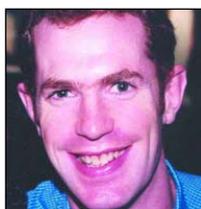


Ana's gone surfing

ALTHOUGH often a positive communication and information tool, the internet has its sinister side. Publicity involving internet chatrooms and paedophiles has highlighted some of the risks involved, but there are many other disturbing viewpoints and lifestyles promoted. One concern is the increasing proliferation of pro-anorexia or 'Ana' websites, written almost exclusively by girls who are suffering from anorexia. But could such sites actually serve as an unlikely source of understanding of the condition for parents and professionals alike?

It has been suggested that anorexia nervosa is increasing in prevalence throughout the Western world (Lucas *et al.*, 1991). Anorexia mainly affects adolescent girls, although it is also found in boys and increasingly in adults. There is much debate about the epidemiology of eating disorders: although a number of studies have given the impression that anorexia nervosa is on the increase, these studies are characterised by a lack of detailed statistical analysis (Williams & King, 1987). Incidence rates may also reflect population size and structure, availability of health services, improved recognition of eating disorders and changes in public attitude.

Whatever the rates and causes, many clinicians and physicians find that cases of anorexia are very difficult and time-consuming to treat. Subterfuge and denial can be cornerstones of the condition, and any attempts at psychotherapeutic measures need intensive and multidisciplinary input. In some instances, patients may have become accustomed to having professionals, parents or peers



PATRICK DAVIES and ZARA LIPSEY look at the disturbing rise of pro-anorexia websites.

bombard them with advice and frightening information on morbidity and mortality rates, whilst pleading with them to change their behaviour.

Competitiveness is common both within and between people suffering from the condition, and in the race to be more 'beautiful' (i.e. thin) destructive relationships are often made within groups of like-minded friends. This has never been easier than today. Ubiquitous access to the internet provides an instant wealth of resources for people with anorexia nervosa to augment their condition. Parents are often surprised at the variety of methods of deception deployed to continue anorexic behaviour. In gaining further understanding of the illness via the content of these sites, those involved in the care of anorexics can develop a greater awareness of their patients' unhelpful thoughts, distressing feelings and the dysfunctional behaviours that are driven by the disorder.

Content

The internet service providers who host the 'Ana' websites do not like their pro-anorexia message, and delete the sites as soon as they are aware of them. We have decided not to publish the web addresses, as any specific publicity may be used for the wrong reasons. However, we used a standard search engine and found many

links within minutes. One links page has over 65 sites promoting anorexia, all run by people with anorexia whose message is that anorexia is a 'lifestyle choice'.

A typical pro-anorexia community site has extensive links and tips. A 'Thinspiration' section can have photos of thin celebrities – one site compares celebrities' body mass index scores. There are many pages entitled 'Tips and Tricks', providing a host of ideas on how to fool parents and professionals into not seeing the effects of eating habits. Indeed, one website owner admits that working on her website is a way to forget her own hunger.

Other tips include how to simulate normal eating by dirtying crockery whilst no one else is watching, taking food out of the fridge without eating, and taking appropriate amounts of money out of your wallet if you claim to have eaten out. Not heating the house and drinking ice cold water help to burn calories, as does continuing (or starting) smoking. When your stomach grumbles, hitting it stops the noise, and it will hurt too much to eat. One site advises: 'Don't deny everything if confronted. People will believe a little truth with a big lie much easier than a huge lie.'

One site runs online polls, on which 35 per cent of respondents say that 'to be thin' is the most important thing in their lives. A 'webring' puts anorexics in contact with

each other: a typical quote is: 'This is a diary about my messed up life...and how I deal with it day by day. Hope you enjoy it.'

Many sites have discussion forums – some are password protected to ensure only pro-anorexics can enter, but some are open. These attract a mixture of polarised opinion, from accusations against the site authors of murder, to support from some living in in-patient care looking to find others in the same situation. Wearing a red bracelet is becoming an underground signal to identify 'Anas' to each other, and these can be ordered for \$10. 'Buddies' are sought online to support each other in their weight-loss targets. Memorial pages are placed for friends who have died of an eating disorder.

Throughout the sites, notions of purity and ethereality are promoted. Fat (and normal weight) people are seen as being weak. Strength and beauty is only attained through thinness. Motivational quotes and poems are given from a variety of sources. Pictures of grossly obese people are posted as warnings. Conventional websites are also abused by Anas. For instance, using diet planners to calculate the exact calorie content of their diet, combined with exercise planners that allow calculation of calories used, it is simple to ensure a negative energy balance.

Many of the links mentioned on pro-anorexia websites are broken, and it is unclear whether this is due to internet service providers disabling the links or to the authors becoming too unwell to maintain the sites, or stopping their anorexic behaviour. One girl who did manage to change her habits said: 'I am so sick of the scale ruling my life. Think about what you are doing to yourself.'

Understanding

Whether or not to publicise these communities is a difficult ethical question. Publicity implicitly supports the pro-anorexia movement, which leads to greater use of the sites available. Is there such a thing as bad publicity? However, it is naive for therapists to believe that teenagers and young adults would not turn to the internet as a first resource to investigate their thoughts, feelings, behaviours or illness.

The internet is by its very nature unregulated, and within the almost infinite amount of interests expressed within its pages, there will always be the extremes of opinion. The case of the German man who successfully advertised on the internet for a victim for his cannibalism fantasy is an extreme example, but in general it is now

much easier for people who do not hold conventional views to meet.

Examining and reading these sites gives us a greater insight into the mindset and thoughts of the people involved (see box for the personal experience of one of us). The internet has become a form of self-expression, as shown by the proliferation

'anorexics may well have a strong support community encouraging them to continue with the behaviour'

of 'weblogs' or diaries posted for the whole world to see. It is interesting that individuals find it acceptable to publish their innermost thoughts on the most public medium ever created, when they find it impossible to express some of these thoughts face to face (or 'F2F' in internet speak). It may be that one of the few ways we can see into an anorexia patient's mind is by reading their writings on the internet.

Interpersonal and self-image difficulties may be obstacles to the therapeutic relationship, and expanding doctor-patient internet information services to anorexia nervosa sufferers may be another way to engage this patient group into standard health services which they would otherwise reject. However, many such health sites exist already, and patients by implication have rejected this already; maybe the sites need to find the patients instead.

So how does this help us when we meet a person with anorexia? It is important to remember that anorexics may well have a strong support community encouraging them to continue with their behaviour, even if none of their 'real' friends seems to be anorexic. Disaffected teenagers often seek strong peer groups, and these may not be initially obvious to carers and parents. Much commercial software is available to enable parents to monitor and restrict their children's internet access; whether this is appropriate is a matter for the individual. Finally, we would encourage health professionals to use the internet to understand the 'anti-medical' view of illness, whether it is the unconventional views on anorexia or issues such as immunisation or HIV. Only by understanding counterarguments can we give effective treatment. As Albert Einstein said: 'One must never stop questioning.'

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INSIGHT THROUGH INTERNET

She was aged 14, and I was a young senior house officer on the paediatric ward, when I took the call from her GP asking whether we could admit her urgently as she was medically critical in her weight loss. As the ward SHO and as the admitting doctor, I had most to do with her for the time of her admission. I spent much time talking to her and trying to enthuse her with motivation and goal-oriented thinking. I printed out weight charts for her with a skewed X-axis, making her target not to fall off the bottom of the page. I talked to her parents, I talked to the family, I talked to her alone.

And yes, she did put on some weight, but then the next time she had lost it again. And the time after that even more. By the time a bed was eventually found in a specialist eating disorders unit, her weight was below her admission weight, far below her targets, and she had of course fallen off the page on my chart.

At the time I felt disappointed both personally and professionally. Not only had I failed to get her weight up (or even stable), but she had rebutted my efforts, beating me easily on insight. I thought that I had got through to her; she was simply biding her time until this annoying doctor went away.

It was not until a while later that I started looking around the pro-anorexia websites and became aware of the depth of the condition. Maybe the honesty displayed there can help specialists to refine treatment, an area which as a paediatrician I find difficult and frustrating. However, the new insight I have into the state of mind that is anorexia means I can understand more, empathise a little, and maybe stay one step ahead.