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Cutting Ties with Pro-Ana: A Narrative Inquiry Concerning the Experiences of Pro-Ana Disengagement from Six Former Site Users

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Cutting Ties with Pro-Ana: A Narrative Inquiry Concerning the Experiences of Pro-Ana Disengagement from Six Former Site Users

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Abstract

Websites advocating the benefits of Eating Disorders (ED) ('Pro-Ana') tend to reinforce and maintain restrictive eating and purging behaviors. Yet remarkably, no study has explored individual accounts of disengagement from these sites and the associated meanings. Using narrative inquiry, this study sought to address this gap. From the interviews of six women, two over-arching storylines emerged. The first closely tied disengagement to recovery with varying positions of personal agency claimed: this ranged from enforced and unwelcomed breaks that ignited change, to a personal choice that became viable through the development of alternative social and personal identities. A strong counternarrative to "disengagement as recovery" also emerged. Here, disengagement from Pro-Ana was storied alongside a need to retain an ED lifestyle. With 'recovery' being just one reason for withdrawal from Pro-Ana sites, clinicians must remain curious about the meanings individuals ascribe to this act, without assuming it represents a step towards recovery.

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Key words: Pro-Ana; social media; online communities; Eating Disorders; recovery; narrative inquiry

Introduction

Eating disorders (ED) such as Anorexia (AN) and Bulimia Nervosa (BN) can be highly stigmatizing conditions. Those identifying with these labels have frequently reported feeling alone with their struggles (Dias, 2003) as loved ones may struggle to know how to provide the desired support. Ambivalence for recovery is often inherent in these conditions (Treasure & Schmidt, 2008). However, the birth of the internet offers new ways for people to unite in living out their experience of 'illness' away from the scrutiny of others (Dias, 2003). Whilst websites vary in the type of ED support they provide, they are often crudely categorized as either Pro-recovery or Pro-Anorexia (Pro-Ana)[i]. Pro-Ana sites are seen to validate the anorexic lifestyle by offering tips, tricks and images ('thinspiration') which support individuals to attain low body weights (Borzekowski, Schenk, Wilson & Peebles, 2010). It has been argued that integral to the Pro-Ana community is an anti-recovery stance, frequently contesting and rejecting dominant psychiatric narratives. These sites suggest a need to enable individuals to claim agency and choice in advocating their lifestyle, ridding individuals of claims that they have a 'sickness' requiring medical intervention (Giles, 2016). Experimental studies in university populations suggest that even brief exposure to thinspiration can adversely affect mood, self-esteem, perceived attractiveness, a drive for thinness and calorie consumption (Bardone-Cone & Cass, 2007; Jett, LaPorte & Wanchisn, 2010). In online surveys, full Pro-Ana use is also associated with more 'disordered' eating, psychological distress and longer hospital admissions (Eichenberg, Fluemann, & Hensges, 2011; Ransom, La Guardia, Woody & Boyd, 2010; Talbot, 2010), with a dose response relationship (Peebles, et al 2012). Such research, along with an abundance of negative media coverage, referring to websites as "sick", "sordid" (Lavis, 2016, p.58) and a dangerous secret society, seemed to have ignited a popular belief that online Pro-Ana spaces are prolonging and exacerbating 'disordered' eating; particularly in young girls (Levenkron in Dolan, 2003). Multiple

For Peer Review

campaigns have attempted to ban this online content, with Tumblr, Instagram and Pinterest actively deleting Pro-Anorexia content (Barnett, 2012) and large global servers shutting websites down (Reaves, 2001).

Yet, the diversity of social media makes censorship pragmatically difficult (Boero & Pascoe, 2012) and over 500 sites are thought to exist (Hansen, 2008). The failure to quash Pro-Ana online spaces has led researchers to more closely examine the valued qualities and unmet needs these sites may fulfil. Given users of Pro-Ana depict parents and health professionals as "force-feeders" who fail to engage with, and understand, their psychological difficulties (Brotsky & Giles, 2007, p104), it seems crucial to approach aspects of Pro-Ana that users find helpful. Common Pro-Ana narratives on message boards include feeling emotionally out of control, along with an ambivalence towards Ana and recovery, and a desire to go public with their struggles; yet conversely, to conceal it. Fears of how their story could be distorted or misinterpreted are often cited as a barrier (Dias, 2003). Thus, these spaces, arguably, offer individuals a sanctuary to anonymously share their emotional pain in a search for acceptance and connection (Dias, 2003).

Considering the broader question about why individuals seek to hold onto Anorexia, qualitative interviews highlight a belief that the condition helps individuals cope with, and sometimes escape from, real-world pressures or external events that are beyond their control (Lavis, 2016); and also manage associated psychological distress (Williams & Reid, 2009). Thus, it is easy to see how online spaces offering understanding and restrictive eating tips could become attractive to manage life. For such individuals, perhaps, it is not about learning to be anorexic but holding on to the value within it.

These accounts notably challenge the over-simplistic notion that online images are acting as a casual factor in the development of EDs. Indeed, Lavis (2016) claims that, whilst AN may be

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enacted within the body, it is never simply about the body. Similarly, to the concept of beauty being in the eye of the beholder, driven by underlying psychological needs, those attracted to these sites may believe that some aspects of media coverage and public understandings of the Pro-Ana world fails to appreciate that emaciation may be desirable. Considering this now in context, thinspiration became redefined by the media, with celebrations of emaciated celebrities and models obscuring the difference between AN and dieting. Such media celebrations of emaciation could have propelled Pro-Ana websites as a source for extreme weight loss tips, enabling them to implicitly advertise their existence resulting in a surge of users seeking to become 'slim' (Lavis, 2016). As a consequence, new users sought out the sites and new multi-vocal discourses were added to these social spaces, enabling diverse constructions of members' identities. Through this, discourse of a divide has opened up, contrasting members who self-identify as legitimate ED suffers and those perceived to be 'wannarexics' imitating restrictive behaviors without having the associated mental health difficulties. The increasing hostility between these perceived positions has resulted in some users becoming ostracized by the community (Giles, 2016). It is often seen that support has to be earnt to prove legitimacy in the AN diagnosis, consequently bolstering an individual's association with the illness. Through this, these forums could be conceptualized as negatively 'enabling'. Clearly there is complexity and dichotomy in the presentation of these sites, internally within and between the users of them; and given media portrayals of emaciation, at a societal level.

Studies that have investigated what goes on inside these closed spaces have challenged a number of main stream perceptions. Clearly, the divisions and competitions within Pro-Ana means that it does not constitute a cohesive movement (Giles, 2016). Further, the content suggests that a unified philosophy glorifying weight loss is an assumption, as the majority of the message threads refer to everyday struggles.

Therefore, the assumption that Pro-Ana and pro-recovery websites occupy exclusive polarized perspectives or positions is unhelpful. Indeed, as one would expect, most sites contain pro-illness and pro-recovery elements. For instance, Wilson, Peebles, Hardy & Litt (2006) report that almost fifty percent of pro-recovery site users had actually learnt new methods of restriction or compensatory strategies on these forums; while Lipcynska, (2007) claim that some Pro-Ana sites actively welcome members into recovery. Further, given that many members of these sites would not reach diagnostic thresholds of EDs (Bardone-Cone & Cass, 2007), positioning Pro-Ana as evidence of a resistance to dominant medical narratives is perhaps over simplistic, ignoring the influence of culture, history and context, and the differing values these wider aspects hold between individuals (Giles, 2016; Dias, 2003).

Whilst important work has undoubtably begun to establish an understanding of the highly complex needs Pro-Ana may serve, there has often been an implicit assumption that disengagement would have a positive impact on users, and arguably aid 'recovery'. In holding this position, the impact of broader processes which surround withdrawal and the meanings individuals ascribe to this act, have been completely overlooked in the literature. Thus, for the purposes of the current study it is argued that support for people living with EDs could be improved by exploring the stories of people who have engaged and then disengaged from Pro-Ana sites. Given the likely complexity involved in engaging and then disengaging with websites over time, it is argued that exploring users' stories in depth could be better understood through narrative inquiry (NI). At its broadest, NI can be considered an attempt to hear people's stories and explore ways that people try to make sense of their experiences over time. However, a robust NI considers personal narratives to be highly influenced by (and, therefore, only understandable by attention to) the local and broader sociocultural contexts of their production. Thus, analysis of 'personal' narratives seeks to look beyond stories' content,

For Peer Review

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examining the structure and construction of accounts; while simultaneously attending to the broader discursive and sociocultural narratives that enable, and constrain, what might be said.

Study aims and research question

Given the lack of pre-existing understanding of this area, and in keeping with NI's exploratory stance, the research question was deliberately open: How do former regular Pro-Ana site users narrate their experiences of disengaging from Pro-Ana forums? Beyond this, a further aim was to consider potential clinical implications generated in these narratives.

Method

The study was approved by the University of Hertfordshire's ethics board (protocol number LMS/PGR/UH/02454).

Sample

To meet the study's inclusion criteria, participants had to be aged 18 years or over, have a self-identified history of eating difficulties, have regularly visited Pro-Ana sites in the past, and have either reduced their use of them or stopped altogether. As Pro-Ana sites users may often be undiagnosed or not meet diagnostic criteria for EDs (Bardone-Cone & Cass, 2007), the study was open to anyone who considered themselves as having 'eating difficulties'. Moreover, the authors recognized that Pro-Ana use and community investment would fall along a continuum, but consciously opted not to impose a minimum duration of use. This was to minimize the perpetuation of discourses around worthiness and authenticity inherent within many of the sites.

Though the study was open to males and females, 6 female participants were recruited using purposive sampling: two from UK ED support groups listed on BEAT (an ED charity website) and four from adverts placed in ED recovery support groups listed on Facebook.

For Peer Review

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Within narrative inquiry this is considered a suitable sample size for more complex and detailed analyses (Wells, 2011).

Prior to interviews, participants completed a questionnaire detailing demographics, Pro-Ana usage and self-identified eating difficulty (see Table 1). Participants[ii] were aged between 20 to 38 years (M=27.3, SD=7.76). Four identified themselves as White Caucasian, one Hispanic and one Indian. Four were American and two British. All reported receiving an official ED diagnosis, which included AN, BN and Eating Disorders Not Otherwise Specified (EDNOS). All positioned themselves as actively engaged in recovery.

[Insert Table 1: Participant Demographics & ‘Pro-Ana Usage]

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Narrative interview

Prior to arranging interviews, participants received an information sheet outlining the nature of the study, gave written consent to participate and were informed that they could withdraw at any time. The first author then conducted one-off interviews: in person for British participants, and via Skype for those in America.

The interview schedule was developed under the guidance of three professionals and academics whose specialist fields included ED and narrative inquiry, and two volunteer consultants who were ‘expert by experience’ through their own ED diagnoses. Each interview began with an open question: “I’m interested in learning about your experience into and out of the Pro-Ana community and particularly the events and experiences that were important along this path. Can you tell me about this?” The intention was to generate rich detailed accounts where participants could choose how to construct their own stories, with

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minimal prompts. That said, all participants were aware that the study was particularly focused on their journey out of Pro-Ana, and when parts of the narration appeared particularly pertinent to this, probes such as "can you say more about that?" invited participants to engage further in narrative construction.

All participants were given a debrief form upon completion of the interview which detailed sources of support. Participants were also contacted several weeks later to identify any long-standing adverse effects of the interview; none were reported.

All interviews were audio-recorded and transcribed verbatim to include detail of performative aspects of talk, such as, hesitations and changes in pace or tone.

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Narrative analysis

As noted by Riessman (1993, p.25), "there is no single method of narrative analysis, but a spectrum of approaches that take narrative form", each varying in relative focus on the content, structure, contexts and performance of accounts. The analysis performed was heavily influenced by the work of Riessman (1993, 2003, 2008), guided by Frank's (1995) seminal work on narrative typology and also drew on the performative approach of Bamberg (2004, 2007). Analysis began with multiple readings of transcripts and listenings of audio-recordings to become immersed in the data, and establish how stories were structured and events connected to reveal plots. Performative/contextual aspects of the account were then analyzed with overarching questions such as, "what aspects of self are expressed in these narratives?" and "what cultural resources do these stories draw on?". Finally, to establish points of convergence and divergence, analyses of individual accounts were compared and contrasted.

Whilst it was acknowledged that narrative analysis is necessarily marked by subjectivity, steps were taken to enhance analytic reflexivity and transparency. The first author completed

the initial analysis and subsequent authors reviewed this, offering further feedback. Throughout the process the first author kept a reflective diary and discussed aspects with co-authors to further inform the work. Quotes presented in this article were selected according to their perceived richness and relevance to the research question (Smith, Sparkes & Caddick, 2014), but also ensuring that all voices (even those perhaps less eloquent or easy-to-follow) were represented, to allow for diversity of representation.

Analysis & Discussion

Interpretive insights concerning how these participants narratively constructed Pro-Ana disengagement will be considered alongside how this speaks to, and extends, existing literature.

From the six accounts, two overarching storylines emerged:

1. Disengagement as recovery. Here, in the initial act of withdrawal participants varied in the degree of agency they storied themselves having, but all positioned it as a necessary first step in the recovery trajectory. Inevitably the construction of recovery was storied differently across individuals and the trajectory was highly variable across accounts. Within the storyline there were two distinct plots:
    a. "I had to": Enforced disengagement.
    b. "There's more to life": I chose disengagement.

       Within this second plot, two further sub-plots emerged. These sub-plots were storied as necessities to enable availability of this choice.

       I. "We still have that support but it's out of the destructive environment": A shift in social support

       II. "My sense of worth shifted a lot": A shift in identity

For Peer Review

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2. Disengagement in the absence of recovery. This storyline portrayed individuals questioning the legitimacy of their ED resulting in introversion, isolation and greater ED severity.

    a. "Feeling like a failure in developing an eating disorder": A need to isolate

1. Disengagement within recovery storylines

These accounts described disengagement through a recovery storyline. With subtle differences in when, and how, participants took control of their lives. Though recognizing that agency existed along a continuum, the narratives presented more polarized positions: participants who had little to no agency in disengagement ("I had to"); and those who storied themselves making a conscious decision to disengage from the ED ("there's more to life").

"I had to": Enforced disengagement

Two participants[iii] suggested that an inpatient hospital admission (where access to the internet was prohibited), coupled with exposure to a recovery environment, enabled them to gain some distance from the Pro-Ana community which facilitated changes. This journey was storied as a slow process which they initially had little agency in. This early part of the narrative conformed to Frank's (1995) narrative depiction of an ill person simply getting through each day, whilst the all-conquering modern medicine assumed the lead role in 'saving' that person.

The first account to be discussed, opened with multiple stories of trauma and abuse. These served to provide an understandable rationale for the participants desire to dissociate from her body through drug and alcohol abuse, self-harm and disordered eating. It also offered a

For Peer Review

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comprehensible 'need' to retreat into an online world to help support this quest for restriction, offering more emotional support and safety than her offline reality.

When reflecting on the inpatient stay, this participant stated:

> "We had to go to meeting every day (.) I had to go (.) within the house everyone sort of had different things (.) I went to AA [alcohol anonymous] for alcohol and CA [cocaine anonymous] for cocaine (#) so then I started learning about the steps and that community…"
>
> "After I got back from rehab (.) I got more connected with the recovery community with AA there (.) I started using that community so was less on those sites…"

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Her repeated use of the term "we had to go" positioned her, like others, as passive in the inpatient recovery programme and was consistent with the ambivalence shown towards 'recovery' for many individuals with ED diagnoses (Cockell, Geller, & Linden, 2003). Perhaps it also spoke to a ghostly audience (Minister, 1991) or response to an anticipated hostile question becoming critical of any action to 'give up' the ED (as might be expected on Pro-Ana websites). By positioning herself within multiple struggles, including those with alcohol and drugs, the individual's need for professional help was made clear: her participation as an inpatient was legitimized and the personal responsibility, or likelihood of subsequent criticism, lessened by the similar actions of others within her new community.

After the inpatient stay, she suggested that occasional returns to the Pro-Ana sites were for new weight loss tips but nothing more:

> "I didn't <u>need</u> to go…I would go every once in a while (.) to see if there was anything new out there (#)…but it was pretty much the same…so that's how

> it faded but I think it was coz of that 3-month break (.) that was forced basically."

The phrase, "I didn't need to go" marks a striking difference to the narrated Pro-Ana dependency which had previously dominated her account. She then extended her earlier thread that disengagement was not a choice, by reminding the audience it "was forced". Notably, the wider narrative positioned this act as the first necessary step towards complete disengagement and a stronger propensity to take care of her body, seemingly symbolizing 'recovery'. The narrative ended with an emphasis of growing a recovery support network of professionals' post-discharge, enabling her to more effectively manage the impact of the ED; thus, storying her emotional and relational needs as gradually being met elsewhere:

> "Right now I have a therapist (.) a dietician erm (#) and I'm also going to be actually starting on Monday with a therapist that does EMDR [eye movement desensitization and reprocessing]"

> "I'm at a place now where I'm taking care of myself and working on me (.) my ultimate goal is that I want to hold space for people."

By listing the health professionals now involved in her care the narrator positioned herself as someone who was trying, whilst still 'struggling, to recover' (SR[iv]) (Shohet, 2007), rather than offering a narrative of full and complete restoration. Temporal aspects of progress were indicated ("I am at a place now…"), suggesting movement into previously unchartered terrain towards an "ultimate goal" of recovery. Akin to this SR genre, there appeared a porous movement between her past and current selves; sometimes positioned as a passive participant of recovery and sometimes claiming more agency. In constructing the narrative in this way, the speakers outlook appeared to mirror that of a survivor model in mental health, where a meaningful life could exist (giving herself care and holding space for others) but

For Peer Review

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only alongside the necessity for life-long management of these issues (given they were never completely laid to rest). The narrative appeared to follow a trajectory of: I was ill, significant improvements have been made following the provision of care and I have been working at sustaining these gains. Thus, agency sat in the maintenance of gains rather than the initial act of disengagement.

This pattern was mirrored by another participant. This individual also positioned the sites as providing emotional support. She portrayed her treatment stay as a hard process, where she often longed for the Pro-Ana community, but beyond this, following a weight restoration program, started to see some benefits of tangible connections with others she met in person.

> "Treatment was very helpful with my brain being fed I was able to talk to people (.) get help and therapy that I needed (#) and erm (.) explore some of the deeper issues that came along with actually developing my ED…"

> "When I got out it just didn't appeal to me nearly as much, I wasn't in nearly as deep with the ED."

The narrative conveyed how a sequence of events, the first step being nourishment, enabled her to tackle the bigger issues (later alluded to as: difficulties within the family, not feeling heard, and gendered disparity in parental treatment compared to her brother). From the narrative presented, it was unclear whether her "brain being fed" or her changed environment and therapy, was the driver for change. However, the passive language used and the phrase "when I got out" (like a prisoner released from jail), both contributed to the sense that disengagement was initially an enforced act and elements of recovery not always actively engaged with. Towards the end of her account, she too demonstrated a 'struggling to recover' narrative, where Pro-Ana "didn't appeal nearly as much". Again, alongside fragility within the progress made, identity was constructed as increasingly less consumed by the ED ("I

For Peer Review

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wasn't in nearly as deep"). The narrator went on to story herself as briefly returning to the sites in search of connection, but with health increasingly positioned as a new currency; this provided her with a nursing vocation more valuable than the ED. Thus, this individual too was positioned as increasingly engaged in the process of recovery despite her initial resistance. Given the well-known high rate of relapse and mortality for restrictive AN (Arcelus, Mitchell, Wales, & Nielsen, 2011) which she had been diagnosed with, societal discourses may have restricted the type of narratives left available for her to story the experience, hence narrating her recovery story tentatively.

Collectively, these two narratives suggested that in inpatient environments prohibiting technology and access to Pro-Ana sites, 'helped' create some distance reducing dependency on the Pro-Ana community. Thus, in some situations, there was narrative support for an 'abstinence' model akin to methods used in substance abuse interventions (Miller, 1983).

"There's more to life": I chose disengagement

In the remaining accounts, disengagement was attributed to participants' own actions and decisions, with professionals positioned in supportive rather than instrumental roles. These narratives were characterized by personal pronouns and active verbs of certainty, such as "I realized" or "I decided", that storied the disengagement decision making process with personal choice and greater self-agency. Notably, each narrative constructed a specific "turning-point" with clear division between past and current selves. This was achieved through before and after Pro-Ana stories that were punctuated by Damascene moments of revelation and realization; a classic feature of a 'fully recovered' (FR[v]) narrative (Shohet, 2007).

> "It was like this fiery thing inside me just sparked (.) and (1) I was like yeh (#) there's more to life than being skinny."

For Peer Review

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> "My therapist said it's my job to help you (.) not my job to make you and that really helped and motivate me to (.) make myself try to give some input into recovery (.) because I said I was saying I wanted to recover (.) and I was kind of trying (.) but I wasn't giving it my one-hundred percent (#)...I had to give more"

> "If I was gonna have the kind of friendships and relationships and experiences in life that I wanted (1) (voice cracks as if about to cry) then the eating disorder couldn't be central to who I was (.) because I have lost a best friend-the best friend I ever had (.) and I think that was a big turning point for me-was that realization"

For Peer Review

With no suggestion of an external trigger, one participant storied the moment as a physiological change where something ignited deep within her being ("this fiery thing inside me just sparked"). In contrast, another's account depicted a frank therapeutic conversation leading to personal revelation. The stress placed on "some" in "make myself try to give some input" – implied an acknowledgement of earlier inertia, drawing on a broader narrative of ambivalent processes in ED recovery (Treasure and Schmidt, 2008). In the final narrative, the threat of relational loss was positioned as central, with her wider narrative being punctuated with multiple stories of seeking connection and understanding where, over time, the ED became an obstacle to this. These earlier stories gave coherence to why the ED could no longer be central to personal identity. In constructing the narrative in this way, she drew on a popular cultural narrative particularly associated with psychological change, wherein individuals must want change and drive this for themselves.

The women narrated how this change was made possible using two sub plots which will now be explored.

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ii) "We still have that support but it's out of the destructive environment": A shift in social support

All participants spoke of the importance of finding alternative sources of support. For one this was storied through a change in work and living arrangements. She described becoming close to the mother of a family she was nannying for, then learning with shock that women could be "thin and lovely" yet still enjoy eating food. The narrator positioned herself as becoming increasingly integrated into this new household, taking on their ideas and values around food, eating and health. Her depiction followed the plot of a 'healing drama' (Mattingly & Lawlor, 2001), where a new experience enabled a new vision of a possible self now considered worthy of obtaining. The participant stated that by the time she left for college she was actively trying to recover, wanting to establish new support systems that remained disconnected with her ED. Indirectly, this narrative noted the influence of others enabling her to take direct charge. Indeed, the threat of losing her best friend if she remained 'ill' was storied as the final nail in the Pro-Ana coffin.

Towards the end of her account the narrator's language appeared to trivialize and mock the ED ("eating shenanigans") distancing its power:

> "There's no time for eating shenanigans…I've made so many friends and like got into so many things that I know wouldn't have been possible (.) or I wouldn't have had the energy or motivation to do (.) erm (2) had my eating 'disorder' had been a big part of my life."

The narrative spoke to the value those choices afforded her, drawing on expressions of certainty such as "I know". Her language counters questioning, in her claim that Pro-Ana disengagement, and being an active participant in recovery, were the best decisions she had

For Peer Review

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made. Through this unfolding of the account, the ED identity she once held was positioned as further behind her, as she claimed more control and agency over her life.

Yet, whilst one participant spoke of the value in building new relationships where the ED did not feature, another went in the opposite direction, reclaiming old lost relationships:

> "I was coming out of the closet (.) and it was ED awareness week and their topic was everybody knows somebody (#) and so and so I did it online (.) I went onto Facebook and I thought I can just post it (2)… there was so much positivity."

This narrated position of combatting shame through disclosure, appeared to offer some liberation. The individual went on to narrate a different response to the one she perhaps expected: "there was so much positivity". This reaction was storied as the starting point in building a team of supporters around her that could assist with her recovery process. This included staying connected via a Facebook group of former Pro-Ana users who were also engaged in recovery; she stated, "we still had the support of each other (.) but it was out of that destructive environment". Notably blame was attributed to the site, rather than its users, perhaps serving to minimize any hostility from ghostly audiences associated with her newly constructed role model persona, that could have been difficult for her to directly navigate.

The last narrative differed from those above. Her 'withdrawal' storyline began with a positioning of less self-agency: "when I started therapy (.) I didn't want to recover", "I was just following my doctor"; yet, moved quickly on to suggest that the continued care, persistence and patience of her therapist and boyfriend enabled her to open up, increasing her desire to get better. The narrative, then, positioned her as making the decision to stop losing weight and stop using the sites.

For Peer Review

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> "After a while being in therapy (.) and me opening up and also with the support you know that I was getting from my boyfriend (.) mostly because he really encouraged me to go to therapy… having him having him by my side to support me (#) and at the same time the support from my therapist (.) made me wanna get better (.) so whenever I started to try (.) whenever I actually decided you know (.) ok I'm going to stop trying to lose weight and start trying to eat more (.) that is when I started you know when I realized I had to stop using the pro eating 'disorder' sites."

For Peer Review

Clearly, the narrative construction shifts from repeated earlier references regarding the influence of others, towards a position of self-agency enabling withdrawal from Pro-Ana, and facilitating subsequent recovery. This is then further noted in the following narration:

> "Well, I am going to try and gain weight and you know be healthy (.) and try to eat more so why do I need to log into the sites"

> "Even though I was scared to gain weight (.) I had already taken that decision…so once you make that decision (.) when you log onto those sites you don't feel the same."

The repetition of "decision" accentuated the sense of ownership and agency she had taken in the recovery process. In this way it was noticeably different from earlier narratives. However, the use of "I" can be contrasted with the use of impersonal pronouns ("you") at other points, which gave some sense of personal distance and ambivalence within this emotional process. By contrast, towards the end of her account there was a return to the first person ("I") in the conclusion of her story:

> "I would have thought that I would miss talking to those people (.) but I didn't (#) I felt no connection to them anymore."

This lack of personal connection draws on a narrative of recovery through "moving on" and distancing. It fits broadly with a restitution / recovery narrative (Frank, 1995); though, again, has aspects of a 'struggling to recover' (SR) narrative, with only a hesitant hope for a full recovery. Whilst Shohet (2007) detailed two ED recovery genres' ('struggling to recover' and 'fully recovered'), this narrative suggested a third one – 'mostly recovered' – falling somewhere between the two. This new narrative was characterized by some aspects of the self being restored (such as weight) and some never seemingly possible to reclaim (such as ED-free thoughts). There was no incoherency in the form of chaos within this narrative, instead, there was a passive acceptance in the narrative that this was how it was:

> "I'm recovered physically now (.) but you know an eating order isn't just physical (.) its emotional its mental it's (.) you know your social interactions with people."

> "You know some people are able to get fully recovered (#) but many others just live with the process of it (#) and to like to like and I can say that I'm recovered (2) somebody can say that they are recovered from an eating disorder (.) but that doesn't mean that they're cured from it."

We have explored how shifts in social support were storied enabling a choice of disengagement to become a viable option for narrators. The second sub-plot explored how shifts in identity were also seen to facilitate this process.

ii) 'My sense of worth shifted a lot': A shift in identity

Two participants spoke in detail of experiencing shifts in identity, though, in subtly different ways. One account suggested a realization that there were other aspects to her identity beyond ED, another suggested a realization that the ED was not (or was no longer) her identity.

For Peer Review

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The latter storied her worth shifting from being solely focused on body image towards other aspects of self, with this being strengthened through new connections with others. In her wider narrative she spoke of setting boundaries with her biological family (previously positioned as stressors) and spoke of the value in cultivating new hobbies and friendships at college. Her account portrayed the shift in worth as a slow gradual process, where the specifics of internal change were somewhat intangible:

> "My sense of worth shifted a lot (.)… I dunno how to verbalize it but it didn't need to be around my weight and it didn't happen overnight."

She went on to claim that as her ED moved from being her whole identity to a small part, there was less importance for others to "understand" as had occurred on the Pro-Ana sites:

> "I think having people understand how it affected my life (.) like I got in those Pro-ED communities (.) was more important when the eating 'disorder' was my identity (.) so when I started finding my identity in other things (.) that mattered less."

This offered the audience an increasingly coherent rationale as to why Pro-Ana connections were no longer needed nor necessary to sustain. The narrative positioned her as the main agent in this process by drawing on the use of first-person pronouns (e.g., "when I started to find my identity"), reinforcing her claims of renewed health and a stronger identity. Notably, though the speaker positioned herself making the choice to leave Pro-Ana and, with it, the ED identity, it was repeatedly storied as a struggle with her often "pretending" to be okay.

> "I think I made the choice to not let it be my identity any more (.) and some of that was like a lot of times me just faking it (.) like I'm gonna pretend that I don't have an eating 'disorder' … so a lot of it was like pretending a lot of it wasn't who I was until that became a reality."

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With the account unfolding in this way, her story of recovery highlighted a heroic stance, emphasizing that, despite the hard fight, triumph was not inevitable. This also countered possible challenges for her and others to narrate themselves as authors of their own recovery: If you managed it now, why was this not possible earlier? Thus, a heroic struggle, over time, becomes important in addressing such ghostly audiences that might otherwise impact on a new emerging positive identity.

In contrast, another narrator who was in therapy, painted a picture of someone who could not see how recovery could work for her until she had read a book entitled ‘A Life Without Ed’ (Schaefer, 2004); “this book was my brain”. What appeared to resonate with her, was the author’s ability to personify and externalize the eating ‘disorder’ through a metaphor:

> “I liked the metaphor she was using (.) so I gave (.) so my eating ‘disorder’ became Ed’ (.)…that gave me something to fight (.) that kind of separated (.) where I was one”.

For Peer Review

She extended the illustrative thread of her independence from the ED, through stories of victory which sought to strengthen a new identity: “I was like right (.) I’m going to run the 10k”. Her quest narrative was one of growth, striving and achievement towards complete recovery, drawing on multiple evidences to add weight to this change. She ended the narrative by richly describing her work facilitating a local ED recovery group which continued to position her as a fully recovered role model, offering insight and support to others in the recovery process.

Both narrators drew on discourses of effective treatment which fell in line with the existing recovery literature on externalization (White 1988, 1990) and individuals strengthening other aspects of themselves to enable meaningful change. However, in contrast with this usual

recovery storyline, a counternarrative emerged, where the ED was storied as becoming more severe and the narrator needing to isolate. This new storyline will now be presented.

2. "Feeling like a failure in developing an eating disorder": A need to isolate

Two of the six participants storied their ED as losing legitimacy because they gained online support for their behaviors and tips from fellow users. Their narratives suggested that this 'cost' was the primary reason for initial Pro-Ana disengagement.

One account consistently highlighted an awareness of the dominant negative social discourses around Pro-Ana and the often-singular story of its users, whom she coined "wannabe anorexics" alluding to a desperation of users to achieve validation for their ED regardless of formal diagnoses.

> "I felt like it was a fake ED because it was online… I wanted to prove that I didn't need that… I don't really think it was a positive thing (.) at first (.) when I stopped using it (#) I think it was more of a (1) I want to be completely on my own (.) and prove that I can do this on my own."

Here, she framed Pro-Ana engagement as an obstacle to gaining credibility for her disorder resulting in a growing discomfort with online constructions of EDs which were deemed as "fake". What ensued was a propulsion towards the ability to legitimize her ED allowing it to exist and thrive outside of this arena. In contrast to previous literature, it is in succeeding to disengage, that her status was elevated beyond that of a "wannabe" to a truly authentic sufferer. She then offered a present-day reflection: "I don't really think it was a positive thing (.) at first" a statement which appeared to make relevant her position and counter the prevailing professional narrative of disengagement being a clear sign of 'recovery'.

In line with the first narrator of this new storyline, another participant also spoke to feelings of failure whilst online.

For Peer Review

> "I almost constantly had some connection to the site (#) I made relationships with people outside of just eating disorder related material (#) erh but no relationship on that website could be healthy in the long run (.) and most of my relationships became competitions very quickly (2) I used it pretty regularly for about a year… and then I had a break in just (.) feeling like a failure in developing an eating disorder (#) I didn't feel like my anorexia was legitimate (.) and I wondered if I took a break from the sites if I would be able to figure out what's best for me (.) versus trying everybody else's (.) tips and tricks…after a couple of months abstaining I went back."

Yet in contrast, another narrator portrayed a girl consumed by the Pro-Ana world with a narrative that demonstrated the depth of the connections fostered online, using terms like "I made relationships" (rather than *I spoke to*), which suggested something more enduring, valuable and deeper than one might expect from online interactions. In line with previous research outlining the non-ED related experience of these forums (Dias, 2003), the thread was then extended with descriptions of the content of exchanges which she storied as transcending outside more superficial ED material. To add further context to this extract, this participant had already shared multiple stories of her family failing to notice her, or see her pain, and with this, positioned herself as an introvert who found it hard to open up face-to-face. These all served to demonstrate how important, necessary and unique these online connections were to her. Being pulled more into the competitive nature of Pro-Ana, the narrative moved to speak overtly of the competition among individuals on the site, which appeared to leave the narrator striving to gain mastery through her ED, albeit unsuccessfully when she compared herself to other Pro-Ana users. Her narrative portrayed other online users as being the epitome of ED perfection. The storyline involved a necessary break for her to improve this mastery alone, with the view of coming back to the community a more

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legitimate and worthier member. One can see this when looking at the content of Pro-Ana forums; profile authenticity is often disputed by other contributors, and 'true' membership via an authentic ED must be earned (Boero & Pasco 2012). Her use of the word "break" and "abstaining" (rather than 'leave'), suggested the possibility of return, highlighting the strong competitive pull of these sites over users – like a drug addiction absolving the user of blame for returning following abstinence. Within this frame, audiences were invited to share an understanding that a return to Pro-Ana was not a choice, but an inevitability.

The wide variance in how narrators storied the meanings and trajectories of disengagement hold important clinical implications which will now be discussed.

Clinical Implications

First, and perhaps most importantly, these storylines illustrated that disengagement from Pro-Ana communities was a complex process, with usual recovery discourses being just one reason for 'withdrawal'. Thus, clinicians must remain curious about the meaning of the sites to individuals before automatically assuming withdrawal represents a 'positive' shift towards recovery.

As identified in this study, and given the well documented stigma that surrounds the Pro-Ana community (Dias, 2003), it is advisable for clinicians to familiarize themselves with both the Pro-Ana literature and content of websites. If clinicians can be more aware of the tips/tricks commonly featured on sites to hide weight-loss behaviors and the value it has in meeting relational needs, they may be able to thoughtfully intercept.

Indeed, in this study the use of websites seemed to meet a relational need to connect with people and it seems important to acknowledge this so that it can be emulated within the therapeutic work. Further, building on the relational aspects of therapy it is necessary that clinicians offer supportive, non-judgmental responses to any disclosures made on Pro-Ana

For Peer Review

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usage, particularly given individuals may not be willing to disengage from usage and consider recovery through withdrawal. Challenging this might trigger experiences of shame (Goss and Gilbert, 2002) which may be unhelpful in any supportive, or even, recovery process.

Within the recovery storyline it appeared that, when other aspects of identity were strengthened, individuals were able to feel appreciated and supported within their offline worlds; this meant they were less inclined to use the Pro-Ana sites. A technique, known as externalization (White, 1988, 1990) was positioned as pivotal in enabling one participant to gain agency to fight their 'disorder'. This suggests that externalization may be particularly valuable in clinical interventions. Further, Acceptance and Commitment Therapy, which positions valued guided action at the heart of its approach (Hayes, 2004; Hayes, Strosahl, & Wilson, 1999), may also enable this process of reflection and action to occur in therapeutic interventions.

For Peer Review

Extending these ideas further, some argue that available cultural narratives to individuals diagnosed with EDs are either negative, narrow, or written by those with minimal or no lived experience of EDs (Rappaport, 1995). It is recognized that new, and perhaps more helpful, narratives are difficult to sustain without collective support. It is this collective support that bears the power to create change and sustain alternative identities. With a collective perspective, wider perspectives may emerge. Thus, it was notable, that for two women in this study, enforced abstinence through inpatient admission was storied as helpful in 'gaining perspective'. This suggests that the removal of technological devices in any context may be useful and possibly, necessary to sever Pro-Ana ties. Indeed, clinicians must seek to unpack the function of accessing Pro-Ana to ensure the meeting of unmet needs are made available offline.

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Finally, in this study some positioned themselves as being in recovery, yet still infrequently visiting the Pro-Ana online community. They described missing the ease with which friendships could be made online, a need which occasionally led them to return. It was claimed that nothing more would occur beyond this and they positioned themselves as committed to 'recovery' despite this. Given this finding, in line with the literature on motivation to change (Treasure and Schmidt, 2008), it seems important for clinicians to recognize that leaving Pro-Ana sites may be a transitional process, individuals may never fully exit without viable alternatives. Interventions should include explicit discussions about how to renegotiate recovery and identify alternative healthy supportive relationships. Therapists need to stay curious about the intention individuals have when they return to the sites to avoid shame-based conversations that focus on reconnection as failure rather than as relating to meeting an unmet need.

Although this study offers new insights and clinical recommendations, these are not without limitations which will now be explored.

Study Limitations & Future Research Endeavors

As a novel exploratory study, the interview schedule necessarily comprised a broad range of questions and it is possible that with more detailed in-depth questioning thicker storylines could have been developed. For this reason, there could be value in conducting a series of interviews with individual participants to better understand the complexities of Pro-Ana 'withdrawal' experiences.

Secondly, whilst diagnosis was not a necessary inclusion criterion, in contrast to expectations it was notable that all the participants had received an official ED diagnosis. As a result, there may be important unknown differences that exist across the spectrum of this population – with those who have a diagnosed ED, and those with self-identified eating difficulties.

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Whilst an advantage of this study was the inclusion of stories from those of different ethnic groups (rather than the white middle-class Caucasian stories which dominate most research populations), it is important for future studies to seek stories from even wider populations, including men. Understanding all experiences of the Pro-Ana community may hold currently unknown clinical implications.

Finally, whilst the ability to conduct Skype interviews from the UK opened up global and generalizable possibilities, by contacting an American (USA) population it also added some complexities in analyzing the data. This mostly concerned possible cultural differences between UK & USA participants. All USA participants had a Skype interview, and all UK participants a face-to-face one. In reviewing reflective notes, it seemed apparent that USA participants spoke in richer emotional detail about their experiences. It was difficult to ascertain whether the researchers methodological-promoted distance afforded a greater level of ‘freedom’ for participants to share their story, or whether this just reflected a cultural difference. Therefore, in future it may be useful to investigate any potential interplay between communicative and other impacts (such as cultural ones) on the construction of narratives, beyond the particular topic.

With respect to the social aspects of journeys with and through ED, though insights have been made, there is more work to be done in understanding how individuals construct ‘withdrawal’ from Pro-Ana. Given its novelty, it is hoped that this study can act as a springboard for further qualitative research to be conducted in a way that benefits those with eating difficulties to be appropriately supported.

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Conclusions

The article explored how six former Pro-Ana site users narrated their experiences of disengagement and two over-arching storylines emerged.

The first storyline positioned Pro-Ana disengagement as being closely tied to recovery; though accounts were polarized in how much agency individuals storied themselves as having in the initial act of stopping. For some there was little to no agency, as they claimed to have no choice but to leave the community following inpatient admission where internet access was prohibited. These accounts were characterized by a high degree of initial ambivalence towards 'recovery' including unmet emotional and relational needs in their offline worlds. However, once distance from the community was enforced, participants described having to connect with those around them and through this, slowly, became more invested in ideas of 'recovery'. Thus, on discharge as the value in having an ED was increasingly questioned there appeared to be a reduced pull towards Pro-Ana with these relational needs met elsewhere. Conversely, other narratives claimed far more ownership in the disengagement process. Here, shifts in social support and the development of identities beyond EDs (which the women storied themselves as being instrumental in creating), were positioned as enabling a personal choice of disengagement. These storylines closely followed the more traditional recovery trajectory literature (Dawson, Rhodes, & Touyz, 2014; Federici & Kaplan, 2008; Hay & Cho, 2013; Hsu, Crisp, & Callender, 1992).

The second storyline provided a strong counternarrative to notions of recovery. Here participants drew on typical ED and Pro-Ana discourses which suggested complete preoccupation with weight, shape and a commitment to perfecting the self via dietary restraint (Fox et al 2005; Gavin, Rodham & Poyer, 2008; Bates, 2015). The accounts made relevant the speculative nature within which the Pro-Ana community attempted to identify

For Peer Review

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'legitimate' sufferers and 'wannabees' (Bates, 2015). One narrator portrayed a growing discomfort with constructions of EDs online, positioning 'withdrawal' as resulting from a need to prove that EDs could exist outside of this environment. This goes against current literature examining the complex identities found within Pro-Ana spaces. Conversely, the second narrator conveyed discomfort in how her ED measured up to those described as more desirable online, which conformed more closely to it. There appeared a strong desire to take a break from Pro-Ana and hone the skill of restriction before coming back to the community a 'worthier' contributor. This second storyline casts doubt on the seemingly unquestioned assumption that Pro-Ana disengagement will automatically be beneficial in reducing ED symptomology. Instead it highlights the complexity within EDs and, thus, the importance of clinical curiosity in questioning the perceived meanings of withdrawal for each individual.

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[i] This study had a commitment to understanding the power of language in both representing and actively constructing experience, a common feature of narrative methods of inquiry. As such, at points, some terms are

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presented in single quote marks to draw attention to their socially constructed, and potentially contested, nature. Double quote marks have been used to signify when the text has been drawn from participants' own words.

[ii] To protect participant anonymity, pseudonyms have been used throughout the article.

[iii] It was notable that an account of disengagement from one individual appeared in both recovery and non-recovery storylines. She depicted a coming and going to Pro-Ana, involving different meanings at different times of her life; these meanings spoke to the fragility of progress, and perhaps, a high rate of relapse associated with EDs (particularly in restrictive AN, a condition which she had been diagnosed with) (Dawson, Rhodes, & Touyz, 2014).

[iv] According to Shorhet (2007), 'struggling to recover' (SR) narratives hold 4 distinct features: 1) accounts are rife with recovery ambivalence 2) there is step like progression with sideshadowing and hypotheticals 3) a permeable nature between past and present selves 4) a variable degree of certainty concerning the permeant nature of progress made.

[v] FR narratives hold four distinct features where accounts 1) hold a high degree of certainty 2) have a high degree of affiliation with institutional narratives 3) have a step like progression with foreshadowing and back shadowing 4) consist of a sharp break between past and current selves (Shohet, 2007).

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Table 1. Participant demographics & self reported Pro-Ana website usage

Participant	Age of Onset of eating Difficulties (years)	Official Diagnosis	Age First Visited Pro-Ana Sites (years)	Age Last Visited Pro-Ana sites (years)	Peak Site Use (hours spent per week)	Duration of Peak Site Use	Current Site Use
1	5	AN and BN	22	33	Daily - Weekly (4-8)	2 years	No
2	12	AN and then EDNOS	15	23	Multiple times per day (8-15)	Several months	No
3	15	EDNOS	15	21	Multiple times per day (3)	Blank	No
4	8-9 (and then early 30's)	EDNOS	32	35	Multiple times per day (21-28)	Several years	No
5	14-15	EDNOS	14-15	22	Multiple times per day (7-14)	Weeks - Months	No
6	11	AN	14	18	Multiple times per day (20-25)	11 Months	No

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Interview Schedule

Opening Question: I'm interested in hearing about your relationship with Pro-Eating 'disorder' websites? How you came to learn about, use and reduce your use of these sites.

I'd like to hear about the events or experiences that have been important to you, along this path.

I want to give you time and space to tell me about this, in as much detail as you can.

It is up to you where you begin. I just want to hear your story, there's no right or wrong answer and anything you think is important I will want to hear.

Possible Probes

'You said that you first started using Pro-ED sites around age ____'

1. What else was going on in your life around this time?
   - how did you view yourself?
   - Others?
   - Food?

   What led you to use the sites / what did you hope they would give?

2. How did regularly visiting the sites effect your life?
   - Were there times you noticed, that it effected how you felt about yourself,
   - your relationships to other people
   - how you felt about food?

3. It seems that something changed and you began visiting the sites less, could you tell me more about that? / What was happening around the time you stopped visiting the sites as much/at all?

   - Can you tell me about any key moments that you feel enabled you to use the sites less?

4. How has this change effected your life?
   - how you felt about yourself,
   - Your relationship to other people
   - How you feel about food

CHRONOLOGY: And then………what happened next……

DETAIL: You mentioned__what was that experience like for you / could you tell me that part of the story in a bit more detail /Can you tell me more about how you felt about…. / what happened when…

CLARIFFICATION: I'm a bit unsure about____, could you tell me more about it.

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EXPLANATION: Can you tell me more about that…../ Before we wrap up, can we go back to…..I would be really interested to her about……

FINISHING

- Is there anything we haven't spoken about that you think is important for me to know?
- Now that the interview is coming to an end, how did you feel about the process of talking today?
- Do you have any questions for me?

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