Eating Disorders in Context

Three primary categories of eating disorder are identified by DSM-IV: anorexia, bulimia, and eating disorder not otherwise specified (EDNOS), while binge-eating disorder is likely to be included in DSM-V, due for publication in 2013. Both anorexia and bulimia are characterised by self-evaluation based on weight and shape. Whereas anorexics restrict caloric intake to ‘successfully’ lose weight, bulimics are likely to alternate between extreme restriction and extreme consumption of food. Following consumption of food, bulimics and purging-type anorexics perform compensatory behaviours. Where the degree or frequency of behaviours does not meet DSM-IV criteria, a diagnosis of EDNOS may be made.

Biomedical accounts of eating disorders (EDs) have highlighted genetic, hormonal, and neurochemical factors associated with their development. In a review of evidence, Kaye, Fudge, and Paulus (2009) reported that eating disorders were characterised by dysfunction in ventral and dorsal circuits, alongside abnormalities in serotonergic and dopaminergic functioning. Whilst biological influences on eating disorders cannot be dismissed, a full understanding of eating disorders cannot be achieved without acknowledging the role of cultural and interpersonal factors. Empirical research, feminist perspectives, and mainstream media alike have focussed on the influence of culturally defined ideals surrounding the body and eating behaviour in Westernised communities. Media coverage has previously attributed the prevalence of eating disorders to the use of thin models. In 1998, three in four Playboy centrefolds were below 85% of their healthy weight according to (Katzmaryk & Davies, 2001), satisfying the weight criterion for anorexia as stated in DSM-IV.

The thin body ideal is widespread within Westernised communities. Grogan and Wainwright (1996) found that a preference for thinness was reported by girls of eight, while 13 year old girls reported avoidance of fattening foods. Perceived normative beliefs within the immediate social environment may be more influential than media-promoted ideals. Presnell, Bearman, and Stice (2004) found that reported pressure from peers to lose weight was a significant predictor of body dissatisfaction, whereas perceived pressure from parents, the media, or dating partners was not significantly predictive. Body dissatisfaction and resulting attempts at dieting can progress to clinically disordered eating.

One in twenty people in western society are estimated to have an eating disorder (Treasure, Claudino & Zucker, 2010). Eating disorders are associated with an increased rate
of mortality relative to other psychiatric illnesses, with Herzog and colleagues (2000) reporting a 5% mortality rate after 11 years. Treatment outcomes are mixed, with low levels of engagement high relapse rates generally reported, though Cognitive Behavioural Therapy (CBT) has been found to ‘delay the relapse’ (Bhadoria, Webb & Morgan, 2010).

In the past decade, use of websites that focus explicitly on eating disorders has emerged as a relatively ‘novel’ form of eating disorder phenomena. Pro-recovery sites exist to provide support for those wishing to recover from an eating disorder. In addition, there are hundreds of pro-ana and pro-mia (bulimia) sites that support the maintenance of eating disorders (EDs). Despite widespread media usage, the terms are over-simplified: most sites support anorexia, bulimia, EDNOS, and ED symptoms at subclinical levels. As such, the term pro-ED will be used throughout the remainder of the discussion.

Martijn and colleagues (2009) identified 18 pro-ED websites in 2006 and a year later the number identified had risen to 193. A survey of worldwide internet trends reported a 469% increase in pro-ED websites in a single year, with over 1500 sites identified in 2007 (Optenet, 2008). Though pro-ED websites vary widely, common features have been identified, including: a warning message to those entering the site, a section of ‘tips and tricks’ for ED maintenance, photographs of thin women and men, quotations and artistic expressions, and a forum allowing visitors to interact with each other (Bardone-Cone & Cass, 2007). Custers and Ban de Bulck (2009) found that one in seven girls between 13 and 17 reported visiting pro-anorexia websites, while half as many boys reported doing so.

Use of the internet as a tool for communication has become increasingly widespread since its introduction (Joinson, 2003). The outcomes of internet use are shaped by the aims of the individuals using it and by qualities of interaction specific to the internet (Bargh & McKenna, 2004). Organisations seeking to promote recovery may create pro-recovery sites that allow users to interact within certain regulations (Lyons et al., 2006). In contrast, sites that allow people with eating disorders to interact without any outside regulation are user-generated content (UGC), created according to the needs and intentions of users.

The internet is a social environment. Bargh, McKenna, and Fitzimons (2002) reported that relationships formed between individuals online are similar to those formed in person, while ‘self-aspects’ may be presented more accurately in the online context. Similarly, Riva (2002) found that computer-mediated communication can support relationship development and ‘intimacy’ provided that users invest time in the communication.
Moreover, group processes online are consistent with those predicted by theories of real-world group interaction (Spears, Postmes, Lea, & Wolbert 2002). In fact, the anonymity of online communication has been noted to increase reliance on group norms (Riva, 2002).

The internet has been described as “an identity sweetshop” that allows people to pick an identity from the vast array available (Giles, 2007, p.432). Online groups are particularly interesting when there is no real-world equivalent, as is often the case where identities are the subject of stigma or involve ‘life-threatening illnesses’ (Bargh & McKenna, 2004). Arguably, an eating disorder qualifies both as an illness and as an identity stigmatized by society. The proliferation of pro-ED sites is consistent with evidence that an impoverished sense of identity is a risk factor for disordered eating, with the eating disorder providing a substitute identity (Garner & Garfinkel, 1997).

The novelty of Pro-ED sites means that scientific communities are just beginning to explore their specific functions and potential effects. The data are vast and ever accumulating, with publicly available archived interactions generated daily by thousands of individuals. A variety of methods have been used to explore various aspects of pro-ED sites. This discussion will first examine evidence for an ingroup (IG) identity and intragroup processes arising from interaction on pro-ED sites. Secondly, evidence for intergroup processes between ingroup and outgroup members will be considered.

**Ingroup Identity**

Intergroup behaviour is defined as interaction between individuals according to their identification with a group (Sherif, 1966). Group identity further depends on internal and external criteria. In order for individual members to identify with the group, three internal criteria must be satisfied. The individual must be aware of membership, membership must have evaluative consequences, and some ‘emotional investment’ in their membership must be evident (Tajfel, 1982b).

There is evidence that these internal criteria for IG identity are met by the online pro-ED community. Awareness of a group is evident in forum messages, such as the following reply to criticism from an outsider, “in case you haven’t noticed, you’re in a PRO-ANA-SUICIDE society” (Giles, 2006,p.472). Additionally, anorexics report a function of the eating disorder identity, “if I’m not ana, then IDK (I don’t know) what I am” (Brotsky & Giles, 2007, p.105). Evaluative and emotional components are evident in accounts of moving from...
one ED subgroup to another; “I intentionally switched to ana because mia was so disgusting” (Giles, 2006, p.468).

Users of pro-ED sites state that membership and emotional investment has positive and negative consequences. Membership may reduce isolation, “I feel like I belong with these people” but may also deter individuals from recovery “there’s the feeling that one daren’t recover, because then you’d no longer belong” (Csipke and Horne, 2007, p.203). These extracts also illustrate ‘self-categorisation’ of individuals engaging in pro-ED communities. Social Identity Theory or SIT (Tajfel, 1982a) states that self-categorisation is a pre-requisite of intragroup and intergroup processes.

The pro-ED community is not defined by a sharing of anorexic experiences per se but by the goals of the group. Lyons and colleagues (2006) reported differences in linguistic self-presentation of pro-ED and pro-recovery individuals, with members of pro-ED communities using fewer first person singular self-references and more collective pronouns than pro-recovery members (Lyons et al., 2006). It could be concluded that the pro-ED sites, but not pro-recovery sites, discuss experiences shared by a collective ‘we’ rather than exchanging individual experiences. In fact, site users state that membership of and interaction with a group is the most common reason for visiting pro-ED sites, with 77% visiting for a sense of belonging and 75% visiting for social support (Ransom et al., 2010).

In addition to these internal criteria, group identity may also be defined by the external criterion of ‘outside designation’ (Tajfel, 1982b). Researchers have referred to a pro-anorexia movement (Pollack, 2003; Grunwald, Wesemann & Rall, 2008) or to pro-anorexia culture (Bardone-Cone & Cass, 2007), while media coverage has gone further, claiming that a “bizarre support network” produces “group delusion” (Brown, 2001). If individuals on pro-ED sites had not previously identified as group members, they were labelled as such by public discourse.
Intragroup Processes

Ingroup identity results in a variety of psychological processes both within the group (intragroup processes) and between the ingroup and perceived outgroups (intergroup processes). The processes that occur within a group include the initiation of individuals, the functions of IG identity for its members, and the emergence of group norms or a prototype member. The evidence for these processes within the pro-ED community will now be discussed.

The specific nature and content of pro-ED sites varies and certain initiation rites may be required for entry to the pro-ED community. Based on covert participation in pro-ED sites, Brotsky and Giles (2007) reported initiation through formal applications for membership or a trial period involving examination of the newcomer’s beliefs and behaviours. Other initiation rites may remain implicit; the diagnosis of anorexia or bulimia may allow individuals to earn membership of the community, as evidenced in site users descriptions of their fragile IG identity, for example “too much of a failure to earn a concrete diagnosis” (Giles, 2006, p.470). In this case, being ‘sick enough’ to be diagnosed with anorexia may be seen as an initiation rite.

The desire of individuals to earn membership of a pro-ED community suggests that the IG identity is expected to serve certain functions. The nature and intended functions of specific communities may be explicitly stated by a warning message preceding entry to the sites. The message of one site states: “We are about encouragement, support, and assistance, to others like us who live with an ED and suffer with the problems that go along with it” (Dias, 2003). It is of note here that the message refers to a “we”, the community of users, rather than to the single creator or webmaster of the site.

The most common function that emerges from the literature is social support. In a study of five pro-ED sites, Eichorn (2008) reported that the most common message content was encouragement of other members. In the majority of cases (51.9%) this support was elicited by descriptions of shared experiences. Based on a grounded theory approach, Norris et al. (2006) reported that solidarity emerged as a key theme of pro-ED sites, enabling the community to actively support one another. Furthermore, users of pro-ED sites who actively interact with other members report increased positive affect and emotional support, whereas these outcomes were not reported by users who remained passive while visiting the sites (Csipke and Horne, 2007). Finally, it has been found that, in comparison to age-
matched controls, members of pro-ED sites report lower social support from offline interaction (Ransom et al., 2010), suggesting that a lack of social support may precede online support-seeking.

Garner and Garfinkel (1997) have argued that anorexia provides a substitute identity in the off-line context. Therefore, membership of the online pro-ED community is also likely to serve identity functions. Baumesiter and Muraven (1996) suggested that adolescence entails a peak in the need to construct an identity in order to adapt to the social environment. Furthermore, the majority of pro-ED site users are adolescents or young adults (Gavin, Rodham, & Poyer, 2008). The appeal of pro-ED communities may stem in part from their provision of an identity that is supported by other members coupled with the promise of the thin body ideal that dominates western standards of beauty.

According to David Giles (2006), the pro-ED community can be considered at either a macro-level or a micro-level. At the macro-level, all members are respected based on shared experiences of disordered eating. However, at the micro-level a hierarchy of ED subgroups exists. Anorexic members embody ideals of purity, control, and restriction, whereas bulimia is seen as “easier”, as “disgusting”, or as “cheating”, in the words of site users themselves (Giles, 2006,p.468). Finally, users with a diagnosis of EDNOS or no diagnosis express uncertainty concerning their IG membership, as explained by one site user “I wasn’t ‘sick’ enough, I wasn’t a ‘real’ anorexic” (Giles, 2006,p.468).

Discourse surrounding these subgroups enables the construction of a prototype IG member and definition of group norms, both descriptive and prescriptive. While descriptive norms of failing to restrict effectively are reported by site users, prescriptive norms of complete control of eating and of purity are depicted as features of the prototype anorexic (Giles, 2006). Interestingly, evidence has suggested similar hierarchies within the context of in-patient treatment, with one patient explaining that those with multiple admissions earned the title of “elders” while those with more severe symptoms were “idolised” (Segal, 2002).

Whereas diagnostic criteria focus for anorexia focus on body weight, the norms of the pro-ED community relate primarily to behaviour. Giles (2006) found that anxiety concerning group membership was described as the result of “not purging as much” or of bingeing “once a week”. Notably, in no dialogue did members claim that their current weight determined the security of their IG membership. Experimental evidence suggests
that encouragement of specific behaviours represents a major outcome of viewership of pro-ED sites. Bardone-Cone and Cass (2007) reported that when female undergraduates were exposed to a deliberately constructed pro-ED site, the reported probability of exercising (a prescriptive behavioural norm) in the future was increased relative to those who had viewed either a fashion website with healthy weight models or an interior design website. Underlining these prescriptive behavioural norms, the slogan of one site reads “If we can do it, so can you” (Brotsky & Giles, 2007, p.99). Preoccupation with a low weight is notably absent: why is the slogan not “if we are thin, you can be thin too”?

The dichotomy of the anorexic-like body and anorexic behaviour has also been reported off-line; anorexics who denied that they perceived themselves as overweight claimed that they continued weight loss because the behaviour itself was experienced as “display of achievement” (Gremillion, 2002, p.392). Thus, evidence is consistent with the claim that the positive IG identity of the pro-ED community depends upon a shared “quest for perfection” (Days and Keys, 2008). It is the quest for perfection - the behaviours of self-denial and effortful ‘bodywork’ - rather than the perfection itself that constitutes the pro-ED identity. An individual with a normal caloric intake but a bodyweight below 85% of healthy weight qualifies neither for diagnosis of a ED nor for membership of the pro-ED community.

Within the pro-ED community results of severe weight loss, such as the development of lanugo hair, are depicted as desirable features of prototypical IG member. For example, in one interaction the concerns of a member “my hair is falling out...I’m getting like hair on my arms?” are met with a response that first normalizes the phenomena, “that’s just another ana phase”, and then celebrates them, “you’re doing it right!!!...keep it up” (Gavin, Rodham, & Poyer, 2008, p.328). This normalizing response has been found across different pro-ED sites (Riley, Rodham, & Gavin, 2009).

In addition to the focus on behaviours that make a ‘good anorexic’, some focus is also afforded to behaviours that make a good group member. Specifically, it can be argued that providing support to other site members is itself a descriptive group norm. Clear demonstrations of loyalty and encouragement during interaction have been reported, an observation supported by statements from members, for example “I’m obsessed with welcoming people” and “I mainly go for support and giving support to others in positive ways” (Brotsky and Giles, 2007, p. 100). This opportunity to support others may be experienced as particularly rewarding for site users; in the offline environment, the eating
disordered individual may accept the submissive role of a patient or child, or be denied opportunities to help others. As suggested by Csapke and Horne (2007), it appears that there are aspects to pro-ED identity beyond disordered eating.

**Intergroup Processes**

Intergroup behaviour depends on the existence of an ingroup (IG) and an outgroup (OG). In this case there is a single ingroup, namely the online pro-ED community. However, a relatively large number of outgroups can be identified. The pro-ED identity depends not upon the presence of an eating disorder but on the desire to maintain the disorder, such that people with eating disorders who belong to pro-recovery communities represent an OG (Lyons et al., 2006). A second OG is formed by health care professionals, a group that has generally reported negative attitudes towards individuals with EDs (Malson et al., 2008). A third OG is formed by journalists and researchers, who are largely responsible for portrayals of pro-ED sites within public and scientific populations. Still more outgroups are formed by parents, friends, openly hostile site visitors or ‘haters’, and the so-called ‘wannarexics’ that visit pro-ED sites intending to adopt anorexia as a dieting method (Giles, 2006; Bardone-Cone & Cass, 2007).

Journalists and other forms of media are a particularly important OG because they have previously engaged in public criticism of the pro-ED community, demonising creators and members of websites (Pollack, 2003; Dias, 2003) and prompting Internet Service Providers (ISPs) like Yahoo! to close down a number of pro-ED sites in 2005 (Brotsky & Giles, 2007). The closure of sites can be seen as an act of intergroup aggression perpetrated by the media. Similarly, negative media portrayals are experienced by individuals as instances of intergroup conflict, with one site owner stating “I’ve seen what reporters write about us and thought, oh my God, that’s my people they’re talking about” (Dias, 2003, p.14). The media OG represents a common enemy and defending the IG against the threat posed constitutes a superordinate goal around which the subgroups of the pro-ED community can unite (Sherif, 1966). Moreover, since pro-ED websites have thus far survived despite media criticism it is likely that this conflict has increased the cohesiveness of the ingroup. A similar conclusion is reached by Giles (2006), who found that messages of hostility consistently elicited a display of IG solidarity from pro-ED members.
Faced with these negative media portrayals, the discourse of IG members demonstrates a resistance to negative stereotypes coupled with ethnocentrism. Ethnocentrism can be defined as the belief that traditions or ‘folkways’ (Sumner, 1906) of the IG are right and that the IG is superior to certain outgroups (OGs). There is some evidence of ethnocentrism within the pro-ED community. In a recent study, one pro-ED site featured the following statement “This is a place for the elite...the best we can be is the thinnest we can be. We will not allow those around us to detour our missions.” (Day & Keys, 2008, p.9). The statement is a dialogue not only of IG superiority but also of resistance against pressures from OGs.

Media portrayals of pro-ana sites often suggest that they are persuading young girls to adopt anorexic or bulimic behaviours as acceptable dieting methods (Giles, 2006). This accusation presents a threat to the positive social identity of the pro-ED ingroup. In order to preserve a positive IG identity, site users may display hostility towards a suspected ‘wannarexic’, a practice reported by Giles (2006) and illustrated by a reply to a message asking for tips: “If you are truly anorexic you don’t need someone there telling u what to do or showing u pics”.

In a study by Brotsky and Giles (2007) the experimenter posing as an individual with an ED in order to interact with the community aroused suspicions in site users, who insulted her (“dumb bitch”) or criticised her actions as selfish (Brotsky & Giles, 2007, p.100). The desire of the IG to distance itself from negative media stereotypes is clear in the following warning message: “This is a site for those who ALREADY have an eating disorder...If you do not already have an eating disorder, better it is that you do not develop one now. You SHOULD leave” (Dias, 2003, p.6).

The media understanding of pro-ana as an abbreviation of pro-anorexia denoting a community that encourages eating disorders is consistently rejected by the pro-ED community. Fox, Ward and O’Rourke (2005) provide as evidence the following message on a forum board: “...pro-anorexicS. Not pro-anorexiA. We should not be in favour of the disease...rather in favour of the girls and boys who have this horrible disease and help them”. Similarly, the belief that an eating disorder is a lifestyle choice was found to be endorsed by only 4% of site users, with the majority believing that both anorexia and bulimia were disorders (Csipke & Horne, 2007). What is asserted by users of pro-ED sites is the right to choose not to recover until one feels ready.
Any understanding of the relationships between the pro-ED ingroup and a given outgroup rests upon an understanding of the goals of each group. Sherif (1966) stated that where the goals of an ingroup and an outgroup are mutually exclusive, the result will be realistic intergroup conflict. A key goal of the media outgroup is the closure and prohibition of pro-ED sites, while the goal of the outgroup formed by health professionals is to treat individuals with eating disorders. In contrast, the goal of the pro-ED ingroup is to assert the basic right to create and use sites, while most members suggest a goal of maintaining the disorder and are not yet ‘ready’ to recover. Clearly, the goals of the groups are mutually exclusive. Although evidence relating to specific instances of intergroup behaviour is scarce in comparison to evidence of processes within the IG, there is some suggestion of intergroup conflict between the pro-ED community and the media.

In 2002 an estimated 400 pro-ED sites were in existence (Giles, 2006). In 2005, several ISPs, under pressure from media and formal organisations, removed a number of pro-ED sites from their domain networks (Brotsky & Giles, 2007). The deletion of websites without notification of site owners can be seen as an act of intergroup ‘aggression’ on the part of the OG. Brotsky and Giles (2007) found that the response to this attack was more inventive concealment of sites by members of the IG. Furthermore, the removal of the sites originally identified did little to discourage the creation of new sites. Beginning in 2006, monitoring of international trends revealed a dramatic growth of pro-ED sites, with 1500 identified by 2007 (Optenet, 2008). It is possible that this increase in pro-ED sites would have occurred in the absence of action against the community. However, it is equally possible that a surge in creation of pro-ED sites represents the retaliation of the IG. Here perhaps are the early stages of an escalation of intergroup conflict. Even if no intergroup processes are assumed, media coverage of pro-ana sites is likely to have alerted people to their existence, which would itself increase visits to the sites.

**Issues and Conclusions**

The moral legitimacy of criticism directed at the pro-ED community must be questioned. As discussed, members of the pro-ED community adopt the attitude that overeating reflects moral weakness while the choice to restrict consumption reflects personal strength. Far from being specific to the eating disordered community, these attitudes are shared by members of Westernised communities from childhood onwards. Moreover, Burns (2004)
reported that judgments of pathology depend primarily on the physical consequences of disordered eating, while the behaviours of anorexic individuals, such as restricting caloric intake and frequent exercise, are often seen as normative rather than deviant. The media and collective society at once promote a thin body ideal and demonize members of the pro-ED community for striving to achieve it. To paraphrase Sir Thomas More (1516), ‘what else is to be concluded from this but that we first make anorexics and then punish them?’.

Given the relative lack of evidence demonstrating causal relationships between usage of pro-ED sites and health outcomes, it can be argued that the demonization of pro-ED sites allows the media to use the community as a scapegoat, depicting its members as responsible for pervasive disturbances of eating and body image. This scapegoating of the pro-ED community allows the fashion, advertising, and diet industries, to name but a few, to continue their business largely unchallenged and fails to acknowledge issues of female identity.

To a large degree, the media panic associated with the ‘clique-like’ nature of pro-ana websites appears to be unfounded, since consequences of viewership are more negative when individuals do not interact with other individuals on the site (Csipke & Horne, 2007). Nonetheless, the sense of belonging and the social support provided by the pro-ED community may present a significant barrier to effective treatment, since recovery will require the sacrifice of social support, of friendship, and of a component of one’s identity.

In conclusion, it cannot be demonstrated that the pro-ED community encourages the choice to become anorexic or bulimic, though it supports the right of individuals to choose not to recover. John Stuart Mill wrote that “the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others” (Mill, 1869, p.12). It is argued here that, in order to justify censorship or regulation of the pro-ED community, it must be evidenced that participation in or viewership of the community results in maladaptive behaviours or thought patterns above the level that can be accounted for by the thin body ideal or by sanctioned sources of accurate information on eating disorders.

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References


