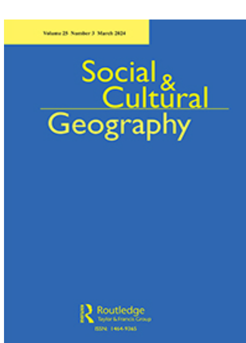

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Containment, control and surveillance: a qualitative inquiry into eating disorders and the COVID-19 pandemic

Ellys Feather

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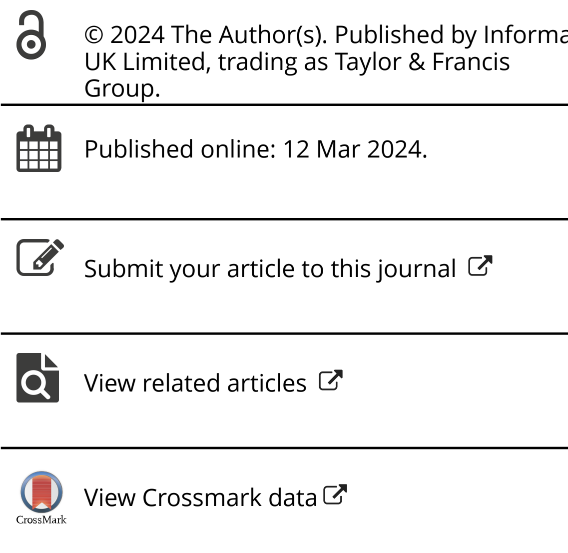

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RESEARCH ARTICLE

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Containment, control and surveillance: a qualitative inquiry into eating disorders and the COVID-19 pandemic

Ellys Feather

School of Geographical and Earth Sciences, University of Glasgow, Glasgow, UK

ABSTRACT
This paper works towards a social geography of eating disorders through the lens of the coronavirus pandemic in the UK. Through an empirical engagement with experience-centred knowledge, I couple nine in-depth interviews with autoethnographic material, drawing out the spatial (real and virtual) and temporal (habit, routine, anticipation, non-linearity) dimensions of eating disorder experience, management and recovery; highlighting principally how pandemic lockdown conditions intensified space-time, mind/body and social relations across various micro-domestic and macro-governmental scales. I engage 'lightly' with Foucauldian concepts of disciplinary and biopolitical power to draw out broad-brush themes around matters of containment, control and surveillance; taking feminist inspiration to think through Foucault critically as I explore a nexus of gendered pandemic power relations. In doing so, I contribute towards new feminist understandings of the disciplinary gaze, emphasizing the ongoingness of surveillance through both physical body-checking and what I term psychological 'guising'. Through such (in)voluntary disordered bodily practices, and an engagement with the feminist mind/body dualism, I emphasize the complexity of EDs as *embodied* mental illnesses, further complicating feminist understandings of control. I close by discussing the ethical-methodological importance of 'empathy' while emphasizing the overall imperative of critical qualitative inquiry for socio-cultural geographies and beyond.

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PALABRAS CLAVE
estudio cualitativo; trastornos de la alimentación; pandemia de coronavirus; vigilancia; Foucault; geografías encarnadas

MOTS CLEFS
étude qualitative; troubles alimentaires; pandémie de coronavirus; surveillance; géographie incarnée de Foucault

Contención, control y vigilancia: una investigación cualitativa sobre los trastornos alimenticios y la pandemia de COVID-19

RESUMEN
Este artículo analiza los trastornos alimenticios durante la pandemia de coronavirus en el Reino Unido bajo el lente de la geografía social. A través de un compromiso empírico con el conocimiento centrado en la experiencia, combino nueve entrevistas a profundidad con material auto etnográfico, extrayendo las dimensiones espaciales (real y virtual) y temporales (hábito, rutina, anticipación, no linealidad) de la

CONTACT Ellys Feather g.feather.1@research.gla.ac.uk School of Geographical and Earth Sciences, University of Glasgow, University Avenue, Scotland, Glasgow G12 8QQ, UK

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experiencia y el manejo del trastorno alimenticio, y recuperación; destacando principalmente cómo las restricciones de aislamiento pandémico intensificaron el espacio-tiempo, la mente/cuerpo y las relaciones sociales en varias escalas micro nacionales y macro gubernamentales. Me relaciono 'ligeramente' con los conceptos foucaultnianos de poder disciplinario y biopolítico para extraer temas generales en torno a cuestiones de contención, control y vigilancia; tomando inspiración feminista para pensar críticamente a través de Foucault mientras exploro un nexo de relaciones de poder pandémicas de género. Al hacerlo, contribuyo a nuevas comprensiones feministas de la mirada disciplinaria, enfatizando la continuidad de la vigilancia a través tanto del control físico del cuerpo, como de lo que llamo 'disfraz' psicológico. A través de tales prácticas corporales desordenadas (in)voluntarias y un compromiso con el dualismo feminista mente/cuerpo, enfatizo la complejidad de los trastornos de la conducta alimentaria (TCA) como enfermedades mentales encarnadas, lo que complica aún más la comprensión feminista del control. Termino discutiendo la importancia ético-metodológica de la 'empatía' mientras que enfatizo el imperativo general de una investigación cualitativa crítica para las geografías socioculturales y más.

Confinement, contrôle et surveillance: une enquête qualitative sur les troubles alimentaires pendant la pandémie de COVID-19

RÉSUMÉ

Cet article participe à l'édification d'une géographie sociale des troubles alimentaires du point de vue de la pandémie de coronavirus au Royaume-Uni. Par le biais d'un engagement empirique avec des connaissances fondées sur l'expérience, j'associe neuf entretiens approfondis à du matériel auto-ethnographique, en m'appuyant sur les dimensions spatiales (réelles et virtuelles) et temporelles (habitude, routine, anticipation, non-linéarité) de l'expérience des troubles alimentaires, leur gestion et leur guérison ; je mets principalement en évidence les manières par lesquelles les conditions de confinement de la pandémie ont intensifié l'espace-temps, le corps et l'esprit et les rapports sociaux sur des échelles microdomestiques et macro-gouvernementales multiples. Je m'intéresse « à la légère » aux concepts de Foucault concernant le pouvoir disciplinaire et biopolitique pour esquisser dans les grandes lignes des thèmes autour des questions de confinement, de contrôle et de surveillance, et je prends une inspiration féministe pour considérer d'un œil critique avec la perspective de Foucault dans mon étude des connexions des relations de pouvoir sexospécifiques de la pandémie. Ce faisant, je contribue aux nouvelles connaissances féministes du regard disciplinaire, et je mets l'accent sur la continuité de la surveillance au moyen de contrôles corporels physiques et aussi de ce que j'appelle le « déguisement » psychologique. Avec de telles pratiques corporelles désordonnées et (in-)volontaires, ainsi qu'un engagement avec le dualisme féministe corps et esprit, j'insiste sur la complexité des troubles alimentaires en tant que maladies mentales *incarnées*, et je complique ainsi encore plus les interprétations féministes du contrôle. Je conclus en soulevant l'importance éthique

et méthodologique de la « compassion » tout en soulignant qu'une étude qualitative critique pour la géographie socioculturelle, et au-delà de celle-ci, est totalement fondamentale.

Introduction

In March 2020, the COVID-19 pandemic brought significant challenges to the UK population, particularly quarantine to prevent widespread infection and relieve pressure on healthcare systems. National lockdown involved strict restrictions on movement, social gatherings and non-essential activities; confining the entire population to their homes, with a one-hour-per-day outdoor allowance and an exception for key front-line workers. There were three phases of lockdown: in March 2020 (c.3 months), November 2020 (c.1 month), and January 2021 (c.3 months), between and after which restrictions eased in subsequent stages.

This study was developed from my personal confrontation with the coronavirus pandemic lockdowns while recovering from an eating disorder (hereafter ED). The shrinking of my socio-spatial world and disruption to everyday routine certainly had consequences for my recovery, as both old and new disordered behaviours subtly crept into my lockdown experience. As a researcher, I was curious to learn more about those who perhaps shared a similar experience. When I turned to the literature, I found studies emphasizing the increased incidence of EDs during the pandemic (Gao et al., 2022; Rodgers et al., 2020; Taquet et al., 2022), but few qualitative studies attending to the experiential perspective. I undertook research to fill this lacuna, seeking to understand the everyday reality of living with and managing an ED during the COVID-19 pandemic, with the voices of lived experience lying at the core of the empirics. Through a geographical lens, I draw out the socio-spatial and temporal dimensions of EDs to emphasize what nuance this (re) conceptualization can offer.

Eating disorders are dominantly understood through biomedical discourse as 'behavioural condition[s] characterised by severe, persistent disturbance in eating behaviours with distressing emotions and thoughts' (APA, 2023), impacting c.1.25 million people in the UK regardless of clinical diagnosis (B-eat, 2020). The most commonly recognized EDs and their *typical* diagnostic criteria populate Table 1. Those who do not 'fit' one criterion are often diagnosed with an 'other specified feeding or eating disorder' (OSFED). A difficulty is that biomedicine tends to offer a single perspective, prioritizing the psychological manifestation of EDs and individualizing pathology (Rodgers et al., 2020), leaving EDs marginalized in public health agenda and engendering stigma (Hay, 2020). In this paper, I resist lending too much authority to these 'strict' biomedical definitions, recognizing them as merely typical. I acknowledge EDs as deeply and varyingly somatic, with often complex aetiologies and therefore prioritize multiple, experienced-based perspectives.

Table 1 suggests that EDs have their own geographies, associated with particular 'public' and 'private' locations, whether this is eating or restricting in the kitchen and/or restaurants, binging privately in bedrooms, or purging in the gym and/or bathrooms (Warin, 2005). EDs are therefore intrinsically entangled with *place*. When 'third' and public spaces such as gyms, restaurants and treatment facilities were intermittently restricted

Table 1. DSM typical diagnostic behaviors of most commonly recognized EDs (adapted from Hay, 2020.).

ED	Eating	Weight	Binge eating	Purging behaviours
Anorexia nervosa (Anorexia)	Severe restriction	Underweight	May occur	One or more often present
Bulimia nervosa (Bulimia)	Irregular – skipping meals and restriction common	Normal or above normal	Regular, with compensation	Regular as a compensatory behaviour
Binge eating disorder (BED)	Irregular – no extreme restriction	Normal or above normal	Regular, without compensation	Not regular
Avoidant/restrictive food intake disorder (ARFID)	Severe restriction of all or selected foods	Underweight and/or with nutrition deficiency	N/A	None

during quarantine, the home reconfigured into a multi-functional environment of resting, working and socializing (Wiles, 2021). The intimate domestic micro-spatialities of EDs were substantially transformed, collapsing the boundaries of what is deemed 'public' and 'private'. Confinement to the home meant changing conditions of privacy, subjecting many to *constant* surveillance, while others experienced a paradoxical *lack* thereof; and both conditions – over- and under-surveillance – created further complications, ultimately impacting how I and others managed our EDs. Complicating matters further was the role of digital media, offering sources of support for some, while also creating 'spaces' through which disordered behaviours could become curiously mirrored, even heightened.

I conceptualize EDs through a geographical lens, questioning how EDs are shaped by the spatio-temporalities of everyday behaviours, routines and social environments, while also investigating how certain socio-spatialities may intensify the contours of ED experience during pandemic. I orientate this research 'lightly' through Foucauldian lenses, engaging with inherently spatialized notions of 'disciplinary' and 'regulatory' power while developing three central themes: containment, control and surveillance. I continue by unpacking literatures relevant to EDs under pandemic, working towards a *social geography of EDs* under COVID-19. I then introduce methodological bases for my research, before providing several cuts through the empirics. Some final conclusions tie the empirical content back into my conceptual claims, while highlighting broader themes relevant to academic research and practical engagement.

Concepts for a social geography of EDs

Foucault's (1977) *Discipline and Punish* offers three key thematics: containment, control and surveillance. His 'Panopticism' chapter explores pandemic management in the 17th-Century 'Plague Town', which comprises 'a segmented, immobile, frozen space', with people confined to their homes as 'inspection functions ceaselessly' (p.195). It perpetuates *disciplinary power*, 'call[ing] for multiple separations, individualising distributions, an organisation in depth of surveillance and control, an intensification and ramification of power' (p.198). Like plague, COVID-19 is a highly contagious air-borne virus transmitted through direct and indirect contact. Therefore, it is not enough to contain only the infected, but instead demands widespread quarantine of whole populations. In the UK, this meant 'national lockdown': disciplining individuals *and* regulating populations via 'strict spatial partitioning' (p.195), linking moreover to Foucault's (1978) later work on

biopolitical power over populations in the name of state security, public health and the optimization of life.

Foucault (1977) positions Bentham's Panopticon as the quintessential architectural technology, enacting the same disciplinary composition as sedimented in the Plague Town, dependent on a surveillant gaze potentially seeing everywhere. Comprising a prison with barred cells encircling a singular central inspection tower, the Panopticon functions as a technology of seemingly permanent inspection whereby subjects internalize the 'gaze' of the prison guard through *self*-surveillance and *self*-discipline. The Panopticon serves to 'alter behaviour, to train or correct individuals' (p.205); a model of spatial containment enabling close-grained observation and correction, producing disciplined and docile bodies. The Panopticon is therefore a spatial model for the organization of modern disciplinary networks which exert social control through *constant* surveillance whereby '[t]he judges of normality are present everywhere' (p.304).

Feminist scholars draw extensively from Foucault's theorizing of panoptic surveillance, seeking to understand the extent to which a 'disciplinary gaze' influences women's bodily practices. They do so critically as Foucault's accounts of (disciplinary) power arguably remain at a 'surface' level – asking how oppressive structures press upon the undifferentiated body, how 'they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs' (Foucault, 1977, p. 25) – neglecting how such structures are experienced at the level of the psyche or permeate deep *within* bodies; how embodied experiences differ between men, women and differently gendered bodies; and how disciplinary imperatives may indeed be resisted. Despite these tensions, Quinby and Diamond (1988) outline four convergences between feminist and Foucauldian perspectives with the potential to be mutually corrective: both recognize the body as a site of power; localize intimate power operations; understand the constitutive powers of discourse; and critique patriarchal Western society as the dominant hegemony. Accordingly, many feminist geographers have demonstrated the efficacy of Foucault's work for theorizing how gender, power and space intersect to shape women's experiences of their bodies and their bodily practices and trace the extent to which bodies navigate and resist surveillance within everyday spaces (Chattopadhyay, 2017; McDowell, 1995; Valentine, 1999). While I think critically with Foucault in what follows, I also take necessary, feminist-inspired additional steps to think beyond him.

As Foucault on the Plague Town' reveals, pandemic management is inherently geographical: involving highly-spatialized processes of spatial confinement and 'social distancing', with profound impacts on societal organization and the grounded fabrics of everyday life (Rose-Redwood et al., 2020). Under lockdown, the home was enlisted as a vehicle for containment, control and surveillance to prevent the spread of the virus, acting as a panoptic microcosm of the UK's overall pandemic regulation. The walls between public and private realms collapsed, while traditional understandings of the home as a space of comfort and refuge were challenged and transformed. Many individuals were subjected to an ever-present micro-level domestic surveillance, 'inserted in a fixed place, in which the slightest movements are supervised' (Foucault, 1977, p. 197), while others, living alone, experienced a curious absence of such surveillance.

A triangulation of government authority, quarantine and consequential permanent inspection – or its lack – had serious implications for ED incidence and management (Rodgers et al., 2020). Disruptions to everyday time-space rhythms presented myriad

challenges, particularly for mental health and wellbeing, not least around contagion, infection and transmission of COVID-19 itself. L. Boyle et al. (2021) propose that many with pre-existing mental ill-health were neglected from support during this time, a point relevant to EDs. Conradson (2021) calls for further research on the impact of the COVID-19 pandemic on mental ill-health, both pre-existing and arising, while Craddock (2021) emphasizes the importance of qualitative research to facilitate such work. Quantitative measures of prevalence evidently guide governmental interventions, but Craddock argues that 'numbers' have overshadowed qualitative data needed to explore the nuances of 'how' and 'why' the pandemic materialized meaning in everyday lifeworlds. Responding to both Conradson and Craddock, this study proceeds qualitatively to understand the impact of shrinking socio-spatialities on EDs, ongoing and new.

There is abundant academic literature on EDs, but these literatures predominantly consider cause, treatment and prognosis, bypassing lived experience. Erskine et al. (2016) explain that biomedical discourse dominates the ED field, which individualizes aetiology and pathology, treating sociocultural and familial factors as merely contributory or 'triggering' (Katzman & Lee, 1997). Eating 'problems' associated with body dissatisfaction and weight concern are thus marginalized within public health. While there are advances in psychological therapies, patients often only qualify for medical treatment when 'underweight' (Hay, 2020), undermining the essence of EDs as *mental* illnesses. There is also limited funding of educational programmes, counselling and support, often shouldered to precarious charities and advocacy agencies (Bardick et al., 2004).

Critiquing biomedicine, feminist scholars have long taken a holistic perspective on how sociocultural hegemonic discourses, relations and structures shape Western bodily ideals and practices (Malson, 1998; McSween, 1993; Turner, 2008). Bordo (1993) and Bartky (1988) appropriate Foucault's disciplinary power to identify patriarchal structures that treat women's bodies as cultural templates upon which social constructions of femininity can be drawn. More specifically, Bordo argues that EDs are the quintessential expression of the self-disciplining female, an extension of make-up and fashion, in the construction of docile, feminine bodies. Attempting to dismantle Western patriarchal-capitalist drivers of EDs, scholars have also considered them as coping mechanisms for sexual abuse, trauma, racism or poverty (Herman, 2015; Nasser et al., 2001), while Thompson (1996) adopts a 'multiracial' perspective to challenge inattention to intersectionality. It might nonetheless be argued that attention still shies away from *directly* addressing how people with EDs experience and respond to the surveillant pressures – the accusatorial looks and words arising from those 'judges of normality' – in the heart of their everyday social geographies.

Within the geographical context, spatial analyses have attended to ED incidence and prevalence (Currin et al., 2005; Makino et al., 2004), with few person-centred studies accounting for experiences of treatment spaces and recovery (Gremillion, 2003; Lawrence, 1984). While there is significant work addressing the geographies of eating practices (Bell & Valentine, 1997), spatialities of consumption (Valentine, 1999) and situating bodies which (do not) 'fit' (Colls, 2006), little has yet been done to craft a social geography of EDs. What follows is an attempt to fashion such a social geography, specifically foregrounding the socio-spatialities and temporalities of EDs integral to how they are experienced and managed under the press of pandemic.

Methodology

I employed semi-structured interviews, speaking to nine women between May and July 2022 about their experience with an ED during pandemic. Sensitive to both pandemic and body image matters, I offered both in-person and online (camera on or off) interviews, enabling in-depth digital engagement from a distance for those who preferred (Salmons, 2021). Six were in-person, two on Zoom (camera on) and one phone call, merely due to geographical proximity. However, when I asked Eilidh about her telephone preference, she confessed I've never wanted to be on Zoom. I hate photos . . . I'm sitting in the dark. My apartment is a state. I think part of that is also the image thing, but it's because I *do* look different. That statement, in itself, speaks compellingly to the empirics that follow.

The wellbeing of my participants in this deeply sensitive health-related research was my priority, and to minimize the risk of potentially triggering participants, I exclusively recruited individuals who considered themselves as 'in recovery', regardless of diagnosis, through a 'call for participants' on Twitter and 'snowballing' thereafter (Bryman, 2016). I did not seek women specifically, yet only white, young adult, working-class women came forward, all residing in urban areas across Scotland's Central Belt during lockdown. Despite knowing that 75% of those with an ED are women (B-eat, 2020), and that women are more likely to participate in qualitative research (Thelwall et al., 2019), this tentativeness in participation itself emphasizes the imperative for further ED research with more intersectional axes of identity. Initially, I asked each woman broadly about their ED 'story' and their situation during lockdown – who they lived with and if they worked (from home) – which then facilitated an in-depth conversation about how the latter impacted the former. Each individual experienced disordered eating prior to national lockdown. The implications of the lockdown were therefore an exacerbation of old/existing behaviours while experiencing 'new' pandemic-triggered behaviours. I appreciate the ubiquity of ED trajectories according to individual circumstance (social context, (non)diagnosis, support access, mental resilience). Therefore, the overarching ethos of this paper aims to emphasize these complexities, nuances and heterogeneity of ED and recovery experience. Nonetheless, I am mindful of participants' anonymity and only disclose specific details when relevant to the empirics.

I used my own experience to frame interview 'themes'. However, given my feminist epistemology, I adopted a participant-led approach whereby the 'researched' become active participants of knowledge production (von Benzon & van Blerk, 2017), opening the research up to new, unanticipated trajectories that substantially altered my own thinking. For example, I did not recognize 'body-checking' within my own ED experience, but it became a phenomenon central to my thinking around physical and psychological self-surveillance, which I elaborate in the empirics that follow. As a topic commonly arising in my initial interviews, I embedded body-checking into themes for later interviews, broadening the project's scope and my own understanding of EDs.

Researchers are often ambivalent about sharing their own experience with participants, questioning its appropriateness within interviews (Ribbens, 1989), but I recognize the importance of 'relatability' in facilitating a generative sense of belonging and understanding. Therefore, in attempt to 'level' the field, I 'opened-up' my own vulnerability by facilitating a social conversation, rather than a formal question-and-answer encounter (Qu

& Dumay, 2011). Unsurprisingly, 'empathy' emerged as a key theme throughout the interviews as participants remarked on the value of having someone who could *truly* understand them in their recovery. Individuals often began sentences akin to, 'I don't know if you can relate, but . . .' (Holly), hinting at reciprocity and trust arising as stories and emotions were exchanged. I worried that my 'opening-up' could be triggering for individuals but, as Birch and Miller (2000, p. 199) reflect, the interview process also retains the potential to be equally empowering as participants acknowledge 'being able to talk and be listened to'. Catharsis was evident throughout many interviews, Eilidh stating that 'I've actually never spoken about it all before, so it's very nice'.

Each interview prompted reflections upon my own experience, which I journaled in the form of 'fieldnotes', wherein I embedded myself as the project's 'tenth participant'. Autoethnography, as Moss (2002) explains, connects the processes of research, writing and storytelling to the micro-socialities and micro-spatialities of the 'everyday'. Butz and Besio (2009) articulate that autoethnography supports researchers in their understanding of the world through self-understanding, although van Maanen (1988) cautions against ostensible solipsism; of autoethnographic accounts becoming 'confession tales', bypassing what is learned in the field. This is where a feminist approach allowed me to take a step back from my account as a 'universal' truth, by appreciating the value of each individual's lived experience because it is exactly that, *lived*. Post-interview reflections allowed me to embrace an embodied framing of my own memories, offering a richer description of the multiple-layers of lived experience (Hawkins et al., 2016). Autoethnographic vignettes are therefore embedded in triangulation with participant's narration, with the intention of merely adding nuance, maintaining that participant voices lie at the empirical core.

Fieldnotes and interviews were transcribed verbatim and analysed by iterative thematic coding (Charmaz, 2014), using NVivo to identify recurring patterns and extract key 'nodes'. The iterative process allowed me to organize 'parent and child' nodes (Dhakal, 2022): for example, from the parent node 'surveillance' branched the child nodes 'familial surveillance', 'self-surveillance', 'online surveillance' and 'lack thereof', which frame the subsequent empirics.

Spatio-temporalities of surveillance

Collective and individual surveillance were pervasive throughout the pandemic as we became hyper-aware of ourselves, our movements and those around us (Kearns, 2021). It was therefore unsurprising that the theme of domestic surveillance prevailed across each interview, with the home functioning as a microcosm of this pandemic surveillance. In what follows, with reference to typical disordered behaviours of food restriction, binging and purging, I explore how individuals with an ED accepted, negotiated and resisted changing conditions of privacy and potential *constant* surveillance. I also discuss the impact of an antithetical *lack* of surveillance for participants living alone.

During the first national lockdown, all nine women lived with at least one family member. With respect to their EDs, each expressed they were aware of family members watching them, as Holly succinctly explains: 'my mum in particular always keeps quite a close eye on me, so I think that [lockdown] was just like a wee magnifying glass'. She articulates this 'magnifying glass' effect with respect to bathroom purging:

> For the first wee while, I thought I was getting away with it [purging] in the house . . . but I think, really quickly, my mum had caught on . . . It got to a point where I pretty much wasn't allowed to leave the table after eating . . . If I was in the toilet, my mum would come, or my sister, chap on the door . . . and then I felt I couldn't do it.

Indicative of Foucault's claim about 'judges of normality', Holly's home was transformed into a dualistic space of both refuge and inspection, with family members adopting the role of psychiatric nurse or, by extension, panoptic prison guard. As homes were 'institutionalised', they engendered often contradictory enactments of security, sanctuary and surveillance. Certain limits to Foucault's 'docile bodies' thesis arise here, notably its relative neglect of agentic capacities for resistance, because the home-panopticon, while effective as a technology of 'observation', was less so as a mechanism for 'correction' (Foucault, 1977, p. 299) of disorder. As Holly elaborates:

> . . . that only meant I got sneakier with it. I would then say, 'I'm going for a shower'. I would turn the shower on, go for my shower and do it there. I would wait until, for example, my mum and my sister were on work calls and my dad was out a walk. It just then became more about the timing of it.

Holly showcases active resistance to familial surveillance through re-configuration of her ED. While continuing to utilize the affordances of the bathroom space – the noise of the shower covering up purging sounds – Holly, like others, negotiated the timings to coincide with family members being otherwise distracted, countering the disciplinary power of the home-panopticon.

Purging was also enacted and obscured through *excessive* exercise to compensate for calories consumed, as Eilidh shared:

> It was never seen [by my family] as exercise or additional exercise, because, you know, we're *just* walking the dog, or we're *just* going to get a takeaway coffee from somewhere, when in fact it was also just another way to try and get a little bit more exercise sometimes . . . [T]his is my way of burning calories rather than being therapeutic. And then also, I would hide it behind, 'it's good for my injury' . . . or 'I need to go walk for an hour so I can like help my ankle' or 'I need to go cycle for an hour and a half [in my bedroom], because it will help'. And my family would be like, 'okay, yeah, that makes sense!' So sometimes, me trying to reason with it for a different excuse, basically.

As active agents of their EDs, participants disguised excessive exercise in 'ways that almost would seem normal' (Olivia). However, since Eilidh was 'trying to reason with it' in response to perceived familial surveillance, 'guising' the motivation of 'burning calories' behind 'injury rehab' to rationalize additional exercise to family members, it might be argued that these mundane excuses are really an extended, covert 'guise' to *herself*. It is for this reason that I say 'guise' rather than 'disguise', since the '*dis*' in the latter arguably implies more self-aware intentionality than is actually the case here. These experiences further demonstrate how individuals resisted the aforementioned spatio-temporal boundaries around physical activity during quarantine periods, by finding alternative means of exercise through home workouts (Holly; Jenny) and purchasing cardiovascular machines (Aimee; Eilidh); bringing what I call 'spaces of calorie burning', such as the gym, into the home.

Eating-related behaviours were often hard to camouflage. While in recovery from anorexia, Jenny feared family members would 'judge' her for eating more, meaning she would sometimes 'eat in private' or 'eat really quiet'. As eating typically takes place in

social areas of the home, the kitchen or dining room, individuals often reconfigured their eating behaviour, privately, within solitary spaces such as the bedroom. Sophie, sharing a smaller living space with her partner, alternatively negotiated the temporality of her binges:

> [I]f he was lying in, I'd go to the shops first thing in the morning to buy my binge food, along with my normal food, and then I'd eat it all in the kitchen when he wasn't there.

However, as she continues, 'you can't always escape it, so sometimes I would have to do it in front of him', effectively resisting her partner's surveillance when she felt she could not alter the spatio-temporalities of her binging.

Restricting food brought additional challenges. Olivia shares her experience of dinner time with her partner:

> I couldn't really avoid dinner together, but breakfasts and lunches and stuff, I could have them at different times and in a separate room, when he didn't know how much I was eating or how much I was chucking in the bin.

Like those who struggled with binging and purging, individuals who were trying to restrict food during lockdown did not always conform, instead resisting the disciplinary power of the home-panopticon and the gaze, however well-intentioned, of the familial prison-guard, by negotiating spatio-temporalities of eating-practices.

Only one of the women, Kim, lived alone when easing restrictions permitted her to leave her family home and return to her flat, admitting, 'I was fairly alone for quite a while in Glasgow, so all I could do was obsess over food and exercise'. The socio-spatial isolation, and hence *lack* of surveillance, permitted Kim the time and space to freely manage her ED, as she elaborates:

> It was quite intense, and I was quite hard on myself, I guess. I think what was making it easier [is that] my favourite kind of workout is like a stupid dance, because they are so much fun and I didn't just want to be skinny, I also wanted to be healthy. So, I was doing a lot of exercises that were good for my body *and* good for my heart, but as a result, once again, those have their own effects where I would lose weight . . . And I figured, 'I'm not doing any harm, I'm just dancing'. But obviously, I would be doing lots of it, every day, all times of the day. I think it was a lot more subtle in that way.

Kim continued this routine until January 2021 when her social isolation ended. Her ED developed slowly, subtly over this period as she concealed her excessive exercise behind 'just dancing' to *herself*. As implied through Eilidh's aforementioned story, I argue that the panoptic home space 'is a machine for dissociating the see/being dyad' (Foucault, 1977, p. 202). Obscuring exercise behind mundane excuses or downplaying their extent are means of resisting self-surveillance; 'guising' excessive exercise on a deeper psychological level to the extent that individuals *genuinely* believe their banal rationalizations, 'to be healthy' (Kim) or 'for my injury' (Eilidh). While there may be honest additional benefits to exercise, the key driver of the behaviour here remains 'disordered', for 'burning calories rather than being therapeutic' (Eilidh).

When Isla moved into new university accommodation in September 2020, she was not strictly 'alone'. Rather, she and her ED were anonymous to those around her. A key part of her ED was not prioritizing eating, often just forgetting, which consequently worsened when isolated from family and friends who usually reminded her to eat:

> When there's nobody making sure you eat, it becomes a lot more difficult . . . I think eating alone, I have that, 'well nobody will know if I don't' kind of thing.

Isla's experience resembles that of Kim's, whereby socio-spatial isolation and therefore, an absence of surveillance, exacerbated her ED by means of liberation. Accordingly, Isla relied on digital spaces to overcome the barriers to mobility; having video calls with her dad at mealtimes or receiving messages from her friends reminding her to eat. Also paralleling Kim, Isla's relationship with food improved when her socio-spatial world expanded as restrictions relaxed, emphasizing the importance of boundless connection and support.

Individuals did not only lose access to personal support but also professional input. Professional treatment was eventually offered online – the socio-spatial requirements of which being easy to resist, as Olivia admits:

> They were having to *ask* me, 'what's your weight today?' And I could obviously decide what I wanted to tell them . . . There were quite a few times, probably, where I had made it seem like things were better than they were, and I was able to do that because we didn't have that actual interaction of me going in and having to stand on the scale.

Attending to L. Boyle et al. (2021) and Conradson (2021), it is clear that spatial separation during the pandemic was complicit in exacerbating both pre-existing and new 'disordered' behaviours. Whether individuals were living alone or socio-spatially isolated from personal and professional support networks, national lockdown(s) provided space and time to enact EDs, free from external surveillance.

Self-surveillance, body-checking, and digital spaces

Here, I extend this notion of psychological self-surveillance to intense physical self-surveillance through body-checking, a disordered behaviour regularly discussed across interviews. Body-checking is a common behaviour of 'body dysmorphic disorder' (BDD), often existing co-morbidly alongside EDs (NHS, 2020). BDD is described by the DSM-5 (2013) as a somatoform disorder in which people experience preoccupation with a *perceived* flaw in appearance, often *obsessively* monitored by a repetitive behaviour such as mirror checking. During lockdown, participants adopted obsessive body-checking in the mirror, a behaviour enabled by constant exposure to both physical mirrors and virtual 'Zoom mirrors' permeating the home; further exacerbated by social media exposure and ample free time. Emma, identifying as having disordered eating her 'whole life', admits that 'it was the most I've ever looked at myself, which really had an effect on my body image'. Eilidh added that her body-checking was driven by the discourse surrounding 'lockdown weight', explaining 'I viewed lockdown as like the perfect opportunity to look the way that I wanted – no restaurants, no bars, no seeing anybody'.

As aforementioned, body-checking was not something that I considered prior to my 'fieldwork' but, precisely because participants continually discussed it, I self-reflected:

> Something I wasn't even aware of doing throughout lockdown was 'body-checking'. However, I now realise it was a behaviour I adopted subconsciously and *obsessively*. My house has a mirror in every room and, during lockdown, I remember checking my stomach as I passed each one before every meal, after every meal; before I exercised, after I exercised; before and after I went to the bathroom; the minute I woke up and right before I went to bed. Like Eilidh, I remember during lockdown this circulating narrative that our bodies were

> naturally going to change shape ... I would obsessively check the mirror and take 'progress' pictures to monitor how my body was changing over time. If I was having a 'bad body image day', I would look in the mirror and self-loath. That critical voice then fuelled me to eat less or exercise more. I had nothing else to do and it became second nature to look in every mirror I walked past to make sure my body was still 'in shape' (Fieldnotes).

Body-checking affectively shapes corporeality, mobilizing bodily discontent and consequential disordered bodily projects, to 'eat less or exercise more', inciting seemingly voluntary self-disciplining behaviour (Bartky, 1988), however, Emma agreed, 'it was definitely something that I did so thoughtlessly ... I think the reason I started picking up the behaviour again was because I was so bored'.

Quarantine conditions compounded both body-checking and BDD, not least as virtual micro-spatialities appeared more throughout the home. Digital platforms, notably 'Zoom', were crucial for overcoming socio-spatial barriers during quarantine, enabling working, learning and socializing from home, but Williams (2021, p. 164) explains that video conferencing can be more psychologically demanding than face-to-face interaction, impacting self-esteem as individuals question their appearance. When I asked participants about Zoom, there were mixed responses: three participants felt indifferent while the others shared Jenny's experience, feeling triggered by the Zoom reflection of 'just my face, not even my body'. Olivia likens Zoom to 'when you see yourself in a mirror'; a form of virtual body-checking. She explains, 'I'd be very critical. I'd look at everything that was wrong and everything that needed to change'.

Bailenson (2021) argues that Zoom provides a distorted mirrored image according to screen size, distance one sits from the screen and number of people within the call, adding to the burgeoning critique of 'Zoom fatigue' (Ngien & Hogan, 2023) and 'Zoom dysmorphia' (Rice et al., 2021), recognizing that Zoom heightens awareness of perceived physical flaws. During quarantine, video platforms entered the home space as a convenience. What was once a novelty, allowing people to overcome socio-spatial restrictions during the pandemic, has now become an everyday necessity and part of a post-pandemic 'new' normal way of living, introducing Zoom into the home as a 'new' virtual mirror. With implications for mental health, particularly on EDs and BDD, this Zoom mirror is concerning, suggesting an important new avenue for critical inquiry.

More broadly, while social media offered an escape from pandemic, every participant agreed that these digital platforms had an overall negative impact on their ED, acting as a conduit for further turmoil. Participants agreed that social media was pervasive during lockdown: it was 'just always there' (Holly). Isla felt unabating exposure to 'everyone trying to lose the lockdown weight'. She elaborates, 'it just encourages your thinking, especially when its *en masse*.' When I asked Holly about social media, she immediately exclaimed, 'TikTok – it was just mental!' Alongside Instagram, TikTok was the most commonly discussed 'triggering' platform:

> Everyone was sharing their diets, 'what I eat in a day', 'how I'm managing with my eating disorder', exercise routines, weight loss journeys, more than I have ever seen on Instagram, or Facebook, or any other platform. And it was *constantly* there ... didn't matter if you were friends with the person or not, didn't matter if it was realistic or not.

TikTok differs from its competitors by providing a seemingly unaltered, unfiltered window into someone's everyday life; an invitation to 'normality' and sense of 'relatability' (Biddle et al., 2020). Holly further echoes this psychological impact:

> TikTok makes it seem *so* real. It was difficult for me to say, 'oh, that's actually somebody who's just made that for a video' or 'that's not how everyday of their life is gonna be' . . . And it probably gave me a real false sense of how I should look and how I should be doing things.

TikTok's ostensible digital 'aesthetic of fun' culture exists in an 'economy of visibility' (Haigney, 2020), but it was found to engage in algorithmic manipulation to suppress 'abnormal' or 'ugly' users, promoting post-feminist ideals of the 'white, slim, normatively attractive feminine girl' (Kennedy, 2020, p. 1072). It is hence unsurprising that each participant spoke separately about the same triggering trends, including 'what I eat in a day' or 'Chloe Ting', demanding insidious self-comparisons. Aimee stresses how this 'social media comparison' exacerbated her ED:

> I was constantly comparing myself like, 'they're eating this amount of calories, so I should be eating that' or 'they're eating less than me', 'they're doing this amount of exercise' . . . I became more and more obsessed with it. And with my eating disorder, it made me become more and more focused on it.

As a technology of self-surveillance, intensifying self-awareness and self-critique through constant comparisons of food consumption, exercise routines and body image, social media facilitates the operation of decentred and effaced post-feminist patriarchal power (McRobbie, 2009). The digital cultural realm of TikTok communicates norms of feminine embodiment as visible and attainable, intensifying engagement with (disordered) bodily practices. The pervasiveness and ubiquity of social media, alongside physical and virtual mirrors, extends constant surveillance around the body as women are compelled to constantly compare and check bodily shape and size in accordance with seemingly attainable cultural post-feminist embodied norms (Sanders, 2017).

Through temporal freedom and spatial restriction, women recognized that they were moving less as 'spaces of calorie burning' were closed, while placing further pressure on themselves to utilize restrictions from restaurants and other 'spaces of calorie consumption' efficaciously with respect to their body image. Lockdown reinforced the cultural pervasive notion of the body as a project, which in a post-feminist era appears to be voluntary (McRobbie, 2009). However, body-checking as a disordered bodily practice, for a 'guarantee of order' (Foucault, 1977, p. 200) of bodily shape and size is embodied on a habitual and subconscious level as physical self-surveillance lapses through a continuum to a deeper, psychological level of self-surveillance. Building on my previous argument about guising disordered behaviours to oneself such that intentions are masked as 'normal', these habits complicate Foucault's 'see/being dyad', questioning who or what is encouraging (disordered) behaviours and, therefore, who or what is in control, the individual or the ED? Here I knowingly personify EDs, contending that they are fundamentally *embodied* mental illnesses. As behaviours are visibly enacted by the individual, I question whether the ED is complicit such that the asymmetric visible/invisible power of the ED is somewhat 'unverifiable' (ibid., p.201), masked behind mundane rationalities, performing visceral body-checks in any reflective surface. Under these guises, the individuals

themselves adopt the roles of both panoptic prison-guard and inmate, inspector and inspected. Here, I emphasize the ongoingness of surveillance and therefore extend Bartky's (1988, p. 75) dual characterization of the disciplined feminine body as socially 'imposed' or/and 'voluntary', exemplifying how self-discipline is also *in*voluntarily, embodied both physically and psychologically on a habitual and subconscious level.

Questions of control

In the socio-political context of national lockdown, women's relation to micro-domestic technologies of power – family members, pervasive mirrors, TikTok – interconnects with macro-governmental authority as modern modalities of disciplinary, biopolitical and patriarchal power (Sanders, 2017). Participants experienced national lockdown as a loss of freedom – a palpable loss of control – turning to their ED as a coping mechanism, extending gendered notions of Foucault's power as women 'take back control' from patriarchal government authority. Isla explains, 'I tried to put control back into my life in whatever way I could find it, and some of that was not eating'. Uncertainties engendered by pandemic impacted participants' mental health, striking at the root of some individuals' (pre-existing) EDs. Many women felt triggered when these feelings (re)surfaced during the pandemic, resulting in a relapse of their EDs or exacerbation of existing behaviours. Aimee relates:

> I was a music student and you couldn't play in bands . . . I just felt like my future was falling apart because the music industry was collapsing . . . In the past, when I've struggled with stuff, that's [my ED] always been a false crutch . . . And so, during the lockdown when my mood was quite low, I would have binges quite regularly.

Communal 'third places' function outwith the home ('first place') and work ('second place') (Oldenberg, 1989) as 'unique public spaces of social interaction providing context for sociability, spontaneity, community building and emotional expressiveness' (Jeffres et al., 2009, p. 335). Within geographical research, 'third places' are recognized as significant sites for fostering a sense of self, interpersonal connection and escape (Finlay et al., 2019), echoing Andrews et al. (2021), who contend that pandemic restrictions around socio-cultural spaces of social life, human experience and sanctuary profoundly impacted prosperity and wellbeing. Each participant, with the exception of Jenny, expressed that their ED worsened as lockdown(s) persisted, particularly emphasizing the hardship faced during the 'second', January lockdown, prolonging feelings of hopelessness. Emma elucidates:

> The first lockdown, it didn't get *that* bad. I think what was really frustrating about the second [January] lockdown . . . was that I couldn't get a job and I didn't know when it was going to end . . . I had been stuck at home with my mum for a year at that point and it was like, 'I'm gonna be here forever'. And that lack of control again made me restrict food even more because the only thing I ever wanted in my life was to get out.

Such narratives speak to *anticipatory geographies*; specifically the role of anticipation in the formation of (disordered) behaviours, demonstrating how 'pre-emptive' logics entail anticipatory practice whereby the future is 'mobilised' in the present (Anderson, 2010). Indeed, EDs materialized as an embodied spatio-temporal anticipatory practice, or coping

mechanism, set against government control over social-spatial worlds. Yet, as Anderson's anticipatory 'logics' assume 'coherence', the voices above echo 'incoherence'. Emma highlights the *uncertain* spatio-temporal dimensions of anticipation when testifying, 'I didn't know when it was going to end' and 'I'm gonna be here forever', materializing as a 'lack of control'. These logics are therefore embodied as 'anticipatory grief', of *not* being able to imagine futures beyond the pandemic (Duke, 1998) with time and space continually re-written through fluctuating relaxing-and-tightening of restrictions.

When reflecting upon my own anticipatory practices, I began to investigate this notion of control further, alongside re-examining the temporal component of EDs:

> I remember thinking during lockdown, 'I have less control over my exercise, so I need to take more control over what I eat'. At the time, I thought this was healthy as I formed a routine around eating 'healthy' meals at strict breakfast, lunch, and dinner times. For me, eating 'well' meant I wasn't purging in the bathroom – an old ED behaviour – and I was in control. Rather, I formed a new unhealthy relationship with food: fearing calories and purging through exercise. My ED gained more and more control over me as my need to control calories intensified throughout the lockdown periods. I didn't recognise this until restrictions relaxed after the Winter lockdown and I experienced stress and anxiety around meals I had less control over – out at restaurants or cooked by someone else. (Fieldnotes)

Isla agreed: 'it was one of those things you don't really realize happening until you realize'. Participants concurred that quarantine intensified their sense of routine centred around anticipatory practices in the form of strict mealtimes, exercises regimes, binges and/or restriction, creating *habitual geographies* of embodied practices completely embedded in/though everyday spatio-temporal rhythms (Bissell, 2011). Strict spatio-temporal routines were initially embodied to materialize a sense of stability, a result of 'compromise effected between the individual and [their] environment' (Dewsbury & Bissell, 2015, p. 23) as socio-spatial worlds were restricted. In the context of physical disability, Engman and Cranford (2016) emphasize the importance of 'environmental consistency' for both forming and maintaining life-sustaining habits, noting that precarity and disruption can render such habits 'non-functional', while Rowles (2000) stresses just how destabilizing minor disruptions can be to comforting spatio-temporal rhythms.

Practices of both anticipation and habit are deeply connected as routines are formed to establish control, stability and predictability, striving to eliminate spatial-temporal disruptions to everyday rhythms (L. E. Boyle, 2019). Here, I argue that the initial attempt to 'take back control' through food and exercise, subtly resulted in harrowing *loss* of control to an ED as individuals struggled to maintain a 'sense of stability' in a post-pandemic 'new normal'. Lockdown clearly framed a novel environmental consistency in which 'new' home-based routines around various ED behaviours could develop, freed from social temptation: 'no restaurants, no bars, no seeing anybody' (Eilidh). However, as restrictions relaxed, lockdown routines were challenged by social interactions around food and drink that now did not 'fit'. An anxiety-inducing loss of control was engendered for many like Olivia, whose restaurant experiences were 'very thought and planned out', generating 'stress in the days leading up to it and then the days after it', always feeling the need to 'compensate for what I had'. For others, like Aimee, the response was simply 'always [to] avoid any social gathering where food was involved'.

Further paralleling L. E. Boyle's (2019) work on social anxiety, it seems that 'pre-emptive' anticipatory coping mechanisms – responding to uncertain everyday socio-

spatial life, both intra- and post-lockdown – served to destabilize, disable and distress individuals, curtailing the potential for spontaneity (Crooks, 2010). Anxiety, avoidance and lack of spontaneity in participant experiences highlight the intimate relationship of anticipation with both mind and body, further emphasizing the essence of EDs as *embodied* mental illnesses. In the existing patriarchal-pandemic web of power, women assume control through their ED, capable of managing themselves in resistance to micro-domestic surveillance and macro-governmental authority (Sanders, 2017). Rather, I interpret these mind/body manifestations as a *loss* of control to an ED as they crystalize within everyday social relations and encounters. I further argue, to this extent, that routines centred around EDs are far from habitual. Rather they are constantly cognized, with individuals having to be consciously aware of, and prepared for, social interactions. This constant cognition can be mentally exhausting and consequent avoidant behaviours can be deeply isolating (L. E. Boyle, 2019), which I return to in the conclusion. These notions of 'the unhabitual' and subjective anticipation speak to the broader themes of this research, emphasizing that EDs, and recovery more broadly, are non-linear in both their spatial and temporal dimensions.

Conclusions

Through the lens of the COVID-19 pandemic lockdown, this paper has advanced a geographical framework for socio-cultural ED research, using a novel qualitative lens to draw out the spatio-temporal and mind/body dimensions of ED experience, management and recovery. Through geographical engagements with self-surveillance and (un) habitual/anticipatory practice, I have drawn out the significance of space (real and virtual) and time (habit, routine, anticipation, non-linearity) to ED experience, as they intersect with gendered power relations; highlighting how pandemic conditions intensified space-time, mind/body and social relations across micro-domestic and macro-governmental scales. I explored a nexus of pandemic disciplinary, biopolitical and patriarchal powers existing on a feminist-geopolitical continuum of national-domestic, public-private and virtual-material spatialities (Sharp, 2022), including: familial surveillance over daughters, sisters and partners; digital TikTok platforms exerting social pressures to pursue bodily projects driven by cultural post-feminist ideals; and patriarchal-governmental control, emphasizing that gender is always lived in and through such spatialities – accepting, negotiating and resisting 'global-intimate' relations of power (Pratt & Rosner, 2012).

Conceptually, I add to the feminist-Foucauldian literature as I trace agency and capacity of women to resist micro-domestic surveillance and macro-government authority, channelling power and control back into their lives *through* their ED. However, as pandemic lockdowns intensified spatio-temporal rhythms and routines, I complicate feminist understandings of control (Bordo, 1988), inferring the *loss* of control to an ED. My research further reveals the ongoingness of domestic surveillance as women embody psychological 'guising' and physical self-surveillance traversing real and virtual spaces, exemplifying that self-discipline is also *in*voluntarily, experienced at the habitual and subconscious level of the psyche.

Habitual bodily practices affectively shape corporeality based on *perception* rather than visible reflection, and alongside voluntary-disordered behaviours, incite women into the attainment of gendered bodily normativity. I therefore emphasize

the complexity of EDs as *embodied* mental illnesses and contribute to the existing corpus of work on feminist body geographies: addressing how various modalities of disciplinary, biopolitical and patriarchal power interplays with the mind/body dualism; demonstrating that individuals are complexly caught up in somatic, affective and emotional dimensions of (in)voluntary bodily practices; and tracing how the mind/body dualism works to produce certain conditions that both intensify and diminish everyday spatio-temporal habits and rhythms, and hence bodily boundaries.

In closing, I want to emphasize the importance of both experience-centred inquiry and an approach adopting a feminist ethical-politics of empathy, setting a compass for future qualitative research on EDs in socio-cultural geographies and beyond. Despite constant concern over the ethical appropriateness of my own research practice, it was most reassuring to hear these words from one participant:

> Thank you for empathising with me today, I felt like I just dumped all my trauma on you [laughs] . . . It was just really nice you went about it in a really empathetic way and not clinical, so really wanted to thank you for that.

The phrase 'not clinical' echoes broader interview themes concerning stigma, while the countervailing importance of 'empathy' is underscored. In existing networks of professional and personal support, EDs often remain misunderstood, something that often made my participants feel 'isolated' (Aimee). Sophie explains, 'it's a very taboo subject and not very well spoken about', and Aimee agrees: 'no one understands – it's as if you're the only one'. Conversely, Sophie emphasized the value of 'empathy' in facilitating a 'sense of belonging', while for Aimee 'empathy' meant 'talking about [my ED], and breaking the power of it being this hidden, horrible secret that I had . . . [which] really helped me to get better'. Therefore, I cannot emphasize enough the importance of these very conversations. Not least to increase nuance and challenge stigma, but to empower individuals through their recovery by facilitating a fundamental sense of belonging and generating imperative social change. I therefore suggest, or indeed insist on, a hyper-reflexive approach to qualitative ED research (Kapoor, 2004).

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I confirm that formal ethics approval was given to permit the research with human subjects undertaken for this research. This approval was conveyed in a message from the College of Science and Engineering Ethics Committee at the University of Glasgow on 20 April 2022.

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