Disordered eating and choice in postfeminist spaces

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This paper explores the rise of disordered eating in a postfeminist world. Based on findings from an Australian Research Council grant that investigated why women with disordered eating were reluctant to engage with treatment services, we demonstrate how women embody postfeminist positions of choice and responsibility in their eating and body practices. Through applying Rosalind Gill's (2007) concept of postfeminist sensibility to ethnographic accounts of women living with disordered eating, we argue that postfeminism, neoliberalism and healthism represent a constellation of contemporary forces which have unwittingly created an environment for disordered eating to flourish. Within the setting of lifestyle choice, postfeminist sensibilities support and rationalise women's endeavours in their disordered eating practices. The pervasiveness of neoliberal ideas in a postfeminist world highlights that the rhetoric of choice as empowering disguises an increasing push for individual responsibility, particularly in the areas of health and fitness. Such ideas are reinforced in the self-monitoring and self-disciplining practices of participants who explain their practices as lifestyle choices. Investigating the ways in which women describe their disordered eating practices within a postfeminism space offers new and critical insights into why resistance to help seeking is common.

Introduction

This paper explores the rise of eating disorders in a postfeminist world. The prevalence of eating disorders in the general Australian population is increasing (The Butterfly Foundation, 2012; NEDC, 2012) and it is estimated that 90% of people with anorexia and bulimia in Australia are female (The Butterfly Foundation, 2012, p. 20). While the National Eating Disorder Collaboration (NEDC) reports that lifetime prevalence of eating disorders for males and females of all ages is 9%, there are higher estimates of 1 in 5 for students and women said to be suffering from eating disorders (NEDC, 2012, p. 6). In data taken from a large national sample

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of young women from the Australian Longitudinal Study of Women's Health (ALSWH) it was found that '23% of respondents in this sample were categorized as having disordered eating', while 'body image was ranked of highest personal concern by 40.3% of 20–24 year-olds', suggesting that 'disordered eating is potentially a major public mental health issue which continues to be underestimated in many countries' (Wade & Wilsch, 2012, p. 356). Due to the severe and chronic nature of disordered eating, the long term course of the full spectrum of eating and body problems that exists in the community, and the difficulties with treatment, it is vital that we understand why the prevalence is increasing and the cultural parameters that support disordered eating (Wade et al., 2006; Hay, et al., 2008).

Drawing upon interviews and ethnographic fieldwork with women with disordered eating in Adelaide, South Australia, we examine how postfeminist positions of 'choice' and 'individual responsibility' were embodied. We argue that postfeminism, neoliberalism and healthism represent a constellation of contemporary forces which have created an environment for disordered eating to flourish. Within this setting of lifestyle choice, postfeminist sensibilities support and disguise women's endeavours in their disordered eating practices.

The paper begins by tracing the work of 1980s and 90s feminist scholars (Orbach, 1986; Bartky, 1988; Bordo, 1988; 1992) who introduced cultural and gendered analysis into eating disorder studies. They critiqued pathological causes of disordered eating, pointing to the oppressive relationship between patriarchy and the gendered nature of eating and body issues. While these analyses were (and remain) foundational in bringing Foucauldian and post-structuralist analysis to explain key relationships between particular constructions of feminine beauty and bodily discipline, new developments in feminism have led to new theoretical debates concerning femininity and gender relations. As the previous scholars highlighted, constructions of femininity do not occur in vacuums, and shifts within feminist research and theory reflect dominant historical and socio-political changes. Hence the postfeminist era of personal choice, individualism and the commodification of 'girl power' (Bail, 1996; McRobbie, 2009) is deeply entangled with the rise of neoliberalism.

Using Rosalind Gill's (2007) concept of postfeminist sensibility as an analytic lens we investigate how the ideology of choice positions women as a source of subjective empowerment and agency. We argue that this renewed interest in personal choice in popular feminism (or what Hirshman

(2006) originally referred to as 'choice feminism') has been problematically embraced by women with disordered eating, in that choice and responsibility for one's limited food consumption has become a legitimate 'lifestyle choice'. Considering that denial of eating disorders is common (Wade, 2007; Vandereycken & Van Humbeeck, 2008), it is important to understand the politics of choice and the role it may play in why young women might resist and reshape psychiatric explanations to maintain their practices.

Following a description of the study and research methods, the paper describes how participants frequently used the language of choice and empowerment to present their everyday eating and activity practices as part of their health and fitness routines. Gill and Arthurs ask: 'What does it mean when global beauty brands use a language of "empowerment" in their advertising?' (Gill & Arthurs, 2006, p. 443). Similarly, this paper questions what it means when someone with disordered eating describes their practices as empowering. Many women in this study spoke of their disordered eating as making them feel 'stronger', 'empowered', 'powerful', and 'able to cope better'; vehement that they had autonomy over *their* body and that their behaviours were *their* choice. Although participants' practices could ultimately be dangerous to their health, by engaging with bodily practices of restrictive eating, intense exercise, body surveillance, and food and weight measurements, they participated in culturally sanctioned and legitimate 'lifestyle choices' that provided productive power.

'Lifestyle choice' has become the new rhetoric in disordered eating discourse (Roberts-Strife & Rickard, 2011). 'Lifestyle choice' represents a distinct postfeminist sensibility that brings together the concepts of choice, healthism and neoliberal notions of responsibility that depoliticises health and place responsibility on the individual. The pro-anorexia online community phenomena that began in the late 90s (Dias, 2003; Fox et al., 2005; Boero & Pascoe, 2012) has arisen under this neoliberal agenda, and explicitly voices the mantra that 'anorexia is a lifestyle – not a disease', thus demonstrating agency 'through the right to make choices which reflect [people's] desires' (Budgeon, 2015, p. 1). Like Lavis (2011) we are careful to not posit agency as a singular act of resistance, or agency as 'the disease talking' (as therapeutic contexts might frame it). Agency was a fluid and often ambiguous concept in participants' lives, and there were times when participants felt completely in control yet simultaneously out of control. Agency is complex, and, as Lavis, quoting Lambek suggests: 'at the moment we think we are acting most as ourselves or being most agentive,

we are actually caught up by something else (Lambek, 2004, p. 3 cited in Lavis, 2011, p. 288).

The final section of the paper highlights how an examination of disordered eating practices through Gill's framework points to a postfeminist illusion of choice and empowerment. Participants resisted professional help as they understood their practices as lifestyle choices and not a disease. They feared that identifying with disordered eating labels would be disempowering and negate their agency, self-responsibility and capacity to make choices. This positioning however, ran counter to the rhetoric of empowerment and ultimately did not produce a liberating politics.

Postfeminism(s) sensibilities and disordered eating identities

In discussing eating disorders and postfeminism it is important to acknowledge the feminist scholars who first defined the field in the 1980s and 90s and provided a key reference point for further discussion. The work of feminist scholars such as Susie Orbach (1986), Susan Bordo (1988; 1992) and Sandra Bartky (1988) was foundational to deconstructing gendered power relations, and incorporating cultural analysis into explanations of how particular historical forms of disciplinary femininity became normalised ideals. Bordo for example, argued that anorexia was a crystallisation of Western culture that promoted a tyranny of thinness, control and feminine beauty ideas (Bordo, 1988), in which the female body was a site for cultural inscription (McLaren, 2002). Often using feminist interpretations of Foucauldian critique, these authors (among many) attempted to create alternative explanations of eating and body practices through challenging the medical and psychiatric professions for their lack of gender and cultural understandings in the field (Robertson, 1992). While key in highlighting the social construction of normative femininity and eating disorders, this second wave literature has been criticised for representing women as 'passive dupes' who lack agency and are caught in disciplinary power regimes (Gill, 2008; Warin, 2010). The dominant emphasis of cultural inscription on the female body constructed 'the anorexic woman as little more than the unwitting reflector of her era's power relations' (Brain, 2002, p. 153); leaving the anorexic self 'largely unexamined as a sort of black box where cultural forces somehow collide and interact to produce unpredictable constellations of behaviour' (Lester, 1997, p. 481).

Postfeminist discourses offered a rebuttal to this critique of passive bodies through a re-engagement with agency and choice. Many argue that

postfeminism is a historical shift within feminism away from second wave feminism towards third wave feminism (Brooks, 1997), while others point to a conservative backlash against feminism (Faludi, 1992; Walters, 1995). Such disagreement makes it hard to establish its features and apply a framework with rigor. Moreover, there has never been a singular feminism and as such, postfeminism is not a homogenous or all-encompassing term (Genz & Brabon, 2009).

While we do not deal with the debates and tensions concerning postfeminism as a theoretical field, we draw upon Rosalind Gill's framework of postfeminism as a distinctive sensibility which has increasingly characterised the Western media and advertising industries (Gill, 2007). We employ this analysis to build upon a feminist critique of the depoliticisation of choice and empowerment discourses in the current neoliberal climate, specifically in the fields of health, beauty and fitness. Gill emphasises postfeminisms contradictory nature as entangled with both anti-feminist and feminist themes, to ask whether new identities and subjectivities are being created. She outlines the general characteristics of the postfeminism culture as:

> … the notion that femininity is a bodily property; the shift from objectification to subjectification; the emphasis on self-surveillance, monitoring and discipline; a focus upon individualism, choice and empowerment; the dominance of a makeover paradigm; a resurgence in ideas of natural sexual difference; a marked sexualisation of culture; and an emphasis upon consumerism and the commodification of difference (Gill, 2007, p. 149).

Concepts of choice, empowerment and 'taking control' are central to the postfeminist era of late capitalism (Gill, 2007). Women are presented as autonomous agents; as individualism rises above any inequalities and power imbalances, women are freely able to follow their desires (Gill, 2007; Stuart & Donaghue, 2011). Additionally, Baker points out that 'girl power' is the popularised catch phrase for contemporary female empowerment that has come to 'encapsulate new assumptions about the confidence and assertiveness of young women which supersede previous notions of passivity and vulnerability' (Baker, 2008, p. 54). For example, choice discourse often goes unquestioned in the genre of 'chick lit', where, in romantic story lines women are presented as achieving desirability to please themselves, not to please a male partner; they are doing it for themselves (Gill, 2007); 'it' being the time consuming, expensive and often painful beauty regime including hair removal, make up, tanning and many

more practices. Such do-it-yourself (DIY) feminism (Bail, 1996) is presented as symbolic of freedom and equality, yet is intimately linked to a neoliberal emphasis on individualism.

It is not our intention to argue whether we are now in a postfeminist world or not, rather we want to highlight the pervasive perception in popular culture that there is no longer a need for feminism and a feminist critique of women's choices (Stuart & Donaghue, 2011). Scholars of postfeminism (such as Pomerantz, Raby & Stefanik, 2013) argue that the language of second wave liberal feminism has been appropriated by the modern state and neoliberal institutions, revised and depoliticised so that feminism is believed to be irrelevant in women's lives. Words like choice and empowerment are part and parcel of the market values of neoliberalism and taken-for-granted as a part of modern Western life (McRobbie, 2007; Budgeon 2015). Although we did not ask participants in this study if they identified with feminism, or their thoughts on feminism, we suggest that the rhetoric of choice has infiltrated popular culture and been co-opted by pervasive neoliberal ideals that are ubiquitous and morally compelling. As McRobbie (2009) suggests in her exploration of the concept of postfeminism, 'at some level, feminist values have become incorporated into mainstream Western society' (p. 12). We are not suggesting that postfeminism is part of a simplistic cause and effect model, rather that women in this study have adopted these ideals to both support their disordered eating practices and create new postfeminist identities.

A neoliberal culture is central to the construction of postfeminist identities. Gill and Arthurs define neoliberalism as consisting of 'global US hegemony, the dismantling or stripping back of the welfare state, the deregulation of corporations, the erosion of civil liberties, and the aggressive expansion of global "free trade"' (2006, p. 445). Furthermore, it is argued that the idea of market rationality has been extended into all other areas of life (Brown 2003), in which individuals 'moral autonomy is measured by their capacity for 'self-care'' representing 'a profound shift in the construction of individuals as autonomous, rationally calculating, and free' (Gill & Arthurs, 2006, p. 445). Baker argues that this neoliberal shift has been presented as creating possibilities for the individual released from structures and traditional social norms including gender roles (Baker, 2008). Gill's postfeminist sensibilities framework captures the multiplicities in this transforming and uncertain environment. In Foucauldian terms, neoliberalism produces self-governing subjects who regulate themselves (Gill & Arthurs, 2006). What is different in this neoliberal postfeminist space to earlier accounts by Bordo and Bartky is the productive effects of these

disciplinary regimes. They are no longer viewed as oppressive patriarchal social norms, but embodied as productive practices that enact moral values of self-fulfilment, lifestyle choices and individual responsibility.

The study

Through a mixed methods approach including psychological evaluation (EDE; Fairburn, 2008) and ethnographic fieldwork, this study focused on examining the cultural contexts of women, food and disordered eating with the hope of developing strategies for help seeking and early intervention. Based in Adelaide, South Australia, we sought women who were over 16 years of age and had not seen a health professional for disordered eating, had not been given an eating disorder diagnosis, or had been diagnosed but had delayed seeking treatment or did not wish to pursue treatment. Following ethics approval, participants were recruited through snowball sampling methods. Recruitment posters were placed on the backs of toilet doors and pin boards in two South Australian university campuses and as this was a difficult sample to recruit, participants were also recruited through advertising on social media websites such as the Facebook page for Eating Disorder Association of South Australia, and through the investigators mental health and community organisation networks.

Recruitment posed a central tension for the study concerning how to define what disordered eating is, and how to address the differences between psychiatric classifications and people's everyday understandings of their practices. Considering our target sample, we avoided mentioning eating disorders specifically in recruitment advertising, instead posing broader questions such as 'Are you continually thinking about your food and your weight?' and 'Do you avoid social situations that mean you have to eat and drink with others?'. The aim of this approach was to capture ambivalence towards recognising practices as disordered and an associated ambivalence towards seeking professional help. This ambivalence was discussed in the interviews, as many participants admitted to holding onto to the research information for weeks and months before inquiring about the study. Often they felt their practices weren't severe enough, or that they weren't 'sick' or 'thin' enough to warrant help and qualification to participate in the study.

Twenty five women were recruited and a total of sixty eight interviews were conducted. The women ranged in age from 19 to 52, with most being under 30, university students and of Anglo-Australian ethnicity. Six of the participants had a previous eating disorder diagnosis from a health care professional. All of these had been clinically diagnosed as having anorexia

nervosa, along with other diagnoses; for example, anorexia nervosa with a purging subtype, or one participant who was diagnosed with bulimia nervosa and then later anorexia nervosa. The other 19 participants had not previously sought professional help and had never received a diagnosis. Despite this, the women described years of living with eating and body issues that had usually started in childhood or adolescence.

Author 1 conducted at least two semi-structured interviews with each participant. Interviews took place in people's homes, in interview rooms at the University, in cafes and in public places. We had hoped to conduct interviews in people's homes and environments to observe their everyday spaces and also to create a more 'natural' setting. Many of the younger women in particular, still living with their parents and siblings, did not want the interviews conducted in their homes for fear of having their disordered eating practices exposed.

Ethnographic methods of in-depth interviews, participant observation and fieldnote taking allowed us to get close to intimate experiences, while remaining critical. Collaborative research methods are central to many feminist approaches to research, with an emphasis on representing gendered social realities based on women's own telling of their experiences (Stanley & Wise, 1993; Olesen, 2005). Furthermore, Ramazanoglu and Holland point to the importance of researcher reflexivity in a feminist methodology, as the process of 'attempting to make explicit the power relations and the exercise of power in the research process. Reflexivity covers varying attempts to unpack what knowledge is contingent upon, how the researcher is socially situated, and how the research agenda/process has been constituted' (2002, p. 118). In taking this approach, we acknowledged the power dynamics of the participant and researcher relationship, and were mindful of not reproducing hierarchical power relations in the interview setting.

While we wished to engage with women who did not identify with the clinical label of an eating disorder or see themselves as necessarily conforming to a psychiatric classification, we also needed to work within the parameters of diagnosis set out in the universal handbook of psychiatric classifications (at the time the study was conducted, the Diagnostic and Statistical Manual of Mental Disorders DSM-IV, American Psychiatric Association, 2000). During the interview phase the Eating Disorder Examination (EDE), a semi-structured diagnostic interview was administered by Author 1. The EDE is commonly used by clinicians to diagnose people according to the criteria set out in the DSM-IV. Despite the inherent problems of such a universal

and discursive instrument the EDE was particularly relevant for those participants who have never seen a health professional to determine whether or not they did 'fit' psychiatric classifications and to provide them with information for eating disorder resources and services in South Australia. In South Australia treatment for eating disorders relies on psychiatric diagnosis as an integral part of accessing specialised mental health services. The language therefore associated with psychiatric diagnostic classifications has value in clinical contexts and the wider community, but equally this study recognised that terms such as 'health', 'illness', 'disorder' and 'thinness' can have different meanings in other contexts. In following Gremillion's assertion that psychiatric assumptions about disordered eating are in fact themselves culturally informed and not static nor objective (Gremillion, 1992), we used terms such as 'disordered eating', 'eating issues', and 'eating and exercise practices' throughout the interview process to address practices, beliefs and experiences which may not be captured by the parameters of psychiatric questioning alone, but nonetheless became crucial to understanding not only the participants' own experiences but how they viewed their own practices.

Ethically, this project presented a concern with how to address informing participants of their EDE results. The National Statement on Ethical Conduct in Human Research (2007) sates that it is important to acknowledge the specific vulnerabilities of people with mental illness. The research team (including a highly experienced psychologist and a psychiatrist) were mindful that Author 1 was not a trained clinician, but in valuing an open and reflexive dialogue with participants, chose to inform participants that they met some of the criteria, but did not go into specifics and advised them to see a clinician or health professional if they wanted to pursue this further. It is important to note that many participants were not surprised that their practices aligned with a psychiatric label, as they recognised that their eating and exercise patterns were unusual and this had led them to participate in the project.

Grounded theory principles coupled with a thematic analytical approach to data collection and analysis guided the research methods (Corbin & Strauss, 1990; Ezzy, 2002). This allowed the data collection, analysis and theorisation to develop simultaneously through a 'process of deduction and induction, of theory building, testing and rebuilding' (Ezzy, 2002, p. 10). Interviews were audio recorded with permission of participants who signed and received a copy of their consent form and all interviews (including semi-structured and the EDE interviews) were professionally transcribed and fieldnotes written up soon after each interview. All textual data was

read numerous times and coded in QSR NVivo 9 according to the dominant themes which arose. The transcripts were also printed out to analyse and code by hand in order for Authors 1 and 2 to become familiar with the themes and check the rigour of the coding.

In line with a collaborative and reflexive process, pilot participants were sent a copy of the interview schedule and asked for feedback, resulting in additional questions being added. The initial stages of data collection included open coding, which involved the exploratory process of experimenting with codes, and sitting with, and absorbing, the data (Ezzy, 2002). Collaborative meetings between Author 1 and 2 then took place leading to the reshaping and adding of interview questions as well as the development of axial codes and themes. Ezzy argues that 'theoretical questions, and answers, are shaped and reshaped in the ongoing dialogue with the experience or subjects being studied' (2002, p. 62). This highlights why multiple interviews with each participant became a rewarding methodological tool for the interrelated process of coding and theorisation. Furthermore, constant comparison was central to developing codes as data started to gather around themes. During the final stage of coding, central themes such as 'health and responsibility' and 'lifestyle choices', were compared with the existing theories on postfeminism and neoliberalism explored in this paper. All of the data explored in this paper is taken from the qualitative interviews, EDE's and fieldnotes.

Achievement, choice and empowerment

Health practices have become part of our everyday lives creating a discourse of healthism (Crawford, 1980; Musolino et al., 2015) which celebrates individual choice and achievement. Crawford argues that 'in a health-valuing culture, people come to define themselves in part by how well they succeed or fail in adopting healthy practices and by the qualities of character or personality believed to support healthy behaviours' (Crawford, 2006, p. 402). Healthy lifestyle choices are considered as desirable and empowering in the current neoliberal climate, and the responsibility to achieve this status is placed on the individual.

Postfeminism intersects with these powerful discourses as idealised and culturally valued forms of femininity are presented both as a source of power and as in need of constant monitoring and discipline in order to conform to narrow ideas of female attractiveness (Gill, 2007). For participant Charlotte, who is 32 and has lived with severe disordered eating for 17 years, her disordered eating and body practices had become an

avenue for gaining control and power over her body. When asked why she believed her practices had helped her to cope with life, Charlotte answered:

> ... because you believe that what you're doing is leading to something positive. Whether it's health or whatever it's you know, purity, virtue, you know, self control, what have you … you know, when the number goes down you've achieved something.

While Charlotte's disordered eating offered a sense of purpose during difficult times in her life, as Baker points out, 'choice' is tricky to investigate, as it is often conflated with agency and is a key concept historically in the feminist movement, yet through postfeminist discourses has become de-contextualised and has slipped into meaning individual effort and aspiration (Baker, 2008; Budgeon, 2010).

Participants recognised that in a culture where thinness is highly symbolic of female beauty, health and self-discipline, that restrictive eating practices and visible thin bodies were platforms for empowerment and privilege. Kelly, who is 40 years old and diagnosed with anorexia nervosa in the mid 90s, but has been resistant to seeking professional help, explained:

> I've always had a sense of power about being skinny … I find being able to control what I eat really empowering. Especially when so many other people can't.

This sense of achievement related to weight maintenance and self-discipline is echoed by Lorraine who in her 50s, had struggled with anorexia for most of her adult life. She said:

> the under eating is an achievement rather than eating normally … the fact you don't have to worry about looking fat in clothes, you can just chuck on anything … and you can feel good cause other people try and lose weight and you could feel good because you didn't have that problem.

In an era where obesity is publically disavowed, these examples represent a form of productive power, as cultural norms work through the individual's disciplinary practices (McLaren, 2002; Warin, 2010). In maintaining a low weight, participants' everyday lives are made up of achieving goals through self-monitoring and self-disciplining practices for which they feel successful and in control. Furthermore, the praise or comments they receive from others serves to reinforce their actions and desire for thinness. Twenty year old Lucy, who had never seen a health professional and came forward to

participate in the study due to her increasingly restrictive eating practices said:

> I kind of felt glad at the start when I first started like losing weight that time around is sort of like, people would say 'oh you're looking really good' and then it got to comments like 'you're looking really, really thin'. But like - it kind of just feels like a success.

The rewards of social reinforcement for disordered eating were similarly described by 25 year old Gemma who explained to us that she has rapidly lost weight and increasingly restricted her diet over the last year, stating:

> I definitely have that fear of being fat and that love of being told that I'm thin. Like, that's one of the big things that keeps me from not eating is that people constantly comment every time they see me about how thin I've gotten.

Lucy and Gemma's commentaries on their social status and achievement due to successful weight loss stand in contrast to their results from the administration of the EDE in this study, in which they both met the criteria for Eating Disorders Not Otherwise Specified (EDNOS).

Rather than partaking passively as docile bodies, anthropologist Lester suggests body management can be understood as 'the conscious and deliberate shaping of the self according to a particular philosophy of living and through a given set of culturally meaningful bodily practices' (Lester, 1997, p. 482). Participants engaged in socially encouraged practices of restriction and body maintenance, describing a sense of achievement, if only temporarily, which propelled them into further disordered eating and body practices. As Emily stated 'It's also how you feel you look knowing that you had strength that day or feeling you know, in control or powerful'. Bae (2011) argues that empowerment through a body project within a postfeminist culture 'presupposes an understanding that female empowerment is possible in negotiation with the dominant social/cultural field' (p. 31).

'I'm not sick, it's my choice'

Linked to postfeminist notions of choice and empowerment are shifting experiences of agency and resistance. Harris and Dobson (2015) suggest that as a theoretical concept agency requires a new level of complexity that acknowledges the neoliberal and postfeminist context (p. 154). In this

context agency can shift, and be ambivalent. Bonnie, a 29 year old participant, had never seen a health professional about her restrictive eating and intense exercise practices. She expressed a great sense of guilt and burden over her practices; comparing herself to a friend who had cancer, she felt that unlike suffering from a 'serious' disease, she was in control and it was her responsibility to stop her health problems. Bonnie's EDE results from our study suggested that she met the criteria for EDNOS, thus pointing to a difference in how she viewed her practices with psychiatric guidelines. During the interview Bonnie's voice softened, her eyes lowered and shame filled her face as she said:

> … it should be a decision for me to make and just snap out of it and stop being silly and I feel guilty that, that I should be conscious of it … I guess it's just a health issue that I shouldn't have because it's my choice.

In her discussion of shame, Probyn (2005) argues that 'shame goes to the heart of who we think we are [and] … questions our value system' (p. x). As she speaks, Bonnie's face blushes, 'an involuntary re-evaluation of [herself] and [her] actions' (2005, p. 64). Bonnie's shame reveals her 'strong interest to be a good person' (ibid), and her awareness of the discrepancy between her choice to restrict her food and play with illness, and her friend's complete lack of agency in her diagnosis of cancer.

Bonnie's ambivalence is different to the ways in which the pro-anorexia phenomenon is frequently represented. Pro-ana (and pro-mia/bulimia) is often viewed as an anti-recovery model which challenges the medical and social scientific gaze and explanatory models (Fox et al., 2005) offering a non-judgmental community and support to members who craft a 'pro-ana' lifestyle together (Boreo & Pascoe, 2012). Members of the 'pro-ana' movement are constructed as distinct experts in the field of eating disorders, both incorporating and rejecting medical and psychiatric explanations to maintain their practices and gain status in the movement which is predominantly based in on-line communities (Fox et al., 2005). Due to their explicit displays of 'thinspiration'[1] and tips for 'successful starving', these on-line communities are criticised for promoting anorexia as a lifestyle choice and normalising dangerous practices (Boreo & Pascoe, 2012).

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[1] "Thinspiration" or "Thinspo" refers to posting images of very thin and emancipated bodies on social media pages in order to inspire people to lose more weight and to "trigger" disordered eating thoughts and practices.

The rise of the pro-anorexia phenomena in the 2000s and the accompanying mantra that 'anorexia is a lifestyle – not a disease' has manifested under the neoliberal agenda of the individualisation of health and postfeminist rhetoric of choice. However, we suggest that the pro-anorexia stance is not just an act of resistance, but has become part of a complex and contradictory eating disorder rhetoric. This complexity requires, as Harris and Dobson (2015) suggest, a more nuanced understanding that acknowledges the double entanglements of constraint and freedom in the performance of choice and agency. Twenty eight year old Michelle, exemplifies this tension in describing her daily struggles with anorexia:

> … with the lifestyle choice stuff, I think I convinced myself that that's what it was for a very long time. Like it's, I guess, I did all the, accessed all the pro-ana stuff on the internet and all that kind of stuff. And tried I think to convince myself that it was like a lifestyle choice and that it was something that I was doing because I wanted to do it and I guess it was something that I wanted to do, but then it's very much a contradictory state to be in because I was telling myself that it's a lifestyle choice. But then at the same time I would be so unwell that it would take me an hour to do up my shoe laces, like quite literally every morning. And I would be out running for hours and hours every day.

Michelle's ambivalence points to the contradictory nature of the embodiment of disordered eating, and the ways in which she (and other) participants were caught in the effervescence of postfeminist/neoliberal ideals and the intense suffering that disordered eating entails.

Conclusion & Implications

In this paper we have examined how participants construct themselves as autonomous individuals who exercise choice around their disordered eating practices. Budgeon (2015) argues that 'women's access to choice, and their understanding of available choices, have consistently featured in the agenda of different so-called 'waves' of western feminism' (p. 12). The transformation of choice in postfeminist sensibilities illustrates the shift away from earlier calls for women to have the right to control their bodies (for example, reproductive rights), towards neoliberal imperatives to attend to normalized ideals of (white, middle class, heterosexual and westernised) femininity. This new form of choice 'tells us that every individual is free to choose and that choice is empowering, no matter what the choice actually

is' (Murphy, 2012, p. 21). Such defence of choice is used in arguing for women's rights to engage in a range of 'beautifying' procedures, including genital cosmetic surgery and the return of 'waist shapers' (corsets). Neoliberalism is deeply intertwined in this space, in which the pursuit of health has become a lifestyle choice in which individuals are considered responsible when they engage in self-governance and self-discipline.

Choice however, is a troubling term. While choice provided agency for the participants, as Bae argues 'postfeminism constructs an articulation of suture between feminist and anti-feminist ideas, and this is effected entirely through a grammar of individualism that fits perfectly with neoliberalism' (Bae, 2011, p. 31). Baker suggests that 'notions of neoliberal choice and assumptions about de-traditionalisation and liberalisation converge to create new modes of subordination which work at a psychological level to regulate women' (Baker, 2008, p.62). These 'new modes of subordination do not rely on the exclusion of women or overt directives as to how they should 'behave'', rather, this postfeminist space is signified by their participation through individual choice (ibid).

In our study, participants articulated how disordered eating was an embodiment of choice, and were often quick to support the power that such autonomy provided. This positioning was not explicitly named as a postfeminist embodiment of 'girl power', but participants' language was immersed in the taken-for-granted benefits of second wave feminism – of '*my* right to choose what to do with *my* body'. Moreover, the use of anti-obesity slogans used by fat activists, such as 'health at any size', were similarly used to support and rationalise health at underweight sizes. What this uptake of choice and agency engenders is a contradictory set of experiences that simultaneously validate and immobilise the politics of choice. Hornbacher (1998, p. 6) describes eating disorders as a bundle of deadly contradictions. Rather than position the women in our study as either reproducing passivity through disappearing and weak bodies, or suggesting that they are wielding agency through the voice of resistance to clinical categories, this paper has sought to provide a more complex commentary. Harris and Dobson's term of 'suffering actors' is perhaps a more apt model for capturing both the injury and action that such agency entails (2015, p. 153).

Acknowledgments

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