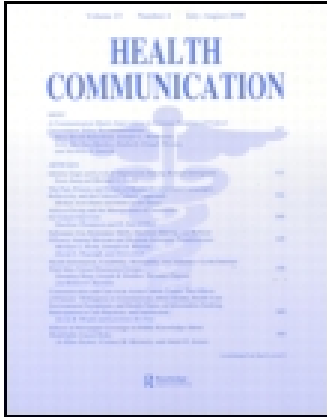


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Communicating Stigma: The Pro-Ana Paradox

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Communicating Stigma: The Pro-Ana Paradox

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This study explores the personal experience of pro-ana bloggers, members of an online community for people with eating disorders. Using Erving Goffman's work on stigma, this study explores the motivations, benefits, and drawbacks of blogging about a stigmatized mental illness, as taken from the bloggers' own perspective. We conducted 33 interviews with bloggers from seven different countries via phone, Skype, and e-mail. Participants were motivated to blog because they found social support, a way to cope with a stigmatized illness, and means of self-expression. 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. The fear that the eating disorder will be revealed if the blog is exposed and the concern that the blog encourages disordered eating were the perceived negative consequences of maintaining such a blog. Thus, blogging about anorexia serves to both alleviate *and* trigger anxiety about living with this stigmatized illness. Recommendations for future research are made.

I wanted a voice. There was no one in my life that I could speak to openly about what I was feeling and experiencing. I wanted to have a voice that I didn't have to censor for fear of upsetting people I knew or having them judge me. For me, writing my blog was the only way I could have a shoulder to cry on or a way to celebrate my successes. (Billie,¹ age 23, living with an ED)

This comment from Billie provides a glimpse of what it is like to live with an ED. More specifically, it illustrates why some people diagnosed with an ED choose to blog about their experience. Most of the literature that guides our understanding of ED assumes that the only course of action for patients is a cure. Given the high mortality rate of anorexia and bulimia (American Psychiatric Association, 2010) it is no surprise that embracing the illness as a way of life is often met with anger, sadness, and disapproval among the patient's friends and family. As a result, individuals who live with an ED readily turn to the Web to find social support. The purpose of the study is to explore the motivations, benefits, and drawbacks of blogging about a

stigmatized mental illness, as taken from the bloggers' own perspective.

EATING DISORDERS AND THE PRO-ANA PHENOMENON

The three most common EDs are categorized by voluntary starvation (anorexia nervosa), bingeing and purging (bulimia nervosa), and bingeing without purging (binge eating disorder). The National Association of Anorexia Nervosa and Associated Disorders (ANAD) (2010) reports that EDs affect over 11 million people in the United States and are more common among females. EDs can have significant and sustained impact on one's health and have the highest mortality rate of any mental illness (Birmingham, Su, Hlynsky, Goldner, & Gao, 2005). Indeed, most patients never fully recover (Herzog et al., 1999).

Although there is some debate as to whether ED is a mental illness (e.g., Garner & Garfinkel, 1980; Garner, Garfinkel, Schwartz, & Thompson, 1980), we contend that it is. People who live with anorexia nervosa or bulimia nervosa are not living with a trivial body image problem. On the contrary, anorexics lose between 15 and 60 percent of their original body weight, and this weight loss is associated with osteoporosis, irregular heartbeat, and in extreme cases, death (Whelan, 2001). As a result, all three types of disordered

¹Pseudonyms are used to protect the participants' identities.

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eating are recognized as a mental illness in the forthcoming *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (ANAD, 2010).

The fact that disordered eating is such a solitary and isolating experience makes the Internet an ideal place for offering support and advice. There are many websites that offer support to those who are trying to overcome their illness. However, there are just as many online resources that support the eating disordered lifestyle. Known as pro-ana (for pro-anorexia) or pro-mia (for pro-bulimia) websites, many of these sites proclaim that anorexia is a lifestyle choice and not a disease (Lipczynka, 2007). Norris, Boydell, Pinhas, and Katzman (2006) found that the site administrators are mostly female adolescents, and in some cases, younger than 18 years. These online resources provide places for “anas” to receive support, share experiences, and offer encouragement (Harshbarger, Ahlers-Schmidt, Mayans, Mayans, & Hawkins, 2009). More specifically, pro-ana sites provide specific instruction for initiating and maintaining anorexia nervosa (Mulveen & Hepworth, 2006). 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 et al., 2006).

These websites and blogs have been met with public vilification. Health professionals caution that such sites may act as a trigger for vulnerable individuals and encourage disordered eating behaviors (Giles, 2006). Complaints from ED support groups, parents, and the media resulted in Internet service providers shutting down many pro-anorexia websites. The blog hosting service Tumblr announced on February 23, 2012, that blogs that promote self-harm, like eating disorders, will be banned from its platform (Ryan, 2012). However, an online search of “pro-anorexia websites” quickly reveals that these site administrators and bloggers are resilient, having set up a new site and/or blog under a different name. This resiliency is presumably due to the much-needed support that these forums provide (Gavin, Rodham & Poyer, 2008). Indeed, Davis (2008) argued that pro-ana websites give patients “support and a sense of relief and understanding” (p. 97) in that they are not alone in coping from this disease. Thus, it seems that pro-ana websites and blogs are here to stay.

The extant research that examined the pro-ana phenomenon consisted of content analysis of the websites themselves (Dias, 2003; Lipczynka, 2007; Mulveen & Hepworth, 2006; Norris et al., 2006) or has examined it from a single user’s perspective (Davis, 2008). To our knowledge, published studies did not approach the authors directly. Therefore, the assumption that we know what being pro-ana means without interviewing the bloggers themselves might be misguided. Recent evidence supports this idea. Brotsky and Giles (2007), for example, covertly observed participants in a pro-ana community. The authors found that this community does not maintain a consistent standpoint on the

“ana” issue. The results revealed that the answers to why individuals are attracted to pro-ana sites have little to do with the need to share a broad philosophy or outlook, and may stem from the desire simply to belong to a safe community of individuals with similar experiences.

Therefore, this study does not assume that the pro-ana community is a homogeneous group of bloggers who share the same view about their health condition. We employed in-depth interviews so that we could examine how pro-ana bloggers understand their experience in their community. These interviews also allowed us to investigate how bloggers motivations shaped their digital performance.

STIGMATIZED ILLNESS

Goffman (1963) defines stigma as a “the situation of the individual who is disqualified from full social acceptance” (preface). People who cope with a mental illness report deep and continuous experiences of stigma, marked as tainted and “less than” (Pescosolido, Martin, Lang, & Olafsdottir, 2008). As with other mental health illnesses, ED carries its own stigma. Women with anorexia have been routinely portrayed as irrational and in denial of their behavior (Dias, 2003). Mond, Robertson-Smith, and Vetere (2006) found that negative attitudes toward individuals affected by anorexia nervosa exist among women, as well as ambivalence concerning the severity of the disorder. In the United Kingdom, one-third of survey respondents blamed ED’ers for their condition and described them as “being difficult to communicate . . . and empathize with” (Crisp, 2005). Thus, it can be argued that an ED is a stigmatized illness.

Goffman (1963) also argues that the term *stigma* conceals a double perspective: a discredited stigma—the individual assumes his or her differentness is already known or is visible, or a discreditable stigma—he or she assumes it is neither known by those present nor immediately perceived by them. Eating-disordered individuals possess a discreditable stigma. Their ED is not visible, kept in secret, and therefore unknown to everyone else except the individual.

Coping With Stigma

Goffman (1963) recognizes that stigmatized persons strategically manage the information about their invisible stigma and referred to this practice as “techniques of information control.” Goffman (1963) describes information control as a major issue for those who are discreditable: “to display or not to display, to tell or not to tell, to let on or not to let on, to lie or not to lie; and in each case to whom, how, when and where”(p. 42). Haas, Irr, Jennings, and Wagner (2010) note that family members of pro-ana individuals often engage in social conflict over eating habits. Given that high levels of social conflict result in low levels of social support, pro-anas may not display ED

behavior in front of their family in order to avoid social conflict.

Social disapproval of disordered eating behaviors may be a powerful motivator for EDs to go online. In a recent study, Sundar and colleagues (2007) found that blogging helped mental health patients cope with their stigma. The same study also found that participants wanted to educate and encourage other patients to counteract information that they believed did not accurately portray their disease. Similarly, Hu (2009) found that reducing stigma was an important motivation to blog among her sample of mental health patients living with depression.

Social support is a multifaceted concept that includes the ways in which individual well-being and coping are enhanced by involvement in social networks, the perceived availability of help and acceptance by others, or the exchange of tangible and symbolic support in interactions between people (Albrecht & Goldsmith, 2003). Goffman (1963) argues that stigmatized individuals in an unaccepting world may search for sympathetic others who are ready to adopt or accept their worldview. Such sympathetic others may be individuals who share the same stigma. These “similar others” provide the individual with “instruction in the tricks of the trade and with a circle of lament to which he can withdraw for moral support” (p. 20). In this case, it can be argued that pro-anas are able to live with their illness or make their illness more bearable by going online and finding similar others who are experiencing the same frustrations and anxiety that they are.

Social support from similar others has been widely studied in the health communication literature (Albrecht & Adelman, 1987; Albrecht & Goldsmith, 2003; Braithwaite, Waldon, & Finn, 1999; Brashers et al., 2004; Thoits, 1986). This body of research indicates that supportive others can assist a stigmatized individual by providing instrumental assistance, giving emotional acceptance, allowing cathartic ventilation, or encouraging perspective shifts. Moreover, it appears that there are different kinds of support that stigmatized individuals can receive from similar others. Braithwaite and colleagues (1999) found that persons with disabilities who participated in a computer-based support group were offered three types of support: emotional support, which constituted of sympathy, understanding, encouragement, and physical affection; informational support, which constituted situation appraisal; and advice, teaching, and esteem support, which involved validation, compliment, and relief of blame. Thus, social support is one possible motivation for people with eating disorders to join the pro-ana community.

Another motivation for joining the pro-ana community may be the anonymity that the Internet provides. Indeed, Internet newsgroups allow individuals to interact with others in a relatively anonymous way and thereby provide individuals with discreditable stigma a place to belong. McKenna and Bargh (1998) recognize that individuals go online to

meet important social and psychological needs. Their identity demarginalization model posits that individuals with a marginalized identity who do not have much social support offline might turn to an online support group in order to compensate for the lack of those resources in their “real life.” These stigmatized individuals can reap the benefits of joining a group of similar others: feeling less isolated and different, disclosing a long secret part of oneself, sharing one’s own experiences and learning from those of others, and gaining emotional and motivational support. Nevertheless, supportive communication can contribute positively or negatively depending on how well people recover from illness or manage chronic health conditions (Burlison, Albrecht & Sarason, 1994). Dilemmas of support arise when the benefits of receiving support are accompanied by costs or complications.

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. 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 illness: a key focus of this study. Previous research about the pro-ana community (Hass et al., 2010) has recommended that researchers establish contact with bloggers to understand their point of view. Conducting research by contacting members of the community offers insight into groups that are normally difficult to access and who are often misunderstood.

The bloggers are creating their personal space online to fulfill needs. Those needs might stem from the stigma, or the social disapproval they face as people who live with a mental illness. Therefore, Goffman’s seminal work about the experience of stigmatized people is also relevant in describing pro-ana’s online and offline behavior. In accord, three research questions guide this study:

- RQ1: What are the perceived motivations of pro-ana blogging?
- RQ2: What are the perceived benefits of pro-ana blogging?
- RQ3: What are the perceived drawbacks of pro-ana blogging?

METHOD

We were interested in studying people who identified themselves as pro-anas. In order to meet this goal, we sought out blogs that were clearly pro-ana sites. A blog was considered pro-ana if it included instruction 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 searched for pro-ana blogs via blog-hosting platforms such as blogger.com, Tumblr.com, and Livejournal.com. Pro-ana blogs were also found 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 be updated at least once in the past 6 months (e.g., Hu, 2009). Blogs presided over by mental health professionals, caregivers, or advocates were excluded.

Once viable blogs were identified, authors were contacted in three different ways. If a blog provided the author’s e-mail address, an e-mail inviting the author to participate in the study was sent directly to him or her. If no e-mail address was disclosed, we posted an invitation to the study under the comment page and/or guest page of the blog. Finally, if no comment and/or guest page was set up, an invitation to participate in the study was left as a comment to the most recent blog post. As a result of these efforts, 300 blog authors were asked to participate.

Participants

Thirty-three female² participants took part in the study. Participants in our study ranged in age from 15 to 33 years ($M = 20$, $SD = 4.5$). The length of time most of our participants reported living with an ED was 6.8 years. Most of our participants 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 world 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 ethnic breakdown of the participants was as follows: Caucasian ($n = 22$), Mediterranean ($n = 2$), African American ($n = 1$), and other ($n = 8$).

In spite of our efforts to include only bloggers who identified themselves as pro-ana (e.g., defining anorexia as a life style) as described in the published literature, participants expressed different approaches to their health condition. Indeed, most of the bloggers ($n = 27$) reported living with the disorder but six were in recovery. Twenty-four bloggers defined their eating disorder as a mental illness, six bloggers defined their illness as a coping mechanism, and only three bloggers defined it as a lifestyle.

²Despite 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 (L. K. George, 1989).

Interview Protocol

The semistructured interview schedule included three sections of questions. 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 questions progression. Based on the pilot interview, we revised the protocol to enhance comprehensibility and completeness.

Procedure

Upon invitation, potential participants e-mailed or called the researchers to express interest in the study. Participants were asked to provide their blog web address to ensure that their blog met our definition of a pro-ana blog. Once a blog was confirmed, we scheduled a one-on-one interview session or arranged to conduct the interview over e-mail.³

Before the interview session took place, the participants completed a consent form and e-mailed it to the researchers. During the first part of the interview session, the researcher briefly explained the purposes of the study and asked for demographic information. Each phone ($n = 7$) or Skype ($n = 4$) interview took approximately one hour to complete and was audio recorded for purposes of transcription and analysis. E-mail interviews ($n = 23$) were also saved for purposes of transcription and analysis.

Data Analysis

Qualitative methods provide a means 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). For those reasons we believe that the objectives of our study would be best met using grounded theory technique. A grounded theory approach is aimed at constructing theoretical categories from the data and then analyzing relationships between key categories (Charmaz, 2006). This approach allows themes to emerge that are representative of aspects of the phenomenon of interest (Strauss & Corbin, 1990). As we learned how research participants make sense of their experiences, we began to make analytic sense of their meanings and actions. Our 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 motives, benefits, and drawbacks of pro-ana blogging.

Each transcript was read twice by the authors and coded using methods of constant comparison (Strauss & Corbin,

³Some participants chose the option of e-mail interviews to protect their anonymity. The researchers “conversed” with each participant over e-mail to make sure that all the questions were answered clearly and completely.

1990), to identify reoccurring themes and discrete ideas in the data. Next, we discussed and compared our interpretations in order to negotiate a series of categories that we used to give structure to our analysis. We grouped similar codes into single categories and assigned a conceptual label to each grouping. For example, “coping with stigma,” “support,” “receiving tips and tricks,” and “catharsis” were grouped under the category “motivations for blogging.” Finally, we searched for representative examples for each category across all 33 transcripts.

RESULTS

Our results offer insight into the experience of online communication about an ED, a stigmatized mental illness. In this section we outline our findings, describing first the motives to publish a blog, then the perceived benefits of communicating about an eating disorder, and finally, the drawbacks of pro-ana blogging. Data from our interviews are offered throughout as exemplars to illustrate the unique nature of this online community.

Motives for Blogging

We identified three motivations for blogging: social support, coping with stigma, and self-expression. We present these themes according to their frequency in the interviews.

Social support. The major motive for blogging is seeking social support: Most of the bloggers ($n = 22$) started publishing their blog because they did not want to feel alone and were interested in finding similar others. As Phanny, 16, describes:

Part of an eating disorder is the loneliness. I was pretty lonely. I needed someone that would understand. Nobody “normal” understands why you want to starve yourself for days on end. Nobody “normal” can understand your frustrations when you fail and your gleefulness when you can go through a day of fasting or a day of perfect restricting—only people like myself would.

Thus, bloggers who felt misunderstood in the offline environment go online to find social support from similar others.

The majority of the participants started publishing their blog to receive the emotional and esteem support (Braithwaite et al., 1999) that they felt was missing in their offline environment. The participants reported they are connecting to a virtual task-related community for support that constituted validation and affirmation. Bloggers described interactions with their family and friends as stressful because they lack the understanding of their situation, while online they receive support constituted with sympathy, understanding, and encouragement.

Self-expression. Another motive for blogging was finding a venue where they can express themselves without judgment: 16 bloggers mentioned this reason as their motivation for initiating the blog. Mary, an 18-year-old who is in recovery, said:

All my friends and teachers and pretty much everyone knows about it but I can't go up to them and say “oh, I had a really bad day today because I ate too much” or “I had a great day today, I swam miles and miles.” You can't do that. You can't say all that stuff. Online you can say all that stuff 'cause no one can hold you accountable for that.

Thus, the ability to disclose information to others with less relational risk is particularly appealing for those who feel that their ED is strongly stigmatized. Hope, a 15-year-old who is living with an ED, reports:

The online community provides support that is 100% honest and true, and nobody feels scared to share their feelings because there isn't anyone judging them . . . I think we feel more comfortable online because we don't have to expose our true identity, thus saving the humiliation of friends and family while still receiving the much needed support.

Hence, bloggers reported feeling safe writing about their ED without fear of criticism from their offline environment.

Coping with stigma. The third reason participants publish a blog concerns the stigma associated with an ED. Indeed, 16 bloggers started their blog to cope with social disapproval. Lily, 18, who is living with an ED described the fear of disapproval:

I think it was the fact that having an ED was so socially unacceptable that it pushed me to seek others that I could tell my story to. That they would listen and tell me what I wanted to hear. Even within my own family I couldn't talk. It was unspoken, but agreed that if there was something wrong with you that you hide it.

While the rest of the participants did not mention coping with stigma as a motive for blogging, they did describe search for social support as a major reason. When asked to give an example of how blogging might help cope with stigma, six bloggers answered that blogging offers them a different reality. Billie, 23, who is living with an ED, described how her blog functions:

I often refer to how my blog is my true self and how in real life I have to act and hide my true feelings. I often call myself an actress on a stage playing out a part in my real life. My blog is who I am backstage when I'm stripped of the makeup and costume.

Thus, by blogging, participants were looking for a way to escape social disapproval that constructs stigma (Goffman, 1963). Moreover, participants reported they are trying to control information that might expose their socially unacceptable attributes by managing discrediting and undisclosed information. Blog authors reported they did not disclose any

self-identifying information and assigned nicknames to people in their offline environment if information about them was included in the blog.

After taking these precautions, bloggers felt that they could communicate safely about their disorder. As Dias (2003) suggested, in their blog they discuss taboos in their offline environment, share experiences, and talk about feelings of shame and social disapproval. Consistent with other studies of mental health blogging (Hu, 2009; Sundar et al., 2007), participants reported a desire to educate and encourage other patients as a way to cope with an ED. Bloggers reported that they began blogging “as a way to talk to people who understand” (Anita, 21, in recovery). Bloggers expressed their motivation to counteract messages they believe do not accurately portray their disease. Authors said they publish their blog to “tell how it is” (Lucy, 26, living with an ED) and “get rid of shame and try to open people’s eyes” (Chris, 15, living with an ED). Blanche, an 18-year-old who is living with ED, describes:

For people who don’t have an ED, it might make them realize that it’s not what everybody makes it to be. It’s not a choice, you can’t glamorize it, people die from it and we are aware of it. We know we are killing ourselves and no matter how much weight we lose, we’re not going to be happy.

Hence, bloggers repeatedly expressed their opposition to the image of a community who glamorizes mental illness.

These findings support the notion that for the users the blog is what Goffman (1959) argues, a “backstage region,” where performers are present but audience is not. Performers can step out of character without fear of disrupting the performance. The bloggers describe their offline daily life as the “front stage region,” where they act according to conventions that have meaning to their audience, their family and friends.

Benefits of Blogging

We identified two benefits from blogging: catharsis and social support. We present these themes according to their frequency in the interviews.

Catharsis. The majority of the sample ($n = 21$) reported that blogging about their ED improves their mood.

It can help me calm down when I am stressed or upset, as the simple motion of typing out what you feel helps to take you away from the situation you’re stuck in and concentrate more easily. Seeing a situation written down somehow makes it easier to deal with, and so when I’m upset I write down why I’m upset on my blog. (Grace, 18, in recovery)

Thus, by putting their thoughts into writing, bloggers reported that they were able to find relief.

Indeed, previous research demonstrates that putting distressing thoughts and feelings into words can be mentally beneficial (Esterling, L’Abate, Murray, & Pennebaker, 1999). Displaying their private thoughts to an audience of

supportive others allowed bloggers to find cathartic ventilation (Brashers et al., 2004). Moreover, participants explained the difference between writing a journal and publishing a blog: Once other bloggers started following them, they became aware that their words are reaching an audience; this audience soon became their community.

Social support. The second benefit of blogging is to create a supportive community. Nineteen bloggers describe their online environment as a place to find similar and supportive others. Grace, 18, who is living with the disorder, reported:

I don’t receive much support from friends and family, who have no idea what I am really going through. My mother calls me “greedy” when I binge, and my boyfriend praises me, as he doesn’t realize they are a part of the disorder no matter how many times I tell him. However, online, other bloggers tell me that it’s not the end of the world, they say encouraging things which stop me from wanting to purge or self-harm, and I know they all understand and have been there. That gives me hope that I can get through the binge.

Thus, by participating in the community, bloggers received understanding, encouragement, compliments, and validation from their peers.

Bloggers describe the online support as unconditional: They receive encouragement when they post about their weight loss success, and comfort in bloggers’ comments when they fail in such efforts. Moreover, when a user wants to stop self-harm behavior or go into recovery, the community supports her choice, too. Ellie, an 18-year-old who is living with the disorder, reported: “I’ve been doing it for years and I know the people online well. I receive support for healthy eating and exercises but I also receive support for unhealthy eating.”

Our participants perceived the support within their ED community to be stronger than the support they received for their so-called strong ties in their offline life. Moreover, the online weak ties that started by meeting each other online are becoming strong offline ties: eight bloggers reported that they met another pro-ana in person. In addition, bloggers interact with other community members in more ways than blogging: They text, call, and Skype each other and become friends on Facebook. Bloggers communicate via other media to maintain ED behavior but to also receive support with mundane matters such school exams and romantic relationships.

This community is also important to members who decide to go into recovery. Anita, 21, in recovery, described her difficulties in separating from the online community: “Now, in recovery, it is harder to find recovery blogs, but the ones that I read are often more professional. But I still follow some non recovery blogs, because I feel it’s hard to totally abandon them.”

Finally, eight participants felt that in the pro-ana community there was no attempt at correction, and no one tries to “fix” them, as Grace described:

There is a sense of competition when speaking with offline friends about the ED's, as it can often be a case of who is “thinnest” or most “disordered.” Also, it is harder to find offline communities of people with ED's . . . it is rare you find pro-ana group outside. Online, there are no visual attachments to the people with whom you speak, so it is easier to converse without feeling threatened and to find people who understand.

Hence, participants felt that they would encounter a pressure to recover in an offline support group.

Therefore, the perceived catharsis and social support provide community members with a sanctuary from their disorder in an environment that safely allows for true self-expression. However, most of these blogs were public, and bloggers cannot know who reads them. The uncertainty about their audience is responsible for two unexpected consequences: fear that their ED will be exposed and concern that their blog might encourage ED behavior.

Drawbacks of Blogging

Despite the many benefits, most of the participants in our study (30) discovered that blogging has negative and unexpected effects. We identified two negative consequences from blogging: fear of disclosing their ED behavior and encouraging an ED behavior.

Fear of disclosure. Ten bloggers described fear of being identified as their chief concern. Elah, 17, described her blog as “a skeleton in my closet.” Twenty-two bloggers were concerned that their family and friends will discover their blog, as Blanche described:

My boyfriend and I are using the same computer and I don't want him to come across that kind of information. When I started the blog five years ago, it was originally public but my boyfriend saw it back in March and made a big deal about it. We got into a lot of fights about it and I decided to make it private.

Hence, despite their efforts to keep their identity anonymous (e.g., assigning nicknames, concealing personal details), most bloggers were worried their family and friends will search their name and find their blog.

The bloggers in this study managed 1.84 active blogs on average. Ten of the bloggers publish an additional blog where they don't mention their ED. Anita, 21, who was in recovery when the study took place, described how she used to manage two blogs simultaneously: one about her ED and the other a “healthy” version of herself. She described the stressful experience when her blog was revealed:

I was concerned people I know will visit my blog. I was afraid that someone will figure out it was me and confront me in my real life. My sister found my blog because I commented on her post with my ED account accidentally. She said “I know it was you, what's going on?” That was scary, I was terrified.

Thus, the bloggers engage in what Goffman (1963) describes as “information control techniques,” intensive efforts to conceal information about their disorder that result in stressful experiences.

Encouraging ED. Twelve bloggers in this study were concerned that the content in their blog might trigger their own ED behavior, or what Phanny, a 16-year-old, described as “feeding the obsession.” Bloggers in recovery who disobey their therapists' instructions not to visit the pro-ana blogs describe how they still need to feel a part of a community. Lilly, 18, reported:

I tend to find the wrong kind of support online. When I don't want to get better, and I want permission to keep this up, I go online. But I do have a friend on the outside that I can always count on to console me when I feel fat or unworthy.

Thus, bloggers who are trying to recover describe the support in the online community as a double-edged sword.

Seven bloggers reported finding more support in the offline environment to get better, by friends, family, or therapists. They also expressed their concern that their blog will trigger an ED in people who are vulnerable, such as young girls and people who are trying to recover from an ED. It should be noted that all the bloggers issued disclaimers on their homepages to state that they were not promoting ED and warned minors not to enter the site. Participants described their efforts to block young readers who sought weight-loss advice. Bloggers were aware of the contradiction between their willingness to share information and their concern of triggering an ED, as Billie described:

I always worry that impressionable teenage girls (or younger) who are concerned about their body or weight will visit my blog and read about my hatred for my body and take tips or inspiration from my restrictive diet. I would never want to encourage anyone to start dieting or thinking in the damaging way that I do.

In addition to the main drawbacks mentioned so far, 12 bloggers expressed different views: Three bloggers mentioned haters who entered the community and “trolled” (posted inflammatory messages) as the negative consequences of blogging. Two were concerned about being considered as a failure in the community if they did not lose weight and being labeled as a “wannarexic,” a pro-ana “wannabe.” In addition, two bloggers found the blog to be time-consuming and felt pressure to continuously entertain and provoke readers.

DISCUSSION

The goal of this study was to understand the motivations, benefits, and drawbacks of blogging about an eating disorder. We found that participants were motivated to blog because they found social support, a way to cope with a stigmatized illness, and means of self-expression. 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. In contrast, the fear that the eating disorder will be revealed if the blog is exposed and the concern that the blog encourages disordered eating were the perceived negative consequences of maintaining such a blog. Thus, paradoxically blogging about anorexia serves to both alleviate *and* trigger anxiety about living with this stigmatized illness.

The results of this study support the idea that participants' membership in an online community is a result of social and psychological needs, in this case, a need for emotional and esteem social support (Braithwaite et al., 1999), coping with stigma, and finding support from similar others (Thoits, 1986). Our results support McKenna and Bargh's (1998) identity demarginalization model, as our participants were clearly active online in order to compensate for the lack of resources in their offline environment. These findings also support what Goffman (1963) describes as the type of support stigmatized individuals are looking for: Pro-ana bloggers, as stigmatized individuals, expect support from those who share their stigma and define themselves as their own kind.

These expectations to receive support lead to engagement in blogging, resulting in need gratification such as emotional and esteem social support and catharsis. As people who cope with an invisible and discreditable stigma, they express their painful struggle online in a discrete way (Goffman, 1963). Their media use can be described in Goffman's terms as "information control techniques." Bloggers conceal their ED offline and go online to express themselves. In the online realm, bloggers conceal their true identities and put efforts into making their information anonymous.

Nevertheless, such media use may lead to unintended consequences and to what Albrecht and Adelman (1987) described as dilemmas of support that arise when the benefits of receiving support are accompanied by costs or complications. In spite of their effort to keep the blog anonymous, bloggers do not have control of their audience. Their online activity may lead to the unexpected consequence of fear that their blog will be discovered by their family and friends. Bloggers are also concerned with providing triggering information to a vulnerable audience such as young girls and people in recovery.

The findings in this study vary from media coverage and research about the pro-ana community. The decision to interview the authors directly instead of analyzing their online content might be the reason for the differences. As Baym

(2006) argues, if researchers do not interview participants or have other access to their point of view, they have no grounds for claims about how online phenomena are understood or how they influence those who engage in and encounter those phenomena. Therefore, pro-ana bloggers need to be studied themselves, instead of just analyzing their online content.

While extant research suggests that the pro-ana community defines anorexia as a lifestyle (Dias, 2003; Giles, 2006; Haas, Irr, Jennings, & Wagner, 2011; Lipczynka 2007), in this study, only three bloggers out of the 33 define their ED in this way. The majority of the bloggers (24) defined their ED as a mental illness. In other words, people living with EDs are not purposely making unhealthy or health-compromising decisions. They are trying to find the best way they can to live with this disorder.

While some studies claim that pro-ana websites promote and maintain anorexia by sharing tips for weight loss and tricks to conceal the disorder (e.g., Haas, Irr, Jennings, & Wagner, 2011; Lipczynka, 2007), only five bloggers mentioned a reason to lose weight and tips and tricks as a motivation to start publishing the blog. Some studies claim that the pro-ana community provides specific instructions for initiating and maintaining anorexia nervosa (Mulveen & Hepworth, 2006) and that this movement adopts an "anti-recovery" view of the disease (Haas et al., 2010). However, participants in this research, except for shutting down their blogs, did actively engage in ways to warn their audience about the content (i.e., disclaimers) and ignored or blocked requests for tips and tricks from what they nicknamed "wannarexics"—young teenagers who want to become anorexic.

There are two possible explanations for the differences between past research and the findings reported in this study. First, participants who were willing to participate in the study might be more aware of the criticism in the public domain; thus, they wanted to defend their community. Second, previous studies were mostly using content analysis of the pro-ana blogs and did not approach the authors directly. Conducting in-depth interviews allowed us to discover the motivations behind bloggers' digital performance.

The pro-ana community is providing people who live with an eating disorder an undisclosed place to express their thoughts. Their offline environment, family and friends, usually wish for them to recover. Nevertheless, according to a number of studies, conventional modes of treatment for eating disorders are extremely ineffective. For example, those treated for anorexia have less than a 50% chance of recovery within 10 years and a 6.6–15% risk of dying 10–20 years after the onset of symptoms (Bergh & Sodersten, 1998).

Mastronardi (2003) suggests that any other disease with such a notoriously low recovery rate would warrant fervent examination of the status quo diagnosis and treatment plans. Instead, the young women themselves are blamed for sabotaging their own recovery. Our results suggest, then, that the moral panic about the websites might not be appropriate.

Efforts to censor an outlet for a group who cope with a mental illness that has no effective treatment might not be the right step. Instead, efforts should be concentrated in providing more comprehensive online resources for information about effective treatment.

Limitations and Future Research

In our study we have addressed the scarcity of literature on this issue by approaching the community members directly instead of analyzing their media content. We solicited community members' accounts via in-depth interviews to discover their interpretations of their own online communication. It is quite possible that our results would differ had we had the opportunity to compare their interpretation with their blog content. However, the use of in-depth interviews is an appropriate starting point for understanding how members of this understudied community narrate and attach meaning to their online experience. It is recommended that future studies will compare the authors' media content and their interview data.

The sample presented here is not intended to be comprehensive and might not be representative of all pro-ana bloggers. The majority of the bloggers who participated in the study were living with anorexia, but there are other bloggers who live with an ED-NOS (eating disorders not otherwise specified) or bulimia. In addition, most of the bloggers were living with eating disorders while six of them were going through recovery. Ideally, the sample should have included a larger number of patients in recovery to be able to find whether there are significant differences between the two groups. However, it is noteworthy that the experience described by participants seemed to transcend a specific stage in the illness. Our findings suggest a commonality among bloggers from different demographic background that should encourage other researchers to explore.

Pro-ana bloggers are turning to the Internet to create and cultivate an online community that offers them support, acceptance, and self-expression. The Internet has allowed a new subculture to develop, which allows devotees to feel part of a community that fully embraces them and their choices. Online support groups for stigmatized individuals have yet to be widely studied by communication researchers. More research on how social support is enacted in these groups would be particularly useful to those interested in designing, providing, using, or evaluating online support as an alternative to face-to-face support. This work might be particularly relevant to individuals with eating disorders, who may find face-to-face support especially problematic due to the challenges of identity disclosure and access to services. In addition, many family members and partners of people who live with an eating disorder may find online support groups useful.

The medical profession has struggled to develop effective treatments and interventions for addressing self-harm practices. While the Internet does not provide a solution, it does introduce new possibilities for leveraging visibility to learn from and reach out to those who live with an eating disorder (Boyd, Ryan, & Leavitt, 2011). Therefore, these findings shed light on the experience of living with a stigmatized illness and participating in an online community of similar others.

Understanding the communication strategies and the personal experience of community members may serve as a useful tool to assist health professionals and scholars understand the illness better. By gaining a deeper insight and listening to the bloggers' view about their disorder we can potentially increase our efforts to help those who struggle with this stigmatized mental illness.

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