (1998) states that “health today is not so much a biological imperative linked to survival as a social imperative linked to status. It is not so much a basic ‘value’ as a form of prestige display” (139).

The work of Foucault is crucial to this discussion of how discourses of individualism maintain the values of anorexia. In Chapter Two, I discussed the theory of panopticism and how social discourse works its “micro-physics of power” upon individuals via the “disciplinary gaze. In this post-modern, consumer society, physical appearance inevitably determines who is socially accepted, so individuals “learn to self-monitor food intake, their exercise, and the appearance of their bodies as a necessary measure to achieve social, economic, and relational success” (Bentley, 1999, 212). In this way, Foucault’s disciplinary gaze over subjects becomes “that of the subject herself” (Malson, 1998, 157). Individuals must “police [his or] her own body, and report in

intricate detail its failure to meet standards of normalcy.” As mentioned previously, the self is fragmented through anorexia into a self consumed with meaningless details, which can be understood as “producing as well as obliterating individuality” (1997, 169). It is through the documentation of detail that individuals exercise discipline upon themselves.

The documentation of the self that occurs in anorexia is the most commonly prevalent feature of pro-ana communities. Many bloggers begin their daily post with a summary of their stats, including height, current weight, high weight, low weight, goal weight, and a range of ‘ultimate’ goal weights:

Height = 5.3
CW = 112 lbs
HW = 145
LW = 107
GW1 - 110 lbs
GW2 = 105 lbs
GW3 = 98 lb

(Excerpt 10)

Some blogs consist entirely of daily entries documenting an individual’s exact intake, related feelings, and/or exercise. For example:

Intake:

B - A handful of grapes (? cal) / L – cuppasoup (56 cal) / D - jacket potato with tuna and weight watchers salad cream (? cal)

Extras – A whole BIG tube of smarties (750 cal) / A small egg custard tart (220 cal) / An iced bun (FAT cal)

(Excerpt 11)

Through such documentation, the rational control and strong will power of the mind/self is exerted over the body obsessively; while self-producing a positive subjectivity of a thin, controlled person, the necessary attention to meaningless details becomes an all-consuming feature of the individual’s mental life. As anorexia’s grip on the self tightens,

its control over characters within the polyphonic novel becomes increasingly tyrannical. It is interesting to note that there is a widespread awareness of the consuming nature of this compulsive attention to detail. Several excerpts below demonstrate a strong self-awareness of the negative affects of anorexia *and* the contradictory inability to regain control:

I used to have many valid goals, lately its just been counting numbers. i'm no mathematician, but i've become quite wise with numbers. too be so small, to reach such a number. a finite number. masterplans and dreams. i do believe that once i can and have reached such the obscure goal, i will obtain something i'm not too sure what i'm really asking for. i'm so silly. i just want to lose weight.

(Excerpt 12)

It was a true obsession-I thought about weight constantly. Every second of the day. For someone who has never had an eating disorder it might be difficult to imagine, but my weight was seriously ALWAYS on my mind. It never left my thoughts. ...I regularly weighed myself, and kept a log of my waist, thigh, hip, shin and arm circumferences to make sure the only direction they were moving in was inward. I would burst into tears every time I tried on clothes because I thought they looked awful on my 'fat' frame-I always had to quickly dash into my room so mum would not see me cry and suspect.

(Excerpt 12)

since I was 12, I have been overcome by a compulsion. Not just a compulsion to check my weight religiously, not just a compulsion to count calories, not just a compulsion to vomit every time I eat, not just a compulsion to compare myself to every other person I meet and not just a compulsion to be compulsed. My compulsion is an assimilation of compulsions that make my life miserable... They make it miserable, but with that, they make it beautiful.

(Excerpt 13)

Malson (1998) suggests that the anorexic obsession with such “meaningless details” as weight, inches, and calories may be read as an “attempt to erase meaning from one’s life, as an (a)voidance of any meaningful subjectivity” (169). At the same time, the cultural ideal for beauty is so pervasive that it becomes each individual’s responsibility, via the power of the mind over the body that results from Dualistic discourse, to make themselves “right.” From this perspective, it is not so surprising that the body, being what is closest to an individual and most visible to others, is what many individuals

choose as the starting point for obsessive self-reformation. Part of “being the perfect girl is being the thin girl” (213). And today, this is not just true for females, but increasingly true for males. The construction of the thin body as the most desired, perfect, and ‘right’ body is primarily constructed through media and advertising images, especially those from the fashion industry. This leads me to a discussion of the discourse of consumer autonomy which, as Baudrillard shows us, feeds and is fed by the discourse of individualism.

Consumer Autonomy

Baudrillard (1998) refers to the body as the “finest consumer object” and discusses how within contemporary society, individuals must enhance its value as any other unit of exchange (129). He begins his argument with the following statement: “In a capitalist society, the general status of private property applies also to the body, to the way we operate socially with it and the mental representation we have of it” (129). The belief that the self resides within the mind, separate from the body and the individualistic value of self-determination mutually reinforce discourse of consumer autonomy.

Baudrillard explains how it is under the guise of the *liberation* of the body that consumers are seduced into buying products, clothing, fitness memberships, diet aids, and cosmetic surgery. Consumers deliberately invest in their body to “produce a yield” and “manipulate it as one of the many signifiers of social status;” they do this in the name of “the autonomous ends of the subject” (131).

However, it is not in the name of ‘self-determination’ that subjects regulate their own bodies, but instead, according to a “*normative* principles of enjoyment and hedonistic profitability, in terms of enforced instrumentality indexed to the code and norms of a society of production and managed consumption” (131). In other words, the

body becomes one of the consumer objects exchanged within the symbol network of capitalistic society, and is thus regulated according to the principles upon which its successful function is based. In a dual and mutually reinforcing process, media advertising produces symbols to efficiently attract consumers (perhaps, thin, sexualized bodies); in turn, individuals incorporate these symbols as the “ideal” (product) to not only consume, but to *become*, in order that they can exchange themselves with the highest exchange value. The result is that “the only drive that is really liberated is the *drive to buy*” (134).

Within this concept of the body “subjected to a labour of investment” there is an “ethics of beauty, which is the very ethics of fashion” which reduces the various uses of the body to a “single, functional exchange value” (133). There is a “moral imperative” to invest in one’s the body As fitness and health (including hygiene) are functions of individualistic discourse in the name of self responsibility, the “*fashion imperative*” is the individuals responsibility to mold and decorate their presented self according to beauty standards of the fashion industry. The emaciated models of consumer fashion advertising have a distinctly erotic appeal while at the same time their emaciation signifies the refusal of the “status of flesh, of sex...instrumentalizing rather the fragmented parts of the body in a gigantic process of *simulation*, of denying the body in its very evocation” (133). In this way, the ideal body of fashion is abstracted to merely a “figure”—“beauty here is wholly an abstraction, in emptiness, in ecstatic absence and transparency” (134). Thus, what individuals diet and fast to achieve is this absence of body displayed in advertising. The images in Figure 3 are fantastic examples of how the idealized body of fashion has been abstracted:

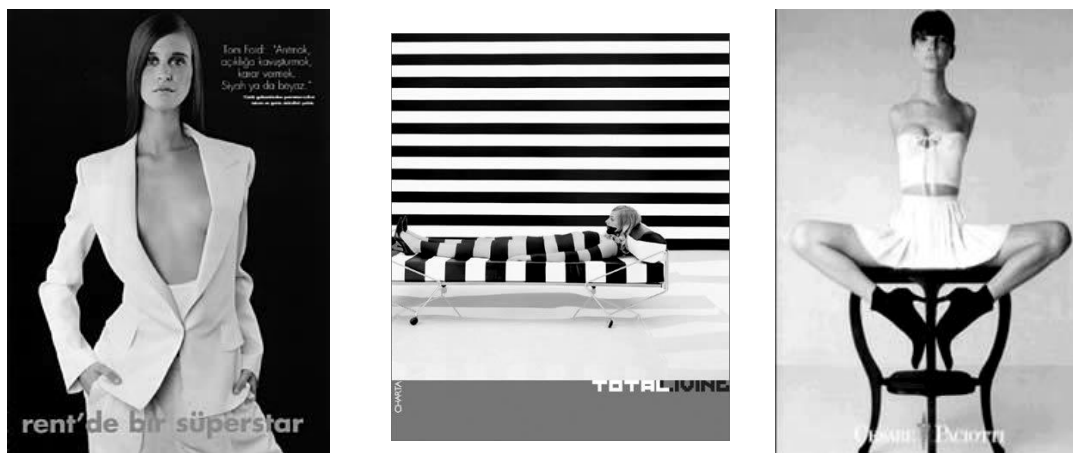


Figure 3. The abstraction of the fashion figure.

The subjects depicted in these advertisements have such emotionless expressions and bodies so thin that they appear almost formless. The middle figure depicts the subject blending in with the room and the bed, exemplifying how the body becomes synonymous with objects exchanged in consumer society.

It is important to note that romantic discourse is a primary motivating factor in the “economic process of profit generation” worked upon the body. The media is a realm in which the beautiful body is equated with the thin body “through the discursive construction of the woman’s body as attractive within a heterosexual matrix” (Malson & Ussher, 1996, 272). Malson and Ussher specify that this discourse “underpins the narrative structure of numerous fairy-tales and romantic fictions” (273). Through many discourses of entertainment, fat continues to signify a clumsy and undesirable condition, if only by the exclusion of characters with fat bodies living “happily ever after.” I agree with their argument but would like to add that romantic discourse is also affecting males and their relations to their bodies. The figures that represent the male hero are as one-dimensionally masculine as those that embody the ‘ideal’ feminine heroine. Further, “romantic discourse” is far too idealistic a label to refer to what has become a seductively

erotic display. The ideals of romantic discourse trickle down into values of thin/beautiful/good and fat/ugly/bad permeate language and determine the motifs utilized in the advertising of high fashion advertising.

At this point, I will begin to show how these images of high fashion feed the dichotomous values of anorexia. The power of the “fashion imperative” is most obvious in what pro-ana users’ term “thinspiration.’ Bloggers frequently include pictures of inspiring-thin models or celebrities with their daily posts, commenting on how their thighs are perfectly thin and how they wish particular parts of their own bodies could one day be so perfect. Some blogs are entirely devoted to thinspiration posts and can attain a large following due to the increased connectedness of bloggings. Typically, thinspiration is like that pictured Figure 4, although some bloggers prefer focusing on one celebrity (the most popular are Nicole Richie, Mary Kate Olsen, Angelina Jolie, and Kiera Knightley).



Figure 4. Examples of typical thinspiration.

A new phenomenon within the domain of thinspiration is to digitally alter pictures so that the subjects appear even thinner, thus more inspirational as they become

more grotesque and emaciated. For example, Figure 5 shows how after digital editing, the image on the left becomes the image on the right.

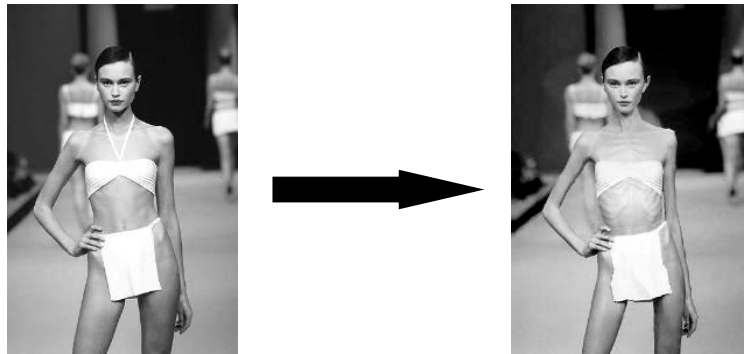


Figure 5. The digital editing of thinspiration.

It is also typical for individuals who use thinspirations to acknowledge how strange it is that they yearn to attain a body like those featured. For example, Excerpt 14 was posted with Figure 6.

*So...In all honesty, Is this what I want to look like? Is this what you want to look like? Just a guess but I am pretty certain that for a lot of girls out there, like me, the answer is simple- **yes**. Every single part of me is screaming- **starve**. Starve yourself so you can look like this. Starve yourself so you are no longer trapped in this depressing, vindictive, desperate, cycle. Starve yourself so that you yourself can look **emaciated and gorgeous**...*

(Excerpt 14)



Figure 6. Thinspiration with commentary.

The implications of the discourse of consumer autonomy and the prevalence of the idealized body in advertising have incomparable effects within the self-production/destruction of the (anorexic) self:

If society is so concerned about the growing number of eating disorder sufferers, then maybe (just maybe) it should turn the mirror on itself and take some responsibility. I never see advertisements for being happy with yourself; I never see normal-sized girls modeling in magazines, girls who aren't 5'11 and 105 lbs; I never see anything that encourages young girls and boys to learn how to have a healthy, natural body. All I see is the star-of-the-moment flaunting her skeletal arms on the covers of every magazine being praise for her "new, slimmer look!"
Sure, praise celebrities for losing weight (and looking like Holocaust survivors). Cram models down our throats. Sell us new Diet Coke with Splenda and "new improved" Hydroxycut. Tell us that we won't be happy 'till we're skinny. But don't be so shocked that people like me learn to hate ourselves so much that we'd rather be dead than have one drop of fat on our bodies. Don't be so surprised...

(Excerpt 15)

The individual above is highly aware of the issues imbued in anorexia for which society is at least to some extent responsible. But, what is it exactly that these individuals really yearn for when obsessing about attaining the bodies displayed in high fashion? It may be the case that individuals with anorexia become addicted to reducing their body in avoidance of Foucault's disciplinary gaze. To fade away is the only way of escaping the disciplinary, contradictory messages which contribute to shaping who they are. Alternatively, Baudrillard suggests that the liberation of the body supplants the outdated ideology of the soul—now, it is the body that has “become an *object of salvation*” (129). Before discussing this idea further, it is necessary to introduce another aspect of the fashion imperative. It is impossible to deny that the advertising industry exploits sex in order to sell. Baudrillard confirms that “alongside beauty,” as sign material being exchanged, “sexuality everywhere orientates the ‘rediscovery’ and *consumption* of the body” (133). Baudrillard concludes his

discussion of the body as the “finest consumer object” by linking the “fashion imperative” of the erotic body to that of a “*death imperative*.”

Ultimate Self-Production/Destruction: Death as Anorexic Perfection

Before concluding this discussion of discourses which support self-production/destruction, it is necessary to address that in some cases, the will to produce an identity for oneself through self-destructive means can go so far as to constitute a ‘will to death.’ Malson and Ussher (1997) refer to the (anorexic) body that “fades away” as a body that “*appears to disappear*” (51). The typical self-deprecating feature of anorexia becomes so strong that the subject desires to wither away until they are completely gone. Many pro-ana blogs demonstrate this theme through the titles users compose for themselves. For instance, typical user names are ‘fading obsession,’ ‘into thin air,’ ‘wasting away,’ and ‘want 2 be bones.’ The simultaneous process of self-production/destruction is mirrored in the constantly shrinking body that is “at once, identity and an escape from identity” (54). Various meanings are associated with this will to death: a form of resistance/escape of Foucault’s “disciplinary gaze” and self-hatred where death is the “ultimate self-punishment” (52). For example:

Seeing as how I don't really have the strength to actually commit suicide in any way that might be icky or painful, I've noticed that I seem to subconsciously chosen to slowly starve myself to death instead. Even though I am aware of this, I can't seem to stop myself. I managed to eat dinner today, but I got upset and just made myself throw it back up. I have lost almost 30 pounds in a little under 3 months, but still feel fat, ugly, and unattractive.

(Excerpt 16)

Nothing anyone could say will sway me. I know thinner is the winner. It will all be better when I'm so small it's gross. Because maybe they'll see, know for damned sure that it was too much for me. I'm broken but I won't get better. I'll shrink until I'm not here anymore...I can't handle me. I'm extreme and dangerous and random. I scare myself with this obsessive need for everything that's bad for me.

(Excerpt 17)

The second individual above voices the desire to “shrink until I’m not here anymore.” Malson and Ussher (1997) read narrative voices such as this as a demonstration that “fading away or disappearing is literally suicidal but it is also about becoming less visible” (49). According to Foucault, an “economy of visibility” operates a micro-physics of power upon individuals where the disciplinary gaze is internalized within the subject, I suggest, as collective voices which regulate the self to fit societal norms. The second individual however, says she wants to be “so small its gross.” In this case, she self-produces a subjectivity which allows her to rebel against the norm by attaining a “gross” body, however, it is a gross body in the positively construed manner of extreme thinness.

Sometimes, the feeling of control through self-deprivation becomes an individual’s sole mode of ‘salvation.’ In addition to the themes discussed above, Baudrillard theorizes that the interplay between beauty/eroticism/death in media advertising leads individuals to seek salvation through the regulation of their body. He links the fashion imperative and the gratuitous sexuality/eroticism of consumer advertising to an imperative of death. Instead of open and uninhibited sexuality as a sign of cultural liberation, as it is frequently portrayed, Baudrillard instead argues that the gratuitous use of eroticism is meant to “deflect attention from the real process” which is “the radical analysis of the processes of censorship which ‘operate’ very effectively underneath all this fantasmagoria” (148). The “generalized censorship of eroticism as *consumed* sexuality” is a “systematic terrorism” on the symbolic level where “sexuality empties itself of its substance and becomes material for consumption” (148-9). Baudrillard believes that this unconstrained use of consumed sexuality—again, particularly within the media of high fashion – is a sign of cultural decline. Sexuality can

be a mark of rejoicing, but the eroticism of today is merely its “spectre” which “resurfaces—as a sign of death—when a culture is in decline” (144). The examples in Figure 7 are shocking when viewed from this perspective.



Figure 7. The eroticism of death in fashion advertising.

The first image positions the erotic potential of food against the deathly figures who signify deprivation. Images such as these and the consumers’ attraction to them are what Baudrillard links to a sign of cultural decay. The symbolic play between eroticism in fashion and the death drive is captured in these images of ethereal, ghostly figures, who are at the same time pale and dark. Baudrillard elaborates that their gaze hypnotizes consumers to allowing the truth of the body to vanish: “These fascinating/fascinated, sunken eyes, objectless gaze—both oversignification of desire and total absence of desire—are beautiful in their empty erection, in the exaltation of their censorship.” It is in “the absolute fashion model” that the body is constituted as an object “equivalent to other sexless and functional objects purveyed in advertising” (134).

Certainly, there is an element of this beauty/eroticism/death discourse in the compulsion to become “emaciated and gorgeous,” like the individual desires in Excerpt 14. The compulsion to calorie counting and the obsession with thinspiration, if unmediated, inevitably lead to death. Ultimately, death is the only end to anorexia because it is the only way ‘perfection’ can be reached if nothing is ever good enough. In

allowing oneself to shrink away until death, an individual succeeds in finally ending the obsessive/compulsive cycle, by freezing themselves in time as a figure such as those in high fashion.

The Importance of the Community: How Poisonous is Pro-Ana?

Before revisiting the model and discussing its implications for narrative therapy, it is important to discuss the meaning of the communal aspect of pro-ana websites and blogs. Consumer autonomy, as the “right to self-determination” for “mentally competent individuals” drives the pursuit of identity via the Internet, which leads me to a discussion of the communal aspect of pro-ana communities (Charland, 2006, 338). I am of the opinion that these spaces have simultaneous positive and negative effects. Louis Charland discusses the concept of “iatrogenic identity,” wherein the disorder a person is labeled as having can “shape their conception of who they think they are” (339). Participation in what Charland refers to as “psychiatric virtual communities,” like pro-ana sites, “probably strongly reinforces the iatrogenic identity of their members.” The positive experience of “solace through shared experience and companionship,” not to mention the development of their own lingo and social procedures, causes the identity of participants to become “increasingly defined by, and inextricably intertwined with their diagnosis” (341).

It is no doubt that this occurs to at least some extent within pro-ana circles. One example is the way the terminology of medical discourse is incorporated into narrative constructions of site users describing their experiences. However, they also clearly explicate experiences of isolation and misunderstanding from their doctors. For example:

Doctors - who are trying to force feed me with their lies, they have reduced me to a number on the scale. doctors telling me to treat myself better, eat more often, walk, don't

drown yourself in the motion of the city. oh doctor, but my life is more than quiet. believe me!. low blood pressure. he's complaining with a soft smile but I get the irony.

(Excerpt 18)

So I saw my councilor today...She said I was "Dangling my weight issues at her like bait" I got really fucking pissed off by this comment and demanded she explained what she meant and she said "your weight issues are simply the symptoms of an underlying problem, we can "cure" the symptoms and you will appear happy but the cuase will always be there to bite back" and I said "But i dunno what the cause is, or is that the point of why im here, to work that out" and all she said was "exactly"

(Excerpt 19)

Excerpt 18 specifically explores what Rich refers to as “biomedical objectification”; her doctor is advising her to take care of her body, but she understands that she needs much more than physical remedies. The frustration displayed in Excerpt 19 refers to the incredible frustration of beginning psychotherapy, particularly if the subject already possesses a certain level of awareness concerning what eating disorders are and how they are manifested. When finally seeking help, it is a common experience that patients with anorexia are disappointed in what the professionals they are assigned to are actually able to accomplish.

Another positive aspect of pro-anorexia communities is that the expressions of the usefulness of companionship and the presence of others with whom suffers can identify with and share experiences are present at an extremely high rate. These narratives are essentially laudatory in their appreciation of the sites and their importance to the participants’ daily lives. Users frequently support each other by replying to blog posts in the form of “comments” or “eprops”—what can be conceptualized as virtual reassurance and pats-on-the-back. When participants have a bad day, they can share that too, and in the form of “comments” or “eprops” receive encouragement, feedback, and advice from those who have experienced the same thing. Take the following examples:

thank you all so much i can not tell you all how much it means to me with all of your support i have only had this account for a very short while and the help, the support, and the love that i have gotten in that short amount of time is more than i could ever hoped for and thats all i ve wanted for so long and i do get it from friends and this really is a place that kind of gives me comfort when in a bad mood or depressed, its been a great reading of all your entries, because most of the problems which your all write about ii can relate to, and its just nice to see that i'm not the only one, because it feels like that sometimes. Well, just wanted to say hi, hope everybody's had a nice Sunday!

(Excerpt 19)

There's a litany of ill-informed sites online, if people want an untrue, romanticized version of things they can find it. But you have the chance to give them a real picture and i think it's commendable that you're doing that.

(Excerpt 20)

So much more than anti-food-ness goes on here. We have a way of being able to bare our souls to each other because we don't need to hide the most basic part of our mental makeup. It is a starting point: we all know where each other are coming from, we don't need to explain that, and we can trust each other more than anyone else in our worlds. It's a support group in the best sense of the phrase: You're not okay, and that's okay. You can come here and try to find a bit of comfort in knowing that you're not alone, won't be judged and no one is going to tell you to fix yourself. You'll do that on your own when you're ready. And we will support you in that decision as well. Because that takes the most strength of all: Wanting to be normal.

(Excerpt 21)

Given how isolated these individuals feel and the widespread appreciation voiced in response to the availability of these dialogical spaces, the tearing down and removal of these sites and rings by Internet providers (despite their relevant concern), is at least as unethical as their creation and use. I do not advocate the encouragement of negative behavior and voices that reinforce an individual's ties with anorexia, but the support they offer each other cannot be found anywhere else and is not only about helping each other fast or stick to a new diet plan. Given that "our own narratives are inextricably intermeshed with the narratives of others" (Madison, 166) and Hermans (2004) acknowledgement that "social categories to which people perceive themselves to belong have a profound impact on their psychological functioning" (261), pro-anorexia websites have multiple and contradictory effects, just as anorexia itself has multiple and

contradictory subject positions. Pro-ana spaces *do* give those feeling powerless in the grips of anorexia a much more favorable position of power, not by allowing users to *choose* anorexia as a lifestyle, but by allowing them to interpret their experiences with other sufferers.

In the end, I think that pro-ana spaces contain enough disclaimers that what Charland understands as a desperate seeker of identity is making their autonomous choice as a self-determining individual. Instead of removing these sites, they should simply be required to explain themselves. Therapists are powerless to forbid their patients to use them, so they must engage their patients in dialogue about why they use these sites and what experiences they have there. Therapists can do this with the goal of eventually leading the individual to make his or her own decision to avoid more extreme pro-anorexia sites in favor of the also numerous sites and blogs devoted to recovery.

Narrative Therapy and the Model of Multiple, Contradictory Selves

Nietzsche's reference to the self as a "tool" in the hands of the "many headed, variously minded master" is important because it points to the fact that the self is not *solely* subjected to one's valuations, which are constituted by society and culture. The master (valuations) control the tool (self), but the tool-self is still the only mode by which the voices that constitute the self can be expressed. If "self-overcoming" is a strong enough valuation, then the self as a *tool* to make use of is wrought with possibility. As I quoted Nietzsche in the epigraph, "To imprint upon becoming the character of being—that is the highest *will to power*" (138, 7[54]). Nietzsche suggests that there is *value* in suffering, and for the suffering individual:

"He who suffers intensely looks *out* at things with terrible coldness: all those little lying charms with which things are usually surrounded when the eye of the healthy regards

them do not exist for him; indeed, he himself lies there before himself stripped of all colour and plumage”

(Nietzsche, 1997, 114).

This, “supreme sobering-up through pain” is may be the only means of “extricating” individuals from “living in some perilous world of fantasy” (114). The progression from great suffering to subsequent recovery requires that one pass through a brutally honest self-confrontation, that forces one to acknowledge their own constantly changing perspective. By “world of fantasy,” Nietzsche is referring to living without examining the ‘genealogy’ of your beliefs and values based upon the “conditions of life” in which one is situated. Narrative therapists are becoming increasingly possible for helping patients accomplish just this.

The guiding logic of narrative therapy is that “the person is not the problem, the problem is the problem” (Lock, et al., 322). By separating the person from the problem, and focusing on “the person’s relationship with the problem,” narrative therapists assist patients in externalizing their “understanding and grasp of anorexia” so that it can be “inspected and challenged” as an object. In this way, they can begin to understand how anorexia takes over their voices as “one they believe to be their own” (324). My discussion of the discourses above as powerful influences on the constitution of individual values is meant to be used as a starting point for a narrative therapy mediated by dialogical self theory. If we consider each of these discourses as suggestions of possible “collective voices” of the dialogical self that anorexia as a discursive parasite is overtaking, the individual’s relationship with anorexia becomes one of self-exploration and inspection.

Within this perspective, the goal of psychotherapeutic treatment would be to assist the patient to examine the constitution of their own mental life. What are their

beliefs and value attachments, and *why* do they believe things are as they are? If anorexia is alternatively conceptualized as something that has ‘them’ instead of vice versa, the individual is “linguistically disentangled” from anorexia to the extent that they can “discover that they...might be otherwise that how ‘anorexia would have them believe themselves to be’” (322). Dimaggio (2006) explains that the eventual goal of self-examination is to identify various voices in order to “facilitate access to previously undermodulated, positive states and master the negative ones” (339). The “whole set of abilities” that help us to understand our own mental life and “work them out in order to tackle tasks and master mental states that are a source of subjective suffering” (318) are referred to as “metacognitive skills” (318). Narrative therapists teach patients how to monitor their own inner states from a “metaposition,” which Hermans (2001) defines as a “voice that acquires the ability to watch what is going on in the jockeying occurring between the other positions” (335). The value of the metaposition and the patient’s newly acquired metacognitive skills is that they enable self-mastery of the power balance between self-voices through observing, inspecting, and challenging their constitution and relations. In summary, narrative therapy seeks to improve the relations between various voices of the dialogical self based upon the specific values of the client; the balance of power between the voices is changed through a self-examination and creation of a metaposition, enabling the subject to recognize the tricks of anorexia and giving more power to voices previously silenced.

Conclusion

At this point, reconsider Nietzsche’s (2003) problem: “how far the will to the beautiful reaches” (43[1]) and its implications in light of the discursively constituted values of body and self. Our judgments of what is beautiful and what is ugly are not

intrinsic, but socially constructed, and it follows, historical and value-laden. Nietzsche proposes that what we consider ‘beautiful’ has arisen according to the conditions most conducive to the preservation of life. ‘Morality’ is a necessary construct to maintain society by regulating the individuals who reside within it; an examination of history reveals that “*the beautiful exists as little as does the good and the true.*” From the assumption that our current ideas of ‘morality’ result from the contemporary conditions of post modern society and culture, therapists must begin to teach patients with eating disorders to examine the relation between their self and their context.

From this understanding of how discourses can differentially lead to various constitutions of individual values, individuals can further be shown how “*judgments of beauty and ugliness are short-sighted – they always have the intellect against them—but in the highest degree persuasive*” (202). Just as *the beautiful* does not exist, *the self* as a unified and self-evident core of being is also short-sighted. Social imperatives might be conceptualized as operationalized within individuals on a physiological level—thus, social values on a small level may be experienced as reflexes (perhaps, this is that stirring up of values which calls particular voices of the self into dialogue). Many individuals with anorexia believe that the desire to be thin is self-evident, an obvious truth that society constantly reaffirms. Thus, it should not be surprising that anorexia takes over voices of the self so gradually, efficiently, and eventually totally. Beginning to change the dialogue and balance of power between voices of the self is difficult, but not impossible.

The most disturbing feature of anorexia, as a disorder of *identity*, is that it is notoriously difficult to overcome. Lock, et. al. explain that anorexia is “unparalleled in twisting logic to its own ends” (327). It is common for individuals to feel *worse* when

initiating treatment and starting the recovery process, in the same way many addicts suffer when denied their drug of choice. Relapse is startlingly common. There are many women who continue to struggle with anorexia into their thirties and later. The accompanying thoughts become increasingly complex and self-depreciating—i.e. “How can I be a good role model for my children?” “How do I hide this from my husband?” “Why can’t I just be happy?” More importantly, eating disorders are quickly becoming more and more pervasive among males and not exclusively young males. It is crucial that more research be conducted on the constitution of values in male individuals with eating disorders, particularly in the arena of narrative therapy.

This difficulty in treating anorexia is precisely because it is a disorder of identity. The individuals who become susceptible are vulnerable because of beliefs and values they already possess. Changing one’s values and habits is never simple or easy because it involves changing attitudes and behaviors that individuals see as a part of who they are. Thus, narrative therapy, because of its focus on self-exploration, may be a highly useful mode of facilitating the genuine self-change necessary for treating disorders of identity. It is interesting to consider what the state of the multi-voiced self is during sickness. How are various voices affected? As voiced by many voices from pro-ana communities, despite intellectual knowledge that to some extent, it is ‘I who cause my own pain,’ there is a lack of agency experienced during sickness where the subject feels powerless to help his or herself. Perhaps the latter condition results from a tyrannical positioning of pain among voices of the dialogical self, which constrains the expression of other voices.

Towards the end of his life, Nietzsche wrote: “sickness is a powerful stimulant—but one has to be healthy enough for it” ([18]11). Nietzsche was astute enough to acknowledge the stimulating power of sickness. Because voices of the self were

constrained by sickness, they will be exceptionally motivated when one re-emerges into health again. However, one cannot make use of this stimulating power unless they are healthy enough to pull out of the illness state. In other words, one must be healthy in order to get well again. Additionally, when one considers health to be a state of body *and* a state of mind, it becomes crucial that body and mind are treated. For the case of anorexia as a sickness and how it may be stimulating, it seems that if one is able to sense the problematic nature of their experience and strive to understand their thoughts, feelings, and actions, the sense of self that results from recovery can be indubitably strengthened.

Madison's (1988) assertion that "what we are in our ownmost inner self is a conversation" indicates that it is crucial for clinicians to re-conceptualize therapy according to what humans actually experience. The goal I envision for a new psychotherapy for eating disorders, is aptly summarized as follows:

"We are in truth when we are true to ourselves. That means: when our narratives are such as to contain a significant amount of ongoing coherence (no narrative is coherent, nor ought it to be, for that, what in literary terms is called closure, would spell stagnation and rigidity), when in our rewritings and retellings we are able to preserve and take up, in a more meaning-giving way, with greater subtle of narrative, the "truth" of our past."

(Madison, 168).

Instead of conceiving of "identity" as a unified, enduring core of self-truth, the self as dialogical acknowledges the ever-changing, multi-voiced, and collective nature of the self. Malson suggests that by

"exploring a reauthorization of the 'the person' as fragmented and multiply constituted in discourse, we might find a more effective strategy with which to resist dominant cultural construction and regulation of our experiences of eating and of not eating, of subjectivity, embodiment, and gender"

(157).

Therapy, in this context, becomes a process of changing what these voices say and how they interact with each other. As Scheurich (2000) states, the new moral imperative for physicians is they “must acknowledge patienthood,” but “must also promote personhood,” understood as the “autonomous creation of the life story” (475). This process involves addressing how our values are variously constructed through discourse and are deeply seeded within individuals. These values “appeal to our instincts at the point where these decide most rapidly and say their Yes or No *before* the intellect has had a chance to speak” (Nietzsche, 202). To overcome anorexia’s tyranny among voices of the self is to learn to listen to the voices of mental life, identify which are instinctual reflexes, and then work to overcome their power “to imprint upon becoming the character of being.”

Though “expert knowledge is often couched as culturally and politically neutral” it has the unseen effect of “reinforcing dominant cultural assumptions” that define health and illness as qualities internal to persons. Within individuals with eating disorders, this definition of the person leads to “recreating the experiences of self-objectification and self-criticism that resource anorexia” (Lock, et. al., 324). Eakin points to the fact that

“identity narratives generate identity judgments; the way we practice identity makes a difference...when we make such evaluations we enter into an ethical realm, remembering Foucault, were there is a ‘potentially disciplinary dimension of identity...especially when it is a question of labeling the individual as healthy or normal.’”

(141).

Our old valuations are decidedly insufficient for helping individuals to help themselves. Nietzsche speaks of the necessity of a group of the “new needers” for a revaluation of values. I believe that the increasing number of individuals with eating disorders and the multitude of pro-anorexia cybercommunities constitute such a group, because they seem virtually unaware that they are “suffering under the old valuations

without even knowing.” By “old valuations,” I mean what we conceive of as the truth, the good, and the beautiful. These individuals who ascribe to the idea of anorexia as a lifestyle, the solution to all their wrongs, are indicative that the old valuations are allowing them to hurt themselves, demonstrating a definite tension of new needs.

Baudrillard supports this necessity for a revaluation of the values of embodiment by specifying that the increasing number of individuals who become narcissistically body-obsessed represents the “inverted aggressiveness of an affluent society towards its own body triumphalism” in a “vehement denial of its own principles” (142). A society that prides itself on its individualism and freedom, while idolizing unattainable beauty ideals, has the effect of generalization through normalization. Thus, those who suffer from problems of body, to the extent that death is their only salvation, may suffer as an (unconsciously) self-imposed denial of the principles of autonomy and agency. In support of this indication of a need for new values, some scholars have suggested that body image might serve as the uniting theme of third wave feminism, a discipline commonly criticized for its lack of coherence. Richards (2003) explains that body image issues “can catalyze our dormant or displaced activism, primarily because it’s both a cultural and a political issue—and we are a pop-culture driven generation” (198). And as Mastronadi (2001) cites in her study of pro-ana communities “...it may well be that the project of rethinking politics and ethics of our bodies is an uncomfortable one. Yet how can we hope for it to be otherwise?”(1)

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