

Online Stigma Resistance in the Pro-Ana Community

Qualitative Health Research
1–12
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sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049732315570123
qhr.sagepub.com



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Abstract

Media scholars often use concepts from Goffman's dramaturgical approach to study online communities of stigmatized individuals as "backstages," spaces where members take refuge from social disapproval. In this study, I extend this view through an examination of in-depth interviews with bloggers from the "pro-ana" community, an online community for people with eating disorders. To explore how this community uses an online environment that is both anonymous and public, I fuse Goffman's ideas about identity performance and stigma with more recent theories about boundary maintenance. In-depth interviews with "pro-ana" bloggers reveal that to protect this virtual group and resist stigmas associated both with their illness *and* with their online presence, they construct their own norms and rules in the online realm, and discipline and eject members deemed to be out-group.

Keywords

stigma; eating disorders; online communities; social media

Stigma and Online Communities

In *Stigma: Notes on the Management of Spoiled Identity*, Erving Goffman (1963) identifies stigma as the situation of the individual who is disqualified from full social acceptance. Stigma is a mark separating individuals from one another, based on a socially conferred judgment that some persons or groups are tainted or "less than fully human" (Pescosolido, 2013, p. 4). Stigmatized individuals seek to be perceived as "normals," but they are instead perceived as weak and inferior. Stigma spoils their social identity, and they find themselves as discredited persons facing an unaccepting world. Those who are perceived as "normals," Goffman contends, view the stigmatized as not quite human. Working from this assumption, the normals exercise varieties of discriminatory behaviors that might indirectly reduce life opportunities for the stigmatized persons.

To reduce stigma and avoid discriminatory behavior, a stigmatized person is therefore likely to devise a variety of coping methods. One such method would be to seek for sympathetic others or their *own*—people who share their stigma (Goffman, 1963). The online environment invites the *own* to escape their isolation in the physical realm and offers them support from similar others. The *own*, knowing from personal experiences what it is like to have a particular stigma, can provide the individual with tools relevant to their shared condition in the form of *tricks of the trade*, and with a *circle of lament* to which they can withdraw for moral support and acceptance

(Goffman, 1963, p. 20). Although Goffman's work was written in the 60s, his analysis is remarkably useful to understanding the motivation of stigmatized individuals to join online communities. Recent research demonstrates that online forum membership for stigmatized individuals alleviates feelings of isolation as they receive social support, inspiring an encompassing sense of community (Adler & Adler, 2008; De Koster, 2010; McKenna & Bargh, 1998).

Scholars usually approach online communities of stigmatized individuals as *backstages* (Goffman, 1963) where people with similar stigmatized experiences feel no need to conceal their pathology and can openly seek out one another for support and advice (Adler & Adler, 2008; Correll, 1995; De Koster, 2010; Deshotels & Forsyth, 2007). One of the factors contributing to this approach is the perceived anonymity that online communication offers these individuals, allowing them to safely express themselves and interact with similar others.

However, online spaces are also extremely public; interactions that would have been invisible before the Internet are now displayed in open-access Internet spaces. The visibility of these interactions might influence the

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ways stigmatized individuals interact in their self-administered online groups. Current research is therefore limited in two ways. First, an excessive emphasis on the dichotomy of “backstage” online interaction and “front stage” performance in physical life overlooks the mixed nature of online space. Second, studies of marginalized online communities have mainly drawn from Goffman’s (1963) dramaturgical approach while underutilizing his analysis of stigma. I argue that online space combines backstage and front stage functions, and that to fulfill both, key members police group identity by creating community norms and using boundary maintenance strategies.

In this article, I illustrate the strategies members of the “pro-ana” community use to cope with stigma. This community is comprised of websites “disseminating information about eating disorders (hereafter, EDs), primarily anorexia nervosa, and providing girls and women with a forum to discuss and share information about ana” (Dias, 2003, p. 34). Websites in this community contain written journals or diaries authored by eating-disordered individuals, ideas and advice about dieting, photo galleries displaying thin celebrities and models along with pictures of users’ own bodies, poetry and song lyrics authored by site users, and published writers and musicians. As in other types of online communities, this community offers an interactive element consisting of a set of forums such as bulletin boards, blogs, instant messaging, and chat rooms (Brotsky & Giles, 2007).

The “pro-ana” community is often defined in the literature as one that rejects anorexia as a mental illness and empowering members to maintain anorexia as a “lifestyle” (Haas, Irr, Jennings, & Wagner, 2011; Mulveen & Hepworth, 2006). However, as Giles (2006) contends, it is an over-simplification to regard the “pro-ana” community as reflecting a universally coherent standpoint.

Each site owner has her own perspective on what it means to be eating disordered, or anorexic. Even users themselves are unsure as to whether they are “celebrating” their EDs, whether anorexia is a life-style choice, a medical condition, an illness, or a positive or a negative experience. (p. 464)

In the next section, I discuss the unique aspects of online support as major motivations for stigmatized individuals to join online communities. Then, I review recent studies on the application of the theory of boundary work (Gieryn, 1983, 1999) to the online realm. Finally, I present the community under study to illustrate the ways its group members construct norms and rules in the online realm.

The Online Refuge

Virtual relationships among individuals with stigmatized diseases play an important role in meeting their social

needs (Bargh, McKenna, & Fitzsimons, 2002; Braithwaite, Waldron, & Finn, 1999; McKenna & Bargh, 1998). For many of those afflicted, existing social relationships do not always provide needed support because of the stigma associated with these diseases. Individuals with stigmatized diseases might join online communities to find social support—defined as verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one’s life experience (Albrecht & Adelman, 1987). Although social support is traditionally conceived as taking place in close personal relationships via face-to-face interaction, social support is also exchanged in numerous virtual communities through computer-mediated communication (CMC) across the Internet (Walther & Boyd, 2002).

Potential reasons that make electronic support attractive for stigmatized individuals are anonymity, interaction management, immediate access (Walther & Boyd, 2002), and weak-tie support preference (Wright, Rains, & Banas, 2010). *Anonymity*, the first motivation for seeking out online support, consists of the notion that no one knows who (in physical-world terms) is online and that group members can say personal things in this space without knowing one another (Walther & Boyd, 2002). Stigmatized individuals, in particular, utilize anonymity in online communication to preclude embarrassment they might experience if offline acquaintances were to know of their concerns. The second reason for seeking out online support is *interaction management*, the ability to exert greater choice and control over interactions than is possible in face-to-face interaction. Walther and Boyd (2002) highlight specifically the concept of communication in terms of message composition. CMC allows users to take the time to put into words what they desire to express, while face-to-face communication does not. CMC is also characterized by reduced obligation to reciprocate support (Walther & Boyd, 2002)—hence, a member does not feel forced to continue interaction after receiving supportive advice online. The third motivation relates to *immediate access*. Online support is available anytime, 24/7 (Walther & Boyd, 2002). In addition, in most cases, online communities exist on platforms that provide open and free access, without the wide array of barriers and limitations that characterize offline support groups.

Preference for weak-tie support is defined as a person’s motives for communicating with weak-ties support network members (consisting of individuals who are not interpersonally close but with whom people interact in a somewhat limited way within certain contexts, such as neighbors, service providers, and counselors) because they perceive the advice from weak-tie network members

to be more objective and less emotional than advice from close friends or family members (Wright, Rains, & Banas, 2010).

Growing numbers of people are exchanging social support via CMC, in relatively large networks made up of people who do not know each other and do not communicate face-to-face (Walther & Boyd, 2002). For individuals with stigmatized conditions, the Internet has become not only a resource for health information but also a source of emotional support and community-building (Rubenstein, 2009). Furthermore, the level of intimacy and social support received in an online community is equal to and in some cases even higher than that provided in face-to-face settings (Turner, Grube, & Meyers, 2001; Walther, Pingree, Hawkins, & Buller, 2005).

The presentation of the self in an online environment has concerned scholars who study how people manipulate, reinvent, or reveal aspects of their identity in the context of online communities. The presentation of the self in everyday life, asserts Goffman (1959), occurs in terms of an ongoing process of information management. Goffman (1959) refers to this process as a “performance”—defined as all the activity of a participant on a given occasion that serves to influence in any way any of the other participants. This performance takes place, according to Goffman, in a *region*—a setting for team performance before an audience who can differentiate between various individuals’ actions and demeanors. Regions can initially be “front stage”—where the team’s formal, official position is visible. That position conforms to conventions that are recognizable and meaningful to the audience. The second region is the “backstage”—where front stage impressions might be contradicted by elaborating the “truth of the performance” (Goffman, 1959, p. 112). In this region secondary presentations arise and the performer can relax, drop his front, and step out of character.

Numerous scholars (Adler & Adler, 2008; Correll, 1995; Deshotels & Forsyth, 2007; De Koster, 2010; Jenkins, Thomas, & Loudonville, 2004; Papacharissi, 2002; Trammell & Keshelashvili, 2005; Tufekci, 2008) have used Goffman’s dramaturgical approach to describe the Internet as a place for self-disclosure, claiming that a significant portion of the content in blogs provides a “behind the scenes” look into the blogger’s backstage-self—in contrast to the front stage region in face-to-face communication where overarching norms of social interaction are enforced and the stigmatized individual makes efforts to comply.

Previous literature has identified two senses in which online communities of stigmatized individuals function as backstages (De Koster, 2010). First, a backstage serves as a *refuge* in which individuals seek to be understood and in which they forge a separation from people passing

judgment. When stigmatized individuals happen to meet, observes Goffman (1963), “it takes one to know one” (p. 85). Stigmatized individuals easily recognize others in their situation and can help each other. Second, online backstages can be treated as *springboards* for obtaining insights and for rehearsing stressful face-to-face interactions/performances.

However, the function of the support community undergoes a shift when it goes online. While online technology undoubtedly facilitates a “safe” space for those labeled deviant to find support from similar others, these spaces also function as group performances through which the community of anonymous individuals becomes visible to the broader public. Thus, an online space can also be characterized as a space where normative behavior imposes itself in the form of boundary work, that is, group monopolization and out-group labeling, discussed in the next section.

Online Boundary Work

Early in the Internet’s existence, researchers thought that electronic communication would be stripped of social context cues, task-focused rather than relational, and free-wheeling rather than socially controlled (DeSanctis & Monge, 1998). More recent studies show that electronic communication is heavily influenced by surrounding social norms and that online communities adhere to normative behavior (Maratea & Kavanaugh, 2012; Rubenstein, 2009; Weber, 2011). Hence, just as in face-to-face-communication, in virtual discussions, group members share perceptions of appropriate behavior and assert their power to induce other members to behave in socially acceptable ways, even counter to their personal beliefs (Honeycutt, 2005).

Behavioral norms are an important component of online communities (Honeycutt, 2005). To sustain themselves and grow, online communities admit new members with regularity. Newcomers seeking admission to an established community have the potential to traverse boundaries and threaten the identity of the in-group, and thus potentially destroy the community, if they fail to adhere to the established behavioral norms (Boero & Pascoe, 2012; McLaughlin, Osborne, & Smith, 1995).

As online communities are reliant on self-regulation for survival, members must collectively agree to preserve cooperation and association by establishing norms, monitoring their own behavior, and punishing those who deviate—which is necessary for norms to be effective (Honeycutt, 2005). Two types of social norms can be distinguished online: general norms and group-specific norms (Honeycutt, 2005). General norms are widely used and recognizable across different online communities, and include, for example, the way online forum newcomers

indicate their newcomer status—that is, they can say how long they have been lurking or they might refer to themselves as “newbies”—people who post for the first time in an online forum (Weber, 2011). Group-specific norms are particular to specific collectivities and can be influenced by several factors, including the purpose of the group and members’ characteristics (Baym, 1995). For example, in one online group dedicated to supporting people recovering from an ED, it is agreed not to post content that might trigger an ED behavior (Walstrom, 2000).

Boundaries form to define the group and maintain its norms. Relying on Thomas Gieryn’s (1983, 1999) work and incorporating the aspect of anonymous communication, I define boundary work as the discursive attribution of selected qualities to online group members for the purpose of drawing a rhetorical boundary between in-group members who consider themselves authentic and stigmatized and others less authentic members who are perceived not to share the same stigma.

Boundaries aid participants in identifying those who are inside and outside a given community. The segregation between “us” and “them” is also rooted in the pressure to evaluate ones’ own group positively. Through in/out group comparison, social groups attempt to differentiate themselves from each other (Lamont & Molnar, 2002; Tajfel & Turner, 1986). This process of differentiation aims to achieve and maintain superiority over an out-group. The possibility of social comparison generates “spontaneous” intergroup competition, and therefore, any such act of differentiation is not only comparative but also competitive (Lamont & Molnar, 2002; Tajfel & Turner, 1986).

A rich body of boundary-work literature has studied the way professionals such as scientists (Gieryn, 1983, 1999), journalists (Schudson & Anderson, 2008), and other practitioners (Mizrachi, Shuval, & Gross, 2005) maintain their boundaries. Boundary work is likely to take place (a) when the goal is expansion of authority or expertise into domains claimed by other professions or occupations; (b) when the goal is monopolization of authority and resources in which boundary work excludes rivals from within by defining them as outsiders with labels such as “pseudo,” “deviant,” or “amateur”; and (c) when the goal is protection of autonomy in which boundary work exempts members from carrying the responsibility for consequences of their work by putting the blame on scapegoats from outside (Gieryn, 1983).

Most online communities of stigmatized individuals are hosted on open-access platforms such as forums, blogs, and social media. Therefore, methods for controlling access and gauging if a newcomer is right for a group cannot be implemented before new members join; rather, they revolve around watching the newcomer to see whether

they abide by common norms (Weber, 2011). I argue that in the case of *stigmatized* online communities, the deviance and public vilification of the group influences the nature of interaction among group members. Like Goffman’s actors, members of online communities approach the online realm as a backstage—a safe place in which the stigmatized may find support and understanding. Nonetheless, the public nature of the group forces them to construct norms and rules that transform their interactions into normative front-stage behavior.

To illustrate this phenomena of normative behavior and boundary work in online communities of stigmatized individuals, in the remainder of this article, I examine a case study of the group monopolization and labeling practices of the online “pro-ana” community. In the next section, I describe this community and the methods of this study.

The Pro-Ana Case: A Marginalized Online Community

The “pro-ana” (Dias, 2003) online community provides a space for people with EDs to receive support, share experiences, and offer encouragement (Harshbarger, Ahlers-Schmidt, Mayans, Mayans, & Hawkins, 2009). Emotional support, photo galleries (e.g., usually of thin models but occasionally of users’ own bodies), poetry, and song lyrics reflecting the experience of anorexia and related conditions are also common features of these sites (Norris, Boydell, Pinhas, & Katzman, 2006). Most of the literature that guides our understanding of EDs assumes that the only course of action for patients is a cure. Given the high mortality rate resulting from anorexia and bulimia (American Psychiatric Association, 2010), it is no surprise that any discourse labeled “pro” is often met with disapproval from friends and family of people with ED. As a *mental* rather than purely physical illness, ED carries additional stigma. Women with anorexia nervosa are portrayed in society as irrational and in denial of their behavior (Dias, 2003). People hold negative attitudes toward women with an ED (Mond, Robertson-Smith, & Vetere, 2006), and individuals with an ED are blamed for being “difficult to communicate . . . [and] empathize with” (Crisp, 2005). As a result, individuals who live with an ED often turn to the web to find social support.

In a recent study conducted with “pro-ana” bloggers (Yeshua-Katz & Martins, 2012), participants reported being motivated to blog because, through it, they found social support, a way to cope with a stigmatized illness, and a means of self-expression in the online realm. Participants described blogging as a cathartic experience and perceived the social support they received from other members of the “pro-ana” community as a benefit. Bloggers began publishing their blogs because they did

not want to feel alone or misunderstood and were interested in finding similar others. Thus, by blogging, participants were looking for a way to escape the social disapproval that constructs stigma (Goffman, 1963) and find refuge in the online realm. These results all serve to illustrate how the community serves as a “Goffmanian” backstage (Goffman, 1963).

The “pro-ana” community is doubly stigmatized. Not only are people with EDs themselves subject to stigma, the online community as such is also stigmatized as a health threat. Health professionals caution that “pro-ana” venues can act as a trigger for vulnerable individuals and encourage disordered eating behaviors (Giles, 2006; Grunwald, Wesemann, & Rall, 2008; Tierney, 2006). Complaints from ED support groups, parents, and the media have resulted in Internet service providers and blog-hosting services shutting down many pro-anorexia websites and blogs. The blog-hosting services, Tumblr and Pinterest, announced in 2012 that blogs that promote self-harm, such as EDs, would be banned from their platforms (Indvik, 2012; Ryan, 2012). Thus, public vilification of this online community creates additional tensions not accounted for in the concept of the backstage as a safe refuge.

The main audience of the “pro-ana” community is comprised of people with EDs who use these spaces to get acquainted with those who understand their experiences. In addition, “wannarexics” join the groups—these are people who want to take part in the community but whose creditability as having an ED is considered questionable; they might be considered a specific form of newbie (Boero & Pascoe, 2012, p. 39). The wannarexics are perceived as using the sites as sources for rapid methods of dieting, rather than because of any ED psychopathology (Mulveen & Hepworth, 2006). Participants on these sites continually engage in boundary work where they attempt to define who is a true member of the “pro-ana” community and who is a wannarexic (Boero & Pascoe, 2012).

In this research, I illuminate the motivations, strategies, and practices of norm building and boundary work in the “pro-ana” community, based on in-depth interviews with “pro-ana” bloggers. I fuse Goffman’s ideas about identity performance and stigma with more recent theories about boundary maintenance to explore how the “pro-ana” community uses an online environment that is both anonymous and public.

Purpose of the Study

The “pro-ana” community is worth studying in its own right as a social space that affords a style of interaction that would be highly unlikely to be visible in the offline,

or pre-Internet, environment. Previous content analysis studies have been informative and created interest in this understudied community, but so far, no research has examined in detail how users create and manage the social space of their blogs and forums. Therefore, Goffman’s seminal work about the experience of stigmatized people and Thomas Gieryn’s work on boundary maintenance are relevant frameworks for describing “pro-ana” community online interactions. Thus, I pose the following research questions to guide this study:

Research Question 1: What are the perceived motivations for online boundary work in the “pro-ana” community?

Research Question 2: How does online boundary work take place in the “pro-ana” community?

Method

Previous research into the “pro-ana” community (Hass et al., 2011) has recommended that researchers establish contact with bloggers to understand their points of view. This method offers insight into groups that are normally difficult to access and members who are often misunderstood. Thus, as part of an effort designed to broadly explore the perceived motivations, advantages and benefits of being a “pro-ana” blogger (Yeshua-Katz & Martins, 2012), after receiving institutional review board approval for the project, we used one-on-one interviews with “pro-ana” bloggers. Data collected in the original study serve as the basis of this study. We considered a blog to be “pro-ana” if it included instructions for initiating and maintaining anorexia nervosa (Mulveen & Hepworth, 2006), “thinspiration” imagery and/or photo galleries, or poetry and song lyrics that reflected the experience of anorexia (Norris et al., 2006). We found “pro-ana” blogs via blog-hosting platforms such as blogger.com, Tumblr.com, and Livejournal.com. We also found “pro-ana” blogs through blogrolls—that is, a list of links to other blogs that the author of one blog likes to read. To be included in the sampling frame, the blogs had to have been updated at least once in the past 6 months (e.g., Hu, 2009). We excluded blogs presided over by mental health professionals, caregivers, or advocates. Once we identified viable blogs, we contacted authors in one of three different ways. If a blog provided the author’s email address, we sent an email invitation to participate in the study to the author directly. If no email address was disclosed, we posted an invitation to the study on the comment page and/or guest page of the blog. Finally, if no comment and/or guest page was set up, we left an invitation to participate in the study as a comment on the most recent blog post. In total, we asked 300 blog authors to participate.

Participants

Thirty-three female¹ participants took part in the study. Participants ranged in age from 15 to 33 years ($M = 20$, $SD = 4.5$). The average length of time participants reported living with an ED was 6.8 years. All were in high school ($n = 16$) or attending college ($n = 17$). The majority of the participants ($n = 22$) lived in the United States, but some were from the United Kingdom ($n = 5$), European Union ($n = 3$), Canada ($n = 2$), and New Zealand ($n = 1$). These proportions reflect the statistics of where anorexia is most common: in the United States, Canada, parts of Europe, Australia, New Zealand, and South Africa (American Psychiatric Association, 2000). The self-reported ethnic breakdown of the participants was as follows: White ($n = 22$), Mediterranean ($n = 2$), African American ($n = 1$), and Other ($n = 8$).

Participants' accounts provided a diverse view about their EDs. Most of the bloggers ($n = 27$) reported living with the disorder, while six reported being in recovery. Twenty-four bloggers defined their ED as a mental illness, six bloggers defined their illness as a coping mechanism, and only three bloggers defined it as a lifestyle. This understanding of an ED as an illness was also the basis of much of the boundary work that interviewees divulged.

Interview Protocol

Based on the goals of the broader study, we generated, revised, and agreed on a series of interview questions that included three sections. The first section focused on bloggers' experiences with their ED. The second focused on their motives for blogging about their ED. Finally, they were asked about the perceived benefits and drawbacks of "pro-ana" blogging. A pilot interview was conducted to gauge the length of the interview and progression of questions. Based on the pilot interview, the protocol was revised to enhance comprehensibility and completeness.

The original goal of the broader study was to explore the motivations, benefits, and drawbacks of being a "pro-ana" blogger, not to focus on stigma experience and interactions with wannarexics; therefore, I did not ask the bloggers a series of questions concerning stigma and boundary work. Nevertheless, the prevalence of stigma and boundary work in the interviews became evident as powerful themes characterizing a shared element in the experience of the research participants. Other researchers have demonstrated the value of carefully analyzing participants' experiences and detecting recurrent themes that emerge, even if they do not respond to the concepts presented in the questions (Donovan, Miller, & Goldsmith, 2014). Donovan-Kicken and Bute (2008) determine that among people who recounted their experiences with

communication-debilitating illness or injury (CDI), one specific aspect that stood out as salient and meaningful to them was being confronted with uncertainty management: "We did not ask a series of questions pertaining specifically to uncertainty. Yet the robust nature of our results would indicate that even without prompting, uncertainty still emerged as a prominent theme in the responses of our participants" (p. 14). I observed several themes related to stigma and boundary work among the accounts of the participants in this sample, and it seemed evident that stigma and boundary work were major aspects of their overall experiences as "pro-ana" bloggers.

Procedure

After receiving an invitation, potential participants emailed or called one of the researchers to express interest in the study. I asked participants to provide their blog web address to verify that they were the authors of the selected blogs. I then scheduled a one-on-one interview via phone, Skype, or email. During the first part of the interview, participants completed a consent form. I explained the purposes of the study and asked for demographic information. Each phone ($n = 7$) or Skype ($n = 3$) interview took approximately 1 hour to complete and was audio recorded for purposes of transcription and analysis. Email interviews ($n = 23$) were also saved for purposes of analysis.²

Data Analysis

Qualitative methods provide a way of extracting the meanings that are embedded in people's experiences, making them especially worthwhile for new areas of research (Michallet, Le Dorze, & Tétreault, 2001; Mishel, 1999). As I learned how research participants make sense of their experiences, I began to make analytic sense of their meanings and actions. My goal was to systematically analyze the accounts that bloggers offered, so that the results of this study could be an important piece in a grounded theory of boundary work in the "pro-ana" community. After learning how research participants make sense of their experiences, I constructed theoretical categories from the interview data and then analyzed relationships between key categories. I coded each transcript using methods of constant comparison (Corbin & Strauss, 1990) to identify reoccurring themes and discrete ideas in the data. I grouped similar codes into single categories and assigned a conceptual label to each grouping. For example, "labeling," "removal," and "derogation" of wannarexics were grouped under the category "excluding the pseudo" (Gieryn, 1983). This approach allows themes to emerge that are representative of aspects of the phenomenon of interest and is

worthwhile using especially for new areas of research (Corbin & Strauss, 1990). Finally, I searched for representative examples for each category across all 33 transcripts. The results of this study can contribute to illuminating the interactions among stigmatized individuals in online domains.

Results

Most of the participants discussed online boundary work against the wannarexics to some extent. This was not a focus of the interview questions. Nevertheless, the prevalence of stigma and boundary work emerged from the analysis as powerful themes characterizing a shared element in the experience of the research participants. Some participants mentioned boundary work as just one of many aspects of their online experience. For many participants, however, it was clear that boundary work was an especially prevalent facet of their narratives. Thus, guided by participants' reporting of their own experiences, stigma and boundary work emerged as the key topics of this study. From the interview transcripts, I identified both motivations for boundary work and ways of practicing boundary work online. These results are discussed in detail next.

Motivations for Boundary Work

It became clear from the interviews that stigma was the primary force constructing group identity practices. Participants reported two prominent motivations for carrying out online boundary work against the wannarexics: (a) resisting the stigma of mental illness and (b) resisting the stigma of a vilified online community. The online participation of the wannarexics constitutes a threat to the "pro-ana" community in two ways. The members interviewed mostly identified EDs as a health disorder, so to them, the presence of wannarexics who ask for weight-loss tips feeds two public misconceptions: First, that an ED is not a real illness but something individuals choose to have, and second, that this online community glorifies EDs.

Fourteen respondents reported seeing themselves as the in-group and said they wish to exclude the pseudo members from the community. As Nora (26, living with an ED) described,

From what I have noticed, it's the chics who think they can train themselves into having an ED. The ones who WANT to have an eating disorder. It's disturbing. ED's are not something any person should want.

Resisting the stigma of "false" mental illness. Ten participants mentioned the misinformed assumption that EDs

are something they choose to have as a motivation to resist the wannarexics. As Stefanie (19, living with an ED) described, "A lot of people see people with an ED and they just don't understand how it is. They pity us and say how sick it is that we do this to ourselves." Those who pursue eating-disordered behaviors are perceived as feeding the public stigma toward those living with an ED, as Holly (18, in recovery) described,

This group is playing with their lives because they think it's cool to have an eating disorder. They don't have an eating disorder but they act like it, they pretend that they are having one and they don't realize what it's like because it's all a stupid game of attention for these people. They don't understand that they are on their ways to ruin their lives. If they take one step too far they'll eventually will drag themselves down the negative spiral of having an eating disorder, and believe me, knowing after several years of therapy there is no way in hell that you'll ever get fully out of it.

Thus, the presence of the wannarexics in the community challenges other members in their struggle to establish credibility for the severity of the mental illness. Jean (24, living with an ED) explained, "They distract [from] the credibility of those who are actually sick. They are trying to get sick by being drama queens about 'oh look at me, I got an ED' when they don't."

The general stigma toward people with EDs—including aspects such as negative attitudes toward individuals affected by EDs and ambivalence concerning the severity of the illness—serves as the first motivation to protect the group boundaries from those who are perceived as not sick and therefore as further complicating the in-group's stigmatized position.

Resisting the stigma of a vilified online community. The negative media coverage of the "pro-ana" community and public perception that this group encourages EDs was indicated ($n = 8$) as an additional reason for resisting the wannarexics. "People say how we are corrupting little girls and distorting their self-image," as Stefanie reported. Jean said further,

The most common accusation is that we are trying to get people to have an eating disorder when most of the people I read are telling to those people "go fuck yourself" if you go and ask them to help you to get ED habits.

As "pro-ana" sites are often banned or targeted, community members must not only defend themselves against the common foes of Internet communities, haters, trolls, and those who see the community as dangerous and unhealthy but also against the threat of members who endanger the group's online existence by playing into

negative public stigmas. These members are seen as out-group, as Alma (16, living with an ED) explained,

They (the media) don't really understand the reasons why we do these things. Most people don't want to inspire others to do what we are. We just want to support the people who are already struggling. We actually hate wannabes.

Hence, as the findings above illustrate, members of the "pro-ana" community are motivated to distinguish themselves from those who do not belong to the group to resist two types of stigma: the stigma of EDs as "false" mental illness and the additional stigma associated with their online community.

Online Boundary Work Practices

The community members invest efforts into protecting group boundaries (Gieryn, 1983, 1999) through monopolizing the online space, and they do this in two ways. First, they define and identify those members they deem to be pseudo or out-group, in this case, people who do not have an ED. Second, once these boundaries are defined, a hierarchy is created, and bloggers exclude those who are perceived as pseudo by blocking their electronic access and removing them virtually from the group.

Forming group boundaries. Identifying members who are wannarexics and who do not belong to the group serves as a way to erect boundaries and develop a group identity. One way to identify the pseudo members is to monitor their information requests for signs that they are seeking a lifestyle rather than experiencing an illness, as Grace (18, living with an ED) described,

They want to know tips and tricks, and they're not aware that eating disorders cause severe damage, that they're not a choice. Often, wannarexics can cause people with eating disorders to fall even deeper by feeding their disordered thoughts. . . . And I won't tolerate them.

Another way to identify the "fake" community members is by checking their online presence for clues. As Nora (26, living with an ED) explained,

You can understand pretty quickly when you read a blog, if they have actually experienced what they are talking about. A lot of them for instance write exactly what they eat, and it's usually a lot more than what is normal for someone with ana.

Finally, the community constructs an expectation that members will divulge more about their identities, making it easier to identify wannarexics. Although theory predicts that anonymity is what attracts marginalized communities to online spaces in the first place, in a paradoxical

twist, giving up anonymity within the community is another way to help distinguish between the in-group ("pro-ana") and out-group (wannarexics). Ellen (19, in recovery) reported,

It is hard to be completely anonymous in pro-ana communities. Generally, pro-ana people are quite wary of new users that appear and you are expected to share a certain amount of yourself with the other members. I have the phone numbers of several other UK pro-ana bloggers, and we used to text each other tips or encouragement, or just to find out how they were doing. Extending your communication beyond blogs isn't uncommon. There is actually a whole pro-ana community on Facebook, although the site tries to delete anything pro-ana related.

To maintain group boundaries online, therefore, members first identify the ones who do not belong by testing their information requests for attitudes deemed inappropriate, examining their online presence for signs of illness, and expecting new users to share personal information.

Excluding the pseudo. After identifying the members who do not belong, actions of exclusion take place. Six bloggers reported efforts to label, remove, and derogate those felt not to belong. One form of removal is blocking the out-group from online communication, as Stella (15, living with an ED) described,

Sometimes I get quite angry when they comment on my blog, asking for "tips." I usually block them, I just can't imagine anyone willing setting out to destroy themselves because it's "trendy."

Another way of excluding individuals from the online group is to send them threatening messages, as Ellie (18, living with an ED) reported, "The girls who are wannabes receive hate mail because people who do actually have an ED are offended. It makes them feel like their ED is belittled."

The most severe example of intergroup derogation is the labeling of another inside the community. In one of the "pro-ana" forums, blogs that are published by users who are suspected to be wannarexics are screenshot and placed in a separate "wanna list" category. Ellis (27, living with an ED), the administrator of multiple "pro-ana" sites, described how the process of labeling wannarexics occurs on the websites: "People screenshot the posts and send them in to managers of the websites. [The wanna list] . . . is enormous, it's been so since 2009 and I think we are close to a million views on it." In the same group, group members were even promoted to become site managers when they were successful at identifying the wannas. As Ellis reported,

You can't run all of these things by yourself. A lot of the managers were members and they kind of upgraded themselves to managers just because of the way that they are and the way they caught wannarexics on their site. They did such a good job just as members that I had to get them as managers.

The process of labeling those who do not belong to the community not only serves as a way to protect group boundaries but also leads to insecurity in the in-group. Three bloggers reported their fear of being labeled as wannarexic, as Ellen (19, in recovery) stated,

There was always a fear if I didn't lose weight or follow diet like I said I was going to on my blog, that the online pro-ana community would label me as "wannarexic" or as attention seeker. I always felt like whatever weight I posted, it was too high, whatever food intake I posted, it was too high. . . . I felt accountable to my readers and other pro-ana bloggers.

Discussion

Scholars usually approach online communities of stigmatized individuals as *backstages* (Goffman, 1963) where people with similar stigmatized experiences feel no need to conceal their pathology and can openly seek out one another for support and advice (Adler & Adler, 2008; Correll, 1995; De Koster, 2010; Deshotels & Forsyth, 2007). One of the factors contributing to this approach is the perceived anonymity that online communication offers these individuals, allowing them to safely express themselves and interact with similar others.

However, online spaces are also extremely public; interactions that would have been invisible before the Internet are now displayed in open-access Internet spaces. The visibility of these interactions might influence the ways stigmatized individuals interact in their self-administrated online groups. Current research is therefore limited in two ways. First, an excessive emphasis on the dichotomy of backstage online interaction and front stage performance in physical life overlooks the mixed nature of online space. Second, studies of marginalized online communities have mainly drawn from Goffman's (1963) dramaturgical approach while underutilizing his analysis of stigma.

In conducting this study, my objective was to illuminate the experiences and perspectives of "pro-ana" bloggers. Through interviews with bloggers, the theme of boundary maintenance emerged, leading me to focus my analysis on understanding the efforts "pro-ana" bloggers invest in maintaining the boundaries of their online community and how this boundary work relates to stigma. Looking at this particular community has provided some new insights into how "pro-ana" bloggers experience boundary work in their online environment. In the context of public vilification, tensions around authenticity in

the "pro-ana" communities are managed through established members' approach to the out-group they label wannarexic. Pro-ana bloggers reported two main reasons for maintaining their group boundaries: First, they were motivated to distinguish themselves from the wannarexics to resist the stigma of "false" mental illness. Second, they wanted to resist stigma surrounding their online community specifically.

These findings suggest that to resist the stigma associated with their illness and with their online presence, "pro-ana" bloggers monopolize the online community. The interviews revealed the means of boundary maintenance: The bloggers identify those who do not belong to the group by their information requests and clues in their online presence. Once the outsiders are identified, they are removed from the group in three different ways: blocking communication, sending hate mail, or posting screenshots of their posts under the label wannarexic. Hence, boundaries are maintained by virtually shunning and shaming those who try to join the group but are considered to be wannas.

Through the employment of *us versus them* language and an explicit exclusion of the wannarexics, the established members of the "pro-ana" community demonstrate both a growing self-awareness of themselves as a community and an explicit shared understanding of their group boundaries and how they expect newcomers to behave before they are allowed membership in the group. The in-group members begin to define collective interests (e.g., their interest in retaining their monopoly by removing those they perceive as harmful to the community) and assert rights to enforce boundaries between themselves and those who are suspected of belonging to an out-group.

Norm construction in online spaces is not a phenomenon unique to a "pro-ana" community. As mentioned previously, members of online communities must collectively agree to preserve cooperation and association by monitoring their own behavior and punishing those who deviate (Honeycutt, 2005). The findings above elucidate relatively aggressive monitoring and disciplinary practices including virtual shaming. A plausible explanation for the intensity of the boundary work found here is the public vilification of the "pro-ana" community: The higher the level of stigma toward an online group is, the more likely there will be aggressive boundary work *inside* the online group. Therefore, it is possible that forceful practices of online boundary work will be present in other vilified online communities—for example, those that revolve around other types of self-harm behaviors such as self-mutilation or suicide—and less in online communities that revolve around diseases that are less stigmatized in society (e.g., cancer and infertility). Future research should further explore this possibility.

The findings of this study indicate that the public nature of the “pro-ana” community generates new tensions among the group members. The open access to the group and the anonymity of the members lead to the need to construct norms and rules to protect and maintain group identity, organization, and cooperation among the stigmatized. As a consequence, group members are forging norms and rules to protect their backstage from public stigma. Hence, like Goffman’s performers, bloggers can escape the social disapproval they experience in the physical environment. On the other hand, they also experience uncertainty and concern about the authenticity of anonymous users who enter their community. As a result of this uncertainty, what begins as a protective circle of the *own* becomes a complex space in which bloggers shift from backstage to front stage behaviors, not only finding support and expressing themselves but also engaging in efforts to protect the group from unwanted members and public stigma.

Illuminating the practices of online boundary work in the “pro-ana” community contributes to the evolving understanding of online communication among stigmatized individuals. Indeed, the Internet lifts a huge number of social constraints by allowing stigmatized individuals to find social support and extend the number of reference groups to which they can relate. At the same time, however, the nature of online space creates unique challenges to maintaining and policing group identity and resisting public stigma. Thus, inside the group of similar others, members construct implicit norms and explicit rules by identifying and removing members they feel do not belong.

Limitations and Future Research

In this study, I addressed the scarcity of literature on online boundary work in stigmatized communities by approaching the community members directly instead of analyzing their media content. Previous research utilizing content analysis has been informative and brought interest in this understudied community but has not considered why the users publish their blogs and how they appropriate the blogs to cope with their stigmatized illness—a key focus of this study. Community members’ accounts were solicited via in-depth interviews to discover the motivations behind bloggers’ digital performance. It is quite possible that the results of analyzing their online interactions would differ. However, the use of in-depth interviews is an appropriate starting point for understanding how members of an understudied community narrate and attach meaning to their online boundary work experience.

Participants in this study constantly grappled with authenticity and handled it largely through the exclusion of the wannarexics. To better understand the role online

groups play as supportive spaces for the stigmatized, it is therefore important to examine why and how some members are excluded from group support. New directions for inquiry might include approaching those labeled as wannarexic in the “pro-ana” communities and studying their experiences. Moreover, assuming that people who neither have nor want an ED also enter this online community, future studies could focus on the interactions between group members and people who are considered as “normal” online. The possible clinical implications of the pressure toward uniformity exercised in this online group are an important topic. Finally, I recommend studying how the possible mainstreaming—in the sense of attracting a general audience—of “pro-ana” blogs is affecting the stigmatization of people living with or recovering from an ED.

By approaching online communities of stigmatized individuals as complex and dynamic spaces, researchers find new paths for analysis of online interactions. In particular, by accepting the understanding that, like face-to-face communication, online disembodied interactions include norms of language and behavior, we open up these communities to research using other sociological and social-psychological approaches. Future research on stigmatized communities might benefit from utilizing the social identity theory of intergroup behavior (Tajfel & Turner, 1986). The formation of subgroups and social order inside stigmatized online communities offers rich ground for the exploration of more sociological processes in stigmatized online communities.

Although the promise of this line of inquiry is great, this article only outlines its potential. Communication among stigmatized individuals in the online realm remains to be better understood through further exploration of both the “pro-ana” and other communities. In the online realm, as in physical life, we can expect that human beings have a drive for self-evaluation and desire for social affiliation. This desire for social affiliation, as we can see in the “pro-ana” case, leads to collective engagement in boundary work, to pressures toward uniformity, and to exclusion of rivals from within.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Notes

1. Despite contacting males and females, only females responded and participated in the study. This is not surprising given that this disease is more common among women (Hsu, 1989).

2. Some participants chose the option of email interviews to protect their anonymity. The researcher “conversed” with each participant over email to make sure that all the questions were answered clearly and completely.

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