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GENDERED EMBODIMENT, STABILITY AND CHANGE:

**WOMEN'S WEIGHTLIFTING AS A TOOL FOR
RECOVERY FROM EATING DISORDERS**

HESTER HOCKIN-BOYERS

Thesis submitted to Durham University for the degree of
Doctor of Philosophy (PhD)

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ABSTRACT

This thesis explores the everyday embodied experiences of women who use amateur weightlifting as a vehicle for recovery from eating disorders. Within online spaces and on social media, women frequently share their experiences of using weightlifting to overcome issues relating to disordered eating, body image, and mental health. In particular, women with a history of eating disorders credit weightlifting to be integral to their recovery journey. However, there is a dearth of research on women's experiences with exercise during eating disorder recovery and no research that identifies weightlifting as beneficial to this process. To the contrary, discursive links are drawn between the practices of self-surveillance exercised by both eating disorder sufferers and weightlifters alike. In this regard, engagement with weightlifting during eating disorder recovery may signal the transferal of pathology from one set of behaviours to another. That is, from disordered eating to rigid and self-regulatory exercise routines. This thesis examines how women subjectively navigate and make sense of this pathologisation.

The data for this research comes from longitudinal semi-structured interviews and photo elicitation with 19 women, living in the United Kingdom, who engaged in weightlifting during their eating disorder recovery. In addition, to build up a holistic picture and to explore how this phenomenon also 'takes place' online, I conducted a netnography of the overlapping subcultures of female weightlifting and eating disorder recovery on Instagram. Women's standpoint theory and interpretative phenomenological analysis are combined to form the underpinning theoretical and analytical tools used to engage with these three rich data sets. Moreover, throughout I draw on an eclectic range of disciplinary perspectives, in order to bring together multiple fields of research and develop novel theoretical frameworks.

In the findings, I argue that women's experiences using weightlifting as a tool for recovery from eating disorders manifests in an embodied sense of multiplicity. In this sense, understandings of the body that are often viewed as ontologically

distinct (muscularity/thinness/fatness) hang-together at once in the lived experience of a single individual.

I argue that women, particularly those who have previously struggled with an eating disorder, are too readily positioned as vulnerable to media and representation. To theoretically combat these ideas regarding women's assumed passivity, I develop the concept of 'digital pruning' to account for women's agency in relation to new media.

I contend that weightlifting offers women in recovery from eating disorders a new framework for approaching eating and exercise. Specifically, weightlifting's norms and values legitimate occupying a larger body, which gives women in recovery permission to eat and gain-weight in a way that is both culturally sanctioned and health-promoting.

Finally, I explore identity transformation as a specific tenet of recovery from eating disorders. I argue that, on social media, recovery identities are characterised by personal empowerment, resilience, and independence. While offline, quieter and less culturally glorified aspects of recovery (such as relationships of care) are central to women's accounts of developing a new sense of self as they transition away from an eating disorder identity.

In summary, this thesis is an examination of the ways in which women strategically navigate pathology in relation to their bodies, social media, food/exercise practices, and identity. I argue that women develop a set of 'DIY' recovery practices that allow them to consciously channel and draw on their negative experiences with eating disorders, to develop new ways of living that serve their overall wellbeing. Weightlifting is integral to this process, as it provides women transitioning out of this difficult phase in their lives with new ways of relating to their bodies and of being in the world. I situate this phenomenon within a neoliberal socio-political climate in which individuals are required to take personal responsibility for their mental health and wellbeing, despite living within conditions which are not conducive to recovery.

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CHAPTER 1- INTRODUCTION

My own relationship to weightlifting began in 2013 when I started my undergraduate degree. During this time, I decided I wanted to join the university rowing team and became completely hooked. My cardiovascular endurance was good, as I was a runner and regularly attended cardio-focussed gym classes (such as HIIT). However, as I moved through my rowing training and developed as an athlete, a close friend suggested I take up weightlifting to increase my power output. I was intrigued by her suggestion and at the same time felt intimidated by the prospect of going into my gym's weight room by myself without much guidance. Despite attending gyms for approximately 10 years at this point, I had never stepped foot into *that* area of the gym floor and had never considered doing so. When I reflect on why I had such an aversion to this space, I realise that this relationship to weights and the gendered 'zoning' of different areas of the gym, goes back a long way. When I was at school, I never went near the weights room in the sports complex. There wasn't an explicit rule that girls weren't allowed in there, but there didn't need to be. As you walked past you could hear the sound of metal slamming, thumping music, and the occasional sounds of boys grunting. It was somewhere the rugby boys trained and not somewhere open or accessible to girls.

With this in mind, when my friend suggested I try weightlifting, I agreed- but only on the condition that she trained with me. We trained together like this for a year before I felt comfortable enough to venture into the weights room by myself. In that time, I became completely infatuated with the sport. From this point onwards, rowing and other activities that used to make up my exercise routine took a backseat and I have been lifting consistently ever since. My journey with lifting has spanned many different phases and multiple different styles of training. Initially, I was drawn to bodybuilding and achieving aesthetic goals that I had never thought possible in all my years doing primarily cardiovascular forms of exercise. It was a thrill to discover I could change my body composition through movement and so directly see the effects of my training in the mirror. I then became focussed on powerlifting and seeing just how much I could lift if I focussed solely on big compound movements (in

powerlifting these are deadlifts, squats, and bench press). I moved between these styles of weightlifting every few years depending on my shifting goals and mentality towards training. As I write this introduction, I have just come back to lifting after an enforced (due to COVID-19 gym closures) six-month break from the sport. This will be the longest amount of time I have spent away from weightlifting since I started in 2013.

It is noteworthy to add that social media played an integral role in my experiences with weightlifting, particularly in the early years. Around that time, I did not have an Instagram account, however I did use Tumblr, which is a microblogging social media platform. I primarily used Tumblr to learn about weightlifting (from technique to nutrition) as well as to immerse myself within the subculture, with which I found great affinity. For me, at that time, the concept of female strength and muscularity was new and completely intoxicating. It was a way of being in the world that I had never even considered as an option. It was through my engagement with online subcultures that I learned how to 'be' a female weightlifter beyond simply performing a set of movements. Moreover, while I did have my friend for guidance in that first year, I was largely 'self-taught' and so relied on virtual spaces for information on form, as well as how to use different kinds of equipment. Following those first few years on Tumblr, I also started engaging with weightlifting content on Instagram and YouTube- which I rely on to this day for tips, tricks, and inspiration.

As I started spending more and more time in virtual and physical weightlifting spaces, I began to notice that the use of weightlifting as a tool for recovery from eating disorders (EDs) was a common story among other women in the sport. On social media, this would occasionally take the form of long confessional posts about a female lifter's previous struggles with disordered eating. Other times, this phenomenon was noticeable by the use of hashtags such as #edrecovery or #recoverywarrior below a post about weightlifting, which would alert me to this experience. Once I became cognisant of this trend, I noticed it more often in the people around me. As I gradually began to speak with friends about this topic as a potential PhD project, it became clear that this phenomenon was recognisable to many people. These online and offline conversations weren't just interesting

to me a weightlifter, but also as a sociologist with research interests in bodies, femininity, and agency. I therefore began wondering whether there might be valuable and interesting research to be done with this population. Significantly, when I consulted the literature on both weightlifting and EDs, I found that, to my knowledge, uses of weightlifting during ED recovery had not yet been subject to academic enquiry. However, there were occasionally parallels drawn between the self-regulatory nature of some weightlifting practices (particularly bodybuilding) and EDs. It was by virtue of this informal observation online (and encouragement from friends) that I proposed this research as a PhD project.

In 2018, at the very start of this PhD project, I attended an international conference on body image to seek feedback on this research and get a better sense of the overlapping weightlifting and ED fields. The conference spanned three days and during this time, a great number of researchers spoke to the fraught relationship between exercise practices and ED pathology. Interestingly, in paper presentations, weightlifting and some associated practices (such as drinking protein shakes) were presented as possible indicators of ED symptomology. Moreover, when speaking with other delegates about this research, I encountered some resistance to the notion that weightlifting could be health promoting for women—in recovery or otherwise. Underpinning this assertion was the supposition that certain forms of exercise (such as those that are structured or involve a degree of self-regulation) are problematic for people with EDs.

However, not all forms of exercise were perceived in this way. In one of the keynote presentations, yoga was presented as a possible tool for recovery, a claim that those in attendance appeared generally supportive of. In this respect, exercising in ways that were non-competitive, fostered mind–body connections, were highly gendered, and were somewhat spiritually based, emerged as the “gold standard” when it came to engaging with healthy forms of movement during recovery and beyond. From attending this conference, it became clear to me that within this field, there exists an implicit understanding of what constitutes ‘healthy’ exercise in the context of ED recovery. This experience at the start of my PhD, demonstrated that more critical approaches are needed to

challenge taken-for-granted ideas about the appropriate kind of exercise for women in recovery from EDs.

Positionality is something I continually return to in this thesis. Here, I have given a short introduction to how I came to this topic of study as a weightlifter and a woman who has a personal affinity with and interest in fitness culture. In this regard, I am not an outsider in this field, as I am embedded in weightlifting culture in my private life as well as through my work. However, I also don't view myself as a true insider, particularly as I was only ever a casual observer of online communities in which women spoke about their use of weightlifting as a vehicle for recovery, never a participant. This being said, what I have informally observed within these spaces has had a profound impact on my perspective on female bodies and their capabilities, which is not insignificant. When thinking through these complicated issues of identity, I am drawn to Probyn's (1996) concept of "outside belonging", which seeks to "speak of something more than the term identity can catch" (p.5). I relate to this term, as it captures a kind of 'in-betweenness' that I feel characterises my relationship to this work.

In order to continue interrogating my relationship to this research throughout, I have structured each Chapter to open with some form of reflection. In some cases, this takes the form of a short introduction reflecting on my own experiences with some of the themes explored in the Chapter. In others, I provide an explanation for my perspectives on some debates within the literature, as well as how this has informed how I have approached the research. By offering these insights, I am following in the footsteps of a long line of feminist researchers whose work demonstrates that the personal is indeed political (Lee, 2007).

In this introductory Chapter, I start by providing definitions of two key concepts that will be regularly mobilised in this thesis: eating disorders and weightlifting. Following the defining of key concepts, I then present a rationale, grounded in the academic literature, for why this phenomenon is worthy of further exploration. Here I draw attention to some of the scholarly debates this research speaks to, such as the shift in female physical culture towards weightlifting, as well as the role of exercise during ED recovery. Finally, I identify the research

questions and describe the overall structure of the thesis by offering a summary of each Chapter, paying close attention to the specific contributions made in each section as well as the key themes explored.

1.1 Key definitions and concepts

Before moving on to consider the project rationale, it is important to define two central concepts within this thesis, which will be mobilised throughout: eating disorders and weightlifting.

1.1.1 Eating disorders

Eating disorders (EDs) are a set of psychological illnesses comprised of a range of complex symptoms. 'Abnormal' or disturbed eating habits are some of the most commonly cited symptoms that shape clinical definitions of EDs. The exact prevalence (in the UK) of this set of illnesses is difficult to gauge, particularly as many individuals effected do not reach out for help or receive a medical diagnosis (Sweeting et al, 2015). However, one study suggests that EDs affect over 13% of adolescent and adult women (Stice et al, 2013). In terms of the prevalence of different kinds of EDs, a recent study found that anorexia nervosa accounts for 8% of cases, avoidant/restrictive food intake disorder (ARFID) 5%, binge eating disorder 22%, bulimia 19%, and other specified feeding or eating disorder (OSFED) 47% (Hay et al, 2017). EDs are a highly gendered phenomenon, with some studies estimating that 10% of all EDs diagnoses are male patients and the remaining 90% are women and girls (Royal College of Psychiatrists, 2012).¹

Clinicians tend to define the point of recovery from eating disorders in terms of measurable factors such as weight (BMI), the return of menses, a reduction in body image concern, and a reduction in restrictive/harmful eating patterns (Patching and Lawler, 2009). However, this project employs a feminist approach to health and self-care which affirms "a positive view of women as experts of their own health experiences" (Weaver et al, 2005, p.190). Therefore,

¹ While EDs are more frequently diagnosed in women, it is important to note that this statistic does not necessarily reflect the actual prevalence in EDs in women versus men. In this regard, men may face additional barriers to receiving an ED diagnosis and receiving treatment. However, a thorough discussion of these factors is outside the remit of this thesis.

recovery status is conceptualised as however women define it according to their own lived experience.

1.1.2 Weightlifting

Weightlifting is a collection of sports and styles of movement which involve using the body to lift different weighted objects. Popular or commonly recognisable forms of weightlifting include²:

- Powerlifting= a strength sport that consists of three lifts: squat, bench press, and deadlift.
- Bodybuilding= a sport involving strenuous physical exercise in order to strengthen and enlarge the muscles of the body.
- CrossFit= a high-intensity fitness programme incorporating elements from several sports and types of exercise.
- Olympic Lifting= a type of weightlifting performed as a competitive event at the Olympic Games, involving the snatch and the clean and jerk.

Crucially, these different types of weightlifting are often defined according to their competitive parameters- as the elite level represents each activity in its 'purest form'. Conversely, amateur weightlifting, which this thesis is concerned with, might be considered murkier and less clearly defined by nature of the fact that, without competitive parameters, weightlifters might combine styles of training or alternate between different disciplines. For the majority of these types of weightlifting, men's and women's competitions have the same format, with the exception of bodybuilding, which has different categories of competition for men and women (Boyle, 2005). Throughout this thesis I use the term 'weightlifting' as a broad and all-encompassing label to capture the multiple and changing styles of lifting the women in this study engage with.

1.2 Rationale

Female weightlifting as a tool for ED recovery is a layered phenomenon that exists at the intersection of multiple cultural trends and appetites. Firstly,

² It is noteworthy to add that within each 'type' of weightlifting listed here, there are multiple different styles of training and ways of participating. This list is therefore intended as a high-level, broad overview of different weightlifting forms.

weightlifting has emerged since the 1970s as a popular activity within female physical culture (Brabazon, 2006; Brace-Govan, 2004; Dworkin, 2001). At the same time, a shift has taken place whereby female physical ideals have moved away from thinness, towards a more muscular and toned physique (Heywood et al, 2003). In this regard, the phenomenon explored in this thesis could offer valuable insights into what it is about weightlifting and the pursuit of strength that makes these activities desirable.

Given that virtual spaces are central to the female weightlifting community, the women who took part in this study also have unique insights to offer research exploring the relationship between women's social media use and mental health. Specifically, due to their history with EDs, this group of women could be considered 'vulnerable' to potentially damaging social media content that circulates within the fitness/wellness space online (Griffiths et al, 2018); for example, content that promotes diet culture or unrealistic physical ideals. In this regard, gaining insight into how female weightlifters in recovery from EDs experience and make sense of image-based social media platforms is highly valuable.

Additionally, the fact that women themselves are gravitating towards weightlifting as a 'DIY' strategy for recovery is significant in and of itself. Understanding what constitutes positive and supportive exercise is not easily identified within this literature. Yoga, which is framed as having therapeutic benefits for a number of psychosomatic issues (Hoyez, 2007), is one of the only forms of exercise that has been explicitly advocated for as both potential treatment of, and prevention from, EDs (Calogero and Pedrotty-Stump, 2010; Douglass, 2010; McIver et al, 2009; Neumark-Sztainer, 2014; Piran and Neumark-Sztainer, 2020). Therefore, exploring the specific role weightlifting plays in ED recovery will provide useful insights for researchers and practitioners in the ED field.

Another strength of this thesis is that I am intentionally pulling together multiple fields of research to create a holistic understanding of this topic, which in turn enables me to develop novel theoretical frameworks. In this regard, this research exists at the intersection of multiple bodies of work, such as ED research,

sociology of the body, physical activity, and digital media culture. These various fields are typically understood independently of one another, therefore by bringing together these multiple viewpoints, I am able to develop new ways of thinking about women's everyday experiences with health and embodiment. Moreover, not only is this work bringing together different empirical fields, but it is also theoretically eclectic. In this regard, I take inspiration from Foucault who writes, "I would like my books to be a kind of tool-box which others can rummage through to find a tool which they can use however they wish in their own area" (1974, p.523). Similarly, in this thesis I draw on multiple theoretical lenses for exploring the phenomenon at hand, and in doing so am provided the space and flexibility to develop novel theoretical frames of my own. In this regard, the rationale for this thesis draws on debates from multiple fields. In what follows, I detail each in turn, highlighting the specific theoretical and/or empirical gap this project will fill.

1.2.1 Changing norms in physical culture

Since the 1970s, weightlifting and its associated practices (for example, drinking protein shakes) have become mainstream within female physical culture (Heywood et al, 2003). Feminist scholars have reacted to this perceptible cultural shift in different ways. Some are highly critical of the cultural valuing of exercise as a disciplinary technique (Bartky, 1988; Marzano-Parisoli, 2001). Drawing on Foucault's (1976/1977) theories of governmentality and technologies of self, this work calls into question the role of exercise in contemporary society, positioning it as a tool used to regulate and control bodies through internalised norms and behaviours. Thus, women engage in a process of self-subjectification, viewing their body as something in need of continuous work, improvement, and management. Conversely, other feminist scholars view this shift in physical culture as powerful and transformative (Bell, 2008; Knapp, 2015; Shilling and Bunsell, 2009). In this regard, women's entry into the weights room and their newfound access to 'masculine' modes of physicality is positioned as a significant step in achieving gender equality. As feminist activist and author Gloria Steinem writes, "I've gradually come to believe that society's acceptance of muscular women may be one of the most intimate, visceral

measures of change” (1994, p.97). This research will contribute to a growing body of work which seeks to understand how this cultural shift in physical culture is experienced and shaped by women taking up strength and muscularity for themselves.

Moreover, while there is limited empirical basis for the relationship between female weightlifting and ED recovery, within literature on physical culture, discursive links are occasionally drawn between these respective modes of embodiment (Bartky, 1988; Bell, 2008; Brabazon, 2006). Many studies claim that, though the associated practices differ, both weightlifting and EDs are body projects that are problematically rooted in corporeal surveillance (Bartky, 1988; Bordo, 1993; Shilling, 1993). This critique is most often levelled against bodybuilding, due to its strict dietary norms and emphasis on aesthetics. For example, Marzano-Parisoli writes, “both anorexic persons and bodybuilders may be seen as ‘victims’ of the extreme control of their bodies and of the contemporary construction of an ideal body image” (2001, p.224). In this context, women’s disclosure that female weightlifting aids their recovery from EDs is sure to set alarm bells ringing. If the practices of self-surveillance exercised by both ED sufferers and weightlifters are perceived to be similarly problematic, the use of weightlifting in the process of ‘recovery’ may signal the transferal of pathology from one set of behaviours to another (Bell, 2008). That is, from disordered eating to muscle building and strength-oriented practices. It is noteworthy to add that much of this body of work is theoretically driven and rarely includes empirical insights into women’s lived experience.

In this regard, while I have observed that many women within the female amateur weightlifting community credit the sport to be integral to their recovery from disordered eating, much of academic scholarship condemns their experiences to pathology (Suffolk, 2015). This tendency within scholarship to pathologise women’s fitness practices has been noted by other feminist scholars. For example, Brabazon writes, “I am still not prepared to leave women’s sporting bodies pathologised in the discourse of EDs. Why is it that the male sporting body is validated, while the female sporting body is medicated?” (2006, p.65). Crucially, there is a dearth of research which examines how women navigate and

make sense of this pathologisation. This research will fill this gap by offering an insight into the everyday embodied experiences of women who use amateur weightlifting as a vehicle for recovery from EDs.

1.2.2 Online fitness communities and women's social media use

The shift in physical ideals for women towards a 'fit' ideal body has also played out on social media and, as a result, in recent years there has been an influx of research on the impact of digitally mediated images on women's body image and overall wellbeing (Griffiths, 2018; Holland and Tiggemann, 2016; Tiggemann and Zaccardo, 2015). In particular, since the advent of social media, female-dominated health and fitness spaces online have been subject to sustained academic interest. Much of this literature critiques the ways in which female members of these communities are encouraged to take up personal responsibility for disciplining their bodies in service of a specific physical ideal (Riley and Evans, 2018). This kind of discourse is characterised as 'healthism', defined here as a "colonising narrative that emphasises individual responsibility for health and wellbeing" (Fox et al, 2005, p.947). In this regard, within these female-dominated online spaces, time and resource intensive activities are framed as leisure practices that are integral to living a healthy and responsible lifestyle (Jong and Drummond, 2016).

Of these healthism discourses, perhaps the most written about are 'thinspiration' (images that promote the thin ideal) and 'fitspiration' (images that promote the achievement of a lean body-type through exercise) (Alberga et al, 2018). The seemingly high prevalence of these images within the social media landscape has led to a great deal of scholarship which examines the impact of thinspiration/fitspiration on women's wellbeing (Griffiths and Stefanovski, 2019). Research in this area reveals that 'exposure' to thinspiration/fitspiration messaging predicts a range of harmful effects, such as greater body dissatisfaction and negative mood (Prichard et al, 2017; Tiggemann and Zaccardo, 2015). Furthermore, models have been developed which attempt to link ED symptomology to the viewing of these images (Griffiths et al, 2018).

This thesis makes an original contribution to literature on new media by focusing on a sample of women who would be characterised as particularly

vulnerable to the negative impacts of using digital spaces; women weightlifters with a history of EDs. Existing literature typically focuses on the measured effects of women's 'exposure' to social media and this particular sample would be deemed 'at risk' of potentially damaging messaging, due to the transactional media-effects associated with exposure to online fitness communities, where thinspiration and fitspiration content proliferates. This research details the ways female weightlifters in recovery from EDs strategically and consciously navigate online spaces. In doing so, I develop and extend existing work in this field, building towards a significant, more complex framework for scholarship on women's relationship to the digital.

1.2.3 Weightlifting as a 'DIY' strategy for recovery

While the women in this study understand weightlifting as central to their journey with ED recovery, within the academic literature little is known about women's experiences with exercise during this process, particularly in non-clinical contexts (i.e. outside of a treatment setting). To my knowledge, there is no research exploring what kinds of exercise women gravitate towards during ED recovery. There is, however, a great deal of research on yoga and its potential benefits to individuals trying to recover (Calogero and Pedrotty-Stump, 2010; Douglass, 2010; McIver et al., 2009; Neumark-Sztainer, 2014; Piran and Neumark-Sztainer, 2020). Questions asked in this line of research include, but are not limited to, "how much yoga is needed to reduce risk factors and enhance protective factors for EDs? What types of yoga might infer the greatest benefits and the lowest risk of harm? Should yoga be combined with other approaches that address risk factors in order to be most effective and if so, how should this be done?" (Neumark-Sztainer, 2014, p.141-2). Weightlifting has not been subject to this kind of enquiry, and yet it is framed in women's accounts online as an effective strategy for recovery.

In this regard, by moving beyond research conducted on yoga and other mindful forms of exercise, this study offers important empirical insight into women's engagement with exercise during ED recovery. Furthermore, weightlifting is a sport which more closely approximates the norms and values within mainstream physical culture (such as "going for the burn," controlled aggression, "mind over

matter,” and achievement). In this regard, this study will provide insight into how women in recovery navigate sporting environments which value quite different qualities to those advocated in the literature on yoga, which honours mindfulness, sociality, pleasure, and an absence of competition.

1.3 Research questions and thesis structure

Given the dearth of research which critically interrogates the place of weightlifting in the lives and bodies of women recovering from EDs, this thesis explores female weightlifting as a tool for recovery from EDs and is guided by one overarching research question, as well as a set of sub-questions. This project is underpinned by Interpretative Phenomenological Analysis (IPA) research principles therefore, first and foremost, I am interested in understanding what this kind of experience is like (Shinebourne and Smith, 2009). My overarching research question for this project is therefore:

What are women’s experiences of weightlifting during ED recovery like?

In order to drill down further into this experience, and to produce knowledge that aligns with the project rationale, the research is structured by the following set of sub-questions that correspond to the findings Chapters in this thesis:

For women who are weightlifting in recovery from EDs:

- How do women experience their bodies? (see Chapter 5)
- What kind of relationship to social media do this group of women have? (see Chapter 6)
- How do women navigate and make sense of eating and exercise? (see Chapter 7)
- What kind of identity does this experience encourage or engender? (see Chapter 8)

In terms of structure, following this *Introduction*, the thesis begins with a *Literature Review* designed to situate this project within the overlapping fields and bodies of work being brought together in this research. These fields are broadly defined as; 1) EDs and recovery, 2) female weightlifting and physical culture, and 3) health, bodies and the digital.

Chapter 3, *Theoretical Approach*, details the underpinning epistemological philosophy that has guided this project. Here, I draw attention to women's standpoint theory, which is the lens through which I have approached each findings chapter. I also draw on IPA as a method of understanding the social world, highlighting its compatibility with standpoint theory, due to their shared valuing of experience. In this Chapter, I consider the ways in which IPA is more than a set of practical analytic steps. Instead, it is an invaluable theoretical tool situating individual experiences within a social, cultural, and theoretical context. Engaging with IPA in this way is important, given that I am committed against pathologising this population and instead contextualising their experiences within a specific socio-cultural environment. Moreover, in this Chapter, I outline my engagement with theoretical eclecticism, as well as highlighting some of its key proponents and benefits.

Chapter 4, *Methodology*, is split into two parts. In the first instance I describe my methodological approach to understanding this phenomenon, which draws on longitudinal semi-structured interviews, photo elicitation and netnography. I underpin this discussion with key methodological literature on the kinds of knowledge these techniques produce and the usefulness of these approaches to answering the research questions posed in this *Introduction*. In the latter part of the Chapter, I provide an explanation of what actually happened 'in the field' when executing the research design. Here, I offer a somewhat chronological account of applying various methodological ideas- from recruitment and sampling to data collection and analysis. By structuring the Chapter in this way, I tease out some of the opportunities and challenges that arise when putting theory into practice, in the context of qualitative health research.

Chapter 5, *Moving Beyond the Image*, addresses the question; for women who are weightlifting in recovery from EDs, how do women experience their bodies? This Chapter draws on and extends feminist critiques of image-centric lines of enquiry as it pertains to female weightlifters in recovery from EDs. I contend that within scholarship on women's bodies, particularly bodies at the 'extreme' (Hockin-Boyers et al, 2020), there is a concomitant tendency to focus on what

bodies 'look like' over how bodies feel, which produces disembodied and alienating visions of female subjectivity. Instead, I draw on feminist body scholarship that privileges affect and subjectivity to explore women's embodied experiences with weightlifting during ED recovery. In mobilising such an approach, I theorise how, for this population, corporeal modalities that are typically treated as separate and distinct (muscularity/thinness/fatness) can occur together at once in the lived experience of a single individual.

In Chapter 6, *Digital Pruning: Agency and social media use as a personal political project*, I consider how social media is uniquely implicated in the process and practice of recovery for women who are weightlifting and have a history of EDs. In this Chapter, I answer the question; for women who are weightlifting in recovery from EDs, what kind of relationship to social media do this group of women have? As I have discussed in the rationale for this project, this group of women have important insights to offer digital media research, due to their exposure to potentially harmful content within online fitness spaces. In this Chapter, I challenge the negative paradigm maintained by extant research on women's engagement with social media, by demonstrating how digital spaces can positively support wellbeing for female weightlifters in recovery from EDs. Moreover, I detail this Chapter's novel theoretical contribution, 'digital pruning'- a personal political project whereby this population critically sift through social media content and make informed decisions about the affectual impact of their online environments (Hockin-Boyers et al, 2021a). In the latter half of the Chapter, I draw on netnography data to outline how and when digital pruning discourse is mobilised on Instagram. In this regard, references to digital pruning practices typically emerge in response to a specific constellation of discursive forces and social dynamics, which appear somewhat native to online environments.

Chapter 7, *Health Equations: Weightlifting and the legitimation of eating*, explores the cultural norms and values associated with weightlifting and the ways in which they are experienced as supportive for women in recovery from an ED. In this Chapter, I answer the question; for women who are weightlifting in recovery from EDs, how do women navigate and make sense of eating and exercise? Here,

I detail weightlifting's subcultural norms which can be characterised as a productive framework, premised on the sporting ethics of progress, growth and achievement. It is within this productive framework that women are able to situate their eating and exercise practices. I also introduce the concept of 'health equations', which is this Chapter's main theoretical contribution, to capture how everyday decisions about food and exercise are made within this new system. Moreover, in comparing participants' past ED practices to current lifestyles, I demonstrate why weightlifting specifically, over other sports, is positioned as beneficial to recovery.

Chapter 8, *Recovery and Transformations of the Self*, addresses issues of identity with regards to women's engagement with weightlifting during recovery from EDs. This Chapter addresses the research question; for women who are weightlifting in recovery from EDs, what kind of identity does this experience encourage or engender? In this respect, qualitative studies within the ED literature suggest that, to recover, women must abandon the comfort and identity offered by the ED and construct a new self (McNamara and Parsons, 2016). This Chapter explores identity in two distinct senses. Firstly, these themes are examined through a case study, looking at this population's engagement with 'transformation photos' on Instagram. Following this case study, which focusses on a highly visible and individual representation of recovery, I consider the role of quieter and more collective initiators of personal transformation- such as care of the self and care for others. I frame these two quite different visions of identity and transformation during ED recovery according to Goffman's (1959) dramaturgical approach. In this sense, relationships of care could be conceptualised as the necessary 'backstage' activities required to enable recovery and for transformations of the self to take place on the 'front stage' (on Instagram). I also consider the implications of popular and highly visible representations of recovery (on social media) being premised on individual factors such as personal growth and self-actualisation.

In the *Conclusion* I detail the contributions of this research, both theoretical and empirical. In view of these insights, I make a number of recommendations for future scholarship, which would build on and extend the most significant

findings from this research. Following this, I offer some reflections on the research process, taking stock of the ways the project has developed, as well as considering possible limitations to the research presented here.

CHAPTER 2- LITERATURE REVIEW

2.1 Introduction

In this Chapter, I explore the extant literature surrounding women's use of weightlifting as a tool for recovery within a number of modalities and from a range of perspectives. As the topic of this thesis is novel and has been subject to limited academic enquiry, what 'counts' as relevant to this phenomenon is highly subjective and dependent on the various epistemological and theoretical commitments held by the individual researcher. My commitments and interests are numerous and intersecting, however it is important to reflect upon them here, to explain the logical continuation of my positionality as a researcher in relation to this project. My first and most enduring commitment is as a feminist. In this respect, I view the championing of women's experiences and perspectives as a political act. Specifically, I am committed to uncovering how women become pathologised within contemporary 'Western' societies and how they seek to navigate this pathologisation, creatively drawing on whatever tools are at their disposal to live a 'healthy' life. With this in mind, in this literature review I explore three overlapping bodies of literature, broadly characterised as: 1) eating disorders and recovery, 2) female weightlifting and physical culture, 3) health bodies and the digital. My aim is to position this research within the vast amount of work that has been conducted in these areas, by detailing some of the core debates within the literature and aligning myself with scholars, many of whom are feminist researchers, who most closely represent the theoretical and epistemological viewpoint expressed in this thesis.

In the first section 'eating disorders and recovery', I deconstruct the medicalisation of EDs by situating this set of pathologies within their contemporary social and political context. This is done in order to demonstrate that disordered eating is not a modern phenomenon, nor does it only effect Western populations. While social and cultural factors play a profound role in the experience of EDs (this is discussed in more detail in 'EDs and neoliberalism') the dominance of Western conceptions of EDs marginalises and obscures alternative or non-Western expressions of this illness. In response to this issue, I

mobilise Katzman and Lee's (1997) theoretical model of disconnection, transition and oppression, which attempts to move away from the homogenising ethnocentric conceptions of EDs that are characteristic of medical approaches to this set of illnesses. Secondly, I return to a more localised frame of reference in order to contextualise my research within the UK socio-political climate. By exploring the neoliberal environment in which women are negotiating their embodiment, I demonstrate how women's bodies become subject to a pathologising gaze. Finally, I situate this research project in the extant literature on recovery. Here I begin by framing recovery as an individualised and unquantifiable project, before detailing the more limited research that has been conducted on exercise during ED recovery.

In the second section, 'female weightlifting and physical culture' I trace weightlifting's popularisation in contemporary Western societies, starting with its beginnings at the turn of the 20th century. Here I explore seismic shifts in physical culture which have changed the ways in which women relate to their bodies. In particular, the emergence of what Shilling (1993) calls 'body projects' and the rise of the female athlete as a cultural ideal. I go on to trace the extant work conducted by feminists and cultural sociologists to qualify and make sense of female weightlifting as an emergent practice, by focussing on two distinct discourses in the literature, which I term 'poststructuralist' and 'self-determinist'.

In the third and final section in this *Literature Review*, 'health, bodies and the digital', I detail the various ways the digital shapes and is shaped by current approaches to health and the body. Here, I explore two central tenets within the literature on digital health, 1) online communities and 2) health practices with and through the digital. In 'online communities', I explore three overlapping online subcultures relating to the topic of this thesis: pro-ED, ED recovery, and online fitness communities. In the second half of this Chapter, I explore how health related apps and wearable devices have led to the quantification of health, and the potential risks this might pose to women in recovery from EDs.

2.2 Eating disorders and recovery

2.2.1 The medicalisation of eating disorders

While records of self-starvation and unusual practices of consumption can be traced throughout history, medical interest in the aetiology and experience of EDs was only truly established in the 1970s (Brumberg, 1985). At this time there was a distinct increase in the recorded prevalence of EDs in Western nations, which occurred in conjunction with the medicalisation of this set of practices (Pirie, 2016). As a result, boundaries for the standardised aetiology, classification and treatment of EDs are framed within a medical understanding of health and disease. As Bordo writes, “in the clinical literature on EDs, the task of description, classification, and elaboration of ‘pathology’ has driven virtually all research” (1993, p.49). Anorexia nervosa, which first entered clinical discourses in the 1870s, has the longest history of recognition by the medical community, relative to other forms of disordered eating. In more recent years, a variety of other subsets of disordered eating have emerged within medical literature.

Western medicine, which is premised on physiological cause and effect, risk, and the reduction of harm, is insufficient for understanding the complexity of EDs, which are profoundly entangled with subjective experiences of the social world (Eli and Warin, 2018). Because clinical explanations for EDs are premised on expectations that the human body is logical, mechanistic, and legible (Macnaughton, 2011), EDs pose a unique set of problems for the medical profession. As Bordo writes, “hysteria and anorexia have challenged modern science, not only with their seeming insistence on the power of the body to behave irrationally and inexplicably... but also because of the spectacle each presents of the patient (however unconsciously or self-destructively) creating and bestowing meaning on her own body, in a form that is opaque and baffling to the Cartesian mind of a scientist” (1993, p.67). From a clinical perspective, the aetiology of this set of pathologies is illusive partially because the medical approaches to EDs do not make room for socio-cultural conceptualisations of bodily practices as the crystallisation of meaning making (Bordo, 1993). In Susan Bordo's (1993) ground-breaking work, *The Unbearable Weight*, EDs are theorised as the enactment of meaning through the body in response to one's

immediate environment. Often these meanings are highly personal and individualised, however, what unites those with EDs is the sense in which all experiences are 'relational', in that they arise from a subject's interaction with their environment (Warin, 2002). As Warin writes, "anorexia ... is fundamentally concerned with issues of relatedness; of relationships with oneself, people and objects in the world. Participants disconnected themselves from what was constitutive of social relationships: food, relationships, emotions, bodily processes, and at times, attempted to sever a connection with life itself" (2002, p.ii).

In addition to inadequately accounting for relationality with the social world, the medicalisation of EDs elevates some experiences and obscures others. While the clinical nomenclature 'anorexia nervosa' was first coined in 1870, other forms of disordered eating were classified much later, such as binge eating disorder, which was only afforded the status of an official ED in 2013 (Pirie, 2016). This is due to traditional Western medicine's preoccupation with physical harm and visibility (Warin, 2004). While larger bodies are viewed as 'at risk', the pathology in this case is located within their fatness. For ED sufferers who occupy larger bodies, struggles with disordered eating are viewed to be a result of laziness, unintelligence and lack of control, and are made distinct from consumptive practices (Brewis, 2004). Conversely, ED sufferers who occupy thin bodies are infantilised and conceptualised as victims (Rich, 2006). The privileging of thin bodies in clinical discourses is referred to by Warin (2004) as "the spectacle of thinness" (p.95) and has its roots in "the carnivalesque context of European amusement culture where 'living skeletons' and 'hunger artists' were mediums of entertainment" (Rich, 2006, p.290). In this sense, medicine's timeline of classification reflects moral and social discourses regarding which bodies require clinical attention. Moreover, the visual plays a crucial role in the ways in which the medical gaze reads and makes judgements on certain bodies (Foucault, 1976; Rich, 2006).

The relative 'newness' of EDs in medical discourses is a highly problematic aspect of the contemporary construction of this set of pathologies. The colonisation of EDs by medical sciences from the 1970s to the present day is

often presented as being in correlation with the rise in disordered eating within the general population. However, the belief that EDs emerged in Western societies in the late 20th century problematically leads many scholars in this field to conceptualise this set of pathologies as 'culture-bound'. A culture-bound syndrome is an illness which is only recognisable within a specific cultural context (Katzman and Lee, 1997; Keel and Klump, 2003). Culture-bound status is most commonly ascribed to 'folk diagnostic categories' (Levin and Gaw, 1995). For example, 'Ghost Sickness' is a culture-bound syndrome due to it exclusively effecting Native American people, primarily the Navajo (Paniagua, 2000). EDs are considered culture-bound by virtue of their apparent recent emergence in Western populations. This emergence is attributed to socio-cultural factors such as fatphobia, unrealistic beauty ideals, and the proliferation of digitally mediated images (Katzman and Lee, 1997). While these factors may play a role in shaping contemporary experiences of EDs, I will argue that conceptualisations of EDs that are located specifically in modern Western societies; 1) neglects the fact that this set of pathologies have a historical basis, 2) serves to sever links between Western and non-Western experiences of these pathologies, and 3) marginalises those whose symptomology does not sufficiently mirror that of the dominant framework.

Syndromes can be conceived of as culture-bound when they are not only experienced in relation to culture but are also to some extent *produced* by culture. In this regard, Brumberg writes,

people express both physical pain and psychic discomfort in a myriad of ways, depending on their age, their class, their ethnic origins, their worldview, and a host of other cultural variables. Therefore in writing the history of disease we should expect to see the disease 'present' differently, both in terms of actual physical symptoms and in terms of predisposing psychological factors (1985, p.99).

In this sense, the experience of virtually all ailments is shaped to some extent by the broader cultural landscape, as well as an individual's personal identity and experiences. Therefore, situating the experience of EDs within a single socio-cultural climate is insufficient justification for culture-bound status. Moreover,

recorded instances of disordered eating throughout history demonstrates that, while the prevalence of EDs in their current expression may be considered culturally specific, disordered eating itself has a long and highly gendered tradition. For example, there was a sudden spate of Anglo-American girls in the Victorian era who engaged in techniques of self-starvation in attempts to model themselves after religious saints (Brumberg, 1989). There is evidence to suggest this may have been a result of St Catherine of Siena's biography (which encouraged religious self-starvation) being a popular book for young women at this time. In addition to this, and centuries earlier, McSherry (1985) contends that Mary Queen of Scots (1542-1587) may have suffered from anorexia. While these are two salient examples, there are numerous other accounts of women's disordered eating throughout history. In this sense, while EDs have only recently emerged in medical discourses, they are not necessarily a 'new' phenomenon.

Another issue raised by conceiving of EDs as culture-bound is the primacy given to Western ethnocentric conceptions of these pathologies. Katzman and Lee (1997) argue that framing EDs as a response to cultural values associated with diet culture and fatphobia privileges Western understandings of EDs. This view not only serves to marginalise experiences that do not fit with the dominant hegemonic aetiology, it also prevents those with EDs from unifying trans-culturally over shared experience (Lee et al, 1993). Conversely, Swartz (1987) contends that non-Western instances of EDs such as anorexia do not delegitimise their status as culture-bound syndromes. Swartz writes, "the identical symptoms now may mean different things from what they may have meant in the late 19th century when the disorder was first documented in the form we now recognize" (1987, p.727). This may be true; however, this position homogenises experiences that occur simultaneously within a given time and place. To the contrary, individuals with EDs who are subject to the same cultural landscape can develop their EDs for vastly different reasons. While fatphobia and the thin ideal may be contributing factors for some, there are multiple other factors which do not mirror this simplistic framing of ED aetiology, such as childhood trauma or sexual abuse (Moulding, 2015), among many others.

In the UK context, the perception that EDs are a Western cultural phenomenon serves to elevate white, adolescent, and middle-class experiences of these illnesses and marginalise those from other cultural, ethnic or socio-economic backgrounds. Within literature on EDs, the notion that society (and medicine) have a specific image of the 'typical' ED sufferer is referred to as the myth of the "Golden Girl" (Smolak and Striegel-Moore, 2001). EDs can no longer be considered an illness suffered by adolescent middle-class white women, as men, women of lower socio-economic status, and women from a variety of ethnic backgrounds are also at a high risk of developing the illness (Robinson et al, 2012; Waller et al, 2009). Moreover, studies reveal that female British Asian populations may be at equal risk to developing EDs as white British women (Cummins et al, 2005; Waller et al, 2009). In this sense, while it is crucial to acknowledge the gendered ways in which EDs manifest, and the disproportionate impact on young women, it is also important to draw attention to the often-blinkered typecasting of the ED sufferer as white, female and middle-class. Instead, it would be valuable to move towards an intersectional approach which acknowledges various presentations of EDs within a multitude of socio-cultural contexts.

While this research by no means attempts to provide aetiology of EDs, it is necessary to establish a theoretical position on their social construction as a set of pathologies. It is important to recognise the ways in which EDs are political, systemic and bound up in highly gendered forms of oppression. On the other hand, attributing EDs (in their contemporary form) to Western fatphobia and diet culture is a far too simplistic and ethnocentric conceptualisation of these highly complex and multi-faceted pathologies. Moreover, it is necessary to consider the implications of other forms of oppression such as immigration, poverty and heterosexism on the experience of EDs (Katzman, 1998). I therefore draw on Katzman and Lee's (1997) notion that EDs arise from a combination of *disconnection*, *transition* and *oppression*. In this theoretical framework, Katzman and Lee describe *disconnection* in the following way, "as women change social class, countries, or gender boundaries, they may use eating as a method of coping with the disconnection endured when one loses a logical reference group or community to identify with" (1997, p.392). *Transition* represents the moving

between these two “worlds” and *oppression* is conceptualised as “women attempting to perfect their physical selves as a method of coping with the prejudices and isolation that ensue” (Katzman and Lee, 1997, p.392).

The *oppression* tenet of this theoretical framework accounts for the fact that women disproportionately suffer from EDs, without marginalising men (particularly sexual minority men) or transgender individuals who are presenting with EDs in increasing numbers (Diemer et al, 2015). Moreover, the *disconnection* and *transition* tenets account for the fact that those who suffer from EDs tend to be adolescents or young adults, who are in transition between two “worlds”, childhood and adulthood. Crucially, this position is able to account for a broad range of experiences, both Western and non-Western, culturally implicated and constituted by a range of factors, while also acknowledging that systems of oppression play an important role.

This theoretical position is important to clarify here because, as this research was conducted in the UK context, in what follows I pay attention to the specific social and cultural climate in which participants experienced their illness.

However, I want to make clear that this is not necessarily how EDs are experienced in different cultures or political regimes, where kinship structures differ and the role of women is ascribed different meaning. In this regard, while this thesis goes on to explore how EDs are experienced by women living in the UK, I want to be intentional here about holding space for different ways of relating to food and to the body experienced elsewhere, which are equally legitimate and deserve careful attention.

2.2.2 Eating disorders and neoliberalism

Neoliberalism’s relationship to EDs is complex and multifaceted, yet crucial to understanding how this set of pathologies are experienced in the UK context.

‘Neoliberalism’ is a political orientation that supports free-market capitalism, in tandem with minimal state intervention in economic and social affairs (Gordon, 1991). The logic of contemporary public health discourses is heavily influenced by the neoliberal agenda, the contradictions of which cannot be omitted from a discussion around women’s experiences of EDs in the UK (Pirie, 2016). This logic favours the de-regulation of food systems and promotion of consumptive

practices, which aligns with a neoliberal ethos that equates economic growth with human progress. However, increased consumption per capita, particularly of food low in nutrients, is incompatible with producing a nation of 'healthy' citizens and workers (LeBesco, 2011; Pirie, 2016). As a result, individuals are encouraged to engage in practices of responsible self-management in relation to exercise and nutrition.

The disciplining of individual behaviour to encourage health-promoting personal and consumer choices is often referred to in the literature as 'healthism' (Jong and Drummond, 2016). 'Healthism' is a neologism which encapsulates practices, behaviours and techniques that serve to optimise health and wellbeing (Crawford, 2004). In scholarship on public health discourses, healthism is often explained in conjunction with Foucault's (1977) concept of 'governmentality' (Cairns and Johnston, 2015a; Crawford, 2004; Jong and Drummond, 2016). Governmentality refers to the organisation of social and political power in such a way that individual actors are encouraged to participate in their own forms of self-governance. Foucault defines governmentality as, "the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security" (2002a, p.211).

Neoliberal public health agendas seek to embed a sense of moral responsibility for 'wellness' within populations in order to protect against perceived societal ills- in this case obesity (Kirk, 2006; Williams and Annandale, 2018). This is problematic in numerous ways, however, in relation to EDs, the most harmful aspect of this discourse is the ways in which 'health' is coded as 'thin' (Musolino et al, 2015). In this sense, a responsible body is one that subjects itself to rigorous self-disciplinary regimes. Yet, in order to receive the social benefits afforded to those who demonstrate compliance, these self-disciplinary practices must be made visible by an absence of fat (Cairns and Johnston, 2015a). At the same time, when these self-regulatory practices are taken to the extreme, they are pathologised and made separate from the broader political landscape that

encourages and rewards these behaviours (Musolino et al, 2020). In this regard, Pirie writes, “the construction of a distinct population group as 'ill' can obscure the ways in which the behaviour of 'disordered eaters' reflects, albeit in a more extreme form, more general issues surrounding food and concepts of responsible self-management” (2016, p.842).

Like goldilocks and the three bears, responsible self-management in the current neoliberal climate must not be too relaxed or too severe, it must be "just right". While anorexic bodies are considered to be on the severe end of the scale, fat bodies are positioned at the other end of this polarisation, and are deemed lazy, unruly and unintelligent (Murray, 2008; Rice, 2006). Fat bodies are most visibly deviant from contemporary discourses that promote the idea that thin bodies are healthy bodies. In this narrative, fatness signifies poor health and also poor moral character (Murray, 2008). As such, these individuals are subject to targeted public health discourses that label them as a threat to society (LeBesco, 2011). The moral panic stirred up by the so called 'obesity epidemic' appeals to public fears surrounding health costs, social benefits and childcare. Moreover, discourse around obesity is highly gendered, as women are viewed as the primary caretakers who manage the majority of food preparation and are therefore responsible for the health of the family unit (Firth, 2013).

Weight loss reality TV shows such as *Biggest Loser* and *Extreme Weight Loss* promote the message that fatness is the ultimate failure of will and is responsible for any and all dissatisfaction one might have in life (Silk and Francombe-Webb, 2011). Simultaneously, the unregulated food and beverage market promotes over-consumption by offering 'family pack' sizes and making it cheaper, and therefore financially logical, to 'supersize' food options (Pirie, 2016). Moreover, an increase in buffet-style restaurants and the proliferation of major fast-food outlets (such as McDonalds and Burger King) across the UK provides more opportunities than ever for over-consumption (Pirie, 2016). In weight loss TV shows, trainers and dietitians acknowledge this culture of consumption and the necessity of convenience food for those who are time poor (Sender and Sullivan, 2008). Yet the focus remains on providing contestants with the tools to navigate this environment. Pirie writes, "neoliberalism effectively

creates an environment in which bingeing is simultaneously encouraged and deemed irresponsible" (2016, p.850). Pirie (2016) goes on to argue that this political and economic climate must be held accountable for the emergence of binge eating disorder as the second most prevalent ED in the UK.

If we are to extend the goldilocks analogy to its logical conclusion, with anorexia at one end and obesity at the other, conceptually there must be a middle ground for responsible moral subjects within a neoliberal framing of health. One might assume that the responsible moral subject is someone who controls their weight, exercises regularly and seeks to optimise their health through informed practices of self-regulation. However, when taken to the "extreme", health seeking behaviours too can be considered pathological. While Pirie (2016) argues that binge eating disorder is produced by the current socio-political climate, I argue that orthorexia nervosa is more characteristic of the problematic nature of neoliberal self-governance in relation to feminine practices of self-surveillance. Orthorexia is, Musolino and colleagues (2015) write, "a new food regime with an explicit mantra for 'healthy', 'pure' and 'natural' eating" (p.19). Orthorexia is clinically defined as a preoccupation with healthful eating, often with a focus on plant-based diets and organic foods (Cinquegrani and Brown, 2018). In this sense, while one must engage in techniques of self-regulation, there is also a danger that even health-seeking behaviours can be taken "too far". In this regard, Cairns and Johnston write, "the 'ideal woman' must balance a complex constellation of factors. She should know what foods make her fat, but also avoid the appearance of dieting. The model female consumer is well versed on the latest research regarding health-promoting foods, and she has the skills to make nutritious food taste delicious. Perhaps most importantly, she understands how to control her body but she also knows when to indulge" (2015a, p.154). I argue that this paradoxical position disproportionately affects women, who are so often caught between 'healthism' discourses and an avoidance of obsessive orthorexic consumptive practices, particularly when framed as 'gatekeepers' of not only their own health, but the health of their families (Cairns et al, 2010).

In contemporary Western societies, women are required to navigate a public health climate in which healthy eating is considered the moral choice, yet a strict

adherence to health seeking practices is deemed pathological. Cairns and Johnston's (2015a) study explores how women negotiate these conflicting narratives, with respect to their feminine identity. Their concept of the "do-diet" accounts for the ways in which women are compliant in self-disciplinary health practices but assert their agency through reframing these regimes through a post-feminist discourse of 'empowerment' and 'choice'. By reframing healthy eating as an empowering practice, women retain a sense of free will and resist the notion that their compliance positions them as "cultural dopes" (Bordo, 1993, p.188). As well as retaining a sense of agency, the "do-diet" allows women to avoid being labelled as pathological for their adherence to 'healthism' discourses. This thesis makes a significant contribution to scholarship on feminine self-surveillance, as it both asserts that women are reflexively aware of the various discourses mobilised against them and demonstrates how this is subjectively negotiated in everyday life.

The medical colonisation of disordered eating patterns since the 1970s indicates that *all* bodies (large, small, and in-between) have pathological potential in the neoliberal public health agenda. In this climate, there is no escape from medical discourses that seek to categorise, problematise and correct bodies for being too thin, too fat, too health-seeking, or even too muscular. This is not to say that EDs do not affect individuals of all shapes and sizes. Moreover, it is not my intention to trivialise EDs in their diverse and equally legitimate forms. Instead, I aim to situate EDs within the neoliberal public health agenda, which is central to the contemporary construction of this set of illnesses.

2.2.3 Eating disorder recovery

While the aetiology and experience of EDs is certainly relevant to this research, the participants in this study are in the process of recovery, which itself has a significant body of scholarly work attached (D'Abundo and Chally, 2004; Eli, 2016; Musolino et al, 2018; LaMarre and Rice, 2016). Recovery is a highly personal journey, principally because it is not instigated by an external, clinically administered antidote or intervention, like many other illnesses. Clinicians tend to define the point of recovery in terms of measurable factors such as weight (BMI), the return of menses, a reduction in body image concern, and a reduction

in restrictive/harmful eating patterns (Patching and Lawler, 2009). However, often absent from these measures are self-reported status of wellbeing from the individual themselves. In this sense, women with EDs are infantilised, alienated from their bodies and positioned as victims of their illness. Paradoxically, the disordered eater is the only one who can provide a 'cure' and instigate recovery. In this sense, recovery is a choice that others can facilitate, but not decide upon. In antidote to the disempowerment of women with EDs, this research takes a feminist approach to health and self-care which affirms "a positive view of women as experts of their own health experiences" (Weaver et al, 2005, p.190). In this section, I explore several features of the recovery literature, to lay a foundation for this research. First, I assert a conceptualisation of recovery that extends beyond physical indicators of wellness, and stress the importance of a framework of compassion and understanding for facilitating this process. I then explore the extant work on the role of exercise during recovery, starting with scholarly framings of 'dysfunctional exercise' before moving on to build a picture of how 'healthy' exercise is conceptualised within this field.

In the medical framing of health, the point of recovery is defined according to the elimination of bodily risk. In many cases, this point is reached when an individual reaches a 'healthy' weight. However, research on EDs indicates that, for the disordered eater, recovery often extends far beyond this point (Musolino et al, 2015). In this regard, it is well documented in the literature, particularly within qualitative studies, that women view their ED as something to be continuously managed and therefore see recovery as a long-term project (LaMarre and Rice, 2016; Weaver et al, 2005). Women in recovery often learn to live in a somewhat ambiguous state, never 'fully recovered' and simultaneously not unwell enough to qualify for constant care. Indeed, as work on severe and enduring cases of EDs shows, some women are unable to recover in the manner advocated by clinicians (Musolino et al, 2020). As a result, expectations around what lifestyle changes will be possible for this group, need to be carefully managed. Despite the various challenges posed by this set of illnesses, scholarship has come a long way in identifying and developing an understanding of how to better facilitate the recovery process, in treatment settings and beyond.

Numerous studies have found that women view 'being understood' as important to their successful recovery (Hsu et al, 1992; Katzman and Lee, 1997). This emphasises the significant role played by health practitioners in facilitating processes of recovery and calls for a more holistic understanding of body practices as 'the crystallisation of meaning making' (Bordo, 1993). By adopting a feminist framework of care, practitioners would benefit from, as Katzman and Lee contend, "empowering the patient to be the authority of her own care, to develop a vocabulary for enhancing the message conveyed in bodily terms, and to construct a narrative that captures her struggles and focuses recovery" (1997, p.391). In this sense, recovery is a highly individualised and personal journey, however this process can be expedited by facilitating a sense of independence, power, and agency (Moulding, 2015).

In qualitative studies on women's experiences of recovery, common themes emerge surrounding the value of autonomy and personal growth (Hesse-Biber et al, 1999; Moulding, 2015; Weaver et al, 2005). For many women in recovery, this means learning to independently manage their ED by developing regimes of self-care that can be practiced on an everyday basis. These regimes encourage women to interact with their bodies in ways that facilitate embodied agency, self-compassion, and personal growth. However, developing an understanding of 'care' in this context is highly complex and multi-faceted, not only because the meaning of 'care' is highly subjective but because, problematically, women with EDs can sometime frame eating and exercise behaviours that would in other contexts be viewed as dysfunctional, as methods of self-care. In this regard, Musolino and colleagues (2016) research on women's understandings of recovery notes,

care was being on a strict raw food vegan diet to prevent obesity. Care was bingeing on junk food as a reward for weeks and months of extreme restricting. Care was only consuming a liquid diet because solid food brought on a desire to binge. Care was starving and shrinking the body to repel unwanted sexual attention. EDs were practiced through careful attention to changing bodies, surroundings, tastes, textures, desires, hunger and relationships. (p.7)

In this sense, care is often a fickle and slippery concept to recruit when advocating for recovery practices premised on self-compassion and agency.

The women in this study, who engage with weightlifting as a tool for recovery, position exercise as a form of care of the self. I argue that, while all women are required to negotiate the complicated politics of self-care, women in recovery from EDs are subjected to far greater scrutiny in this regard due to their body's antecedent pathological status. This becomes salient when considering the role of exercise in ED recovery, particularly where self-disciplinary or ritualistic behaviours are concerned. However, if one is to take seriously the claim that the body is a social (as well as a material) entity and a vessel for meaning-making, as has been argued in this Chapter, it is important to clarify what meaning is being made here and why. Moreover, in advocating for a feminist approach to health and self-care, it is necessary to take seriously claims that these practices are meaningful to recovery. In what follows, I begin by detailing how exercise is constructed as 'dysfunctional' in ED diagnosis and during recovery, as well as the more limited work that has been conducted to conceptualise 'healthy' exercise in this context.

i) 'Dysfunctional' exercise

In academic scholarship, what constitutes pathology with respect to eating and exercise behaviour has traditionally been defined by clinical psychiatrists and psychologists. The Diagnostic Statistical Manual (DSM-5) (2013), written and compiled by the American Psychiatric Association, is one key site through which researchers and practitioners keep abreast of developments in psychiatry and current understandings of mental ill-health. Though dysfunctional exercise is not included in the DSM-5 as a disorder in and of itself, 'excessive exercise' has long been listed as a symptom of anorexia and bulimia nervosa (American Psychiatric Association, 2013).

In the ED literature more broadly, problematic relationships to exercise have multiple names and definitions. These include; "activity anorexia" (Epling et al, 1983), "exercise anorexia" (Touyz et al, 1987), "obligatory exercise" (Davis et al, 1993), "exercise addiction" (Freimuth et al, 2011), "exercise dependence" (Bratland-Sanda et al, 2011), "exercise abuse" (Calogero and Pedrotty, 2004),

“excessive exercise” (Mond et al, 2006), and “anorexia athletica” (Sudi et al, 2004). For the sake of simplicity, I follow Calogero and Pedrotty-Stump (2010), who have written extensively on exercise during ED recovery, by using ‘dysfunctional exercise’ as an umbrella term to capture these multiple labels and definitions. It is noteworthy to mention however, that I am cognisant of the limitations held by this binary categorisation.

There are troubling links between dysfunctional exercise and EDs that justifiably arouse caution in both healthcare professionals and researchers alike. The clinical literature states that it is common for problematic relationships towards exercise to co-occur with EDs (Freimuth et al, 2011; Dalle et al, 2008). There is also evidence to suggest that dysfunctional exercise can precede the onset of EDs and is one of the last symptoms to subside (Calogero & Pedrotty, 2004). Moreover, within a clinical context, high levels of dysfunctional exercise at discharge is said to predict a quicker relapse and a chronic outcome among patients with anorexia nervosa (Strober et al, 1997). In this respect, dysfunctional exercise and ED pathology are closely linked and feed into one another in ways that demand careful attention.

When defining dysfunctional exercise, scholarship has moved away from metrics such as volume, intensity, and regularity of exercise due to the consequent overlap between dysfunctional behaviours and the lifestyles of elite athletes (Freimuth et al, 2011). Instead, the literature typically defines dysfunctional exercise as a set of attitudes, motivations, and beliefs (Davies et al, 2008). Though definitions vary, commonly cited features of dysfunctional exercise include (yet are not limited to) exercising for appearance reasons, affect regulation, identity maintenance, self-harm, permission to eat, when physical well-being and/or safety are compromised, and to keep a rigid routine (Calogero & Pedrotty, 2004).

ii) ‘Healthy’ exercise

While there are multiple definitions of dysfunctional exercise, there is much less writing on what might constitute healthy exercise in the context of ED recovery and beyond (Davies et al, 2008). This lack of theorising the healthful body has been noted by other scholars, for example Monaghan writes, “even among those

medical sociologists who stress the importance of theorising the body, primary emphasis is given to sickness, disability and death as opposed to vibrant physicality and associated embodied pleasures” (2001, p.331). This bias towards research on poor health is justified given the underpinning inequalities associated with illness and the relative privileged position occupied by those who enjoy good health. However, the absence of such definitions in the context of ED research raises questions as to whether clinicians believe such a thing to be achievable for this population.

Researchers in this field have noted that the task of differentiating ‘healthy’ from ‘dysfunctional’ exercise is challenging. As Freimuth and colleagues note,

healthy exercise can share attributes of an addiction. There can be tolerance in which a person runs farther or lifts more weight before feeling gratified that the workout was worthwhile. Normal exercise does not preclude creating negative consequences in the form of physical injury or time taken away from other important activities. (2011, p.4072-3)

Moreover, work by Musolino and colleagues (2020) on the experiences of women with severe and enduring anorexia shows that accepted norms within health and fitness culture (what they refer to as the ‘healthism habitus’ (Musolino et al, 2015)) can easily be categorised by clinicians as pathological practices. In their study, they describe how a participant with a long-standing ED diagnosis found discussions about food and exercise with her personal trainer at the gym to be normalised in a discourse of fitness, control and health. Perceptively, this participant noted that when she described her same practices to health professionals, she was pathologised as ‘sick’ (Musolino et al, 2020).

This ambiguity with respect to the dividing lines between normal and pathological exercise is reflected in the lack of clear guidance in healthcare settings. A 2008 survey of 33 ED treatment units in the UK, revealed that 53% of units have written documentation on the management of physical activity and only 9% have a written definition of what constitutes healthy exercise (Davies et al, 2008). The challenge practitioners face in defining healthy exercise speaks to

Canguilhem's (1991) critique of the ways in which 'the normal and the pathological' have been arranged into a binary where one is pitched against the other; where normal is equated with healthy and dysfunction with disease.

Understanding what constitutes positive and supportive exercise is not easily identified within this literature. However, it is possible to glean some sense of what is considered to be healthy exercise from the small number of exercise programs that have been implemented and evaluated in ED treatment settings in the US and in Europe. In most cases, exercise in these programs tends to be gentle, non-competitive, and often taking place outdoors. For example, walking, yoga, and Pilates are regularly offered (Danielson et al, 2018; Davies et al, 2008; Hechler, 2005). These activities are sometimes also accompanied by psycho-educational sessions about exercise, as well as body-oriented therapy (administered by a physiotherapist) involving relaxation exercises, body awareness movements, and massages (Danielson et al, 2018).

Significantly, yoga, which is framed as having therapeutic benefits for a number of psychosomatic issues (Hoyez, 2007), is one of the only forms of exercise that has been explicitly advocated for as both potential treatment of, and prevention from, EDs (Calogero and Pedrotty-Stump, 2010; Douglass, 2010; McIver et al, 2009; Neumark-Sztainer, 2014; Piran & Neumark-Sztainer, 2020). Writing on the benefits that yoga might offer this population, Calogero and Pedrotty-Stump contend, "yoga is a particularly powerful tool for cultivating mindful exercise. The aim of yoga is to fully experience the present moment, encouraging attunement to internal sensations versus external stimuli ... Thus, yoga may help in ED treatment and recovery because it teaches specific tools to facilitate healing" (2010, p.435). Despite the persistent emphasis on yoga as a tool for recovery within the ED literature, emerging evidence on the efficacy of this activity for this population remains inconclusive (Balasubramaniam et al, 2012). Moreover, some researchers have highlighted that the inclusion of mindful yoga, which teaches listening and responding to the body, in treatment settings juxtaposes with the otherwise self-regulatory nature (e.g. the monitoring of bathroom breaks and physical activity) of the environment (Douglass, 2010).

Thus, yoga presents women in treatment with conflicting messages about how to relate to their bodies.

Theorising healthy exercise for women in recovery as that which is mindful and embodied offers a highly gendered understanding of women's wellbeing. As Hardes (2018) suggests in her analysis of changing medical and historical accounts of women, madness and exercise, physical activity for women's mental health has shifted from a cause and an abstinence paradigm, to now a cure and "prescription for mental health" (p.181). The choice of exercise for women however,

continues to be deeply normalised and embedded with gendered assumptions. Mindful forms of exercise, for example, are increasingly promoted for women's depressive states ... While scholars have been quick to identify the gendered nature of fitness practices like aerobics that perpetuate dominant female bodily norms (toned, thin, beautiful), less attention has been paid to the normative dimension inherent in practices that present themselves as specifically useful for women's 'emotional' ailments. (p.191)

In ED spaces, yoga emerges as a normalised, healthy exercise, premised on gendered constructions of femininity, sociality, pleasure, and an absence of competition. Other activities deemed overly masculine (such as those rooted in competitive sport, like weightlifting) sit in stark contrast to the feminised exercise recommended for ED recovery. Clearly, the links between women, exercise and mental health continue to be "profoundly shaped by wider social agendas and views on women's bodies and minds" (Hardes, 2018, p. 191).

2.3 Female weightlifting and physical culture

Female weightlifting has a unique place in contemporary physical culture. In Western societies, female weightlifting exists in a multiplicity of amateur and elite forms (powerlifting, bodybuilding, CrossFit, Strongwoman, strength training etc.), each with its own norms, values and individual subcultural identity. Yet, each iteration of this broad sporting category shares two components, which are central to this thesis: the valuing of strength and the relatively recent entry of women into their ranks. These two threads of commonality are of course interrelated (Brace-Govan, 2004). In this regard, strength, muscularity, and physical domination have long been considered admirable masculine qualities (Chapman and Vertinsky, 2011; Gill et al, 2005). Femininity, on the other hand, is associated with weakness, fragility and interdependence (Brabazon, 2006). While these gender roles are largely socially constructed, they are also lived out in the bodies of men and women who exist within these prescriptive social parameters.

However, in recent years, a perceptible shift in physical culture has occurred whereby women, who were previously excluded from the domain of strength and muscularity, are now entering strength-based sports in increasing numbers- changing the sporting landscape and setting new standards for what female bodies are capable of (Brace-Govan, 2004; Dworkin, 2001). In order to qualify this change and provide essential context to women's place in weightlifting today, in this section I trace weightlifting's journey as a set of activities, starting in the early 1900s up to present day. Throughout this analysis I am attentive to the various socio-political logics and aesthetic trends that shape female weightlifting's emergence as set of activities, as well as their reception among the scholarly community. In particular, I am interested in how female weightlifting is received and understood by feminist researchers, who infer multiple and often conflicting meanings from women's increasing access to strength and muscularity.

2.3.1 Weightlifting's place in physical culture

The popularisation of contemporary weightlifting can be traced back to London at the turn of the 20th century and a German named Eugen Sandow (birth name Friedrich Muller) (Bonini, 2001). Sandow (1867-1925) was a Victorian era strongman who gained notoriety for his incredible performances of strength and muscular physique. As well as being extraordinarily strong, Sandow had an interest in classical art and, by sculpting his body through weightlifting, sought to achieve a physique with the same proportions as Grecian sculptures (Waller, 2011). In this way, Sandow's performances straddled both strongman (an exhibition of functional strength) and bodybuilding (an exhibition of aesthetic muscularity). Unlike most strongman competitions of the Victorian era, crowds gathered to appreciate Sandow's physique and good looks, while his demonstrations of functional strength were secondary to his act. In this sense, at its inception, weightlifting was a sport with both functional and performance elements.

The late 19th century saw the rapid expansion of media industries, principally due to the increasingly widespread consumption of photographic images. For Sandow and the future of weightlifting as a sport, this was crucial as pictures of Sandow's physique could be disseminated internationally to be marvelled at by fans in Europe and the US (Locks and Richardson, 2012). Famous admirers and followers of his fitness programs included kings Edward VII and George V, Sir Arthur Conan Doyle, James Joyce, William Butler Yeats and Thomas Edison (Natural History Museum, 2014). In his book titled, *The Perfect Man: The muscular life and times of Eugen Sandow, Victorian Strongman*, Waller (2011) recounts his public appeal, "early accounts of his performances suggest that he was capable of stirring up an erotic frenzy akin to the impact of *The Beatles* on their female audiences 75 years later" (p.8). Indeed, his body was considered so perfect that the Natural History Museum in London commissioned a plaster cast of him mid-flex, to act as a representation of exemplary 'Caucasian manhood' (NHM, 2017)³. With celebrity status and an international

³ The naturalization of racial and gendered categories within the construction of physical ideals is a reoccurring theme in the history of physical culture and has been explored in depth elsewhere (Hobson, 2005; Chapman and Vertinsky, 2011).

following, Sandow released a series of health and fitness magazines, trademark dumbbells, and opened a number of 'centres of physical culture' in London- what today would be known as 'gyms'. Not only this, but Sandow's wider influence has been credited by many historians as a catalyst for what is known as 'the physical culture movement' (Locks and Richardson, 2013; Waller, 2011; Zweiniger-Bargielowska, 2006).

Inspired by Sandow's physical achievements and international celebrity, weightlifting gained traction as a sport in Britain in the early 20th century, though its participants remained almost exclusively male (Budd, 1997). The increased interest in men's physical wellness during this period, however, was not entirely a result of emerging aesthetic ideals. Zweiniger-Bargielowska argues that trends in physical culture played a significant role in cementing the link between manliness, physical fitness and patriotism in interwar Britain (1920s and 1930s). They write, "stimulated by anxieties about perceived physical deterioration, physical culturalists represented the cultivation of a fit male body as an obligation of citizenship and a patriotic response to the needs of the British Empire" (2006, p.596). Fears of physical deterioration during Edwardian Britain were in part fuelled by concerns regarding the increasingly sedentary nature of working life for middle to upper class men. These concerns were made ever more urgent when the threat of war incited the governmental bodies to take a vested interest in the physical fitness of British citizens. This resulted in the formation of organisations such as the Boy Scouts, commissioned by the Interdepartmental Committee on Physical Deterioration in 1908 (Zweiniger-Bargielowska, 2006). Irrespective of the institutional and political forces that drove the physical culture movement in the early 1900s, it is important to note that this also marks a transition away from the schoolboy tradition of sport, practiced groups, and towards a conceptualisation of fitness as a way to cultivate the self. Zweiniger-Bargielowska writes, "the growing interest in health cultivation and practices of bodily discipline is illustrated by increased attention among doctors, a flourishing mass market of popular self-help guides and press coverage of fitness and physical culture" (2005, p.243).

It is evident that, although many middle-class girls did participate in sport during this era (particularly in educational contexts), women and girls are absent from narratives surrounding the rise of physical culture in early 20th century Britain. While women and girls were not immune to the health panic around physical deterioration, “scientific ‘evidence’, modern romanticised notions of ‘womanhood’, and social Darwinist concepts of ‘motherhood’ combined to impose hegemonic limits on women's sport and exercise that were hard for British women to transcend” (Morris, 2004, p.95). Similarly, Hades’ (2018) work on the historical relationship between women’s mental health and exercise, notes that, much like overeducation, overexercise was viewed to be detrimental for women. She writes, “where intellectual pursuits could drain women’s bodies and detract from their more critical reproductive functions, exercise, too, could play a role in causing problems for women’s reproductive cycles, draining other areas of the body that needed it of energy and thus contributing to nervousness” (2018, p.184). In this sense, the physical culture movement was principally experienced by those who had the social freedom and leisure time to cultivate their bodies. These individuals were principally middle- or upper-class men.

Following Sandow’s incredible fame and feats of strength, the home of American bodybuilding was established on a stretch of beach in 1930s Los Angeles, now known as “muscle beach”. In the Californian sun, American bodybuilding moved away from its Greek influences and established a new image that is still recognisable in the sport today. While Sandow famously covered his body in white chalk to mimic a statue, American bodybuilders had mahogany tans, sought "V" shaped torsos and began to push the limits of how much muscle mass they could gain. During this period, there were some pioneering strongwomen who were paving the way for female weightlifting. Abbye "Pudgey" Stockton (1917 – 2006) was one trailblazer, whose strength and beauty helped dispel popular claims that strength training was unhealthy and unfeminine (Martin and Garvey, 1996). However, on the whole, in its early years weightlifting was a male dominated endeavour.

Weightlifting became popularised among women in Europe and the US in the 1970s and 80s, coinciding with the increased political purchase of neoliberal ideology and the emergent idea of the body (and one's health status) as something to manage and perfect (Hardes, 2018). Shilling (1993) refers to this cultural sensibility as the popularisation of "body projects". Body projects reflect an ongoing and dynamic relationship to the body that replicates a Cartesian mind/body dualism. In this vision of relatedness, the mind disciplines the material body so that one may embody (concretely) moral integrity and social responsibility (Featherstone, 2010). In this respect, Gill and colleagues write, "body projects are attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, particularly the body's surface" (2005, p.40). Weightlifting, in this case, is the ultimate signifier of fortitude, self-mastery and health. A toned, muscular body cannot be achieved through any means other than strict dietary and exercise regimes. In many ways, weightlifting is archetypal of Shilling's body project concept, as it involves the constant and intentional sculpting of the body in pursuit of health and social capital.

In conjunction with the popularisation of body projects in Western societies, an aesthetic move towards toned, svelte, feminine muscularity has emerged in recent decades (Heywood et al, 2003). It is well established that physical ideals for men and women vary across time and place. In Western societies, the past 100 years has seen a swift and unassailable sequence of beauty ideals for women, each differing from the last (Moore, 1997). In the 1920's a slim, boyish figure, exemplified by the 'flappers', was the feminine ideal. In the 1950's, aesthetic culture championed curvaceous and fuller figured screen sirens, such as Marilyn Monroe. From the 1970s, however, a definite shift took place. From this point, Tate argues, "the 'worked-on' female body has not only become permissible, but presented as desirable" (1999, p.35). In this regard, while waif-like depictions of femininity, premised on fragility and slenderness, continue to go in and out of fashion, the toned and athletic female body has become a ubiquitous symbol of beauty and health (Boepple et al, 2016; Heywood et al, 2003).

Popular representations of this physical ideal include athletically built supermodels such as Cindy Crawford, as well as popular television shows like *Gladiators*. In their book, *Built to Win: The Female Athlete as a Cultural Icon*, Heywood and colleagues write, “from the novelty it seemed in 1995 to its utterly mainstream status by 2001, this image of the female athlete is new. Mass-market appeal to the female athlete is new... A large and growing demographic of women who participate in organised sports is new” (2003, p. prologue xvi.). The female athlete is a cultural icon who promises health, success and satisfaction- a message reinforced by fashion industries, fitness magazines, Hollywood and social media (Heywood et al, 2003). Qualifying the increased popularity of female weightlifting in Western societies would be incomplete without noting the shift in feminine physical ideals that made strength and muscularity permissible.

As this thesis is above all guided by a feminist epistemology, in what follows I detail the feminist writing that has been conducted on weightlifting in the past two decades, which I have broadly categorised as either ‘poststructuralist’ or ‘self-determinist’. Here, I pay attention to the dual constructions of the female weightlifter in order to later make space for a new understanding of women who engage with the sport- not as “feminist crusaders or aspiring muscle barbies” (Boyle, 2005, p.136), but as individuals navigating a complex constellation of demands of their body both in terms of its health and appearance.

2.3.2 Feminist readings of weightlifting and the muscular female body

Female weightlifters have been extensively written about by feminists and social theorists since their popular emergence in the 1970s. In a 1998 *Lingua Franca* article, Emily Nussbaum suggests that literature on bodybuilding has become a field of study in and of itself. She writes, “bodybuilding and weightlifting studies fit right into several current academic trends: the hot new field of sports history and sociology, body studies in general, and queer and feminist explorations of androgyny and gender bending” (Nussbaum, 1998, no page numbers). In particular, the well-muscled female body has attracted attention from feminist scholars, who remain fascinated by the semiotic

transformations made possible by women harnessing strength and muscularity. It is noteworthy to add that the majority of this body of literature focusses on female bodybuilding. Much like how feminist literature on EDs is disproportionately invested in anorexia due to the visual spectacle created by the thin body (Warin, 2004), literature on weightlifting is most drawn to the female bodybuilders unique and often extreme aesthetic. However, in what follows, I refer to female weightlifting as a broad category, made up of powerlifting, bodybuilding, CrossFit, Strongwoman, strength training and other amateur and professional formations. As much as possible, I seek to incorporate literature which focusses on each of these sporting fields, however it is worth mentioning that writing on female bodybuilding dominates this field. In addition, where possible, I will draw attention to links that are made within the literature between female weightlifting and EDs, which are occasionally compared due to their shared emphasis on self-regulatory practices and body ideals.

The visual spectacle created by muscular female bodies divides feminist scholars in such a way that two oppositional understandings and discourses on the female weightlifter have emerged. For some, the “cult of muscle” (Mitchell, 1987, p.161) represents a damaging assault on feminine embodiment, with proponents of this discourse drawing attention to the problematic practices of ritual and regulatory self-surveillance observed by women within this set of activities (Heywood, 2015). This approach reflects a concern for the inscription of hegemonic power on (and through) women’s bodies and is influenced by Foucault’s (1977) work on docile bodies and governmentality. In this conceptualisation, female weightlifters are enslaved by a panoptic desire to discipline their bodies and do so by compulsively weight training and ridding themselves of fat. Due to its privileging of discourse and exterior determination, I refer to this narrative as ‘poststructuralist’ throughout.

However, for others, female weightlifting is lauded as transformative to the feminist project. This counter-discourse depicts female weightlifting as an empowering, subversive, and positively feminist activity (Brace-Govan, 2004). This narrative seeks to reclaim embodied agency within feminist depictions of the female weightlifter and identifies the transformative potential in this visually

transgressive mode of corporeality. I refer to this discourse as 'self-determinist' throughout, due to its emphasis on autonomy and agency.

i) Poststructuralist readings of female weightlifting

At the core of poststructuralist readings of female weightlifting, is a Foucauldian concern with techniques of disciplinary power (Bordo, 1993; Bartky, 1988; Mitchell, 1987). Feminist scholars within this tradition frequently mobilise the 1970's Foucault of *Discipline and Punish*, who was above all concerned with the 'anatomopolitical' production of the self, rather than the 'care' of the self (Kruks, 2001). Foucault's work on disciplinary and normalising practices is routinely mobilised to explore a number of issues relating to gendered embodiment, including self-objectification, prescriptive beauty practices and disordered eating (Cairns and Johnston, 2015a; Kruks, 2001). Central to this theoretical approach, is the idea that "the sexual body is both the principle instrument and effect of modern disciplinary power" (McNay, 1992, p.31). Importantly, for many poststructuralist scholars, both the female weightlifter and the ED sufferer are archetypal of the complicit feminine subject in Foucault's imagining of power and control (Bordo, 1988; Mitchell, 1987).

Foucauldian feminist readings of female weightlifting are particularly concerned by the common practices of self-surveillance adopted by weightlifters and sufferers of EDs alike (Bordo, 1988; Mitchell, 1987; Wesely, 2001). In this conceptualisation, both groups engage in ritual and resource intensive activities to attain a sense of control (Lowe, 1998). Bordo argues that, although the associated practices differ, these two groups are, "united in battle against a common platoon of enemies: the soft, the loose; unsolid, excess flesh" (1990, p.90). For poststructuralist scholars, the most concerning aspect of both modes of feminine embodiment is the sustained and unabating engagement in self-surveillance. In this respect, Foucault contends, "he [*sic*] who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection" (1977, p.202-3). Poststructuralist feminist scholars argue that women's internalisation of 'the male gaze' is causative of a

normalising and self-regulatory femininity (Duncan, 2016). In this regard, problematically, the use of female weightlifting as a tool for ED recovery reflects the transferal from one technique of panopticism to another.

In addition to the ritual and regulatory nature of female weightlifting, poststructuralist scholars demonstrate a concern for the aesthetic aspects of the sport, particularly bodybuilding. This concern with aesthetics is further problematised when one considers the associations drawn between unrealistic physical ideals and the development of EDs (Thompson and Stice, 2001; Thompson and Heinberg, 1999). In this regard, Bell writes, "though the way many young women idealise the bodies of gaunt and delicate supermodels is cause for concern and so the strong athlete is a healthier role model, images of both body types might present themselves as ideals to which women must measure up to be worthy of respect" (2008, p.43). In this sense, while the transferral of ritual and regulation is cause for concern, so too is the shift from a thin to a muscular ideal (Heywood et al, 2003).

Poststructuralist readings of female weightlifting are routinely inserted into metanarratives surrounding the disciplining of women's bodies. In these texts, the muscular female body is often presented as one of the most extreme and insidious examples of feminine self-objectification (Bordo, 1988, Bartkey, 1990). However, problematically, literature within this discourse rarely empirically engages with female weightlifting or offers knowledge of how these normalising discourses are negotiated on an individual basis. The poststructuralist feminine subject has no potential for agency, resistance, or even consciousness. As Budgeon writes, "one of the most serious limitations of privileging the realm of representation as the origin of corporeal meanings is that the underlying assumptions dissolve the active role of the subject in generating the meanings attached to their own embodied identity" (2003, p.42). In this regard, while poststructuralist literature offers readings of female weightlifting in the language of cultural signification, this perspective has significant limitations in the context of everyday lived experience.

ii) *Self-determinist readings of female weightlifting*

In direct contrast to poststructuralist narratives, self-determinist discourses celebrate female weightlifting as a mechanism for the creation of new femininities. For these scholars, weightlifting occupies a space of feminist resistance, with the transgressive potential for women to subvert gender norms and beauty ideals by embracing muscularity and occupying traditionally masculine spaces (Bell, 2008; Knapp, 2015; Shilling and Bunsell, 2009). In this regard, Martin and Garvey write, "through the production of women's bodies which are muscled well in excess of even normative male bodies, it challenges assumptions about what is essentially or naturally female and male- thus it disrupts the sex/gender system"(1996, p.55). In this conceptualisation, female weightlifters are engaging in a form of gender subversion by taking up space and resisting the normative feminine ideals of smallness and fragility (Schulze, 1990). Additionally, Obel (1996) contends that, as well as challenging traditional gender structures, female weightlifting challenges nature/culture binaries and can "bring about changes in perceptions of the 'nature' of bodies... thus facilitating new readings of how subjectivities can be negotiated through body work" (1996, p.196). In stark contrast to poststructuralist texts that view female weightlifting as exemplars of feminine compliance, the self-determinist discourse perceives the intentional act of female muscle-building to be an implicit challenge to the gendered order of interaction.

At the core of the self-determinist narrative on female weightlifting is agency, subjectivity and the subversion of normative feminine scripts. In her research on weight training and the creation of new femininities, Tate writes, "women construct transgressive femininities by subverting stigma, redefining physical capital and negating the beauty model, through building their bodies to their own design. This design is based on a 'latent' inner image which allows the women to become their own significant others, to challenge the gaze of others and to 'be for themselves'" (1999, p.33). What is clear from Tate's reading is that there is more to the practice of lifting weights than structure, routine and regulation, which is too often privileged in feminist poststructuralist analysis. Tate acknowledges the social barriers women must overcome to take part in

weightlifting, such as the stigma attached to female strength and ‘extreme’ muscularity (Sisjord and Kristiansen, 2009), and focusses on women’s motivations- which brings to the fore an important point. If one is to accept that female muscularity is transgressive and weightlifting is a highly stigmatised sport, how then does one position those who participate as socially compliant? In this sense, poststructuralist notions that female weightlifting exemplifies the disciplining of the feminine subject should take heed of extant work within the sociology of sport, which outlines the complications that arise when women occupy bodies that are muscular beyond what is normatively acceptable (Dworkin, 2001; Krane et al, 2004; Sisjord and Kristiansen, 2009).

There are very few parallels drawn between EDs and weightlifting within the self-determinist literature. This is in part due to the picture painted of female weightlifter within this narrative. That is, of women flagrantly transgressing gender norms and unashamedly taking up space. One can hardly see the ED sufferer within this characterisation. However, in many respects, this body of literature too uncritically accepts female weightlifting to be exemplary of radical feminist embodiment. Agency is overemphasised, and the female weightlifter becomes tokenised and deployed in the furtherance of feminist ideology. Moreover, literature that frames female weightlifting as a feminist endeavour is often speaking to the elite levels of the sport, and rarely considers the everyday lived experiences of amateur weightlifters. This is an important distinction, as amateur weightlifters’ bodies are less visibly transgressive, and engagement with the sport is pursued without the legitimising framework of being a professional. Crucially, there is no research that reconciles both self-determinist and poststructuralist feminist approaches. This research will integrate both strands of discourse, by exploring the daily negotiations of female amateur weightlifters in recovery from EDs.

iii) Post-feminism

Before moving on to consider how the digital becomes implicated in discourse regarding health and bodies, it is important to note the significant opportunities offered by post-feminist scholarship to overcome resistance/compliance frameworks. McRobbie defines post-feminism as, “an active process by which

feminist gains of the 1970s and 80s come to be undermined... while simultaneously appearing to be engaging in a well-informed and even well-intended response to feminism” (2004, 255). Significantly, post-feminist scholarship offers exciting opportunities for body studies, due to its engagement with how female subjects navigate and make sense of the themes discussed above (i.e. body-work, aesthetics, agency) (Gill, 2007; Evans and Riley, 2014; Marshall et al, 2018; Washington and Economides, 2016). For example, in their application of post-feminism to online female bodybuilding cultures, Marshall and colleagues write, “through consciously critiquing the (self-)surveillance being enacted over their bodies on Instagram, female bodybuilders are able to make negotiations which involve simultaneously conforming to the ideal body of (hetero)normative femininity while maintaining a sense of strength, independence, and empowerment through muscularity” (2018 18). By focusing on self-representation and the strategic engagement with discourse, post-feminist work ties together a nuanced account of embodiment, subjectivity and discourse, without overemphasising either structure or agency.

When considering applying a post-feminist lens to female weightlifters to address the problems I have outlined above, it is worthwhile to reflect on other examples where this integration of both agency and structure has advanced feminist thinking (Gill, 2007). In my view, debates regarding the sexualisation of women in contemporary culture have particularly benefitted from such an approach (Evans and Riley, 2014; Gill, 2012). By interrogating, not only representation and its visible ‘effects’, but also the subjective attribution of meaning, Gill (2012) and others have developed an understanding of how specific discourses (such as that of ‘empowerment’) function in the reproduction of a specific kind of sexualised self-representation. In this regard, post-feminist scholarship often asks questions such as, how do women situate their own lives and experiences in relation to wider cultural forces? This line of enquiry, which places a greater emphasis on the interiority of the self than the surface of the body, is successful in being critical of broader cultural forces that may guide action, whilst also refraining from positioning women as passive or subjugated ‘cultural dupes’. This approach is sorely needed within scholarship on female bodies and fitness.

2.4 Health, bodies and the digital

Contemporary physical culture (and weightlifting's place in it) is shaped by, and shapes, current approaches to health and the body. As this thesis is also interested in women in recovery's engagement with social media, particularly Instagram, considering how online spaces function in terms of facilitating and creating meaning around physical activity participation is essential. In this section, I outline two core bodies of literature that relate to the topic of this thesis; 1) online communities and 2) health practices with and through the digital. While in this *Literature Review* the digital is explored in its own section, in the findings the digital is intentionally woven through the text rather than positioned separately to 'offline' realities. This reflects the ways in which this online/offline dichotomy is an ontological fallacy. As Hine contends, "how the Internet is embedded into our lives is in part a product of an embodied engagement with the Internet, and in turn, of course, the Internet can shape our experience of embodiment as the information and insights we find online help us to understand ourselves in new ways" (2015, p.24).

2.4.1 Online communities

From the forums and online message boards of the early internet to the vast, transportable, ephemeral nature of social networking sites of the Web 2.0, online communities are a significant feature of digitally mediated lives. To this end, scholars have spent a great deal of time grappling with the nature of social interaction via the digital. Debates in this area tend to be concerning the strength and authenticity of relationships online relative to connection in 'real life' as well as the degree to which user collectives can be labelled 'communities' (Preece and Maloney-Krichmar, 2005). Generally, 'community' refers to a dense network of interpersonal relationships among individuals sharing the same territory as well as a set of values or beliefs (Caliandro, 2017). However, the relative permanence afforded by the material world tends to complicate translations of this concept for digital spaces. In this regard, scholars sometime argue that if message boards, forums and social media profiles can be deleted in the click of a button, surely the relationships and social ties connected are less real or meaningful. Moreover, there is a perceived disconnect between how individuals present themselves

online versus offline, calling into question the authenticity of digital relationships (van Driel and Dumitrica, 2020). While this is an important debate to highlight, determining the parameters of what is and is not an online community, exists outside the scope of this thesis. I therefore follow the lead of Bruckman (2006) who suggests that researchers accept online communities as having fuzzy boundaries and look to its membership to better understand how it is defined.

Online health communities have been the subject of scholarly enquiry since the internet's inception. Communication online offers individuals the potential to access health information and find emotional support- which are two central tenets around which communities often form (Maslen and Lupton, 2020). Further, digital spaces create opportunities for 'epistemic resistance' (Whelan, 2007), whereby lay people generate alternative approaches to health and the care of the self (Maslen and Lupton, 2020). In some cases, communities are formed to counter hegemonic understandings of health, illness and treatment. One such example, which is of particular interest to the topic at hand, is pro-eating disorder (pro-ED) online communities.

Pro-ED is a type of content that advocates for EDs as a legitimate identity and lifestyle choice (Fox et al, 2005). As Fox and colleagues write, "the pro-ana movement rejects the assumption that recovery is the sole objective and allows the anorectic space to play out routines and rituals that are valued and provide comfort in flailing, difficult lives and circumstances" (2005, p.959). Subgroups of this form of content include pro-ana (pro-anorexia) and pro-mia (pro-bulimia). These online communities, which exist on popular social media platforms as well as more fringe online forums and websites (Gerrard, 2018), have been written about extensively by scholars from a range of disciplines; including cultural sociology, communications, public health, gender studies, psychology (Giles, 2006), to name a few. The sustained fascination with online pro-ED spaces is, I argue, the result of the fetishisation of starvation as a form of embodied resistance (Holmes, 2017), and an interest in the counter-medical models of care these communities display (Fox et al, 2005).

Importantly, studying pro-ED communities has led to a deeper understanding of the life-worlds of women suffering from EDs. This new insight is significant given

the illusory and often confounding nature of this set of illnesses, particularly for those in the medical profession (Bordo, 1993). The task at hand when studying these communities, is to not label them as deviant or resistant in a binary or simplistic way. As Bell, writing on pro-anorexia, aptly summarises,

I believe pro-anorexia must be read as pro-anas often insist: as a struggle, individually contextualized within and against medical discourse. Where medical discourse too often fails these individuals and pro-anas in turn manipulate this discourse, pro-anas are attempting to mediate their practices (whatever their particularized meanings) in a space of acceptance. (p.159-60)

In this way, while this is not necessarily their intended function, online communities can provide researchers with valuable insights into the contexts in which individuals are engaging in specific health practices. This is done by taking digital cultural artefacts seriously, because the visual grammar, narratives, metaphors, and memes that circulate within online communities are all resources which reflect a specific way of seeing (Dobson, 2015).

Relative to the wealth of literature on pro-ED spaces online, there is a much smaller body of work on recovery communities (LaMarre and Rice, 2017), and their occasional overlap with pro-ED (Chancellor et al, 2016). Moreover, this literature is not framed in the same terms as pro-ED spaces, which are viewed as radical and counter-cultural. Instead, work on recovery communities online aligns with literature on digital articulations of mental health, pain and survivorship. Scholars in this field have traced the ways that mental ill health is enacted and rendered knowable through discursive and memetic strategies performed on social media (Dobson, 2015; Fullagar et al, 2017; Holmes, 2017). Fullagar and colleagues (2017) terms these kinds of online networks 'therapeutic publics', which are defined here as affective arrangements whereby members "generate support in anonymous and public ways, offer help, advice to others with daily struggles and raise awareness to combat stigma and discrimination" (2017, p.8).

While recovery ‘therapeutic publics’ offer a sense of belonging, they have also been critiqued for privileging certain forms of recovery and obscuring or denigrating experiences that do not fit with this template (LaMarre and Rice, 2017). This, LaMarre and Rice argue, “may also delimit the terms under which people can understand themselves as recovered by creating additional communities of accountability against which people need to measure themselves” (2017, p.11). The kinds of recovery models that are represented online tend to value a visible transition from illness to health, as well as a focus on individual journeys of overcoming adversity (Holmes, 2017). There is also a body of literature on vulnerability online and the platformisation of pain which can be applied to the logic and functioning of recovery communities online- in particular, who is afforded the status of ‘victim’ or ‘survivor’ within these cultural logics (Chouliaraki, 2020; Gill and Orgad, 2018; Orgad, 2009).

Online fitness communities are perhaps the most loosely constructed of the online communities explored in this Chapter. While ‘online fitness community’ is an umbrella term often mobilised in the literature, it is important to state that these communities are multiple and operate in a range of configurations. In some instances, online fitness communities have an individual account as their anchor, around which a shared sense of identity coheres. This central account is often a personal trainer or fitness professional whose following online gives them ‘influencer’⁴ status. Toffoletti and Thorpe (2020) have captured this kind of para-social community structure in their analysis of Kayla Itsines’ ‘BBG community’. Significantly, many of these influencers have fitness programs/plans attached to their ‘brand’ (like BBG) and participants are encouraged to use selected hashtags (such as #BBG) on social media to connect with others on the program.

Another structure according to which fitness communities form are by type of exercise. For example, Marshall and colleagues (2018) have written about female bodybuilding communities on Instagram, using more general hashtags (such as #bodybuilding’, #girlswithmuscle, and #girlswholift) to locate women attached to this subculture. Within online communities that cohere around a specific

⁴ An ‘influencer’ on social media is someone who has a large audience or following and is able to persuade others by virtue of their social capital and reach.

sport, multiple sub-communities exist, formed according to a shared attitude to sport, style of training or body politic. For example, within female bodybuilding communities online will be women who train to amass as much muscle as possible, as well as women lifting for a smaller muscular look. There will be queer female bodybuilders and women who represent the heteronormative ideal. Elite as well as amateur lifters, and so on. In this regard, the internet is vast and thus there are as many varieties of fitness represented online as there are people with an internet connection.

This being said, some versions of fitness are more visible than others. It is these hegemonic and highly popularised visions of fitness and the ideal healthy subject which are most frequently subject to analysis by social scientists (Camacho-Miñano et al, 2019; Jong and Drummond, 2016). Work of this kind points to physical culture online (and on social media in particular) as an instructive and moralising force, teaching individuals how to relate to their bodies in the name of health and wellness. As Jong and Drummond write, “online fitness culture provides a platform where certain disciplinary and regulatory strategies (of health and the feminine body) are effectively promoted” (2016, p.760). The term ‘biopedagogies’ captures how the governing of bodies online are instructive of how others should relate to their own corporeality. For example, the sharing of dietary advice through food journaling online is a commonly cited method through which norms are created and reproduced (Chung et al, 2017; Leggatt-Cook and Chamberlain, 2012; Vaterlaus et al, 2015).

Thus, within this body of work, the digital is framed as a source of ‘public pedagogy’ regarding health-seeking practices, which shapes social understandings of gendered bodies and their capabilities (Camacho-Miñano et al, 2019; Rich and Miah, 2014). In particular, since the advent of social media, female-dominated health and fitness spaces online have been subject to sustained academic interest. Much of this literature critiques the ways in which female members of these communities are encouraged, through healthism discourse, to take up personal responsibility for disciplining their bodies in service of a specific physical ideal (Riley and Evans, 2018). In this regard, within these female-dominated online spaces time and resource intensive activities are

framed as leisure practices that are integral to living a healthy and responsible lifestyle (Jong and Drummond, 2016).

Visual culture among online fitness communities on social media has been written about extensively by scholars from a range of disciplines (Boepple et al, 2016; Riley and Evans, 2018; Slater et al, 2017; Thorpe et al, 2017). This work considers how female athletes and amateur exercisers represent their bodies online and what this tells us about what the ideal fit and healthy body looks like. Of these discourses, perhaps the most written about are 'thinspiration' (images that promote the thin ideal) and 'fitspiration' (images that promote the achievement of a lean body-type through exercise) (Alberga et al, 2018). The seemingly high prevalence of these images within the social media landscape has led to a great deal of scholarship which examines the impact of thinspiration/fitspiration on women's wellbeing (Griffith et al, 2019). Research in this area reveals that 'exposure' to thinspiration/fitspiration messaging predicts a range of harmful effects, such as greater body dissatisfaction and negative mood (Prichard et al, 2017; Tiggemann and Zaccardo, 2015). Furthermore, models have been developed which attempt to link ED symptomology to the viewing of these images (Griffiths et al, 2018). This is significant, as it could be argued that women who are weightlifting in recovery from EDs visually mirror cultural shifts from the thin ideal to a more muscular and fit ideal body (Tiggemann and Zaccardo, 2015).

2.4.2 Health practices with and through the digital

As the digital becomes further embedded in contemporary lifestyles, the influence of mobile technologies on everyday health practices cannot be underestimated (Rich and Miah, 2014). Scholars have explored this interplay in relation to the quantification of health-seeking practices (Lupton, 2016) and health-related apps and wearable devices (Eikey and Reddy, 2017; Goodyear et al, 2019). Here, I want to draw attention to the ways in which technology is implicated, not only in facilitating community and connection, but also in the formation of health practices (Millington, 2016).

Contemporary physical culture is significantly shaped by the datafication of everyday health. In this regard, technologies that track and collate information

regarding an individual's heartrate, sleep, energy expenditure, nutritional intake and so on, have become entirely commonplace (Lupton, 2016). Much of this information is collected automatically (for example through Fitbits or iPhones, which track steps) requiring users only to wear or carry their technology. Other forms of self-tracking require manual input or some form of data entry (such as entering a meal into a food-tracking app), although many technologies are moving closer towards automation- for example, some apps allow users to scan their food's bar code to upload its nutritional value. In either case, this cultural move towards self-tracking and the emphasis on collecting data on lifestyle practices is referred to in the literature as the 'quantified self' (Didžiokaitė et al, 2018; Fotopoulou and O'Riordan, 2016).

Scholars have pointed to the problematic motivations fuelling this drive for data. In particular, the quest for optimisation, as well as perfecting the body and its functioning (Millington, 2016). As Didžiokaitė and colleagues write, self-tracking and the gathering of data is "not just a method of data collection but 'an approach to better life'. In fact, it becomes 'a mission in life'" (2018, p.1475). In this respect, users of these technologies are encouraged to be in a state of constant improvement, working towards an elusive healthful ideal. Technologies reinforce this way of thinking but nudging users to make 'better' choices as their data is recorded and areas for improvement are identified. As Fotopoulou and O'Riordan contend, writing about FitBits,

like reality television and other cultural sites, Fitbit tracking devices mediate the body, prescribing what is normal and acceptable, including normal weight and weight loss through exercising and calorie restriction. The promotional media and the interface of the consumer device constitute biopedagogies about how to prevent the pathologised body and reproduce dominant discourses about the 'fit' and healthy body. (2018, p.4)

In this regard, these technologies are programmed to compare users to some form of healthful ideal. Crucially, these devices rarely account for life circumstances that may make attaining this ideal impossible or harmful such as

disability, lack of access to time needed to engage in health-promoting behaviours, among others.

It is important to note, however, that while these technologies have problematic aspects and thus rightly face critique by scholars in this field (Didžiokaitė et al, 2018; Fotopoulou and O'Riordan, 2016), they are also highly customisable and thus user agency must also be taken into account (Bol et al, 2019; Goodyear et al, 2019). As Didžiokaitė and colleagues write, users “do not just (passively) use self-tracking technologies, they adapt, change, tweak and alter them” (2018, p.1474). This qualification is important, as it counters the ‘risk narrative’ that circulates regarding, particularly young peoples, use of digital technologies (Goodyear et al, 2019). In this regard, people are critical users of technology, leveraging it to support their own needs and goals, and able to discard it when it no longer serves them (Bol et al, 2019). However, scholars in this field have added that, while these technologies privilege optimisation and are customisable, not all users are engaging with them in sophisticated or revolutionary ways (Didžiokaitė et al, 2018). In fact, the average user is more likely engaging with some of the core features for small or negligible health gains. To better understand user perspectives, future research would benefit from concentrating lines of enquiry on specific populations or patient groups who are approaching the technology with a specific set of needs or values.

In the past decade, a great deal of scholarship has explored how apps and wearable devices, facilitating the quantification of the self, impact individuals living with or in recovery from EDs (Eikey and Reddy, 2017; Fairburn and Rothwell, 2015; Graham et al, 2019; Levinson et al, 2017). This work has justifiably cautioned the use of various forms of tracking and self-regulation technologies for this population, as they often mirror (and can therefore exacerbate) ED symptoms (Simpson and Mazzeo, 2017). There is a much smaller body of work which explores how individuals in active recovery from EDs use these technologies (Eikey et al, 2019; Eikey and Reddy, 2017). This small cache of research shows that, while some users do use tracking apps to support their recovery (for example, to reinforce the idea that they can eat more than they did when they were struggling with their illness), technologies are often

programmed to encourage and reward weight-loss and in this sense are not supportive of recovery (Eikey and Reddy, 2017). It is important to note that, while this population may need to exercise caution around such technologies, it is not helpful to frame them as uniformly 'bad' or 'good'. As Eikey and Reddy aptly contend,

the context around technology use is crucial in understanding users' needs and the effects of using health technology, particularly when talking about EDs. While many users believe weight loss apps can be problematic for those with EDs, many stated the effects of the app depend a lot of how users use them and users' own mentalities, attitudes, and motivations during use. (2017, p.650)

Importantly, this research will offer insight into the health-related technology use of a specific recovery population, whose lived experiences have not yet been explored within this field; female weightlifters in recovery from EDs.

2.5 Concluding comments

In this *Literature Review*, I have drawn attention to three key bodies of scholarship which help to better understand the phenomenon of female weightlifting as a tool for recovery from EDs. The first section of this Chapter, 'EDs and recovery', provides theoretical context to the set of illnesses the women in this study have experienced and are working to overcome. Due to the multiple disciplinary perspectives on EDs, I believe it important to align this project with a theoretical stance. Here, I draw on Katzman and Lee's (1997) theoretical model of *disconnection, transition* and *oppression*, which sits quite differently to the medicalisation of EDs. Katzman and Lee's work moves towards an understanding these illnesses as socially and culturally shaped, without falling back on ethnocentric frameworks which see EDs as a specifically Western phenomenon. The second section of this Chapter, 'female weightlifting and physical culture' offers some historical context for female weightlifting and its increased popularity in the past 50 years. In particular, I outline how gendered understandings of bodies and their capabilities have shaped patterns in physical activity participation over time. Moreover, I detail how, since women's entry to

the sport (from the 1970s onwards), feminists and cultural sociologists have theorised the strong and muscular female body. The final section of this Chapter, 'health, bodies and the digital', deals with the rise of social media and its intersections with women's health experiences, with a particular focus on EDs, recovery and fitness. I also examine how health practices are enacted with and through the digital since the emergence of new mobile technologies, such as wearable devices and health apps.

While these bodies of work do have some important linkages, and I have endeavoured to highlight them throughout (for example, when parallels are drawn between bodybuilding and EDs), these fields typically sit as disparate areas of literature. While in this *Literature Review* each area has been explored in turn, in the findings Chapters these works are synthesised to explore the phenomenon of female weightlifting as a vehicle for recovery from EDs as a holistic experience consisting of multiple complex elements. In this way, bringing together work on EDs, female weightlifting and the digital is a novel contribution of this thesis. It is my hope that this study lays the groundwork for future research which takes a similarly 'patchwork' approach to health experiences and embodiment, mirroring women's complex, multi-faceted lived experiences.

CHAPTER 3- THEORETICAL APPROACH

3.1 Introduction

In this Chapter, I consider the theoretical approaches that have provided a framework for understanding women's experiences of weightlifting in recovery from EDs. I start by considering the ways in which the theoretical lenses mobilised in this thesis are a critical reaction to dualistic framings of structure and agency, which is an enduring paradigm within scholarship on both weightlifting and EDs respectively. I then detail the feminist epistemology that has formed the foundation of this thesis, before offering an explanation of women's standpoint theory and tracing the ways in which I have used it to overcome some of the challenges presented in the introduction to this Chapter. Here, I also take note of work which uses standpoint theory to similar ends and explore how this has influenced my thinking with regards to representing women's health experiences. Following this, I detail how my engagement with women's standpoint theory led me to Interpretative Phenomenological Analysis (IPA), which has shaped every phase of this research. In particular, I examine IPA's epistemological underpinnings and its strengths when applied to health research with small sample groups. Finally, I speak to the usefulness of theoretical eclecticism, which I employ throughout this thesis, in generating new theoretical frameworks and ways of thinking. In summary, while this Chapter lays the foundation for the theoretical approach taken in this research, I actively engage with and develop theory throughout this thesis. Therefore, what follows is intended as a jumping off point for further in-depth engagement with theoretical ideas within the empirical context of female weightlifting as a vehicle for recovery from EDs.

3.1.1 My theoretical approach

In many ways, the theoretical approach taken in this thesis can be viewed as a critical response to the theoretical approaches taken by other scholars in work relating to EDs and female weightlifting. In both these fields, there is a tendency to examine women's experiences from one of two perspectives- that of resistance to or compliance with gendered norms and expectations. In the

Literature Review I explore this dual framing in the context of feminist understandings of female weightlifting and broadly categorise scholarship as either poststructuralist or self-determinist. Poststructuralist perspectives are characterised by a concern for the inscription of hegemonic power on (and through) women's bodies and are heavily influenced by Foucault's (1977) work on docile bodies and governmentality. In this regard, poststructuralist approaches to women's experience honour external determination and, as a result, the subjectively mediated negotiation of discourse is often overlooked. Conversely, self-determinist approaches seek to reclaim women's embodied agency and thus typically position female weightlifting practices and bodies as a form of resistance. In the *Literature Review*, I explore these dual conceptions of women's embodied experiences in relation to the muscular female body. Within this framework, female muscularity is either conceived as the ultimate form of self-surveillance or a form of resistance to hegemonic feminine ideals. Thus, within this polarised discourse, female weightlifters are portrayed (depending on the viewer) as resistant or compliant, empowered or controlled, activists or slaves (Boyle, 2005; Johnston, 1996).

Importantly, this epistemological battle between structure and agency is also present within writing on women and EDs, though in this case poststructuralist perspectives tend to be most prevalent. In this field, women are constructed as 'cultural dupes' who are passively responding to the idealisation of thinness (promoted through various media) within Western culture (Bell, 2009). As Saukko's (2000) work on anorexia aptly summarises,

poststructuralist research often problematically presumes academics to be capable of seeing through social discourses and fails to submit the scholar's paradigmatic and personal predispositions to analytical scrutiny... this technique flattens out rich, local experiences of EDs and renders anorexic women as mere props for (sometimes insightful but often one-dimensional) theories on femininity, postmodernity/modernity, and so on. (p.301)

In this sense, much like the female weightlifter who is often ideologically constructed as a beacon of feminist resistance, women with EDs have been

positioned as the ultimate victims of modern patriarchal power. However, it must be noted that feminist scholars have been active in challenging this prevalent conception of EDs (Bell, 2009; Brain, 2002; Fox et al, 2005; Rich, 2006; Saukko, 2000; Warin, 2010).

The women who took part in this study are particularly 'at risk' of being viewed as victims of power and discourse, as they have transitioned from EDs (which are constructed as a pathological desire to discipline the body in pursuit of thinness) to weightlifting (which is constructed as similarly problematic due to its emphasis on self-regulatory practices). In this regard, because the practices of self-surveillance exercised by both ED sufferers and female weightlifters are perceived to be similarly problematic, the use of weightlifting during the process of recovery may to some signal the transferal of pathology from one set of behaviours to another (Bell, 2008). However, a central tenet of feminist research is to take seriously claims made by women about their experiences. The women in this study position their engagement with weightlifting as useful to their recovery, and as a result, this has become the framework for this thesis. However, accepting this claim at face value does not mean that one must therefore position women's engagement with this sport as inherently resistant or empowering. In this sense, once a theoretical perspective that favours external determination has been rejected, it is tempting to allow the pendulum to swing the other way and position women as feminist crusaders. However, to do so would miss the complexity and contradictions that exist within this experience.

The theoretical approach of this thesis circumvents the epistemic struggle between structure and agency that dominates this field and which I have outlined here. This is not to say that I am not interested in exploring power/discourse and agency, rather that I do not find it useful to conclusively position women and their practices as one or either- women's experiences are a product of both. Moreover, women themselves are acutely aware of this tension and experience the world in relation to it (Davis, 2007). As Black and Ursula note in their writing on women and beauty therapy, "women are often aware of the contradictions between the oppressive nature of the beauty system, whilst at the

same time trying to operate within that system to gain some advantage for themselves. This means that women are not ignorant cultural dopes, but rather knowledgeable and adept cultural actors” (2001, p.113). In this respect, not only do I see structure and agency debates as something scholars are interested in resolving, but I also see individual actors as continuously navigating these forces in their everyday lives.

In order to make sense of how to approach this topic, I have therefore borrowed elements from a variety of scholars and theorists who have a great deal to offer in works which seek to avoid this binary framework. It is noteworthy to add that, poststructuralist approaches are frequently mobilised in works relating to feminine embodied practices such as wearing make-up, working out, dieting or body hair maintenance. As a result, much of the work that seeks to challenge this framing of women as passive victims of social norms, which I will draw on throughout, comes from feminist theorising and scholarship (Black and Ursula, 2001; Cairns and Johnston, 2015a; Davis, 2017; Davis, 2015; Kruks, 2001; Marshall et al, 2018; McNay, 2003). In what follows, I examine the central theoretical perspective that has guided this thesis, women’s standpoint theory, which has its roots in a feminist commitment to amplifying women’s voices and experiences.

3.2 A feminist epistemology

Above all, this thesis is grounded in a feminist commitment to giving a voice to the experiences of women whose journeys with their health speak to something specific about occupying a female body in this cultural moment. My interest in female weightlifting as a tool for ED recovery is both personal and political. It is personal because, as a woman living in the same social conditions, I recognise myself and my own relationship to my health and my body in these women’s experiences. It is political because this project sits at the intersection of multiple fields which have, historically, been subjugated within academia. That is, women’s bodies, social media use and food and exercise practices. In this way, my engagement with this phenomenon, and my commitment to giving it serious scholarly attention, is central to my feminist approach to research.

With regards to how to 'do' academic research in line with feminist principles, I have been influenced by a range of approaches. In this respect, in understanding this phenomenon, rather than applying a specific theoretical lens, I recruit multiple perspectives from a diverse collection of fields. This is in part because the topic at hand traverses multiple research areas, from the sociology of health and illness to body image research to sport scholarship. However, the one perspective I consistently return to, which I view as the underpinning theoretical framework for this thesis, is women's standpoint theory.

3.2.1 Women's standpoint theory

Women's standpoint theory emerged in the 1970s and 80s as a reaction against the notion of 'masculine objectivity' in the social sciences. Feminist scholar, Sandra Harding (1991) developed standpoint theory to qualify and describe this movement away from epistemologies that saw the social world as a tangle of economic, political, and social relations, viewed objectively through the eyes of men, and towards a way of thinking that was more localised and situated in the everyday lives of marginalised peoples. In this regard, standpoint theory has two central tenets. The first being its discarding of the notion of masculine 'value neutrality', the second being its championing of the exploration of empirical contexts (such as domestic spaces and the lives of marginalised people) which had not received scholarly attention from male researchers who have dominated knowledge production in the Global North for centuries (Harding, 1991; Smith, 1997). I will now detail each of these features of standpoint theory, before moving on to consider works which have made important developments to this theoretical project.

One of the most fundamental aspects of standpoint theory is its dismissal of supposed objectivity within the history of androcentric scientific work. In Western nations, such as the UK, women and other chronically marginalised groups have only entered academic institutions in significant numbers in recent history (Harding, 1991). This historical lack of access to the tools for knowledge production has culminated in a scientific method which is decidedly androcentric (Haraway, 1988). In this way, a central idea within standpoint theory is that the world view held by those who create knowledge, inevitably

shapes the knowledge that is produced. Rather than seeing this as a failing, standpoint theorists embrace situated knowledge for the opportunities it offers for incorporating new perspectives. As Hirsh and colleagues write, “objectivity is maximized not by excluding social factors from the production of knowledge- as Western scientific method has purported to do- but precisely by ‘starting’ the process of inquiry from an *explicitly social* location: the lived experience of those persons who have traditionally been excluded from knowledge production (for example, women)” (1995, p.153).

A second core tenet of standpoint theory, which logically follows on from the challenging of androcentrism within knowledge production, is the idea that people at the bottom of social hierarchies have a unique standpoint which is worthy of exploration. In this regard, Dorothy Smith’s (1997) important work, *From the Margins: Women’s Standpoint as a Method of Inquiry in the Social Sciences*, centres this conversation on the marginalisation of women’s experiences within knowledge production. Here, she argues that, rather than trying to understand women’s experiences of the social world, sociology has historically objectified women and positioned them as the ‘other’. Therefore, in order to overcome this marginalisation, feminist scholarship should foreground women’s experiences and everyday lives. She writes, “I want to recommend women’s standpoint as I’ve come to conceptualize it, as a method of inquiry which can rescue us from the paradoxes (political and logical) of objectification in the social sciences” (1997, p.114). For Smith, this way of thinking came about in the wake of the 1970s/80s women’s liberation movement, which for her resulted in an “extraordinary transformation of consciousness” whereby she experienced “the shrugging off of a gender hegemony, unlike anything I’ve experienced before or since” (1997, p.114).

This is not to say that women’s standpoint can be considered universal or representative of *all* women’s experiences, as is sometimes suggested in critiques of this theoretical stance. In this regard, Patricia Hill-Collins’ (1990) work has been important in further developing standpoint theory to capture the ways in which race and gender intersect in the experiences of African American women. In this way, experiences which have been marginalised within the social

sciences (such as those of people of colour, people with disabilities, gender non-conforming and trans individuals, among others) all have a place in standpoint theory, as they provide a 'way of seeing' which is unique and can offer new insights to our understanding of the social world (Cattien, 2017).

Standpoint theory is a particularly useful framework for exploring aspects of women's life-worlds which have been previously marginalised within scholarship. In the context of this research, that applies to 1) women's bodies, which have long been 'left out' of serious academic study (Blackman, 2012), 2) food and eating practices, which have previously been considered belonging to the private/domestic domain (Cairns and Johnston, 2015b), and 3) female weightlifting, which has historically been marginalised due to being considered a traditionally masculine competitive endeavour (Brabazon, 2006). In this respect, this research deals with aspects of life which have historically been positioned as 'natural' and therefore undeserving of scholarly attention. In what follows, I detail how standpoint theory allows for new knowledge and perspectives to be brought to the fore. I also highlight how this theoretical perspective circumvents the challenges posed by structure vs agency debates highlighted in the introduction to this Chapter.

3.2.2 Standpoint theory: Embracing complexity

To return to the theoretical debate outlined at the beginning of this Chapter, which speaks to the concomitant positioning of women as either empowered and resistant or passive and compliant, standpoint theory has a great deal to offer works which seek to circumvent this dichotomy. In particular, standpoint theory privileges experience in the production of knowledge, while also recognising that all knowledge is partial and situated (Harding, 1991; Haraway, 1988). The focus here is on how individuals consciously and strategically navigate their life circumstances, which entails engaging with multiple (and often conflicting) discourses. Davis (2007) regularly operationalises Dorothy Smith's (1997) writing on standpoint theory in her research. Here, she describes Smith's understanding of agency, subjectivity and discourse,

while she claims an affinity to Foucauldian notions of discourse, she employs a sociological perspective which takes specific texts as a starting

point for analysing how individuals actually interpret these texts and how these texts organize their interpretive practices. For her, individuals are not simply entangled in discourses; they have to engage with them actively, in ways which involve planning courses of action, drawing upon past knowledge, making on the spot calculations, and imagining what the results of the action might be. Without agency, discourses simply could not work. Smith's notion of discursive agency opens up space for exploring how women knowledgeably, competently, and flexibly draw upon, interpret, and re-articulate cultural discourses as they negotiate their life circumstances. (p.61)

In this respect, standpoint theory does not dismiss the notion that social forces act on individuals by 'nudging' them to make particular choices. However, standpoint theory is also clear that individuals knowingly engage with these pressures and make decisions about when to 'comply' and when to 'resist'. In this regard, subjectivity and agency are core tenets of standpoint theory. However, it must be noted that this does not mean individuals are necessarily positioned as *resistant*, which speaks to something quite different.

Davis (1995) has mobilised standpoint theory in contexts which face a similarly dual framing to that of the female weightlifter. In her book, *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*, she attempts to reconcile women's agency over their bodies with a practice that has been largely considered an unfortunate symptom of the pressure unrealistic beauty ideals for women. Davis' work examines with curiosity the unease borne of writing about such a complex experience, which is so often positioned as either an empowering way of taking control of one's body or a pernicious form of body modification, depending on the viewer. Rather than taking one or the other track, Davis' work holds both strands of thought at once. She writes,

while I remained critical of the practice of cosmetic surgery and the discourse of feminine inferiority which it sustains, I did not reject it as an absolute evil, to be avoided at any cost. Instead I argued for viewing cosmetic surgery as a complex dilemma: problem and solution, symptom of oppression and act of empowerment, all in one. (1997, p.455)

I believe this work to be particularly illuminating for this study, as women's eating and exercise practices are also bound up with feminine disciplinary norms which are fuelled by problematically narrow views of health and beauty. In this regard, norms around food and exercise are justifiably critiqued by feminist scholars concerned with the ways in which women are required to 'work on' their bodies in order to measure up to a healthy ideal (Camacho-Miñano et al, 2019; Hesse-Biber et al, 2006; Mitchell, 1987). How standpoint theory draws on and 'moves beyond' this work is by considering the ways in which women themselves are aware of these pressures and how they respond. Here, Mohanty's work (2003), which details the experiences of 'Third World women' [sic] using a similar epistemological logic to that of standpoint theory, is particularly illustrative. Mohanty makes clear that experience is not something to be uncovered or illuminated, but rather, feminist scholars must situate women's lives within everyday experiences of domination and resistance, as well as within historical legacies of oppression (Mohanty, 1991).

The embracing of complexity is a core aspect of standpoint theory and a central reason why it is useful for understanding women's experiences weightlifting in recovery from EDs. In this regard, I want to be intentional about making room for aspects of this phenomenon which women felt ambiguous about, as well as elements which were viewed as decidedly either helpful or harmful. In doing so, I illuminate how women strategically engage with a multiplicity of (often contradictory) cultural forces within the context in their life circumstances.

3.2.3 Metaphors and standpoint theory

Throughout this thesis, I draw on metaphors and analogies to describe participant's experiences in a way that captures the theoretical ideas that I am developing through this work. Metaphors are a device that are designed to portray "the intricate connections between social structure and lived experience... poignantly mirroring such lived experience from the vantage-point of those human beings being described" (Jacobsen and Marshman, 2008, p.20). I have found metaphors to be particularly complementary to women's standpoint theory, which honours participants' unique experiences with a given phenomenon. Moreover, an essential part of communicating women's

experiences in a way that is useful to the feminist project, is making them comprehensible and accessible to a range of audiences. As discursive resources, metaphors are a useful tool for bridging the gap between social theory and non-specialist understanding. As Smith and Sparkes aptly summarise, metaphors “are crucial to the way people consolidate and extend ideas about themselves, their relationships, and their knowledge of the world” (2004, p.613). In this way, metaphors are used in this thesis to condense complex ideas in order to make them somewhat relatable to the reader.

Within scholarship on health and illness there is a long tradition of using metaphor to communicate embodied experience (Kirmayer, 1992; Rønberg, 2019). The insistence of language as the primary means of shared understanding is underpinned by the epistemological idea that there is an inescapable circularity between body and text. In this regard, bodily experience is communicated through language and in turn language is grounded in bodily experience (Kirmayer, 1992). As Kirmayer writes, “any attempt to give autonomy to the study of either body or text, divorced from the other order of experience, is epistemologically naïve” (1992, p.324). Thus, drawing on discursive tools to create a sense of shared understanding is essential to the study of health and illness. This is particularly true of mental illnesses, which can be incredibly confounding and hard to relate to for individuals who have not experienced them first-hand (Rønberg, 2019). In this regard, throughout this thesis, I regularly mobilise metaphors and analogies to convey women’s embodied experiences with both weightlifting and ED recovery. To drill down further into my epistemological stance, I will now describe my use of Interpretative Phenomenological Analysis (IPA) as both an analytic tool and a research philosophy.

3.3 Interpretive Phenomenological Analysis

In this research, IPA acted as more than simply a set of practical steps to mobilise during the analysis phase of this research. Instead, IPA, and the research philosophy that accompanies it, is incredibly theoretically rich. While in the Chapter, *Methodology*, I describe the ‘nuts and bolts’ of applying IPA in practice, in this Chapter I engage with the ideas that underpin IPA as a method of

understanding the social world. I do this here because I found IPA to be particularly compatible to standpoint theory and its overall aims. Furthermore, much like standpoint theory, IPA provided me with tools to navigate the tension explored at the beginning of this Chapter. That is, how to frame the experiences of a heavily pathologised group of women without falling prey to a resistance/compliance duality. In what follows, I describe IPA's epistemological foundations as analytic approach and highlight existing health research throughout that has been particularly instructive in terms of their application of these ideas.

IPA as a phenomenological approach was developed by Jonathon Smith in the 1990s and is conceptualised as a method of understanding lived experience by paying attention to how participants themselves make sense of their experiences (Smith, 1996). In this respect, as opposed to attempting to produce an objective record of the event itself, IPA aims to stay as close as possible to the participants frame of reference. In his development of IPA, Smith was influenced by the German philosopher Edmund Husserl, whose research on phenomenology rejects the view that empirical science was the most accurate way of understanding the world. Instead, Husserl stresses "the importance of the life-world or lived experience and the quest for the essences of things" (O'Mullan et al, 2019, p.76). Importantly, standpoint theory is also influenced by this idea.

Of course, seeing things exactly as participants do is not an achievable goal, as researchers bring to bear their own experiences, ideas and politics to the topic at hand. IPA is therefore necessarily an interpretive activity and draws on work regarding 'hermeneutics', which is the theory of interpretation (O'Mullan et al, 2019). When using IPA, it is important that researchers acknowledge their positionality as well as the socio-cultural context in which the work is situated. As McNay writes, "interpretative analysis of experience must always be resituated within the overarching problematic of power relations" (2003, p.141). To account for the ways in which the researcher's pre-existing values and beliefs may have an effect on the analytic process, IPA involves a practice called 'bracketing' (Biggerstaff and Thompson, 2008). While bracketing can be practiced in a variety of ways, most commonly it takes the form of a reflexive

diary where researchers note down any judgements or prior experiences that may impact their interpretation of the data.

Crucially, interpretative analysis seeks to situate individual experiences within a social, cultural, and theoretical context which, as previously discussed, is a core aim of this research (Larkin et al, 2011). Therefore, in attempts to make this engagement with hermeneutics visible, and demarcate my own voice from the participant voice, in this thesis I start each Chapter by positioning myself in relation to the topic at hand. In some cases, this involves describing my engagement with a set of debates within the literature. In others, I reflexively consider my own lived experiences in relation to those of my participants. In doing so, I am attempting to draw attention to processes of interpretation which are integral to IPA. Moreover, to relate this reflexive practice to feminist epistemology, I am also demonstrating precisely how this thesis is partial and situated, by nature of own lived experience (Haraway, 1988).

IPA is well suited to health-related research with small sample groups, as it seeks to interpret meaning from the depth and richness of personal narratives within a given phenomenon (Buser, 2016; Murray and Holmes, 2014; O'Mullan et al, 2019; Shinebourne and Smith, 2009). At its core, IPA is interested in subjectivity and relatedness (Larkin and Thompson, 2012). Moreover, IPA is interested in “what matters to participants” as well as “what these things mean to participants” (Larkin and Thompson, 2012, p.105). Small and homogenous sample groups are typically favoured in work using IPA, as they allow researchers to gain the depth and richness needed within individual accounts of a given phenomenon (Smith et al, 2009). Importantly, in contrast to Husserl’s phenomenological approach which values translating individual accounts into collective ones, IPA privileges the experience of the individual. In this regard, the detail and complexity of singular accounts must be honoured as much as possible. This is why, in many of the findings Chapters in this thesis, I use case studies as a way of homing in on the life-worlds of specific participants. In doing so, I hope to highlight the complexity and specificity of individual experiences, as well as to make visible the impact that specific life circumstances have on the phenomenon being explored.

Another way in which IPA is a useful theoretical and analytical tool for this thesis, is its application to questions of embodiment. This thesis deals with multiple layers of profoundly embodied phenomena. That is, both ED recovery and weightlifting. Capturing how the body is implicated in these experiential states is therefore important to this work. Moreover, situating the material body in sociological enquiry is a central tenet of standpoint theory. As Dorothy Smith writes, “locating the subject in one’s everyday world means locating oneself in one’s bodily and material existence. The everyday world is not an abstracted formal ‘setting’ transposed by the sociologist’s conceptual work to an abstracted formal existence” (1987, p.97). A great deal of research has been conducted (specifically in the fields of physical activity and health) using IPA to study embodied experience (Allen-Collinson, 2009; Murray, 2004; Murray and Holmes, 2014; Larkin et al, 2011).

In particular, Murray and Holmes (2014) offer useful guidance with regards to eliciting embodied responses during interactions with participants. They note that simply asking a participant to describe an event or phenomenon is likely to be met with a ‘stock response’. Instead, the authors advocate for questioning that might engender a different kind of response, such as,

what is it like to have this experience? Do you remember how that felt?
Can you recall any particular bodily sensations?... The researcher should elicit as much detail as possible about the subject's individual experience. The subject's body language, tone, and gesture are equally important; they should be noted where possible. (p.24)

In this way, applications of IPA should aim to be, as Smith and colleagues (2009) describe, “empathic and questioning” (p. 36). In the context of this study, questions were therefore asked about sensory experiences of being in the gym. This line of enquiry attempted to capture, for example, the sounds of other people working out, the feeling of their body before, during and after weightlifting, and other corporeal experiences which might shed light on what this experience is like. Questions of this kind were not only limited to discussions of the gym but were also mobilised to explore other aspects of this phenomenon,

such as eating, muscle soreness, viewing oneself in the mirror and feeling bloated, among others.

While IPA has occasionally been mobilised in computer-mediated forms of data collection (Ayling and Mewse, 2009; Mulveen and Hepworth, 2006), it does not typically lend itself to internet research. In the context of this study, digital environments are an important part of participants' life-worlds. Perhaps more crucially, engagement with health and fitness spaces on social media are integral to this phenomenon. In this respect, my epistemological stance to the digital (as explored in my methods) is underpinned by the idea that the online and the offline are not ontologically separable. As Serafinelli writes, "the nebulous boundary between on- and offline experiences afforded by smart mobile technologies produces an overlapping condition" (2017, p.93). In this regard, social media is more than somewhere people 'go', it is a real space in which processes of meaning making take place, relationships are forged, and bodies are experienced. Moreover, much like in the tension outlined in the introduction of this Chapter, interactions with digital spaces are nuanced and are implicated in the production of a range of affectual states. As with weightlifting and the muscular female body, it is important to avoid constructing the digital as either spaces of resistance or compliance. As Bakardjieva writes, "virtual communities cannot be declared inferior to real-life communities simply because they lack face-to-face materiality. They cannot be celebrated as liberating or empowering by nature either, as people bring to them stocks of knowledge and systems of relevance generated throughout their unalterable personal histories and social experience" (2003, p.294). In this regard, standpoint theory and IPA also provide a useful foundation from which to explore how digitally mediated lives are lived.

3.4 Theoretical eclecticism

Women's standpoint theory and IPA reflect the underpinning political and epistemological approach taken in this thesis. These two lenses, which have informed my decision making throughout this project, from design to data collection and analysis, are foundational to my understanding of this topic. As has been noted in the *Introduction* and *Literature Review*, this project also brings together multiple bodies of work and fields of interest. Meaning, through this

work, I am actively engaging with multiple sets of debates and theoretical ideas within body studies, digital media scholarship, feminist theory, and ED research, among others. In the findings Chapters, I bring together these works in order to explore weightlifting during ED recovery in a holistic sense, as well as to develop new theoretical frameworks which offer new ways of thinking about women, bodies and physical culture. By virtue of incorporating multiple fields, my approach to theory is eclectic. In what follows, I describe my engagement with theoretical eclecticism and its benefits to the project at hand. I then speak to the ways in which grounding my research in this kind of approach creates space for the development of novel theoretical frames.

Here, I define theoretical eclecticism as “the practice of selecting the most productive ideas from philosophy, social theory, and other fields, according to how well they can illuminate and frame an empirical project” (Monson, 2018, p.191). This way of applying theory in social research is often written about in relation to Foucault’s (1979) metaphor of the theoretical toolbox, which advocates that social researchers select concepts and ideas that have practical value. Speaking specifically of his collected works, he writes,

all my books ... are little toolboxes ... if people want to open them, to use this sentence or that idea as a screw- driver or spanner to short-circuit, discredit or smash systems of power, including eventually those from which my books have emerged ... so much the better. (cited in Patton 1979, p.115)

In this regard, rather than maintaining paradigmatic boundaries or taking a ‘purist’ approach to theory, Foucault advocates that scholars maintain a sense of flexibility and pragmatism when it comes to using social theory in their own empirical works. For Foucault, this is a political stance, as he is chiefly interested in the ways in which theory can be used to challenge existing power structures and effect change (Manias and Street, 2000). Similarly, as I outlined earlier in this Chapter, I am committed first and foremost to feminist modes of knowledge production. Standpoint theory and IPA form the foundations of my theoretical approach; therefore the potential utilisation of any additional theories is assessed according to their suitability in achieving this aim. In this regard, I

primarily draw on feminist works from a range of disciplinary backgrounds, as well as research which privileges women's voices and experiences.

Deleuze and Guattari's (1987) concept of 'assemblage' also speaks to the value of theoretical eclecticism in social scientific work. In this regard, Deleuze advocates for a rhizomatic rather than arborescent understanding of knowledge production. The term 'rhizome' (which is Greek for "mass of roots") uses the metaphor of an underground web of roots to convey an understanding of the social world as a mess of interconnected, non-hierarchical relationships between things- which are not always obvious or clearly visible. Deleuze and Guattari mobilise the concept of the rhizome in response to arborescent (hierarchical and tree-like) conceptions of knowledge, premised on dualist categories and binary choices (Monson, 2018). In this regard, multiplicity and a wide array of relationships between things are central to Deleuze and Guattari's ontological position. Theoretical eclecticism (or a theoretical assemblage) is perhaps the logical continuation of this line of thinking, as it requires multiple viewpoints to understand how different elements of the rhizome are connected and speak to one another.

As each Chapter in this thesis is guided by a specific question and addresses a different aspect of the phenomenon being studied, theoretical eclecticism is particularly well-suited for this research. These sub-questions are:

For women who are weightlifting in recovery from EDs:

- How do women experience their bodies? (see Chapter 5)
- What kind of relationship to social media do this group of women have? (see Chapter 6)
- How do women navigate and make sense of eating and exercise? (see Chapter 7)
- What kind of identity does this experience encourage or engender? (see Chapter 8)

In this sense, each question draws on different fields of knowledge and speaks to an entirely different set of debates. For example, 'how do women experience their bodies?' is, at its core, a question about philosophies of embodiment and

sits quite differently to the question ‘what kind of relationship to social media do this group of women have?’, which draws on debates relating to the relationship between digital media and mental health. Examining women’s experiences weightlifting in recovery from EDs as a holistic phenomenon that feeds into multiple different aspects of lived experience is a strength of this thesis. However, it also requires a flexible approach to theory which allows for the uptake of multiple different lenses.

In terms of applying this theoretically eclectic approach, I follow an abductive logic (Tavory and Timmermans, 2014). In the first instance, during the analysis phase of this research I used IPA (I have outlined these analytic steps in more detail in *Methodology*) to identify processes of meaning-making and overarching themes. In order to develop the findings Chapters in this thesis, I then situate the themes and concepts that have been identified in the analysis stage within broader bodies of literature and theoretical debates. When considering what theoretical work to bring in to contextualise each empirical case, I consider- what would be useful to think with? What makes practical sense? In some cases, this involves assessing the theoretical paradigms already present within the field and considering where the gaps are and how this work might contribute something new.

For example, in the case of Chapter 6, *Digital Pruning: Agency and social media use as a personal political project*, I situate this project within a broader program of work around women’s wellbeing and digital media. Within this field, media-effects scholarship is the dominant paradigm for thinking about women and social media use. Crucially, media-effects scholarship operates within a one-directional cause and effect model, whereby media is consumed and subsequently produces a reaction. In contrast, the empirical data collected for this project emphasises user agency in relation to digital media and therefore has new insights to offer this field of research. Thus, in order to develop this contribution, I draw on theoretical work by media scholars in order to think through the co-constitution of the material and the digital (Burke, 2006; Coleman, 2008; van Doorn, 2011). Similarly, in Chapter 8, *Recovery and Transformations of the Self*, I find marked differences between the kinds of

recovery identities women come to embody online versus in their offline lives. In this instance, I find Goffman's (1959) dramaturgical approach useful for theoretically conceptualising this discrepancy.

In this sense, theoretical eclecticism mirrors real life in that our experiences are not easily compartmentalised into different theoretical or experiential categories. When exploring a complex and multi-faceted phenomenon like women's use of weightlifting as a tool for ED recovery, it does not make logical sense to approach the topic from a singular and theoretically focussed gender/embodiment/digital lens. While these different elements do intersect with one another, it is necessary to draw on multiple theoretical ideas and traditions as a way of fully capturing the complexity of this experience. In this regard, using theoretical eclecticism allows me to engage with the topic at hand in a holistic way that mirrors the inherent multiplicity within everyday lived experience (Mol, 1998). Moreover, rather than thinking about eclecticism as a method of bridging the gap between competing theoretical commitments, I view eclecticism as a theoretical approach in its own right. In this regard, if one is to share Deleuze and Guattari's (1987) ontological understanding of the social world as an assemblage of intersecting social relationships, eclecticism is necessary to understanding any given phenomena in its fullness. I believe this to be especially true for topics such as this one, where women are faced with navigating competing cultural scripts and ways of being in the world. EDs, recovery and weightlifting each come with their own drives, appetites, and positioning within wider culture. In this way, understanding how women move between these embodied practices, requires engagement with an assorted range of theoretical ideas.

Perhaps most significantly, the flexibility inherent within eclectic approaches to theory creates space for the generation of something new altogether. In this regard, Monson writes,

All theoretical perspectives are partial and incomplete... and this incompleteness creates the space for critical dialogue... I am far more interested in what authors do with the theoretical ideas available to them

than in arguing that a particular philosophy, critical theory, or type of theoretical question is adequate or superior (2018, p.195-196).

In this respect, selecting (from the theoretical toolbox) relevant concepts and perspectives from a broad range of fields allows for the development of new frameworks, which can in turn be taken forward by future research. Remaining unconstrained by one specific lens of way of thinking is crucial to this process. In this research, I have found that theoretical eclecticism lends itself well to projects which seek to, not only generate novel empirical knowledge, but also play an active role in contributing to social theory.

3.5 Concluding comments

In this Chapter, I have outlined my theoretical approach to this research, focussing specifically on women's standpoint theory, IPA and theoretical eclecticism. Women's standpoint theory best captures my personal and political commitments to this topic as a feminist and a woman living in similar socio-cultural conditions to my participants. Standpoint theory is also primarily interested in experience and has been used to great effect by other feminist scholars to overcome the structure/agency dichotomy outlined in the beginning of this Chapter. IPA, which also privileges experience, complements standpoint theory and forms the epistemological foundations of this project. IPA is particularly suited to qualitative health research with small sample groups, as it seeks to interpret meaning from the depth and richness of personal narratives within a given phenomenon. It is noteworthy to add that IPA is rarely mobilised in research which contains online methods of data collection, making its application in this project a novel methodological approach. Finally, I engage with the concept of theoretical eclecticism, which is a valuable approach for empirical work which sits between multiple research fields and debates. In this regard, female weightlifting as a tool for ED recovery exists as a dynamic constellation of meanings and practices- requiring the attention of various tools and ways of thinking. I also note how eclectic uses of theory are effective in generating novel theoretical frameworks.

It is worth noting here that, while this Chapter lays the foundation for the theoretical approach taken in this research, I actively engage with and develop theory throughout this thesis. In this regard, this Chapter outlines my political and epistemological commitments, and is intended as a jumping off point for further in-depth engagement with theoretical ideas within the empirical context of female weightlifting as a vehicle for recovery from EDs.

CHAPTER 4- METHODOLOGY

4.1 Introduction

The aims of this Chapter are twofold. The first aim is to outline the methodology employed in this thesis and provide insight into my decision to explore this phenomenon using longitudinal semi-structured interviews, photo elicitation, and netnography. A second aim of this Chapter is to share, in a practical and experience-informed sense, exactly how each step of the research went in practice. To achieve both aims, this Chapter is split into two distinct parts. In the first half, under the heading, 'research design', I outline my methodological choices, explaining how this approach addresses the research question. Here I discuss each method in turn, as well as my approaches to sampling and analysis. In the second half of this Chapter, under the heading 'research in practice', I provide a somewhat chronological account of what happened when I applied these ideas- from recruitment and sampling to data collection and analysis. By structuring the Chapter in this way, I tease out some of the opportunities and challenges that arise when putting theory into practice, in the context of qualitative health research.

4.2 Research design

Before I detail the methodology, it is important to return to the overarching research question for this project:

What are women's experiences of weightlifting during ED recovery like?

This question is interested in experience-informed understandings of a highly embodied and complex phenomena. Moreover, to return to the theoretical considerations discussed in the previous Chapter, as a feminist researcher I am committed to staying as close as possible to participants' own frame of reference. In the context of this project, this also means taking women's experiences at face value and avoiding more medical/pathological framings of women's choices. In methodological terms, this means selecting research tools which, as much as possible, allow individual experiences and perspectives to come to the fore. Moreover, due to the profound ways in which this phenomenon is entangled

with virtual spaces, I am also interested in developing a holistic view of this experience, incorporating both offline and online methodologies. Therefore, the methods I selected to explore women's experiences weightlifting during ED recovery are:

- Longitudinal semi-structured interviews
- Photo elicitation
- Netnography

I will now examine each method in turn, paying close attention to the ways in which it allows me to answer the research question above.

4.2.1 Longitudinal semi-structured interviews

In qualitative research, interviews are often described as “a conversation with a purpose” (Smith et al, 2009, p.35). Interviews are frequently mobilised to understand lived experience of health and illness, as they elicit a narrative response which tells a story (Brinkman, 2008). This is important to the topic at hand, as the women who took part in this study are easily pathologised due to their disordered history with eating and exercise practices. In this regard, Saukko, whose research explored the experiences of women with anorexia, writes, “taking voices seriously becomes particularly important when studying anorexic women because they have traditionally been silenced as disordered or incapable of reliably assessing their thoughts and actions” (2000, p.300). Moreover, the theoretical approach taken in this thesis is a combination of women's standpoint theory and IPA, which both place an emphasis on experience. Interviews are a space in which participants are encouraged to put their understandings of a topic into their own words. This is not to say that interviews are approached as a method of ‘uncovering’ antecedent meaning- instead interviews are understood as a productive tool through which processes of meaning-making take place (Brinkman, 2008).

There are multiple different ways of approaching research interviews (Brinkman, 2008). For this project, I selected longitudinal semi-structured interviews as a way of engaging with participants. Longitudinal interviews are interviews which occur multiple time points, with the same participant, across a

given period. As Vogl and colleagues write, longitudinal research can “(a) detect changes over time, and (b) explore the processes associated with change or stability as well as (c) interpret the perspective of the person experiencing that change. In sum, QLR [qualitative longitudinal research] traces lived experiences and processes of change or stability” (Vogl et al, 2017, p.178).

Longitudinal interviews are often mobilised in research on EDs or other experiences where relationships to the body may exist in a state of flux (Eli, 2016, Hesse-Biber, 1999). Longitudinal interviews are suitable for the research at hand, given the nature of recovery, which is an ongoing process that often extends far beyond when women are deemed no longer physically ‘at risk’ (Musolino et al, 2015, Weaver et al, 2005). In this regard, Weaver and colleagues write, “women who are taking care of myself no longer label themselves as “struggling to recover” but as “recovering.” They are generally positive about their overall ability to care for themselves; yet, they continue to respond to episodes of increased stress in their lives by eating less and/or exercising more” (2005, p.197). Moreover, from a more general perspective, women’s experience of and feelings towards their bodies are rarely static or fixed (Heatherton et al, 1997). Longitudinal research demonstrates that women’s relationship with their bodies are dynamic and change across time in response to a variety of external and internal influences, such as changing beauty ideals, transformative life events (such as motherhood), and trauma (Patching and Lawler, 2009; Tiggemann, 2004). In this respect, longitudinal interviews have been selected to capture the unstable nature of both recovery and embodiment.

For this project, I decided to conduct three semi-structured interviews with each participant across eight months. This meant meeting with participants every four months. This was important because I wanted to get a sense of recovery as a changeable and often non-linear experience. Eight months was identified as a suitable length of time for two reasons. The first being that it is a long enough period that participants might experience changes to their mental state or attitudes towards weightlifting during the course of data collection. At the same time, the time period is not so long that the study loses momentum and participants do not return for the second and third interview.

Interviews were also semi-structured, meaning I used an interview guide (see Appendix 6) to give the conversation structure and to ensure a range of topics were covered. Semi-structured interviews are a form of interviewing whereby the researcher asks informants a series of predetermined but open-ended questions (Ayres, 2008). This kind of interview typically favours a dynamic and conversational style. In this regard, while there is some structure to the conversation, the interviewer can go off topic to explore an idea they did not anticipate emerging and there is no fixed order in which questions need to be asked. Questions are open-ended and therefore there are no pre-set range of responses to each question (Crabtree and Miller, 1999). Moreover, it is common for the conversation to become less structured as the interview goes on.

4.2.2 Photo elicitation

The primacy of 'the visual' is a running theme throughout this research. This is in part due to my own informal observations of female amateur weightlifters interacting online through image-based platforms. Due to women's existing use of this medium, it was considered appropriate to include visual methods in the research design. Photo elicitation was selected as a suitable visual method due to its efficacy in creating a sense of shared understanding on a topic as highly personal and individualised as recovery (Harper, 2002). As Hackshaw-McGeagh and colleagues write, photo elicitation can be deployed in order to "(1) give participants a degree of ownership of the project, (2) engage the participants deeply in the project and (3) informally begin conversations and as a prompt for discussion" (2018, p.280). In practical terms, leading up to each interview it was decided that I would ask participants to take up to 10 photos of objects/people/places that they associate with recovery and weightlifting. Images could be taken on personal devices, such as cameras or phones, owned by the participant. It was stipulated in the ethics for this research that if participants did not own a device or did not wish to use their own, a camera would be provided for them. It was envisaged that these images would aid the interview process by breaking the ice, prompting memory and helping establish shared understanding (Radley and Taylor, 2003; Scarles, 2013).

In this study, photo elicitation was used as a technique to stimulate discussion during the interviews (Hackshaw-McGeagh et al, 2018). Therefore, photos were analysed alongside textual data from the interview transcripts. As Pink suggests “visual research methods are not purely visual. Rather, they pay particular attention to visual aspects of culture. Similarly, they cannot be used independently of other methods; neither a purely visual ethnography nor an exclusively visual approach to culture can exist” (2007, p.21). In this regard, this visual data works together with interview data to provide a deeper and more participant-driven understanding of weightlifting and ED recovery, as well as their aesthetic and subcultural mores. Moreover, the use of photos to visually illustrate recovery assists in punctuating the rich textual data collected from the semi-structured interviews and netnography.

4.2.3 Netnography

As I have described in the introduction to this thesis, amateur female weightlifters often share their personal journeys with recovery online, through websites, blogs, and on social media. There is a wealth of research that demonstrates women, particularly those suffering with or in recovery from EDs, often use online spaces to engage in “body talk” (Dias, 2003; Riley et al, 2009). In this regard, online spaces provide a rich source of knowledge on individual experience and expression. Moreover, empirical exploration of body projects in online spaces allows for the interrogation of what Jewitt refers to as the “digital body” (2017, p.256). As women’s engagement with weightlifting during recovery somewhat ‘takes place’ online, aspects of this research’s methodological approach are purposefully digitally oriented. While not all methods deployed in this study include online elements, much of the recruitment, observation, and dissemination took place in online spaces, and in this sense, immersion in the digital ‘worlds’ of participants is an intentional aspect of this project’s methodological approach. Netnography is a method of formalising data collection from online spaces and was used alongside semi-structured interviews and photo elicitation to capture the digital dimensions of this phenomenon.

At its core, netnography is guided by the same philosophy and practices that underpin traditional ethnography (Kozinets, 2015). That is, netnography places

an emphasis on culture, interaction, and shared systems of values (Jong and Drummond, 2016). In this regard, Jong writes, "it is a means of researching online communities in the same manner that anthropologists seek to understand the cultures, norms and practices of face-to-face communities, by observing, and/or participating in communications on publicly available online forums" (2017, p.152). The overlapping subcultures of female weightlifting and ED recovery on Instagram were selected as the site for the netnography, due to my informal observation of these spaces.⁵ It was decided that the netnography would be conducted alongside the interviews and photo elicitation, which took place over the period of approximately one year.

4.2.4 Recruitment and sampling

My recruitment strategy followed a similarly pragmatic logic to my selection of methods. I knew that this population regularly attended gyms and were active on Instagram, and so a two-pronged (online/offline) approach to sampling was decided upon. Firstly, I visited a selected group of gyms in England⁶ to advertise the study via posters and flyers (see Figure 1). Secondly, I advertised the study on all my social media accounts (Instagram, Twitter etc.), as well as directly targeting individuals on Instagram who appeared to fit the study criteria by direct message (see Appendix 3).

Initially, I sought to recruit a sample of 15 women with the following characteristics:

- A history of EDs
- Engagement with a weightlifting regimen for a minimum of eight months
- Aged 18 and over
- Living in the UK

⁵ I did not observe interview participants during the netnography but instead engaged with female weightlifting and ED recovery communities more broadly.

⁶ The study was advertised in gyms in England-only, because asking gym owners in-person proved to be the most successful method of attaining permission to display research posters. As the study was conducted from the North East of England, this meant local gyms were primarily targeted. I was, however, able to recruit participants from Scotland and Wales using online sampling methods.

Tell us about your experiences of weightlifting in recovery from an eating disorder



If you're a woman (18 or over) who is weightlifting, bodybuilding or strength training and in recovery from an eating disorder, we want to hear from you!



We would like to follow your fitness journey by speaking with you 3 times over the course of 8 months

You will be asked to take photos of people/objects/places you associate with recovery



Lead researcher, Hester, will arrange to chat with you at a time and place that is convenient for you- no travel necessary to take part



For more information contact Hester at:
Hester.r.hockin-boyers@durham.ac.uk



FIGURE 1 RECRUITMENT POSTER

To gain the broadest possible spectrum of recovery experiences, EDs did not have to be clinically diagnosed and were to be defined according to the participant's own frame of reference. For the purposes of casting a wide net and encompassing multiple forms of weightlifting, the recruitment materials called for individuals with experience "weightlifting, bodybuilding or strength training". In addition, participants were required to have engaged with strength training for a minimum of eight months at the time of the first interview. This was specified to ensure that participants had a meaningful and sustained engagement with the sport, and therefore possessed insight regarding its relationship to ED recovery. Eight months was deemed an appropriate cut off as women would have been in the sport long enough to have noticed its effects. At

the same time, this boundary would ensure relative newcomers to the sport would be able to take part.

Before beginning the recruitment process, I created an alias account on Instagram (@thepeachyphd) to act as a key field-site through which so much of the recruitment, communication with participants, data collection and analysis would take place.⁷ Once individuals indicated they were interested in taking part in the study, I provided them with a participant information sheet (see Appendix 1) and consent form (see Appendix 2) and arrange the first interview. I asked where a convenient place to meet would be and then arranged my travel to meet them there.

4.2.5 Ethics

Due to the sensitive nature of the research topic, ethical considerations were embedded in the study's design. Firstly, ethical approval was gained from the host institution (see Appendix 5 for the approved ethics application). Interview participants were provided with consent forms and information sheets about the study before any data was collected and care was to be taken to ensure participants understood what the research was about, how their data would be used, and that they could be signposted towards resources for support (such as ED helplines) should they need to access them. Pseudonyms were assigned using a random name generator to protect the interview participants' anonymity.

How to conduct research into this topic ethically and sensitively, is something I consciously engage with throughout this thesis and, in the latter half of this Chapter, 'research in practice', I describe how I have navigated ethical decisions as and when situations presented themselves. For example, I explain how I went about contacting women on social media and how I decided to present images and captions from the netnography in the research findings. In this regard, rather than positioning ethics as something that is introduced and subsequently resolved at the research design stage, in this thesis I engage with ethical decision

⁷ I use the term 'alias' to describe the Instagram account I created for this project because of the intentional way in which I sought to construct a researcher identity online through this account. @thepeachyphd is not an anonymous account and contains my personal details, such as my name and other identifiable information. However, this account exists separately to my personal Instagram, in which I present myself in a different way.

making as an ongoing process that is connected to multiple other research phases and practices.

4.2.6 Interpretative Phenomenological Analysis

I approached the data using interpretive phenomenological analysis (IPA). This analytic approach is well suited to health-related research with small sample groups, as it seeks to interpret meaning from the depth and richness of personal narratives within a given phenomenon (Shinebourne and Smith, 2009). At its core, IPA is interested in experience, subjectivity, and relatedness, which are central to the research questions for this project. In this respect, a phenomenological approach is useful for providing an understanding of women's agentic response to the systems of values within which they are situated. I have explored the nuances of this analytic method in greater detail in *Theoretical Contributions* and explain the practical steps involved in IPA later in this Chapter.

4.3 Research in practice

4.3.1 @thepeachyphd: Constructing a researcher identity on Instagram

When I was applying to PhD programs, I was once asked by a potential supervisor whether I had a Twitter account. I said I did not, and I was advised to set one up. "A lot happens on Twitter research-wise", they told me. Having since created a Twitter account, I can see what they meant. On Twitter I mostly 'follow' fellow researchers in my field and colleagues at my University. I regularly come across relevant research articles, conferences, postgraduate trainings, blog posts and 'think pieces' on topics I'm interested in and would otherwise possibly not be aware of. Academics on Twitter also regularly share insights into their everyday lives as researchers, such as the acceptance of a book proposal, grant rejections, gripes with reviewer 2, and memes about the futility of doctoral studies.

Instagram, by contrast, does not facilitate the same sharing of information, experience and materials. As an image-based platform, Instagram is structured according to visual logics. Thus, while academia on Instagram exists, it does so in a highly aesthetic and somewhat impractical formulation. To find academic

subcultures on Instagram, you only have to type in hashtags '#academia' or '#phdlife', which elicit both screenshots of Twitter captions and highly aestheticised imaginings of life as an academic- for example, cosy scenes of a wooden desk, piled high with books and papers, and a steaming mug of coffee. There are some more politically motivated accounts (such as @notsoivorytower and @diversityinacademia) which seek to challenge structural issues within academia in publicly accessible formats, however these tend to be in the minority.

Despite Instagram not having a particularly practical interface for the academic community, I created an account on the platform to facilitate various research processes- such as recruitment, communication with participants, data collection (netnography) and analysis. To make sense of my identity in relation to this online field, I engaged with feminist literature on "virtual-material positionality" which encourages digital researchers to "be more intentional about positionality by opening themselves and their research processes up to the same conditions of transparency, vulnerability, and scrutiny as their online research participants" (Morrow et al, 2015, p.538). In reaction to this feminist work, I decided to create an Instagram account where I would share both personal and study-related content. I named the account @thepeachyphd, which was a nod to my identity as a researcher, as well as the ubiquity of the peach emoji within female weightlifting subcultures. My first post, which attempted to 'set the scene' in terms of the kinds of content I would share, reads:

Hi there (wave emoji) I'm Hester. I'm a PhD student at Durham University and this insta account is dedicated to my research (girl behind laptop emoji)

...

I started this account in order to share my research as well as provide info for people about how to get involved

...

Expect to find:

Mini blog posts on up-to-date academic research (books emoji)

Information on how to get involved in the study (girl with hand up emoji)

My research diary (paper and pencil emoji)

...

Stay tuned for the latest on my PhD research (cheers emoji)

#phd #researchdiary #peachy #girlswholift #feminism #fitness

#strongisnotasize (@thepeachyphd)

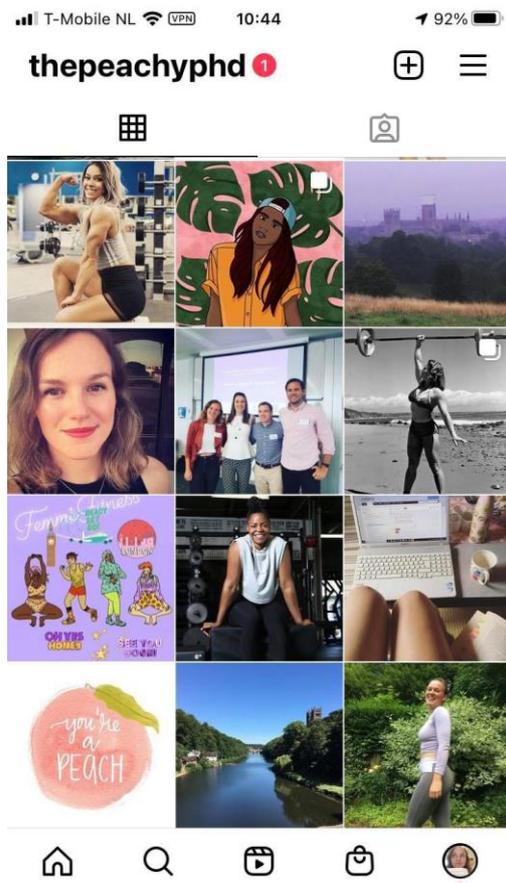


FIGURE 2 @THEPEACHYPHD

The content that followed could be categorised as; information on the study, short blog-style posts on relevant articles, reviews of podcasts, and journal-style posts on my daily life as a researcher (see Figure 2). On my Instagram 'stories', which are a temporary (24 hour) form of content, I would often post images of my daily life (see Figures 3- 7). Here, my goal was to build up a

coherent profile before the point of recruitment, so that potential participants could visit my account to find out about the study.



FIGURE 3



FIGURE 4



FIGURE 5



FIGURE 6



FIGURE 7

On the whole, this account did not elicit a great deal of interest outside of colleagues, friends and family (who were curious about my experiences with the PhD), and the individuals I followed and interacted with within fitness and ED recovery communities. A number of participants followed me as a way of keeping up with the progress of the project and would occasionally interact with the content I posted. I am cognisant that, had I posted my workouts or my meals in keeping with the kinds of content posted within fitness and recovery subcultures, I might have received more interest from women who have personal experience with the themes explored in this thesis. The absence of this kind of content was a personal choice, based on my own boundaries with regards to the aspects of my life I felt comfortable sharing.

One benefit that came from documenting my PhD journey through this account, was that it provided a space for me to reflect on how I was going about the study and what I could improve upon. As captions beneath each post could be a maximum of 2,200 character, it also taught me a specific form of public communication about my work. There is very little academic literature on uses of Instagram for dissemination, with the notable exception of work by Ellison (2017). Therefore, I was required to think creatively about how to communicate findings as succinctly as possible, without losing too much of the nuance captured in the full published works. Finally, this account has helped shape my identity as a researcher by allowing me to try out using humour or popular references to explain a concept or demonstrate the importance of a topic. While the account may not have made a particularly big 'splash' on Instagram, overall, it has been an incredibly valuable and creative learning experience. Moreover, it fulfilled its primary objective, which was to facilitate recruitment, share information on the research with participants, and act as a jumping off point for the netnography.

4.3.2 Not such a 'hard to reach population'

As I moved through academic circles, at conferences, networking events, in pubs and with colleagues, I explained the focus of my PhD and was confronted with quizzical looks and the question, "is that a thing?". In polite response I often laughed and said "yes, it's quite niche", when, in truth, the scale of the 'thing' is

not known. Though, I did suspect in my encounters outside of academia, that the phenomenon was more prevalent than those within the field anticipated. Specifically, when I spoke to women in their 20s who use social media, I found immediate recognition for what I was talking about. While in most scholarly networks my PhD was a curious novelty, in my encounters with other women my age I was offered contact details of friends who I might like to speak to, Instagram handles to lookup, and confessional accounts of people's own past with disordered eating. Perhaps most impactfully, these interactions provided comfort that my casual and incidental observations were shared by others and there truly was something interesting at play at the intersection of mental health and physical culture.

When I began recruitment, I visited gyms in the North East with posters advertising my study and tried to convince gym owners (or more often the personal trainers who were overseeing the reception desk) to display my poster in their gym. The first gym I went into thankfully obliged and let me stick my poster on the mirror in front of the squat rack. As I pressed my poster onto the mirror with blu tack, a woman in the squat next to me turned to me and said, "that's me". This is the story of how I gained one of my first participants and the moment I felt reassured that what I had chosen to research was in fact 'a thing'. This intuitive sense that what I was researching was common knowledge in health and fitness spaces was reinforced as I talked with personal trainers and fitness professionals in gyms. When I explained my study, they often said they knew people who might take part and expressed that they thought it an important topic to research. Something I didn't anticipate, was that male trainers and gym goers suggested I also explore men's experience with this phenomenon, as it was something they or someone they knew had struggled with. This surprised me, as I had not encountered men vocalising these experiences on social media, though admittedly I followed more women than men on most platforms. I wondered whether women's experiences of weightlifting in recovery from EDs are more visible than men's or perhaps if they feel more comfortable sharing their journey with mental health online. Despite this, I made the decision not to include men in this study. This was because I was interested specifically in

women's experiences operating within such a male dominated sport and doing so within a culture in which muscles are associated with masculinity.

From this point on, recruitment continued steadily over the course of six months. This is not to say every interaction was as easy as that first moment putting my poster up in the gym. A targeted approach was also taken on Instagram, to identify and contact individuals who appeared to fit the study criteria. I searched '#edrecovery' and '#gainingweightiscool' on Instagram through the alias account. This selection of hashtags was based upon my prior knowledge of these online spaces. The hashtag #edrecovery is a popular way for individuals on social networking sites to identify themselves as in recovery from an ED and connect to the ED recovery online community (LaMarre and Rice, 2017). The hashtag #gainingweightiscool is often found within both fitness and ED recovery spaces on social media and is attached to content about weight-gain, which is often (though not always) depicted as achieved through muscle-building (Hockin-Boyers et al, 2021b). When searching both hashtags respectively, I scrolled through the 'top' and 'most recent' posts on Instagram looking for photos that may signify the use of weightlifting as a tool for recovery from EDs. The presence of transformation photos (see Figure 8), particularly when the 'after' photo showed the person in gym clothes or flexing, was a key indicator of this experience.

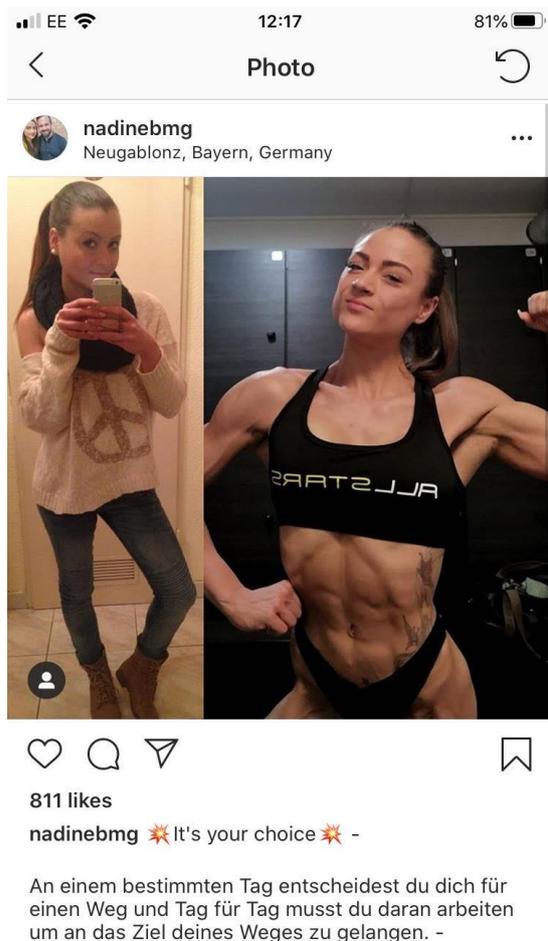


FIGURE 8 @NADINEBMG'S TRANSFORMATION PHOTO (FOUND IMAGE FROM NETNOGRAPHY)

Once potential participants were identified, I visited the content author's Instagram profile to search for further indications that would confirm the individual was using weightlifting as a mode of recovery from EDs. The most common evidence for this came in the form of text captions below transformation photos, where the account holder explained their transition from an ED to weightlifting. On other occasions, the existence of the hashtags '#edrecovery' or '#recoverywarrior' beneath images of women in the gym or flexing in gym wear was sufficient to justify initial contact. In total, 68 women were identified as potentially fitting the study criteria and direct messaged from the alias Instagram account with information about the study (see Appendix 3). A total of nine participants were secured using this online recruitment method.

This method of recruitment was admittedly the one I felt was most ethically complex, however I also believed it to be the most likely to result in participants. In particular, I worried about the sensitive nature of the topic (EDs and mental health) and was concerned that the women I contacted would feel exposed or hyper-visible once I had reached out. The ethics attached to 'cold' contacting women over social media was considered at length, due to the increasingly blurred boundaries between public and private online information (Morrow et al, 2015). In response to these concerns, efforts were made to participate in and engage with online communities through the alias Instagram account (Bluteau, 2021). While many women did not respond to the initial message or declined to take part, none expressed concern for their privacy or asked how I came about their account. This indicated to me that women within ED recovery and fitness spaces are somewhat accepting of their visibility online. Moreover, in some cases, it could be argued that women sought out engagement from other users (through the use of hashtags among other strategies) with their account and the content they produced.

On the whole, this method of recruitment was successful in that I was able to identify and recruit participants, however there were also a number of pitfalls. First and foremost, while I was often able to discern how potential participants meet the recruitment criteria by looking at their Instagram profile alone, this was not always the case. For example, identifying a participant's age proved especially difficult. This was made even more problematic by the fact that many participants did not always read the participant information sheet when it was sent to them and so did not always opt out when they did not match the study criteria. Moreover, while making contact was extremely quick and easy, arranging a meeting was often difficult. Often women seemed happy to chat online and were quick to set up an interview. However, I always worried about how firm these plans were. In one instance, I arranged to meet a participant in Winchester, which was close to where she lived. This was a 5-hour train journey from Durham, where I lived throughout my PhD. When I arrived in our agreed meeting place (a Starbucks in the centre of town) I bought a drink and set up at a table at the back. Just five minutes before we were due to meet, the participant cancelled. It is hard to say whether this would have been less likely to happen

had I arranged this meeting over a different medium, or even scheduled a call first to confirm. It is worth mentioning that while I did have to reschedule a number of interviews, most did in fact go ahead as planned. In this way, maybe the difficulties I occasionally experienced are an inevitable part of any research involving human subjects.

I have long finished recruitment for this project and yet I regularly encounter people in my everyday life and through my social media scrolling who could be participants in this study. The relative ease of recruitment for this study has taught me a number of important lessons as an early career researcher. In particular, the mobilisation of the term 'hard to reach population', used to describe a group academia view as niche or difficult to access, was often applied to my study (by myself and other researchers alike). However, as I have described, to many non-researchers, in particular women who look at fitness content on Instagram, the phenomenon I am researching is entirely recognisable and commonplace. Moreover, when it came to recruiting participants, women who fit the study criteria were both highly visible, actively telling their stories online, and very open to speaking to me about their experiences. A lesson I have learned from this is to always be critical of the term 'hard to reach population' when applied to certain groups, and to ask the question "according to who?". The production of knowledge is a slow process and one that is dominated by white men with a great deal of privilege. In this way, academia does not necessarily have its finger on the pulse of cultural trends and transformations, particularly those led by (often young) women using new technologies.

4.3.3 The participants

The women who took part in this study (n=19) were aged 17 to 38 and lived in various locations across the United Kingdom (see Appendix 7 for the participant table). While the original recruitment materials stipulated that women 18 and over would meet the recruitment criteria for the study, two 17-year-old women reached out and asked to take part. In an effort to be inclusive and allow these women to share their experiences, for the purposes of this study, any participants aged 16 and over were considered young adults and able to independently consent to participation (Goredema-Braid, 2010). As the study

progressed, 17-year-old participants were not found to have any additional needs to older participants and did not present any exceptional ethical challenges.

In terms of ethnicity, 16 participants identified as White British, two as British Indian, and one as Chinese. This lack of ethnic diversity is also reflected in overlapping weightlifting and recovery communities online, which are predominantly white and female. It is unclear whether the experiences of women from Black, Asian, and minority ethnic backgrounds are less visible within this space or whether this phenomenon is less prevalent in such ethnic groups. It is also worth noting that most offline recruitment was conducted in the North East of England which, as a region, has the highest percentage of white British citizens (93.6%) (Office for National Statistics, 7th August 2020). In this regard, recruiting primarily from this location could be a reason for the lack of ethnic diversity in the sample.

Women who took part in this study were all amateur participants in a range of weight training styles. These included bodybuilding, strength training, powerlifting, strongwoman, and CrossFit. Participants engaged with one or a mixture of these activities on a weekly basis and had done so for a minimum of eight months at the time of interview. It is noteworthy to add that, as participants were amateur lifters, not all of them identified themselves as part of a specific sport. For example, instead of saying they were “a bodybuilder” they would say they engaged with “bodybuilding-style training”. When these moments occurred, I asked why they viewed their exercise in this way and they often expressed that they believed these labels were reserved for individuals who competed or operated at a higher level than they did. Moreover, some found their identity to be ambiguous due to their transitioning between or engaging with multiple styles of training. For example, during the eight months I was in communication with Lily, she stopped Powerlifting and began CrossFit. During our second interview she reflected on how this had altered her identity:

Who am I now that I'm not a powerlifter? I was like, what do I say I do? Now I'm a person who just goes to the gym and does CrossFit,

but I'm not quite a CrossFitter, I'm like a weird hybrid of it, so I'm like ahh what am I? (Lily, 22 years old, in recovery from anorexia)

Women were asked to self-report their previous experience with EDs (with or without a clinical diagnosis) and recovery status. Nine participants reported to have struggled with anorexia nervosa, two with bulimia nervosa, two with binge ED, one with ED not otherwise specified (EDNOS), and the remaining five suffered with a combination of the above. While a minority of participants considered themselves “recovered”, the majority self-identified as “in recovery,” despite often being weight-restored and therefore no longer considered clinically “at risk.” Two participants identified as “still suffering” with an ED and attempting to recover. Participants viewed recovery as a daily practice and there was a great deal of discussion regarding the degree to which a person ever *truly* recovers from an ED.

Just under half of the women who took part had never received any treatment or therapeutic support for their ED. Of the participants who had at one time accessed care, two were inpatients, three were outpatients, and the remainder saw a therapist or psychologist. However, many of these women reported struggling to engage with formal treatment, citing weightlifting instead as the key initiator of their recovery. Significantly, of the participants who had not received formal treatment, many reported to have tried to access support during their ED but were either turned away or put on waitlists lasting years. Several participants were told by health care professionals that they would not be referred to specialist care due to “not being thin enough.” Despite the range of experiences with treatment within the sample, there were no obvious differences in the valuing of exercise between women who had and had not received care for their ED.

A central aim of the study was to determine the role that social media plays in the use of weightlifting as a mode of recovery. As a result, data were collected regarding participants’ social media use and its impact (if any) on health and wellbeing. Participants in this study have unique and important insights to offer into current debates in this area. For one, this group of women have a history of EDs and over half of the participants in the study reported to engage with pro-ED

content prior to starting their recovery. According to the extant research, this situates them within the category of potentially most 'at risk' and vulnerable to negative social media messaging (Perloff, 2014). Second, as they are all weightlifters and gym-goers, the women in this study observe and engage with so-called 'online fitness communities' on social media. This makes them well-placed to comment on fitspiration discourses which, research indicates, proliferate within this online space (Griffiths et al, 2018). Finally, this group of women represent a range of voices within the social media landscape. The majority are casual and active users, engaging with digital spaces to document their weightlifting and recovery progress. In total, four participants had cultivated followings of over 2000 on Instagram and one participant could be considered to be 'influencer' status, due to having over 201k followers of her Instagram account. It is noteworthy that two of the women in the study did not use social media, for one participant this was due to a lack of interest and for another her avoidance of social media was described as a conscious means of maintaining positive mental health.

4.3.4 Data collection and analysis

i) Interviews and photo elicitation

The first interviews all took place face to face and in various locations across the UK. When I asked where a convenient location would be to meet, I always offered to come to participants' homes or to meet somewhere public close by to where they live. Perhaps unsurprisingly, considering I had contacted half of these women over the internet, all participants opted to meet me in public spaces. Typically, we met in cafes although occasionally (if we were meeting in the evening and the local Starbucks had closed) we met in restaurants. While I understood why women opted to meet me in these spaces, I was often struck by the fact that we were having in-depth conversations about disordered eating while surrounded by food. Most participants didn't comment on this, however occasionally, once we had ordered, they would say "I never would have got that drink before" or "I didn't used to eat the food here".

I started each first interview by asking to see the images women had bought with them for the photo elicitation phase of the research. Here, I was expecting to see

images women had taken themselves for the purposes of the interview, that captured the role of weightlifting in their everyday life and recovery practice. Despite this being stipulated in the guidance, instead, most participants showed me 'found' images on their phones which had been taken over the years. Instead of using them to explain their current routine and lifestyle, they used them to tell me the story of their ED and discovery of weightlifting, with images often depicting the beginning of their struggles with eating through to the present day. Although this is not what I had intended, the fact that so many women interpreted this exercise in this way led me to believe it was performing a more important function. After 4-5 interviews I therefore changed the study design to match what participants were intuitively doing of their own accord.

Interview participants were also given the option to consent for their photo elicitation images to be used for analysis only or for analysis and for use in outputs. Some opted for analysis only, to protect their anonymity, and others consented for their photos to be used in outputs, however I was conscious that images that included faces would compromise their anonymity. Moreover, some of the images I had consent to use in outputs were too low-quality (pixelated) to publish. For these reasons, the photo elicitation images presented in this thesis have been selected on the basis that they 1) protect participants anonymity and 2) are high enough quality to be included.

I brought an interview guide (see Appendix 6) with me to every meeting. The interview guide was split into three experiential categories; 1) weightlifting and strength, 2) ED recovery, and 3) social media usage. Five to ten questions were drafted for each category to prompt discussion. Examples of the kinds of questions asked included; 'how do you feel when you are weightlifting?', 'what does recovery mean to you?', and 'what role (if any) does social media play in your life?'. This three-stage design was created to first put women at ease with 'easier' questions, such as 'how long have you been weightlifting for?' to develop a rapport before moving into more sensitive topics relating to their past with EDs. In practice, however, our conversations rarely fell into step with the interview guide's artificial structure. Instead, the three categories were largely discussed at once, with participants drawing connections between weightlifting, recovery,

and social media in a narrative style that is mirrored within social media spaces (Rettberg, 2018).

Moreover, my attempt to create 'warm up' questions before diving into more sensitive topics proved unnecessary, as women often straight away started to tell me about their personal history and how they believe their EDs came about. Participants were extremely well-versed and understanding of their own internal mechanisms, which for some might be a consequence of formal treatment. As one participant noted in response to a question about the role weightlifting played in their recovery:

You are probably going to get quite a therapeutic answer if that's alright? (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

It is also possible that, as many women in this study regularly talked about their struggles with mental health on social media, they were used to deconstructing and condensing their experiences into a well-formulated narrative.

In order to facilitate an informal, conversational atmosphere, at various points during the interviews I shared some of my own personal experiences with diet, exercise and social media. It was intended that these attempts at connection would serve to readdress the power imbalance inherent within the interviewer/interviewee dynamic, as well as allow for a rapport to be developed (Cotterill and Letherby, 1993). As a feminist researcher, humanising myself by providing these details, was an important tenet of my ethical approach to interviewing. However, somewhat contrary to literature which recommends this strategy as a way of 'levelling the playing field', I got the sense that these insertions were received by participants as unnecessary. In most cases, participants politely waited for me to finish before redirecting the conversation back to their experiences. I believe this is worth noting here, as it is one of many occasions whereby methodological techniques which appeared ethically and theoretically appropriate, fell flat when practiced within a live setting. When this kind of dissonance occurred, I modified my approach in order to honour what made practical sense and allowed the conversation to flow naturally.

While it could be said that my brief attempts to share my own experiences were unnecessary, my prior knowledge of weightlifting and online fitness cultures was extremely beneficial. The ‘ready-to-hand’ nature of this insight proved invaluable when speaking with participants about the role of weightlifting during ED recovery. For example, I was able to instantly recognise what participants meant when referring to the technical details of weightlifting (e.g. certain exercises or styles of training like ‘hypertrophy’) and various embodied sensations which accompany the sport (e.g. “DOMS”- delayed onset muscle soreness) (Kerr and Sturm, 2019). Moreover, I understood references to social media’s various functions (e.g. ‘stories’ on Instagram) as well as cultural trends and developments within online fitness communities (e.g. emoji use, memes, selfie-poses etc.). On several occasions, participants referred to fitness influencers who I also followed on social media.

This common lexicon served two important functions. First, it allowed me to maintain the flow of the conversation without having to regularly ask for explanations. Second, it signalled to participants my somewhat ‘insider’ status, which I believe put them at ease regarding how their personal experiences would be handled. In this regard, when reflecting on how the first interview went, Ruby noted:

I felt actually comfortable talking to you because you know what I’m talking about- obviously you’ve been through it yourself. It doesn’t matter to what extent, the fact that you can relate to me made me feel more open to speak to you about it. (Ruby, 24 years old, in recovery from binge eating disorder)

It is significant to detail here that the 2nd and 3rd interviews functioned quite differently in terms of length, depth and the topics discussed. Generally, the first interview was designed to capture the participant’s history with ED, how they came about weightlifting, as well as their approach to recovery. While the second and third interviews sought to capture the phenomenon at hand in a more ‘everyday’ sense, as well as any changes that might have occurred in terms of recovery. The latter two interviews were also markedly shorter and did not always take place face to face. Instead, many were conducted over Skype, the

phone, and occasionally took the form of an email exchange. This was done for two reasons, the first being that practically, travelling around the UK for a second or third time was unrealistic in terms of both the PhD timeframe and fieldwork costs. Secondly, when setting up follow-up meetings, I got the sense that participants were less inclined to agree to meet face to face for the second and third time and so talking via a different medium was offered as a viable alternative.

Not all 19 participants in this research returned for the 2nd or 3rd interview, which is a commonly cited limitation of longitudinal research (Carduff et al, 2015). Following the first interview, I was not able to schedule a 2nd or 3rd interview with three of the participants, meaning 16 participants engaged with the latter two phases of the longitudinal interviews. For one participant, this was because she was too busy to continue with the study, and the remaining two did not respond to my attempts at contact.

i) Netnography

The netnography phase of the research took place alongside the interviews and photo elicitation. As explained in the first half of this Chapter, netnography is a method which applies an ethnographic approach to online environments (Kozinets et al, 2014). For the purposes of this study, the netnography phase allowed for the exploration of ED recovery and fitness communities on Instagram, paying particular attention to the circulation of images, the language/emoji use, and the kinds of discourses that are performed within these subcultures. Netnography data collected on Instagram included images and the associated 'likes', captions and comments (including the hashtags) below posts and Instagram 'stories'. This data was captured through 'screenshots' and observational field notes. It is noteworthy that, while participants in the interview and photo elicitation phases of the project were UK-based, Instagram is not a nationally-bounded space and therefore data was collected from both UK and non-UK user accounts.

While the netnography 'officially' lasted for one year, the actual length of time that I have been observing, participating in, and thinking about recovery and fitness communities on Instagram, spans over four years. During this time, I did

not make extensive notes or actively try to connect what I observed to social theory; however, I did notice cultural norms and trends in communication, many of which have since made it into this thesis. In truth, my netnography began long before I began this PhD, which I retrospectively view as both an advantage and limitation. The main benefit to this prior engagement, was that the tasks of 'mapping out' a field site within which to conduct the netnography was relatively quick. In this regard, I followed Burrell's concept of "the field site as a network" (2009, p.187), which lends itself well to digital ethnographies of social media platforms. Using my prior knowledge of this space meant I was able to use selected hashtags (such as #gainingweightiscool, #edrecovery, #strongnotskinny), which I knew were often mobilised by female weightlifters in recovery, to further expand my network and consequently my field site. Moreover, I already knew a number of key players within these subcultures, around whom users with similar interests and experiences often orbited.

A disadvantage of my prior familiarity with these online communities was that it was often difficult to re-examine (with a critical sociological lens) aspects of the subcultures that had become normalised within my own frame of reference. Perhaps the most salient example of this, which I go on to explore in detail in the findings Chapter, *Recovery and Transformations of the Self*, is the prevalence of transformation photos⁸ within these subcultures. Having informally observed this representational practice on social media for years prior to starting the doctoral program, when I encountered transformation photos during the netnography I was initially somewhat blind to their significance. It was not until the first interviews when participants showed me their transformation photos as part of the photo elicitation exercise, that I was finally able to gain enough distance from my 'insider' view to recognise them as an important memetic practice for this population.

In terms of practically performing the netnography, I used @thepeachyphd for all netnographic activities. Having created the account just before starting the

⁸ Transformation photos are two images (from different time points) set alongside one another to represent the changing of bodies in look, shape or size. These images are prevalent within ED recovery and fitness spaces on Instagram and typically display an individual's recovery journey through a before (thin) and after (more muscular) image comparison.

recruitment phase, @thepeachyphd was a blank slate from which I could build my netnographic field site. Like Bluteau (2021), this Instagram account acted as “a research tool, a digital self, and an image-based blog charting my fieldwork” (p.5). Alongside @thepeachyphd, which acted as a vehicle through which I performed the netnographic work, I also took extensive fieldnotes based on my daily observations, experiences and interactions. In these notes, I was intentional about incorporating the socio-spatial geographies of the digital, which shape online environments in particular ways (Rose, 2016). In this respect, not only did I note down stylistic conventions and subcultural norms, but I also paid attention to how these were functionally enacted through the platform (Caliandro, 2017; Seaver, 2017). Much like how ‘offline’ ethnography is attentive to the specificities of place in delineating how individuals come together and interact, netnographers must avoid what Boulton and Zook (2013) refer as the “duplicity of code”, whereby digital structures come to be naturalised. For example, it is easy to take for granted that captions on Instagram posts can only be 2,200 characters. However, this is an intentional function of the platform, decided upon by those who designed this digital space. Similarly, the existence of both a ‘main feed’ and ‘discover feed’ on Instagram, creates different opportunities for interaction and exploration. In this respect, the internet is not ‘placeless’, it is made up of a multiplicity of sites which are organised according to a specific set of logics (Seaver, 2017). As much as possible, I tried to incorporate these behind-the-scenes mechanisms according to which these communities are made possible.

On managing the wealth of potential data available online, Seaver writes, “weaving networks into an ethnographic field can bring the most disparate things together, and particularly when one’s research topic is not extremely narrow, each node of the network can result in dizzying vertigos over a wealth of potential interlocutors, unexplored communities, or entirely new categories of data” (2017, p.83-4). In this project, I had to think carefully about how much data to collect for the netnography and when to stop. Creating some form of boundaries in this regard was further complicated by the fact that overlapping female weightlifting and recovery communities on Instagram are expansive and rich in potential data. As I was already engaging with two other methods

(longitudinal semi-structured interviews and photo elicitation), determining the kinds of online spaces to cohabit and how long to stay, was also impacted by practical concerns such as time and funding constraints. Therefore, my strategy was to make sure all exploration within the netnography spoke to themes that were being uncovered during the interviews and photo elicitation. In order to achieve this, I consistently moved between my netnography notes and the emerging interview and photo elicitation data, noticing common themes and joining up these three methods. Moreover, in the second and third interviews, I often asked participants their opinion on recurring trends or stylistic conventions that I had observed from the netnography. I discuss this process in greater detail in Chapter 8, in relation to 'transformation photos', which are a popular representational practice among ED recovery communities on Instagram.

This approach helped me cut through the overabundance of data, to home in on specific topics, and also assisted in joining up these three different methods. My intention was to triangulate these three rich data sets, in order to create a study which explored female weightlifting as a mode of recovery as a holistic experience. In this regard, in my analysis and presentation of findings, I chose to avoid delineating between online/offline 'worlds' because, for the women who participated in this study, both spaces were viewed as equally real and important to their experiences of recovery.

I performed the netnography using the Instagram app on my mobile phone and logged in to the alias account almost every day for around 6-8 months. When on the app I would scroll through my Instagram 'feed', watch stories, use the 'discover' feature to find other women with this experience, and occasionally search relevant hashtags (for example, #girlswholift and #recoverywarrior). I would make notes alongside these sessions, in my notebook or on the notes app on my iPhone if I didn't have paper and pen to hand. The transportable and highly flexible nature of this form of data collection meant I was able to engage with netnographic exploration at home, in the office, and on public transport, which was incredibly useful considering during this period I spent a great deal of time on trains travelling to and from interviews. During these sessions, I

occasionally posted my own content (more frequently in the form of 'stories' than 'on the grid') and interacted with members of this extended network by 'liking' posts, 'reacting' to stories and occasionally sharing these on my own page, if it was relevant to the study. On a few occasions, while I was on my way to meet up with a participant, they posted a story about meeting me for an interview and tagged @thepeachyphd account. In these instances, I always shared these stories on the alias account, as is the etiquette within these kinds of interactions on Instagram.

While I did participate in the communities I studied and sought to make myself and what I was doing as visible as possible, it is noteworthy that the majority of the netnography was spent 'lurking'. 'Lurking', in the context of digital ethnography, refers to remaining 'invisible' online, "without clear codes on how to signal to participants that they are under observation" (Robinson and Schulz, 2009, p.692). In this respect, though the alias Instagram account was public and accessible to anyone, it was impossible to make myself known to every user as I scrolled through Instagram, observing the kinds of content people posted. While lurking is often questioned as an ethically dubious form of engagement with online communities, I would suggest that lurking is not entirely separable from other more 'active' uses of social media. In this regard, Seaver writes, "lurking becomes just a possibility alongside practices such as ignoring, reading, liking, commenting, sharing, editing, and linking, which are all modes of participation that can be adopted situationally across different platforms and identities, and that ethnographers are asked to understand and incorporate in their own work" (2017, p.86). Much like Seaver, I appreciate lurking as just one of the many 'gears' netnographers can activate as part of their research. Moreover, the idea that netnographers be constantly participating and interacting during their research both goes against common usage of these platforms and could be potentially off-putting to those operating within the field site.

A selection of captions and images from the netnography are included in the findings Chapters due to being particularly illustrative of certain themes and ideas. When accounts were considered 'influencer' status, due to having more than 100,000 followers, consent was not sought because these accounts are

more explicitly 'public' by nature. However, for all other social media users, I contacted account holders over Instagram (direct message) to gain informed consent before using any images or captions in this thesis and in outputs. During such correspondences, I specified which caption I wanted to use, explained the topic of the thesis and made clear my intention that this text might be publicly available in publications or online versions of this thesis. I also gave the option for account holders to have their usernames included or excluded alongside the caption. Without exception, women opted for their usernames to be included. I considered removing the Instagram usernames from all images and captions to make them less identifiable. My main concern with this, however, was that the women I contacted were keen for me to acknowledge them in my research. Therefore, to obscure their account or image would be to go against how they themselves wanted their content to be represented. It must be noted that other scholars have discussed this tension (between conventions in qualitative research and participant's desire to be seen/heard) in greater detail elsewhere (Wiles et al, 2012).

i) Analysis

Data collection spanned roughly a year and resulted in audio recordings of longitudinal interviews (which I transcribed verbatim), digital images from the photo elicitation exercise, and a combination of screenshots and fieldnotes from the netnography. I stored all the data from this project in an application called 'scrivener', which is a tool intended for novelists to compile their drafts and research materials but is also ideally suited for the qualitative analysis (particularly IPA) of rich data sets containing both visual and text-based materials.

To develop the four findings Chapters in this thesis, I followed the three stages of IPA as described by Smith and colleagues (2009). The first stage of analysis involved 'initial noting', where I annotated the data with my first impressions of what was I encountered. During this process, the following questions acted as prompts; 'what is being described?', 'what kind of language is used?', and 'what (at surface-level) is being communicated?'. The second phase focused on accessing a deeper level of meaning by establishing patterns such as commonly

used metaphors and the repetition of language. Here, themes such as '#gainingweightiscool', which was both referred to during interviews as well as used online, began to emerge. The third phase operated at the conceptual level whereby I identified processes of meaning-making and overarching themes. These themes were subsequently refined and mapped out according to their interconnectedness.

When conducting research using visual data, images are generally conceptualised as either 'topic' or 'resource' (Harrison, 2002). However, in this research I approached visual data (from the photo elicitation and netnography) as both. Due to the primacy of digitally mediated images for this population, visual data was treated as both the subject of investigation as well as a lens to better understand a predefined subject matter (i.e. weightlifting during recovery). Therefore, photos were analysed in terms of style, form and content, as well as used as reference points around which the text-based data cohered. I found Rose's critical visual methodology (2016) useful for thinking through how to analyse and incorporate visual materials in this thesis. Rose's work breaks down the process of analysis of visual materials into three 'sites'; i) the site of production, ii) the site of the image, iii) the site of the audience (Rose, 2007). To describe these three sites in brief, the 'site of production' is concerned with why the image was created and how it was made. The 'site of the image' references to the observable components of the image. Finally, the 'site of the audience' is primarily concerned with who is viewing the image and how it might be interpreted. Detailed notes were made using Rose's critical visual framework and images were then contextualised within textual data from the interviews and netnography to further make sense of their subcultural significance.

By triangulating these data sets, I provide a nuanced and thorough account of this phenomenon by detailing its subjective meaning for specific individuals (through the interviews and photo elicitation), as well as how it is represented according to subcultural logics (the netnography of fitness/recovery communities). These data sets have been combined in the findings Chapters intentionally, to convey the notion that online and offline lives are not

ontologically separable but are profoundly entangled. In this respect, I contend that posting on social media is not merely an act of self-presentation but also a strategy for participation in culture, community and social life (Caliandro 2017). As Caliandro asserts, “through self-presentation, users convey a public image of themselves that is constructed on a repertoire of symbols that they deem to be widely shared and valued”, therefore we can use these visual metaphors to “reconstruct the collectively built and shared cultural structure” (2017, 566).

This study is underpinned by a feminist epistemology, whereby knowledge is conceived of as partial and situated (Haraway 1988). In this respect, while the ethos of IPA is to get as close to the participants’ viewpoint as possible, researchers, who hold their own subjective and experience-informed perceptions, will inevitably bring to bear their own conceptions of the data. To address this, researchers who use IPA practice ‘bracketing’, which is a practice in which the researcher attempts to suspend their own presuppositions and judgements in order to focus on what is present within the data (Biggerstaff and Thompson, 2008). As a way of engaging with this practice, throughout analysis I kept a reflexive diary where I noted down pre-existing ideas and beliefs as and when they occurred to me. In order to make these pre-existing judgments visible, I have chosen to start each findings Chapter with my personal reflections on the themes addressed in the text. By positioning my own experiences in relation to the ideas presented, I hope to somewhat demarcate the participant voice from my own and make clear the ways in which my own views and experiences are implicated within this body of work.

CHAPTER 5- MOVING BEYOND THE IMAGE

5.1 Introduction

This Chapter draws on and extends feminist critiques of image-centric lines of enquiry as it pertains to female weightlifters in recovery from EDs. I contend that within scholarship on women's bodies, particularly bodies at the 'extreme' (Hockin-Boyers et al, 2020), there is a concomitant tendency to focus on what bodies 'look like' over how bodies *feel*, which produces disembodied and alienating visions of female subjectivity. As Probyn argues, "the fixation on the image tends to fix bodies in the sense it renders understandings of bodies as static... something that is image but not feelings, emotions and affects, as something untouched by economics, class and ethnic positioning" (2008, p.401). I circumvent this paradigm within writing on women's bodies by following in the footsteps of feminist thinkers (Budgeon, 2003; Coleman, 2008; Davis, 2007; Moola and Norman, 2017; Probyn, 2008), who locate subjectivity and affect as a starting point from which to theorise female embodiment. Affect, in this case, being "those registers of experience which cannot be easily seen and which might variously be described as non-cognitive, trans-subjective, non-conscious, non-representational, incorporeal and immaterial" (Blackman, 2012, p.4). In doing so, I come to understand that, for female weightlifters in recovery from EDs, everyday experiences of embodiment are made up of a multiplicity of states, both past and future imagined selves. For this population, corporeal modalities that are typically treated as separate and distinct (muscularity/thinness/fatness) can occur together at once in the lived experience of a single individual.

This Chapter is structured according to four main headings. To begin, I reflect on the research experiences and questions that brought this Chapter into focus, as well as highlight the key theoretical ideas the data engages with. Following this, I explore the salience of 'phantom' and 'liminal' fat to participants' experience of embodiment, before moving on to consider the role of weightlifting (and experiences of strength/muscularity) in disrupting this paradigm and helping

women practice recovery. I then draw on the metaphor of the kaleidoscope to explore how participants temporarily 'shift the focus' on their body by engaging in weightlifting practices, while existing in largely the same material conditions. The kaleidoscope metaphor is further explained through a case study, which follows Lizzie's journey from illness to active recovery through weightlifting. I end the Chapter by considering the implications of this new theoretical contribution to understandings of women's embodiment in various phases of life.

5.2 Moving beyond the image

In the early years of my studies, I approached research on my PhD by consulting relevant (and sometimes tangential) academic literature. I was cognisant that, having chosen to study women's engagement with weightlifting as a tool for ED recovery, I would have to split my time and efforts between multiple bodies of work as I would rarely encounter gender, weightlifting and EDs discussed all at once. As a result, much of my reading was divided into parts. Phase one was literature on gender and weightlifting which, due to the visual spectacle created by the muscular female body, was dominated by writing on female bodybuilding (Bell, 2008; Lowe, 1998; Shea, 2001). This was followed by sociological and anthropological work on EDs, where scholars challenged prevailing understandings of this set of pathologies as 'reading disorders' that purportedly come about as a result of internalised feminine ideals (Bray and Colebrook, 1998; Ferreday, 2012; Saukko, 2000). Finally, I moved on to literature on women's social media use (particularly Instagram) and was struck by the wealth of work on the effects of 'exposure' to digitally mediated images on women's wellbeing, particularly in the context of viewing images of idealised women's bodies (Holland and Tiggemann, 2016; Griffiths et al, 2018; Slater et al, 2017).

Throughout this exploration, I came up against a number of theoretical issues and topics for consideration, but none more so than the dominance of image-centric lines of enquiry for understanding women's experiences of their bodies. In this regard, many of the questions being asked in these three distinct bodies of work, such as 'why are women increasingly drawn to a muscular, worked-out physique?', 'what is the cause of EDs in women?', or 'why do so many women experience body dissatisfaction?', had answers premised on what Moola and

Norman have termed “the tyranny of the image” (2017, p.261). In this respect, the answers offered to the questions posed, were often:

Because muscles represent the current ideal for women.

Because women harbour pathological aspirations to achieve an ideal body.

Because idealised images on social media tell women how they should feel about their bodies.

The role of aesthetics became ever more salient in my mind when, upon explaining my PhD topic to colleagues, friends and family, I noticed the immediacy through which people come to think about female weightlifting as a tool for recovery from EDs as a case of women transitioning from one physical ideal (thin) to another (muscular). The ready-to-hand nature of this explanation fascinated me, as it seemed to leave out so much. For example, how women might experience strength in transformative ways or what being in a gym setting does for women coming out of a period of social alienation. These ideas were not as immediate or compelling to audiences, academic and otherwise, as the notion that female weightlifters in recovery from EDs were complying with (or sometimes resisting) certain gendered physical ideals.

Furthermore, when I met with participants during interviews, there was critical engagement with the fact that weightlifting, EDs and women’s social media use are all commonly understood according to images and their effects. For example, during her inpatient treatment, Ava was often told by healthcare professionals that the cause of her ED was a body image issue, despite this not being her own understanding of the root of the problem. She explained:

*Like, the group counselling, they would always focus on body image and things like that and wanting to look a certain way, but I think for me it was very different. Um it wasn't really about how I looked.
(Ava, 30 years old, in recovery from anorexia/bulimia)*

Significantly, participants expressed dissatisfaction with the popular narrative that media images are to blame for body dissatisfaction and EDs in women. They viewed this as a simplistic and reductive understanding of their illness, not least because many of them were very much engaged in the production of various

media - such as, blog writing, video creation, and the maintenance of successful social media accounts- many of which were aesthetically-driven and central to their personal and professional lives. In this regard, Gill (2012), speaking to the notion that 'the media' can be used as a catchall term for social ills that affect women and girls, writes, "media emerge here as homogeneous, monolithic and all-powerful: The Media, rather than a diversity of different media, platforms, genres and productions, with – presumably – different kinds of representations of girls and young women, and, moreover, in which girls are increasingly involved as active producers, not merely consumers" (p.738). Indeed, the positioning of participants as passive consumers of content, particularly imagery, flattens women's potential agency to act with and through various media forms.

Understandings of women's embodiment as premised on the effects of image and representation, has been critiqued by a number of feminists and scholars of body studies (Budgeon, 2003; Coleman, 2008; Davis, 2007; Moola and Norman, 2017; Probyn, 2008; Saukko, 2000). The most significant tenet of this critique being that within this discourse of determinism, women effectively become cast as 'cultural dupes' (Budgeon, 2003, p.39), devoid of agency and unthinkingly responding to the systems of values in which they are situated. As Budgeon contends, "feminists have effectively employed constructionist strategies to critically engage with the question of how bodies come to acquire particular meanings; however, this has often been at the expense of recognizing women's agency. Too often women are cast as cultural dupes and victims of cultural constructions of femininity" (2003, p.39). This thesis, and specifically this Chapter, seeks to draw on and extend this feminist critique of image-centric lines of enquiry as it pertains to female weightlifters in recovery from EDs, by mobilising important work by feminist scholars who have been successful in circumventing "the tyranny of the image" in their own research (Moola and Norman, 2017, p.261).

This is not to say that image and representation do not have an effect on bodies and how they are experienced. Certainly, scholars of race, class and fatness have documented how the image certain bodies present can result in disadvantage and discrimination, which impacts how that individual relates to their own

corporality (Capodilupo and Kim, 2014; Rice, 2007; Williams and Annandale, 2018). Moreover, representation in media and in public life has the power to normalise or shame bodies, depending on the framing. These two components of image and representation- that of an individual and that which an individual encounters - are forces which can shape lived experience. However, in scholarship there is a concomitant tendency for researchers to use exterior visual information from the subjects themselves to infer meaning regarding how bodies are experienced from the interior. This becomes problematic when subjectivity and embodiment are at stake. In this regard, attempting to understand affectual aspects of experience by reading off the surface of the body, or assuming one directional relationships between social actors and images (such as media images of hegemonic ideals), produce thoroughly disembodied lines of enquiry. However, by drawing on phenomenological principles, which privilege the participant's 'way of seeing', one is able to shift the focus away from what bodies look like, towards how bodies *feel*. In what follows, by integrating representation and materiality, I present an account of how weightlifting as a tool for recovery comes to be experienced through and in relation to the body.

In this Chapter, I “move beyond the image” by situating the role of representations of muscularity, thinness, fatness in the embodied experiences of female weightlifters in recovery from EDs. Grounding my approach in phenomenological understandings of the body, I attempt to circumvent image-centric and disembodied accounts by privileging affect, sensory experiences, and agency. Here, I am working to develop a theoretical framework which acknowledges the role of representation in a way that first and foremost privileges “the processes and practices through which the self and the body become meaningful” (Budgeon, 2003, p.42). Thus, in a similar way to Moola and Norman (2017), whose work explores anorexia and fatness as experiences connected by an underpinning subjectivity, I attempt to integrate multiple body-codes and systems of meaning within a singular experience.

5.2.1 Phantom and liminal fat

It became clear during interviews, photo elicitation, and through netnographic exploration, that female weightlifters in recovery from EDs experienced their

bodies through a multiplicity of lenses, some of which initially appeared incongruous or contradictory to hold at once. In this respect, muscularity, thinness and fatness were at times equally relevant to participant's daily movement through the world. It was not the case that, because they practiced weightlifting and were sometimes doing so in the pursuit of muscle, that this became a stable way in which they experienced their bodies. Instead, this was just one facet of their embodied experience and how they felt in their bodies at any given moment was determined by a temporal and relational push and pull between their environment and lived experience (Warin, 2010). This diversity of experiences within the body, due to a change in environment or mental state, has been identified within previous work using phenomenology (Mol, 1998; Slatman, 2014). As Slatman aptly notes, "a phenomenological approach to the body reveals that one can experience one's own body in (radical) different ways, which means that it can appear according to different modes, and subsequently, that it can have different meanings" (2014, p.551).

During interviews, participants shared their relationship with their bodies over time, often spanning from childhood to present day. These narratives were often fraught with experiences of stigmatisation and periods of emotional turmoil- each marked by a specific bodily state. For example, Eve explained how certain family dynamics led her to think of her body in a negative light:

Before I got ill, I went to America and I don't like looking at pictures from that holiday... still. Because I just remember being massively uncomfortable in my body and how I looked and how I felt about that. And, you get a lot of like... you've got stronger thighs because of hockey, which is fine! But it's not always what you want to hear. And especially when you're with girls who don't play hockey or do it in a different style to you, or whatever, are just built differently to you. It can sometimes be a bit tricky and I had a lot, when I was younger, of like, my sister is very tall, she's three years younger than me, she's very tall, she's very pretty, she's blonde, and lot's of people ask me if she models. And my grandma used to say that I took after her side of the family, and that we can look at a piece of cake and put weight on.

So, when I was growing up there was like, this thing of like Jade is the tall, slim, beautiful one, and you need to just be a bit careful of what you're eating. I think, hitting puberty before she did, all of that, it just meant that I was very aware of how I looked, especially in comparison to Jade. (Eve, 20 years old, in recovery from anorexia)

While these condensed histories of participants' relationship to their bodies often started from childhood or their early teens, they were inextricably connected to their current understanding of their bodies. In particular, a common thread that united over half of the participants was trauma associated with previous lived experience of fatness. In many cases, negative experiences of existing in larger bodies triggered the ED that participants were now in recovery from. However, it must be noted that this did not always result in weight loss, as some cases of disordered eating (such as binge eating) was reported by participants to have manifested in weight-gain.

Charis is one participant who self-identified as a formerly fat person. She developed anorexia when attempting to lose weight before finding weightlifting, which she now uses to maintain her weight during recovery. When I asked what motivates her to weightlift, she told me:

I don't ever want to be fat again. I really don't ever want to be fat again. I mean I was bullied for 18 years of my life, I never want to be that person ever again and I think because I've built up such an image, going from like 14 stone, that I'm sort of... a lot of girls around this area and around uni sort of look up to my in a way like, if she can do it... (Charis, 20 years old, in recovery from anorexia)

Even among those who had not experienced fatness in a material sense, the abject fear that they one day might loomed large in their lives- an observation that is supported by previous qualitative research in the ED field, particularly on anorexia (Lavis, 2014; Warin, 2010). Georgie is one participant who had no lived experience of fatness but identified it as something she was afraid of. During our second interview I asked why this was, she explained:

I think it's just society trains people to think if they're fat they're unattractive. And I don't really care what people think about me, but

I don't like the idea of ever being fat. It just scares me. I'm not sure why. I think it's because I've always been quite thin.... I wouldn't like to be fat. (Georgie, 20 years old, in recovery from anorexia)

In all cases, the significance of weightlifting as a body project could not be understood outside of previous embodied traumas.

The role of embodied memory in EDs and recovery has been noted by numerous other scholars (Eli, 2016; Lavis, 2011; Warin, 2010). In this regard, Eli's (2016) concept of 'embodied reconciliation' explores how difficult memories associated with the ED are carried in the body and emerge in response to engagement with certain practices (for example, being weighed), thus momentarily suspending women in a liminal state of being; i.e. somewhere between illness and recovery. Eli writes, "whether highly ritualised or seemingly mundane, embodied enactments somatic practices that create and recreate memory are at the heart of the remembering habitus, linking past and present through sensory threads" (2016, p.73). In this regard, trauma has the potential to remain in the body, even when recovery has been generally successful.

Before starting data collection for this project, I had, perhaps naïvely, expected women's body traumas to be rooted in their ED. After the first set of interviews, I wrote in my fieldnotes:

I expected participants to talk more during interviews about self-starvation or bingeing or purging- or even thinness as an ideal. Or about the kinds of bodies we're [women] supposed to want. These are some of the primary metaphors that we, as a culture, talk about when we discuss EDs.
(Fieldnote)

However, in most cases, women's EDs emerged instead as a method of numbing or compensating for previous injury. It became clear that, for many participants, at the core of their EDs was a fear of fatness rather than aspirations for thinness. For those who had no lived experience of fatness, this fear was more often a proxy for other aspects of life that were abject or painful- such as a sense of powerlessness over one's circumstances or a fraught relationship with a parent or loved one. At most, the role of thinness was that of a feeling of temporary

relief from stigma and anxiety, rather than a driving force behind women's everyday practices. Importantly, for those who had lived experience of fatness, this fear was not merely a product of representation, though of course fatphobia is deeply woven into the fabric of contemporary culture (Murray, 2008). Instead, this abject response was fuelled by personal memories and embodied experiences. For example, Harriet, who identifies as a formerly fat person, became bulimic through her pursuit of weight-loss. I was saddened when she told me she would "rather die" than go back to how she used to live. I asked why that was and she explained:

I hated how I looked, I hated how I breathed, I hated how I walked, I hated the way my body was shaped and how you get lumps around the legs- you know, the way it comes in like that [indicates to her calves] it doesn't look nice. It doesn't feel nice. People make fun of you. Um you don't feel good about yourself, you don't think you look good, you feel ugly. Just sitting down... anything you do. Sitting down, lying down, standing up, walking around, exercising, anything you do, I was completely aware almost 24/7 of how large I was and was constantly trying to sit... I thought so much about how I could sit where I didn't look as large or what I could wear so I didn't look as large. It was just an absolutely horrible time and I had some horrible things said to me and just the idea of feeling like that again... of being that size. That in itself is just horrifying to me. (Harriet, 19 years old, struggling to recover from bulimia)

This experience of shame and social stigma is carried in the body in ways that shape the everyday lives of individuals, long beyond the point at which fatness can be considered a material reality. In this regard, while most participants would no longer identify or be 'read' by outside audiences as fat, lived experience of fatness was integral to the way they moved through the world. Thus, to understand the significance of weightlifting to women's recovery and sense of wellbeing, it is essential to theorise the role of fatness. Specifically, the notion that via affectual responses to the representational, fatness can take on a haunting quality that informs experiences of the everyday.

Fat studies scholars Kyrölä and Harjunen (2017) have taken on the important work of theoretically bridging the material and the image through their concepts of 'phantom' and 'liminal' fat. These concepts, which capture the embodied stigma of lived fatness as well as the persistent threat of fat, attempt to better explain the "relationship between or mutual constitution of experience and representation" (2017, 101). For Kyrölä and Harjunen fat is conceived of as "a phantom limb of sorts, resembling the way in which a lost body part can remain a part of a person's affective body and body image, feeling as-if-real, although not existing in the flesh" (2017, 101). 'Liminality' is conceived of as "the transitional phase of the rite of passage that marks a move from one social status or identity to another" (2017, 103). However, rather than being transient or temporally sensitive, liminality is an often stable or continuous sense of being 'in between' two embodied states (Turner, 2002).

Kyrölä and Harjunen's (2017) work on phantom and liminal fat is useful for thinking through how fatness informs the embodied experiences of female weightlifters in recovery from EDs, for many of whom fatness is no longer a material reality. This continuous, phantom effect of fatness could be triggered or intensified within certain environments and in response to certain stimuli. For example, reflective surfaces proved especially challenging for many women in this study and a number of participants brought images of mirrors to the first interview as part of the photo elicitation portion of the study (see Figure 9).



FIGURE 9 A PHOTO OF HARRIET'S MIRROR (FROM THE PHOTO ELICITATION EXERCISE)

Echoing Harriet's concerns around mirrors (see Figure 9), Ella describes examining her body in the mirror every morning:

At my boyfriend's he has a full-length mirror on the inside of his wardrobe. So I'll open the door and every morning, I usually sleep in my underwear, with a baggy top or sometimes not a top and I'll stand side on to the mirror and I will look at my stomach and I will touch it and rub my hands up around it and I'll squeeze the little pouch that I have, which is where I carry most of the fat... um and he'll be in bed normally at this point and he'll be like "you don't need to do that. If it's going to upset you, please don't do it" and I was like "it's just what I do" – pretty much every morning. To check the bloating. To check what it looks like, and the way that I perceive what it looks like will change on a daily basis because obviously my

mood changes, my energy, everything will effect the way that I see it. (Ella, 20 years old, in recovery from bulimia)

Ella's experience of viewing her body in the mirror is enmeshed with touch and the sensorial aspects of corporeality. As she observes herself in the mirror, she touches her stomach, which is an area she feels shame around, particularly when she feels 'bloated'. This 'bloated' feeling was spoken about a great deal across the sample as being a particularly difficult embodied sensation for women in recovery. There was a sense in which bloating, which emerged as a proxy for the fear of fatness, could strike at any time, colonising the body and forcing its boundaries to expand. As Harriet described:

It's the feeling of fullness that I just cannot stand. I feel bloated. I feel fat. I can't take it. I need to feel like my stomach is empty or I just feel horrendously uncomfortable. (Harriet, 19 years old, struggling to recover from bulimia)

This finding is supported by Eli's (2016) work on ED recovery. She writes of her participants "anorexic feelings were rooted in amorphous sensations of discomfort, of sudden heaviness or largeness" (2016, p.79). For participants in this study, this sense of tightness or fullness, felt primarily around the tummy area, was dreaded due to the ways in which it approximated fatness, or at least the threat of it. Its sudden appearance signified a loss of control, an error in judgement and, like an omen, bore the shadow of weight-gain to come, even when this did not follow.

The harm caused by bloating, which is a universal embodied experience which can be brought on by a range of factors including eating and menstruation, highlights the inevitability of triggers for women in recovery from EDs. In this regard, because everyday sensations (such as bloating) can prompt feelings of foreboding and negatively impact wellbeing, women in recovery are required to be highly vigilant to practices which can change the body's current state. Significantly, bloating is extremely common for individuals who begin eating again after a long period of fasting. Thus, for women whose ED manifested in some form of self-starvation or purging, bloating was a challenging yet entirely inevitable feature of successful recovery. For the photo elicitation exercise, Alice

explained her recovery progress and showed me a photo (see Figure 10) of her body in the mirror at the gym. She described what the image meant to her:

So that was the first ever day that I wasn't bloated from eating. Um and it was this momentous occasion because bloating was the most horrible thing. It's so painful it's so uncomfortable and you're like "I'm trying to eat but my body doesn't want it!" and that was the first day that my body was like "ok we eat constantly now, I can deal with that. I'm not going to increase like twice the size". (Alice, 17 years old, in recovery from anorexia/EDNOS)



FIGURE 10 ALICE'S GYM SELFIE (FROM THE PHOTO ELICITATION EXERCISE)

For the women in the sample who had no lived experience of fatness, the sensation of bloating created the liminal space in which the fear of corporeal expansion could be realised. Recovery and fitness communities on Instagram discuss similar concerns. Members often share images of their bloated stomachs alongside captions that reassure the reader (and themselves) that this is a

normal bodily function. Tips on how to reduce bloating (such as drinking water or avoiding certain foods) are also shared. Occasionally 'before' and 'after' images are posted in efforts to normalise the ways in which bodies can change as a result of routine acts, such as before and after eating or comparing their bodies between morning and night (see Figure 11). Women's discussions of bloating, in the interviews and online, highlights the ways in which mundane physical sensations can prove to be challenge for women in recovery, requiring energy and attention. Moreover, the inevitability of such commonplace experiences requires those with a history of EDs to remain vigilant to everyday scenarios that may compromise their wellbeing.



FIGURE 11 @BREEELENEHAN BLOATING BEFORE AND AFTER FOOD (FOUND IMAGE FROM THE NETNOGRAPHY)

It is noteworthy that proximity to fat in food could also cause embodied reactions of abjection (Kristeva, 1982). Notions of safety and peril in relation to

food has been widely documented within the ED literature (Lavis, 2014; Musolino et al, 2018; Warin, 2010). Speaking to this theme, Charis explained to me some of her “fear foods”:

You’ve sort of drilled it into your own head that things are bad for you... I think with schools and stuff as well when they teach people about healthy eating like “fats are bad, fats are bad”, but fats aren’t bad, like they’re not...I still have fear foods and stuff like that. Anything creamy, I can’t do it. Anything cheesy. I just really can’t do it. But like butter is bad as well... all my flatmates have no idea why I’m scared of cheese. And it’s like “why are you scared of cheese?” and I’m like “I don’t know!” (Charis, 20 years old, in recovery from anorexia)

Scholars within the sociology and anthropology of EDs have similarly written about the difficulties individuals with EDs often have with incorporating fats into the body (Lavis, 2014; Warin, 2010). In her study of a UK inpatient ED unit, Lavis describes the ways in which fat in food takes on threatening and pernicious qualities where “to informants, fat is at times cloying, lumpen, and static, as in donuts. At others, it is mobile and seeping, as in melted butter” (2014, p.2). In one account, Lavis reports that, after being required to eat a cupcake, an inpatient with anorexia becomes agitated by the deeply tangible effects of this act of consumption. She reflects, “Abigail explained how she could feel it in her body, expanding and moving through it; the cupcake breached her boundaries, forcing layers of fat to appear under her skin, stretching it outward” (2014, p.102).

For the women in this study, fat in food contained a similar threat. Thus, recovery was a process of challenging themselves to eat foods that were previously too threatening or uncomfortable to consume. Here, Charis explains her new attitude to grocery shopping:

Yeah I’ll go to ASDA and instead of getting like zero percent fat Greek yoghurt I’ll literally just pick up a full fat one because why not?

*Because it's bulking season⁹! And I like full fat Greek yoghurt because zero percent Greek yoghurt is disgusting. And literally my life is convincing myself I like nasty healthy foods even though I don't. I convinced myself for 4 months that I like black coffee- I don't! I really don't. But I was like "one black coffee please" at Starbucks and then I got it and I was like *makes face*. My friends were like "do you like it?" and I was like (fake voice) "yeah I love it, it's so good". (Charis, 20 years old, in recovery from anorexia)*

In this regard, through recovery, participants challenge their relationship to fatness, both internal (in the body) and temporarily external (in food).

Weightlifting was central to this shift in perspective. Before moving on to the specific role weightlifting plays in women's recovery practices, it is important to address critiques within scholarship on the mobilisation of fatphobia to 'explain away' women's EDs and body image issues (Katzman and Lee, 1997). Such critiques tend to find their basis on similar grounds to the ideas presented at the beginning of this Chapter- namely, an overemphasis on image/representation, as well as the positioning of women as passive consumers of cultural messaging. In this regard, Katzman and Lee (1997) argue that transcultural researchers are "disenchanted with the Western constrained paradigms such as disturbed body image and fear of obesity" (p.390) and are therefore seeking more flexible and universal criteria for understanding EDs, which take into account cultural differences and individual circumstance.

Indeed, presenting EDs as simply a product of fatphobic cultural attitudes is a simplistic rendering of this complex and highly gendered set of illnesses. It is therefore important to note that, while all women in this study did express a fear of fatness and weight-gain, this was often described as an expression or manifestation of an underlying trauma or desire for control. Though the origin or aetiology of this pain was often difficult for women to articulate, a diverse range of explanations were offered, including but not limited to; struggles with depression and anxiety, family strife, bullying, restrictive gender roles and sexual

⁹ Bulking is a nutritional practice associated with weightlifting whereby an individual eats surplus calories to gain-muscle mass and improve their lifts.

abuse, many of which have been documented elsewhere in the literature (Becker et al, 2019; Moulding, 2015; Warin, 2010). The fear of fatness and the behaviours and practices this elicited was one of the ways in which this pain was translated through the body. Though, as Kyrölä and Harjunen note, “in empirical research, there is never any way of telling where experiences ‘actually’ originate, or what the ‘innermost’ experiences of informants are – or whether they are simply using the most easily available language to talk about their experiences which, in this case, culminates in the rejection of fat” (2017, p.104). In this regard, a fear of fat is perhaps too easily mobilised to communicate feelings of embodied disconnection and suffering, particularly when exploring a set of illnesses (such as EDs) which are complex, illusive, and difficult to articulate. However, it was clear that women’s fear of fatness was not simply the internalisation of a fatphobic culture, but manifestations of an ongoing negotiation between trauma, memory, agency and the body.

5.2.2 Muscle as a third option

As the premise of this thesis is to explore the role of weightlifting in women’s ED recovery, a logical question following theorising fatness is, then, what effect does weightlifting have on the liminal, phantom ‘threat’ of fatness? As described at the beginning of this Chapter, the participants in this study live with, and in relation to, a multiplicity of embodied states, one of which is fatness. Muscularity, however, offers an additional experiential state, according to which the women in this study were able to relate to their bodies. This does not mean that fatness, or the persistent threat of fat, disappeared (this phantom state was regularly returned to), but rather that muscularity, and the embodied experience of strength, provided a new lens through which women came to understand their bodies in the context of recovery. The notion that weightlifting offers women a new framework for understanding their bodies has been noted by other feminist thinkers and activists (Heywood, 1998; Smith-Tran, 2018; Walters and Hefferon, 2019). Walters and Hefferon’s (2019) research, which explores the relationship between resistance training and body image in woman (aged 30-55), makes similar claims. They write, “participants learnt to reframe and view their body in an alternative, more positive light. They began to develop a more functional

focus and had a sense of satisfaction and peace that they were doing the best for their body. This led them to an increase in body acceptance” (2019, p.10).

Gloria Steinem who interviewed female bodybuilder Bev Francis at the height of her popularity in the late 1980s, wrote, “on campuses, I listened to formerly anorexic young women who said their obsession with dieting had diminished when they discovered strength as a third alternative to the usual fat-versus-thin dichotomy” (1994, p.94). This idea of strength as ‘a third alternative’ was regularly reflected in interviews with participants. In this respect, while thinness was understood to have negative physical and psychological ramifications (Kroon Van Diest and Perez, 2013), fat is also a stigmatised identity which was viewed as equally undesirable (Moola and Norman, 2017). Muscle-building, however, presented as a viable alternative option for women in recovery.

The alternative pathway offered by muscularity and strength provided relief for participants in a multitude of ways. For some women, muscle-building allowed them to gain-weight in a way that felt safe and comfortable, as they transitioned out of recovery. Here, Georgie makes a clear distinction between weight-gain through muscle as opposed to fat:

I wanted to build muscle and see progress and I put on a lot of weight but no one can tell that I put on a lot of weight because it's muscle. I think like, probably I'm nearly nine stone now and I put on like just over a stone and a half since first year [of university] and the rest over second and third year. It helps you eat. You're not fat. You're not putting on fat, you're putting on muscle so... yeah, you can put on weight. (Georgie, 20 years old, in recovery from anorexia)

For others, weightlifting and the muscular physique that resulted, allowed for the circumvention of multiple and competing cultural gendered expectations. Ruby, who grew up in China and moved to the UK when she was 17, spoke about the impact that cultural feminine expectations had on her wellbeing:

H¹⁰: What does recovery mean to you?

¹⁰ 'H' is shorthand for Hester and will be used throughout to signal when the interviewer is talking.

Ruby: I see it as trying to get out of the situation you're in now by exploring different alternatives. I think that comes with a lot of trying to change your habits and it's really a lot of discipline. But you also need support from the people around you. So, I mean, the main thing for me was when I was in Hong Kong and I was binge eating all I got was criticisms because that's the Chinese culture and I hate to say it but it is. It's always everything bad. Like, "why can't you be skinny" or "you're too fat" or you know "you're too skinny" and it's like, there's all extremes. (Ruby, 24 years old, in recovery from binge eating disorder)

Ruby explained that, in China, muscularity would also be considered a transgressive body for women to inhabit. However, as she was now living in the UK context, she said it provided an 'out'- both emotionally and in terms of occupying an acceptable body. In this respect, muscularity and strength offered respite for women caught between stigmatised constructions of both thinness and fatness. Muscularity and strength were acceptable to participants for a number of reasons. Many women suggested that a toned muscular body was a desirable body type to occupy. This belief is supported by body image literature that notes the emergence of a feminine fit-ideal around the turn of the 20th century (Heywood et al, 2003; Holland and Tiggemann, 2017; Toffoletti and Thorpe, 2020). Popular social media hashtags such as #strongnotskinny exemplify this cultural trend towards the worked-out female physique. As one netnography fieldnote read:

When Instagram users in the ED recovery community talk about their experiences of weightlifting, they often do so by contrasting it with the thin ideal, which they have over time come to reject. Hashtags like #strongnotskinny and #gainingweightiscool are typically found beneath captions where women talk about how they have come to see muscularity as desirable and slenderness as abject. (Fieldnote)

One aspect of this development in physical culture has been the fetishisation of large glutes (Maddox, 2019), marked by the proliferation of the peach emoji

within female dominated online fitness communities. It is noteworthy that this aesthetic trend has its roots in the objectification and exoticisation of the Black female body (Henderson, 2013; Maddox, 2019; Romero, 2017).

Muscularity was viewed as a 'clean' and healthy form of weight-gain, due to the sense in which, unlike fat, it contained relatively little negative moral value or associations with past trauma. Therefore, upon taking up weightlifting, participants reported to enjoy seeing physical transformations in their bodies. During the photo elicitation phase, participants used various garments to narrate their changing relationships with their bodies. Here, you can see a skirt Charis was too afraid to wear until she started weightlifting and increased her confidence (see Figure 12), as well as an image of the first time Lizzie felt comfortable wearing shorts outside of her home (see Figure 13).



FIGURE 12 CHARIS' SKIRT (FROM THE PHOTO ELICITATION EXERCISE)



FIGURE 13 LIZZIE'S FIRST TIME WEARING SHORTS (FROM THE PHOTO ELICITATION EXERCISE)

Here, Lizzie explains the significance of such a seemingly trivial, everyday act to her recovery:

I think to feel like I've recovered is like, to give myself permission to live my life and do the things that I want to do that maybe... like, before losing weight was the only thing that mattered. And there were so many things that I want to do and that I want to be able to enjoy. Like wearing a pair of shorts on a sunny day and it's just enjoying my life. Freedom and opportunity... like anything could happen now and I don't have to not want to go on holiday just because it means showing my body more or saying that I prefer winter, when I really don't, but it's just in the summer you wear less clothes and I feel more self-conscious then. It's physical freedom to do what I want but it's also mental freedom as well because I'm not obsessing about weight, food, I can think about other things, I can learn other things, I can enjoy more. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

In this respect, freedom and removing barriers to participate in everyday life was seen as central to successful recovery. Core to this experience was a greater acceptance of the body and its image. In many ways, muscle is acceptable because it is viewed as clean, productive, and healthy form of weight-gain. However, participants were cautious not to ruminate on the image of their bodies for too long during interviews. In this respect, they anticipated the popular notion that they were simply exercising in response to the fetishisation of the toned body. Muscle, unlike fatness or thinness, had a specific benefit and purpose, thus rendering it desirable. This is explored further in Chapter 7, *Health Equations: Weightlifting and the legitimation of eating*, whereby belief systems surrounding growth and its associated diet and exercise practices are explored in-depth. As this Chapter is centred on embodiment in an affectual sense, in what follows, I consider the role of weightlifting in 'shifting the focus' to pay greater attention to sensory aspects of corporeality.

Crucially, weightlifting and the sense of empowerment it provided was about more than simply occupying a visually acceptable body. Affectual and embodied experiences of strength were also central to women's journeys in coming to understand their bodies in new and positive ways. In this regard, discussions involving 'endorphins', 'cleansing the mind', and having 'me time' were terms used to describe the beneficial effects of strength-oriented movement. Time spent weightlifting was often described as 'mindless' and a space where 'stressors in life melted away'. For example, Charis explained how weightlifting helps her clear her head of worries:

H: Why do you use weightlifting to recover from your ED?

Charis: Because I don't think about my outside issues. As soon as I get in [the gym], nothing ... is in my head - there's no issues anymore. I literally am just there to do what I need to do I don't think about my deadlines for uni and I don't think about my assignments or my ex-boyfriend or my eating. I just think about squats and deadlifts and that's what I like. (Charis, 20 years old, in recovery from anorexia)

Following a workout, participants reported to experience a more positive attitude as well as a sense of confidence, which is consistent with psycho-somatic research on the effects of exercise (Bernstein and McNally, 2018; Fox, 1999). As well as using weightlifting to combat stress and feel happy, there was a coherent sense in which this activity fostered a greater sense of body awareness, as participants reported weightlifting helped them feel more attuned to physical sensations. For example, Lizzie noted:

You feel your arms getting tired, in the past I would have probably disassociated from my body and would get a kind of numbness in my arms and legs, so I think part of it as well is kind of like, I am more aware of my body generally. But especially in the gym. I quite like that feeling the next day of having a little bit of an ache in my arms or a little bit of an ache in my abs ... Yeah so I think it makes me more aware of myself and my body as well. And sort of that I am getting stronger, as my mind gets stronger - which is a little bit cringe but it's true. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

When talking about exercise they experienced as healing and restorative, participants often provided affectual and embodied accounts, framed by heightened bodily sensations. Sarah, for example, described her enjoyment of the feeling of soreness after a workout:

It sounds really bad but I love feeling sore the day after, because it's like, I worked for that. Although leg day, my right glute does not have a fun time. So when I do leg extensions individually, because I know my left is weaker, I think I need to start doing that with leg press as well because I feel like I accidentally work my right leg too much. I've spent a fair amount of time with the tennis ball, rolling on my wall. But yeah I just really enjoy it. (Sarah, 18 years old, in recovery from anorexia)

Significantly, for women in this study, the benefits offered by weightlifting extended beyond simply occupying an acceptable body, although this was discussed as a factor. Strength-oriented movement was also experienced as

mood boosting and providing a greater attentiveness to bodily sensations. Experiencing their bodies as strong was central in shifting the focus away from fatness or other embodied memories that were linked to negative affect.

5.2.3 Embodiment as a Kaleidoscope

To explain the role of weightlifting more fully, this section takes the lead from linguists, philosophers and qualitative researchers by drawing on metaphor to present analytical material (Aita et al, 2003; Smith and Sparkes, 2010). Metaphor can be mobilised to enhance or transcend one's understanding of the original idea through language and shared experience. For Lakoff (1996), this involves imposing one idea on another. Moreover, Lakoff's term 'mapping' conveys how metaphor might be used to spatially communicate theoretical ideas and is particularly helpful for understanding how metaphor might enhance qualitative analysis. In what follows, I draw on the metaphor of the kaleidoscope to bring together muscularity/thinness/fatness in one theoretical framework, as well as to 'map out' how embodiment is experienced for female weightlifters in recovery from EDs.

To fully theorise the role of strength and muscularity in relation to embodiment and recovery, I use the metaphor of a kaleidoscope. A kaleidoscope is a tubular optical instrument, with mirrors lining the inside and a small colourful object placed within, to create the image. When one looks inside the tube, the object inside is reflected in the mirrors to provide a symmetrical pattern. By rotating the cylinder, the small object moves inside the tube and the pattern changes. The material conditions stay the same, but through a small shift in the lens, the visual spectacle offered to the viewer is completely new and compelling.

The metaphor of the kaleidoscope, for me, captures how vastly different modes of embodiment (muscularity/thinness/fatness) can hang-together at once in the lived experience of a single individual. In this sense, while day-to-day participants' bodies may materially exist in a relatively stable state, how they experienced and saw themselves was highly changeable and responsive to their environment and practices. Strength and muscularity offered a new and more positive lens through which women in recovery viewed their bodies. This does not mean trauma was then forever held at bay; however participants were more

able to shift their focus through everyday practices when more negative frames came into view. In this sense, much like turning the cylinder of the kaleidoscope to illicit a change in perspective, women routinely exercised strength through embodied activities. Conversely, other practices, such as being weighed or feeling bloated, shifted the lens to reflect fatness, which was experienced negatively. Here, Sarah describes this process of engaging in weightlifting practices to shift her perspective when she is struggling with recovery:

I will say I had a wobble. Last month probably and you know, minorly relapsed... in terms of lifting, it's always a sense of empowerment and strength, it's never like 'this is way I punish my body' it's like, this is my place, my time, this is where I am at to improve my mental strength, my physical strength... Um so in terms of recovery, if I'm not feeling as confident in a day, I know that when I attend my gym and do compound movements and do different lifts and things... that always makes it better. (Sarah, 18 years old, in recovery from anorexia)

Similarly, Alice describes using weightlifting to put “a different emphasis on your body”:

If I've had a bad day I can go [to the gym] and block everything out and just come out feeling better and feeling better about myself and I feel like it does help with body image because you stop looking so much for flaws and you start even if there are only minor changes or no changes that happen in your body from weightlifting you can still feel stronger. You don't have to see bulging muscles from your arms or anything to know that you can lift more than you did before and that you have gotten stronger so like it puts a different emphasis on your body, that it's not just there to look at and to pick apart and like models in magazines, it's not just there to be displayed, it's there for a purpose and it's there to get you through life and having a strong body definitely helps with that because you know it's doing its job well and it forms that friendship you can have with it where it's not just like a battle, it's working together as a team and making

compromises and doing the best for each other. (Alice, 17 years old, in recovery from anorexia/EDNOS)

It is noteworthy that in these accounts, the emphasis is on weightlifting and strength as a practice, rather than aesthetically achieving muscularity as a solution to their ED. It is for this reason that, throughout this thesis, weightlifting is conceptualised as a 'tool' for recovery- a functional practice women returned to in order to self-soothe rather than find answers or a resolution to their illness. In this respect, notions that women's attraction to weightlifting occurs as a result of aspirations to attain a specific physical ideal, do much to obscure the ways in which, through practicing strength, women come to understand their bodies in new and powerful ways. As Brabazon writes, "women learn weakness. We can learn strength by encouraging physical movement, coordination and fitness" (2006, p.76).

Participant's understandings of their bodies were fractal, changeable and informed by previous embodied experiences. Rather than being a one directional relationship of cause and effect between images (in the media or elsewhere) and bodies, participants expressed embodiment as a multiplicity of states, never arriving or settling on one particular condition. However, practicing shifting the focus to experience new bodily states offered different and more positive ways to view their physical selves and was a reliable strategy for managing recovery. In what follows, I draw on Lizzie's story as a case study to fully demonstrate how the metaphor of the kaleidoscope maps onto the use of weightlifting as a tool for recovery.

i) Case Study: Lizzie

Lizzie and I first met in a Newcastle Starbucks in November of 2018. I ordered my standard Americano, while Lizzie opted for a peach iced tea. This was my fourth interview of the project, so I was a little nervous. As we got settled and I set up the recording equipment, Lizzie mentioned she was nervous too. Her admission gave me the opportunity to reassure her and having something to say had the unintended consequence of reassuring me too.

Lizzie's journey with her body and disordered eating, which she unravelled over the hour and a half that followed, was one that really exemplified the logic of the

kaleidoscope as a metaphor for embodiment. Lizzie's body had gone through multiple changes in her life. She described these to me, not according to what she looked like and how far this measured up to an ideal, but in relation to her sense of self and overall wellbeing. Lizzie had suffered with depression for much of her life, which she saw as inextricably linked to her history with EDs. Like many other women in the sample, Lizzie's ED, which manifested first as anorexia and then bulimia, was triggered by stigmatising experiences around fatness. She told me:

The triggering point was, like, being called "fat" in school. Which was when we were watching back a talent show from the year before and someone commented on how much weight I'd gained and I let that trigger me into eating less. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

Lizzie lost a great deal of weight during her ED and her fear of re-gaining this weight, and being subject to stigma again, was paralysing. She showed me pictures of herself at her lowest weight and explained:

So this one was when I was 27 or 28 and at the time I had taken the photo I was probably... well, apart from being a teenager, when I was my skinniest, because that was when I think I was the most unwell, but umm, I just wasn't eating at all, and I could get my hands around my waist and I took this photo and I was really proud of myself and I thought I looked really great and everyone was telling me I looked really great. And umm now I sort of look at it, because I was the most miserable I've ever been in my life, and I was in hospital for two weeks for a suicide attempt and I sort of look back at that and I keep it on my phone as sort of a reminder of like you know, you can look like that. You don't look like that right now, but just remember how you felt. So it's more like a prompt of like, how far I've come and also that I wasn't happy being skinny, I was miserable. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

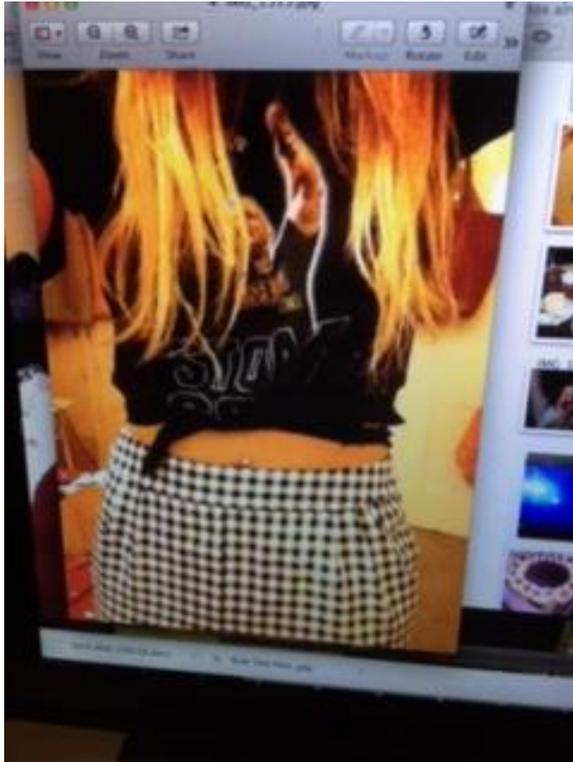


FIGURE 14 LIZZIE'S SELFIE (FROM THE PHOTO ELICITATION EXERCISE)

In this respect, Lizzie's embodied experience of thinness extends far beyond 'the image'. How closely she is able to approximate an ideal is far removed from her emotional state as she finds herself in the midst of a particularly challenging bout of depression. Interestingly, Lizzie speaks of revisiting these images of her thin body (see Figure 14), in order to prompt embodied memory of what this experience felt like and remind herself of the negative affect associated with this state.

I asked Lizzie what motivated her to start weightlifting. She explained that, having struggled with anorexia and bulimia since age 11, on her 30th birthday she had a revelation.

I just thought, like, you know what, you're 30 now. Make a change. And I had thought about it leading up to my 30th, to the point where like, on my actual 30th birthday I was like... I'd always had my scales and I would be getting weighed several times a day, just checking... and I just threw them in the bin outside and I was like, that's it, I'm

done with this. And I'm not entirely sure where that came from, but I started going [to the gym] and I had a personal training session the first time I went. And then, just committed to three or four times a week since then and that's it basically. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

While the themes surrounding Lizzie's experience with EDs resounded across the sample, as someone who had been unwell for almost 20 years, her experiences with EDs were particularly severe. I was fascinated that Lizzie could make such a drastic change to her life and mental health following such an unrelenting period of illness. As with all participants in this study, I was curious about what weightlifting offered her, in terms of supporting this transition out of ill health. I asked Lizzie what it is about weightlifting that facilitates her recovery and she replied:

... the strength. It sounds a bit cringeworthy, but just feeling stronger in my body and not being exhausted all the time and not constantly thinking about food but just thinking like.... I've come to the gym. And sometimes I have to drag myself there, but I always feel better after it, so it's more just to keep myself motivated as well I think. But it's not like, to analyse my body or criticise it. It's more sort of, to remind myself of how good it is for me. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

In the gym, Lizzie is able to experience her body in a new way. This new modality is not only about building muscle and the aesthetic this produces. Rather, it is about regularly practicing strength and new forms of physicality that exist in direct contrast to how the 'ill' body is experienced. In this regard, Lizzie mentions that going to the gym helps her "not being exhausted all the time". Conversely, weightlifting allows women to harness strength and vitality through what Monaghan refers to as "vibrant physicality" (Monaghan, 2001, p.331).

However, the metaphysical threat fatness, which was a trigger for Lizzie, regularly interrupted this positive sense of embodiment. There were a number of situations or practices that could elicit a sudden shift in perspective, to reflect fatness and a loss of control. Catching her reflection in a shop window was cited

as one such everyday event. As was being weighed. She explained one specific incident where this caused her a great deal of distress:

I think I must have gained a bit of weight over Christmas and I've got polycystic ovaries so my periods stopped and I was really worried and I went to the doctors and it comes up on the screen that I've got a past history of EDs, but he told me I need to lose weight, which just sent me crazy. I just spiralled back into the worst version of myself, the illest version of myself. I burst into tears, I was hysterical, I didn't want to eat, I didn't want to see anyone. So I think it's always going to be there and I just need to avoid situations where things like that can happen because I think now if I ever have an appointment or anything like that and he has to weigh me I'll say, can you please not tell me? Can I face away?... I'm just making it my responsibility to protect myself from the things I know are damaging to me. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

Being told my medical professionals to 'lose weight' when recovering or recovered from an ED, was unfortunately quite common across the sample. For many women, this was experienced as a trigger, shifting the focus on their body into a negative frame.

Lizzie's embodied experience of recovery was punctuated by a multiplicity of bodily states, each with its own associated combination of pleasure/pain. Lizzie's fear of fatness and expansion was rooted in negative experiences of bullying that took place when she was a teenager. Her experience of thinness was connected to feelings of exhaustion and depressive episodes. Lizzie's experience of strength however, had positive associations and provided respite from old wounds. Being able to lean into corporeal practices that supported strength (such as weightlifting) helped her move forward in her recovery and provided feelings of stability on a day-to-day basis. Importantly, though, these practices could only offer temporary relief from negative affect, as past experiences continued to 'live in the body' and could be triggered by everyday situations.

In this sense, weightlifting can be viewed, not a solution or cure to EDs, but as a recovery *practice*, which helps to put a new and more empowering emphasis on

the body. It is important to note that, while weightlifting and the embodied experience of strength provides temporary relief from more negative frames, the women in this study were clear that it did not address the root cause of their illness. This was made salient when participants described periods of injury or unexpected time away from exercise. In the absence of weightlifting, women were unable to 'shift the focus' by turning the metaphorical kaleidoscope to reflect strength, which could negatively impact recovery. Here, Lizzie described one such experience:

H: Have you been weightlifting consistently since your 30th birthday then?

Lizzie: Yeah. Give or take like one week where I sprained my wrist and another week where I had a cold. Pretty much consistently. But I did find that when I didn't go there were some negative feelings creeping in. Like, I started thinking about food a lot more and what I was eating and started having like... it was actually last week that I had the cold and I was sort of thinking, "oh you've really gained weight, you've really gained weight" ... you can almost, like, feel it on you.... (Lizzie, 32 years old, in recovery from anorexia/bulimia)

This idea, expressed by participants, that negative frames would start to 'creep in' as soon as they stopped weightlifting for any long period of time, is certainly a limitation to this practice as a sustainable tool for recovery. However, it is also clear that, even as a temporary fix, weightlifting can have a positive and meaningful outcome for mental health and wellbeing. As Lizzie explained:

I am probably the biggest I've ever been, but I'm also the happiest that I've ever been. So... I think like, joining the gym was the best thing that I've ever done for myself. Both mentally and physically and I think it's the first time in my adult life that like, my mental health and my physical health are both sort of syncing up together and I can see how like it reciprocates each way, if that makes sense. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

In this respect, weightlifting and the embodied experience of strength provides women in recovery with a new framework for understanding their body and its

capabilities. While the embodied memory of past pain and trauma remains, the women in this study used weightlifting to create new memories through strength-oriented movement.

In the case of Lizzie's experiences, I have used the kaleidoscope metaphor to track the multiple frames in which Lizzie has come to understand her body at various life stages. Moreover, by theorising each lens as 'ready to hand', one is able to identify how certain practices (such as being weighed) prompt embodied memory and bring negative feelings into focus. Due to its emphasis on everyday practices and embodied memory, the kaleidoscope metaphor could be a useful therapeutic tool for addressing negative attitudes and beliefs within the specific contexts in which challenges tend to emerge. It is noteworthy that, for participants in this study, trigger points varied. However, there were some commonalities, such as feeling bloated, looking at one's reflection, and being weighed, which I have explored in this Chapter.

5.3 Concluding comments

In this Chapter, I have highlighted a concomitant tendency within research on EDs and female weightlifting to privilege representation and the visual. In this sense, research on EDs tends to fixate on the meaning attached to thinness (Warin, 2004), while research on weightlifting views muscularity as a central focus of women's corporeality. As a result, it would be tempting to frame women's experiences of weightlifting in recovery from EDs as a shift in physical ideals from thinness to muscularity. However, I argue, such a visually oriented framing of this phenomenon leaves out the ways in which affectual and sensory aspects of embodiment also play a part in shaping women's lived experience. As I demonstrate in this Chapter, for this population, embodiment is experienced as a multiplicity of states. As a way of bringing together these seemingly disparate modalities and the emotions and sensations they elicit, I introduce the metaphor of the kaleidoscope. This helps to theoretically conceptualise the ways in which women are able to experience their bodies in multiple different frames, while the material conditions of their bodies remain largely the same. This idea of multiplicity is not new to body studies (King and Weedon, 2019; Mol, 1998;

Slatman, 2014), however the mobilisation of the kaleidoscope as a metaphor for conceptualising this idea, is a novel contribution.

To understand women's experiences weightlifting in recovery from EDs, it was essential to incorporate embodied states both past and present. As women shift from one modality to another, the ontological divisions between muscularity/thinness/fatness are called into question. Therefore, bringing together work on EDs, fatness and strength/muscularity, which tend to sit quite separately, was necessary for this project. I argue that putting these different fields in conversation with one another in order to understand this phenomenon, resulted in the observation that there is a great deal to be gained by bringing these fields together, particularly when bodies in some form of transition are concerned. Some examples of embodied processes which I believe could benefit from this approach are, studies of pregnancy, menopause, and athletes' experiences of injury or retirement. In these contexts, attempting to position embodiment as a somewhat stable or fixed sense of self is likely to be challenging. Instead, bringing together work on multiple experiential states may provide a path for exploring how the body is experienced as unstable or transient, moving between differing modes of embodiment.

The interdisciplinary mode of theoretical engagement advocated for in this paper is largely unexplored; however, in recent years some scholars have sought to deconstruct and challenge barriers between visually differing modes of embodiment. For example, Moola and Norman conducted a study which compared the embodied experiences of anorexic and 'obese' women. At the core of their paper, is the argument that "it is the reliance on images of fat and thin bodies that is— at least in part— responsible for the continued examination of the two embodiments as though they are separate and distinct" (2017, 261). It is this method of critical engagement with visually differing styles of embodiment which will enhance scholarly understandings of subjectivity on a more affectual human level.

While at the beginning of this Chapter I critique the overemphasis on representation within the fields of EDs and weightlifting, it must be noted that I by no means seek to decry the visual as an object or means of academic analysis

in a broader sense. In postmodernity, the proliferate production, modification and communication of digitally mediated images demands an understanding of the role of visual culture in social life. Indeed, this thesis employs visual methods (photo elicitation) to understand women's experiences. However, in this instance, the focus is not on necessarily on photos of bodies (and what they look like) but on gaining a sense of the participant's 'way of seeing'. In this regard, I argue, approaching women's *embodiment* by privileging the visual, leads to the objectification of bodies and reproduces a voyeuristic audience-spectacle dynamic within scholarship.

Rather than adding to work on what the thin/fat/muscular body represents, I found it useful to consider the following lines of questioning; what mediatory concepts might help us understand the co-constitution of representation and experience? How do individuals strategise, give meaning to, or reinterpret their embodied circumstances? What metaphors do they draw on? These questions, I believe, help in dismantling unproductive and ontologically redundant divisions which segregate and silo feminist writing on embodiment. In addition, they facilitate a line of critical inquiry which seeks to connect modes of corporeality based upon experience and subjective interaction with the social, cultural and environmental landscapes in which people live. In this regard, I draw on Kyrölä and Harjunen's suggestion that within feminist research on corporeality "more comparative or multi-sited studies are needed" (2017, p.102) which embrace affectual understandings of bodies and traverse across disciplinary lines.

It must be noted that, from a public health perspective, the emergence of 'critical weight studies' does hold exciting possibilities for interdisciplinary projects which examine differing forms of embodiment alongside one another. Though a fledgling research area, critical weight studies is premised on the idea that a weight-centred paradigm may "divert attention away from addressing more complex issues of power, equality and relationalities of the body which come to shape/restrict opportunity to engage with particular health practices" (Monaghan et al, 2017, p.504). Principally this literature seeks to challenge weight stigma, the 'obesity epidemic' rhetoric, the mobilisation of disease metaphors, and the culture of shame surrounding body size and weight

(Monaghan et al, 2017). I argue that the theoretical approach within this Chapter draws on and extends this emerging research, by applying critical weight studies principles to a specific embodied experience. That is, women's use of weightlifting as vehicle for recovery from EDs.

In the next Chapter, I turn to examine women's social media use during the ED recovery process. In this regard, I move beyond thinking about how image and representation are experienced in the body, to consider the ways in which image and representation are subjectively navigated through new media technologies.

CHAPTER 6- DIGITAL PRUNING: AGENCY AND SOCIAL MEDIA USE AS A PERSONAL POLITICAL PROJECT

6.1 Introduction

While in Chapter 5, *Moving Beyond the Image*, I explore how women reconcile embodied memory and representation in an affectual sense, in this Chapter I examine the navigation of image and discourse in the context of women's social media use. Throughout this project, I have been interested in the ways in which female weightlifters in recovery from EDs use social media (Instagram in particular) for two key reasons. Firstly, as I described in the *Introduction* to this thesis, I first encountered this phenomenon online. In this respect, social media is an important space in which female weightlifters in recovery from EDs speak about recovery, learn about weightlifting, interact, and share their experiences. This was made even more salient to me during the recruitment phase of this research, when it transpired that even participants recruited offline (through posters in gyms) had social media accounts through which they participated in fitness and recovery communities. I have maintained a commitment to understanding the ways in which social media is uniquely implicated in women's experiences weightlifting in recovery from EDs, and as a result, Instagram has been an important field site for this research.

The second reason that social media became a focus in this project, is due to the unique and important insights this population can offer to research on the impact of social media on mental health and wellbeing. For one, this group of women have a history of EDs and over half of the participants in the study reported to engage with pro-ED content prior to starting their recovery. According to the extant research, this situates them within the category of potentially most 'at risk' and vulnerable to negative social media messaging (Perloff, 2014). Moreover, as they are all weightlifters and gym-goers, the women in this study observe and engage with so-called 'online fitness

communities' on social media. This makes them well-placed to comment on fitspiration discourses which, research indicates, proliferate within this online space and have been found to negatively impact women's mental health (Griffiths et al, 2018).

Indeed, a key tension that shaped lines of enquiry throughout this research, was the multiple and often polarised conceptions of women's social media use and its impact on wellbeing. In this respect, far from being a positive or supportive space for women in recovery, social media looms (in many academic and popular accounts) as the boogiemanager for issues relating to women's body image and self-esteem, with reductionist and sensationalist media reporting framing social media use as either 'good' or, more commonly, 'bad' (Gerrard, 2018; Gill, 2012). These prevalent digital sceptic discourses are reinforced by extensive work which evidences a negative relationship between women's holistic wellbeing and social media. Specifically, academic research on the topic argues that women's interaction with social media platforms predicts body dissatisfaction, poor self-esteem, the internalisation of the thin ideal, increased self-objectification and a heightened risk of developing ED symptomology (Holland and Tiggemann, 2016).

And yet, while participants did regularly reflect on the potential negative impacts of social media use, for the most part, they viewed it as a positive and supportive space where they found community and connection. Instagram in particular emerged as a space where rich and highly emotive lived experiences of fitness, mental health and recovery were expressed. This picture painted of social media so directly contradicted the ways in which the extant literature depicts women's engagement with the digital, that I was faced with the following conundrum; either women are unconsciously causing themselves harm, engaging with social media to their detriment despite overwhelmingly negative affect. Or conversely, women may develop conscious and experience-informed strategies to navigate potentially damaging social media content, a process which so far remains absent from existing empirical research.

As I set about exploring how the women in this study regularly engage with social media despite potential damage to their wellbeing, I came to understand

that this negative paradigm is not new or specific to work on digital media, but rather, has long been a point of contention among feminist researchers with regards to traditional media. For example, media scholars have previously argued that female soap opera fans are unable to distinguish between reality and television. In this regard, women who view this form of media are said to display a warped perception of the social world, which shapes their value systems to detrimental effect (Stern et al, 2005). Importantly, work such as O'Connor and Boyle's (1993) critiques such gendered approaches to media consumption, comparing the academic analysis of soap opera to sport media, which, due to being perceived as a masculine interest, is framed as a more legitimate and worthwhile leisure practice. In this regard, research on women's relationship to social media reproduces pre-existing paradigms that problematise and even pathologise female media consumption. It must be noted that other critical work has been conducted by feminist media scholars to challenge and interrogate the predominant view of women and girls as innately susceptible to media and representation (Burke, 2006; Coleman, 2008). However, little research concentrates on new media, and as a result, old paradigms are reinstated within this area of scholarship.

It is surely the case that individuals have more agency in their engagement with new media than they did old media, and as such, a variety of concepts have been developed which characterise this shift towards a more participatory media culture (Jenkins et al., 2016). For example, 'convergence culture' refers to a paradigm shift whereby 'consumers' of content can no longer be considered an audience in the traditional sense, due to widespread access to the tools for production and distribution (Jenkins and Deuze, 2008). However, how women exercise this agency in order to protect their wellbeing is rarely a focus of research. When theorising agency within social media use, structural features of platforms such as algorithms, the 'for profit' governance model, and content regulation policies, all impact user experience by somewhat determining the "temporal and spatial horizons for experience" (Boulton and Zook, 2013, p.440). However, a wealth of literature has emerged in the field of new media and communication focusing on the methods by which individuals and groups attempt to resist algorithms by organising collectively or mobilising them to

their own advantage (Cotter, 2018; O'Meara, 2019; Petre et al, 2019; Velkova and Kaun, 2019). For example, research by Cotter (2018) explores the conscious strategies mobilised by social media influencers to engage with Instagram's algorithm. This study demonstrated that this population of users have an acute awareness of how to 'play the game' on social media, by strategically harnessing the algorithms' power to increase their own visibility. Moreover, Rheingold (2012) has written extensively on digital literacy and how individuals can mindfully engage with the internet to achieve personal and collective empowerment. In this regard, there is evidence that user agency is being enacted both materially and discursively in relation to social media platforms and their internal structures.

This Chapter seeks to centralise, as Davis puts it, "how ordinary women exercise epistemic agency" (2007, p.5) by navigating the social media worlds they occupy. This project is not the first to detail women's engagement with fitness or ED recovery communities online, as others have explored this in various capacities (LaMarre and Rice, 2016; Riley et al, 2009; Saunders et al, 2020). However, it does add a new theoretical perspective to this collected works, by privileging participants subjectivity and agency over their assumed passivity. Engagement with IPA was crucial to this project, as it privileges experience above all else (Shinebourne and Smith, 2009). In this sense, rather than adding to works which examine media in terms of its 'effects', this chapter provides insight into how social actors framed as 'vulnerable' consciously and mindfully navigate the online worlds they participate in.

This Chapter interrogates some of the ontological assumptions underpinning much of the work on the relationship between women's wellbeing and social media. In particular, I challenge the negative paradigm maintained by extant research on women's engagement with social media, by demonstrating how digital spaces can positively support wellbeing for female weightlifters in recovery from EDs. Moreover, I detail this Chapter's novel theoretical contribution, 'digital pruning'- a personal political project whereby this population critically sift through social media content and make informed decisions about the affectual impact of their online environments. Following this,

I draw on netnography data to outline how and when digital pruning discourse is mobilised on Instagram. References to digital pruning practices typically emerge in response to a specific constellation of discursive forces and social dynamics, which appear somewhat native to online environments. These patterns are discussed in relation to three key themes; 1) care of the self, 2) diversify your feed, and 3) unfollow me. Finally, in the discussion section, I critically engage with the neoliberal rhetoric underpinning digital pruning as a subjective practice which places the responsibility for content regulation firmly in the hands of individual users. I explore this in connection with post-feminist literature, which theorises the centrality of 'choice' and self-knowledge to contemporary Western feminine subjectivity (Gill, 2008; McRobbie, 2009).

6.2 Social media and wellbeing

The participants in this study were almost all social media users and represent a range of voices within the social media landscape. The majority are casual and active users, engaging with digital spaces to document their weightlifting and recovery progress. In total, four participants have cultivated followings of over 2,000 on Instagram and one participant could be considered to be 'influencer' status¹¹, due to having over 201k followers of her Instagram account. It is noteworthy that two of the women in the study did not use social media. For one participant this was due to a lack of interest and for another her avoidance of social media was described as a conscious means of maintaining positive mental health. The women in this study engaged with a range of different platforms, however they cited Instagram as their most frequently used application. Because the netnography for this study also took place on Instagram, a great deal of the following discussion centres around Instagram specifically.

Not all women in this study reported wholly positive relationships to social media, however there was a coherent sense in which digital platforms are too readily mobilised to explain away social ills such as negative body image, poor

¹¹ The criteria that determines who is or isn't a social media influencer is rarely explicitly defined in the literature, however here we follow Cotter's (2018) definition of influencers as "a type of *micro-celebrity* who have accrued a large number of followers on social media and frequently use this social capital to gain access to financial resources" (p.896).

mental health and the development of EDs. In particular, participants were highly alert to discourses in which social media is perceived to be detrimental to self-esteem and body image. While they did not deny that engagement with certain harmful imagery online can reinforce and reproduce negative affect, they expressed frustration at the idea that social media might be the 'true cause' of poor wellbeing. For example, Lizzie contends:

I think in the past it was just magazines and celebrities, whereas I think with Instagram it's like real people, like someone from Sunderland doing things, it's so much more real. And it's more realistic as well, so when people say things negative about women's body image and the internet and social media and how bad it is, I completely disagree, because I think it gives us more access to real people and to people who are having the same thoughts as I might be having and it's like a community and I think it's a lot better to have it than not have it because if it wasn't there, I'd just be seeing the same things that I saw as a teenager that made me think like this to begin with. Just skinny people in fashion magazines that I'm tearing out photos of and sticking them on the wall as 'thinspiration' and I don't do that anymore, I don't buy those magazines anymore, I use Instagram, and I look at the page of someone from Leeds, who's not skinny but is well and happy and exercises. (Lizzie, 32 years old, in recovery from anorexia/bulimia)

In this passage Lizzie delineates between social media, which facilitates agency and interaction, and 'old' more traditional forms of media in which consumption of images is a more passive experience. In this regard, while magazines are externally curated, social media allows users to choose what kind of imagery they engage with. Moreover, unlike traditional or 'old' forms of media, no clear separation emerged between body and technology, or subject and object, when discussing how the women in this study engage with social media images. The digital appeared to be deeply embedded in the everyday lives of the participants, so much so that their encounters with the online 'worlds' they had meticulously curated were intimately related to the practice of recovery from EDs. For

example, Alice describes how posting photos on Instagram sustained her recovery:

*So I went through in early recovery this phase of not wanting to get dressed or leave the house or do anything because I just felt really ashamed that my body was changing and I was eating and doing this thing that for so long I felt like I shouldn't be doing. So this is one of the first days that I sort of got out of bed and even though I felt really really bad about myself, I still got dressed, I still... and I felt like, Instagram really helped with that because I tried to make myself post once a day and I was like, well you can't post in your dressing gown, so I would make myself get dressed and make myself do something productive. Even if I just did that and then went back to bed for the rest of the day, it was just about forcing myself to accept that life was still happening and that it couldn't completely ground to a halt just because I needed to do this recovery thing. So, like, that kind of having to have some self-discipline, even when it's really hard, is difficult but I did it. I did get there- most of the time.
(Alice, 17 years old, in recovery from anorexia/EDNOS)*

In this passage, Alice describes posting on Instagram during her recovery as a method of keeping herself tethered to the world. This act of presenting her body and everyday life through images online aids her recovery by offering her opportunities to feel connected to the outside world from a distance that feels safe and manageable.

Similarly, Ava spoke of engaging with social media to project the kind of identity and frame of mind she was working towards achieving. She described this as one of the early everyday strategies she engaged with in order to practice recovery. Here she explains:

Ava: Have you heard like 'fake it till you make it'?

H: Yeah.

Ava: So I... even if I was feeling a bit rubbish I would still post kind of motivational stuff and then I would watch a load of motivational

videos on YouTube and a lot of them were like powerlifting ones. And I always used to watch them before I competed as well. Um and it's just yeah I kind of learned to use social media in a more positive way.
(Ava, 30 years old, in recovery from anorexia/bulimia)

As one of the participants who identified as regularly seeking out pro-anorexia content during her illness, Ava's shift in social media use was a significant step in choosing recovery. In their work on the co-constitution of the material and the digital, van Doorn writes, "the virtual can be understood as an immanent and immaterial form of agency or potential: effectively but not formally or materially existing within the interstices of everyday life" (2011, p.533). In both Alice and Ava's accounts, engaging online offers the opportunity to act and be present at a time when women are slowly coming to understand their bodies in new ways, as they transition through recovery. In this respect, liminality is a useful theoretical tool for understanding agency and transformation mediated by the digital.

Participants made sense of this liminal phase through the process of documentation, communication and reflection. In this sense, the act of posting on social media was found to precede and co-constitute concrete action. As Nisha shared:

shows picture of breakfast from Instagram

I broadly know when I've been in an okay place, because I'm okay to post about food, and otherwise I just don't at all, ever. (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

Here, Nisha reveals that posting about food is intimately connected to the act of eating and recovering. When she does not eat, she does not post. In this way, images on social media are more than static placeholders for semiotic meaning and they do more than simply produce effects. For most women in the sample, engaging with social media was integral to practicing everyday activities, such as getting dressed or eating, which are integral to maintaining positive wellbeing.

The idea of *choice* was also central to participants' understandings of their social media use and the women in this study viewed themselves as ultimate architects

of their online 'worlds'. Underpinning this logic was the central belief that "it's all about who you follow". Alice echoes this sentiment, explaining:

It's not a good or a bad thing, it's a tool and like anything else, it depends on the way that you use it and the way that you engage with it. So you can either engage with it and put out negativity and pro-anorexia and all of this stuff that has real influence but in a negative way or you can use it for good and to connect with people and to learn and all of these things and I think it can be really helpful in that way and it's not just the negative space. (Alice, 17 years old, in recovery from anorexia/EDNOS)

In this regard, social media generally was perceived to be a neutral tool which would 'reflect back' values, interests, opinions and state of mind. This being said, participants did report to occasionally encounter harmful and objectifying messaging (such as thinspiration and fitspiration content) due to somewhat externally determined factors, such as the existence of algorithms and personalised advertising. However, this too was perceived to be within the realm of personal control and something that could be navigated through strategic use of the platform. As Sonia, who has two Instagram accounts (one personal and one for her job as a personal trainer), explained:

Sonia: I have to go through and unfollow people sometimes. People that are just unhelpful as well like when they start promoting laxative teas and stuff like that... nah.

H: So, what does your feed look like now? What kinds of accounts do you follow?

Sonia: Mainly other trainers, my friends, loads and loads of dog accounts, a few strong women, because I work behind a coffee machine, loads of coffee. So just all stuff that I like, without, like, influencers... I feel like my personal training account is totally different though. It comes up with 'suggested for you' all the time and there will be like someone with their butt sticking out and I'm like, ugh.

H: Ah I see...

Sonia: But it's just knowing who not to follow. (Sonia, 26 years old, in recovery from anorexia)

In this respect, 'old' media such as women's magazines were routinely criticised by the participants in this study for upholding problematic or unhealthy fitness messaging and physical ideals. However, social media, which also contains this kind of content, is seen as infinitely more beneficial due to its malleability and opportunities for curation. This prompts the following question- if we are to agree that women have agency in their encounters with social media, how then do they strategically navigate the semiotics of the digital? And how do they give meaning to this process? To untangle these issues, I now turn to examine the practice of 'digital pruning'.

6.3 Digital pruning: The strategic design of social media 'worlds'

The women in this study were highly media literate and regularly offered well-formulated deconstructions of problematic social media content. Moreover, they were keen to explain how they put their ideas about harmful imagery/messaging into concrete actions.

I normally unfollow as an act of defiance, if I think someone is selling something like skinny teas or like, skinny coffee or like, you know, those slightly awful like... I instantly unfollow when someone does that. Purely because I think it's like a political action. But um yeah so I'm quite good at unfollowing. Or if I think someone is putting out a message that is damaging to other people... yeah sometimes I'll unfollow as a little vote. (Maddy, 21 years old, in recovery from EDNOS)

The women interviewed were highly attuned to both what they consume online and what they produce. In this respect, participants talked about taking personal responsibility for the content they follow and the messages they absorb, a cultivated form of consciousness that came about as a result of repeated self-reflection and personal growth. As Sarah and Eve suggest:

Social media is a good place because at the end of the day... it sucks that the 21st century relies on it but that's just how it's gone and that's just how it's happened, but if you're in a position where you're understanding and knowledgeable about what triggers you, what's good for you and what's harmful and you're making social media a safe place for you, that's fine. (Sarah, 18 years old, in recovery from anorexia)

Obviously you have to be quite careful with who you follow. Because when I was ill, I was like on pro-ana sites and all that kind of thing. So there's a lot of negative stuff on the internet and you can follow a lot on Instagram where you're like, "well I'm never going to look like that" ... so I'm quite careful. Somebody mentioned like, Instagram is your personal magazine, and you curate your own magazine. And I try and do that with it. So I try and make sure that it's, like, a healthy place for me to be, instead of somewhere where there's like loads of people calorie counting and being like, "this is what's in my food" or "this is my four hour workout" I try not to follow that but yeah... it is a balance. (Eve, 20 years old, in recovery from anorexia)

I have developed the concept of 'digital pruning', a new theoretical contribution and heuristic tool to describe the process and practice of sifting through and unfollowing content that triggers undesirable affect and negative states of mind. To fully illustrate this metaphor- in order to cultivate a beautiful and healthy garden, one must regularly 'weed out' what doesn't serve this overall project. Importantly, this is a long-term process which requires diligence and consistent upkeep.

Digital pruning is framed by participants as an act of self-care, requiring sustained reflection and evolved self-knowledge. This skill is acquired through a long-term investment of effort, as it would often take participants a period of time to come around to the decision that certain accounts were harmful to their

wellbeing, as feelings of admiration could occasionally mask feelings of inadequacy or insecurity. As Lily describes:

Not everything you see is like how it is so I just disassociate myself with certain things because I know that I can't... like recently my boyfriend has suggested that I go through and mute and unfollow just people I don't know, people that trigger me, people that I'm like... I am a lot better but sometimes you're looking through people and you're like "god look at her she looks incredible, wow" just in admiration but if I'm constantly seeing these things it's going to stick in my head that I don't look like her. So I just mute people and unfollow them. So I did and now I don't see those people come up anymore and it's quite nice. (Lily, 22 years old, in recovery from anorexia)

The participants in this study, many of whom had engaged with pro-ED content when they were ill, viewed social media as a personal and political project of the self. While all participants who used social media expressed pride in having developed healthy, connected and socially conscious digital spaces, it became clear during interviews that this process had been one of trial and error. Like a vaccine, women seemingly had to experience at least a small dose of negative affect, in order to make the decision to protect against it. Moreover, it became clear during interviews that, due to the overlapping nature of pro-ED, ED recovery, and fitness spaces on social media, movement between different kinds of content (both helpful and harmful) was an everyday occurrence. In this regard, there were no clear boundary lines between content that was health promoting and content that promoted ED attitudes and behaviours (such as restrictive diets that equate exercise with calories eaten etc.) therefore, in order to protect their mental health and wellbeing, women were required to take on responsibility for constructing their own boundaries.

While each participant had their own unique struggles and triggers, content commonly conceived of as 'problematic' was fad-like dietary advice, the marketisation of weight-loss products and the propagation of wellness myths. In this respect, in what has been described in social and political life as the 'post-

truth era' (The Economist, 2016), many in the fitness industry have profited a great deal by promoting 'get-slim-quick' solutions for weight management. A shared source of frustration among participants was the marketing of diuretic drinks on social media, which claim to help individuals achieve weight-loss. The sales of these products rely on a sexualised form of labour, with young, attractive influencers commodifying their lifestyle practices to gain followers and achieve fandom (Drenten et al, 2020; van Driel and Dumitrica, 2020). The linkages between the objectification of female bodies and the selling of bogus 'wellness' products was fully understood and resisted by the women in this study. Here, Erica and Maddy express their disapproval of this kind of content within fitness spaces online:

A big thing as well is like... you've got celebrities promoting like, skinny coffee and boo tea. Stay in your lane- you're not good for people. Drinking skinny coffee is not good for you. That's what is wrong with the industry and that's why we get overlooked and overshadowed as to what we do. But I believe as a good PT [personal trainer] you need to care and if you don't care, get out of the industry. It's not about the money. I would do my job for free. I literally have sometimes! But as long as I'm making a difference for someone else, that's important for me. I think that's my value and this is why I want to do this. For me it's interesting and it's getting my word out there. (Erica, 31 years old, in recovery from anorexia)

There's kind of like a big consumerist thing about those girls selling certain products to give you that body shape, while also selling an exercise routine that doesn't necessarily achieve the results that they're selling. So like, resistance band squats and like... I think there's an interesting like, disconnect there between it being this glamorised consumerist thing along with like "skinny teas". (Maddy, 21 years old, in recovery from EDNOS)

Despite the high prevalence of this kind of potentially damaging content, digital pruning was seen as the most effective solution to avoiding individual harm.

However, digital pruning was framed by participants as a skill. As Maddy noted, “I’m quite good at unfollowing”. This attitude was reflected in a conversation with Jess, who explained:

I think in terms of harms, like I said before, a lot of people will misinterpret their place or misinterpret what they should actually be doing [um]... that there’s a hell of a lot of non-personal trainers that decide to sell fitness programmes and that can be very frustrating [um]... but I think any harm of social media isn’t intentional. I think nobody apart from potentially skinny teas and companies like that, they are there to take advantage of hypes, they are there to take advantage of trends, but that’s kind of a business and to some extent that’s what all businesses do... I think in terms of individual people there are absolutely brilliant people and as long as you can remind yourself exactly why you are there and what you are there for and what your aims are, that you are not this person, you shouldn’t aim to be this person, like, either their lifestyle or how they look. There aren’t necessarily any negatives. It’s only really a negative if you are very easily influenced. (Jess, 22 years old, in recovery from anorexia)

In this passage, Jess acknowledges the existence of harmful trends and imagery on social media that may promote diet culture (skinny teas) and unrealistic beauty ideals, however she emphasises that it is the individual’s responsibility to not be influenced by this kind of content. Within this logic lies the implicit assumption that everyone is equally capable of engaging with the critical and highly conscious practice of digital pruning, to weed out unhelpful or potentially damaging messaging.

Part of the uptake of digital pruning as a skill was recognising whether to scroll through, mute, unfollow, block, or report unhelpful content. In this regard, while the women in this study displayed a commitment to ‘weeding out’ content/messaging that didn’t serve them, this was sometimes complicated by the fact that occasionally friends, family or colleagues would post negative or damaging content. In this way, more ‘extreme’ reactions (such as blocking,

unfollowing or reporting their account) could have negative ramifications such as damaging valued relationships. In these circumstances, 'muting' (an action that other users cannot detect) offers a milder and less confrontational method of protecting women's mental state. Here, Eve and Ava explain the benefits of this function of Instagram:

Even people that I'm friends with, if they're like doing something that I'm like... especially my school friends because I took a gap year are all starting jobs and stuff this year, it's a bit like, oh god that's a lot, so I've just muted a few of them. Because they are my friends and I don't want to not see them or unfollow them, so I've just muted it while they're having a great time. (Eve, 20 years old, in recovery from anorexia)

I think if you know what makes your mental health worse or makes your obsession on exercise worse then you need to kind of be a bit more proactive maybe. Even if you might piss off a couple of friends, if you've unfollowed them, like, you've just got to do what's best for you. Um and that's what I've done with some of the weightlifters here and I've felt a lot better about it like if I was dying to see what they're posting I could just search for their name but- or I know you can press the 'mute notifications button'. Yeah. It's just being aware isn't it. (Ava, 30 years old, in recovery from anorexia/bulimia)

In this way, Instagram's interface is designed to facilitate digital pruning practices, by providing a hierarchy of responses to content that an individual may not want to encounter in future.

However, for those who are not able to successfully 'manage' their affective relationship to social media, abstinence is viewed to be the best option. Ella is one of two participants in the study who chooses not to use image-based social media platforms. Here, she explains some of her reasons:

I chose to get off Instagram and it has been really the best thing that I have done and stuck to in the past couple of years. Not seeing those

bodies lifting- that typical body that I want, that kind of thick bum, thick legs, lifting.... "she lifts" kind of mentality. I just had to get away from it. (Ella, 20 years old, in recovery from bulimia)

In this excerpt, Ella describes how certain images and certain bodies on social media created an environment which she could no longer be a part of. In this regard, Ella's relational understanding of her own body alongside the bodies of others worked together to produce an affectual experience that contributed to a negative sense of self (Coleman, 2008). However, instead of engaging in the time consuming and affectively laborious practice of digital pruning, she decided to sever her connection to the social media platform itself. Such an approach relies on the individual recognising that messages promoted through social media are potentially having a negative effect on their wellbeing, as well as resisting the social pressure to participate in social networks.

6.4 Digital pruning discourse on Instagram

Though the term digital pruning has been coined and developed within this thesis, discourses around mindfully designing one's online environment are highly prevalent on Instagram, especially in wellness-oriented digital spaces. In this sense, while digital pruning is a novel theoretical contribution within academic scholarship, this idea is likely to be perceived as commonplace and obvious to many social media users. In fact, this concept emerged consistently, in various forms, in my own life and in the conversations I had with friends. For example, as I was writing this Chapter, a close friend told me she had downloaded the social media app TikTok to her phone. A month or so later I asked how it was going and she responded, "it's ok but my feed isn't as fine-tuned as my Instagram one and I haven't really committed to improving it so there's a lot of stuff I'm not interested in". This is a typical example of how the concept of digital pruning emerges in everyday conversation. In this regard, theorising digital pruning allows us to locate everyday practices such as this within a sociological and cultural framework of gender, health and agency.

From the netnography phase of the research it became apparent that, on Instagram, references to digital pruning practices typically emerge in response to a specific constellation of discursive forces and social dynamics, which appear

somewhat native to online environments. I have broadly defined these patterns as; 1) care of the self, 2) diversify your feed 3) unfollow me. In what follows, I provide an explanation of the ways in which digital pruning emerges within fitness cultures online and provide netnography data to illustrate how this practice is advocated for.

6.4.1 Care of the self

The first, and perhaps most prevalent mechanism by which the logic of digital pruning is promoted and reproduced by internet users, is as a self-help tool. In particular, digital pruning has emerged as a method of combatting what many perceive to be the mental health costs of living digitally mediated lives. As the participants in this study espoused independently, attaining positive mental health online is viewed through the lens of self-improvement, personal nourishment and strategic approaches to 'exposure'. As Figure 15 & 16 below (taken from the netnography) demonstrate, within this discourse, social media is framed in highly affectual terms whereby one can achieve 'wellbeing, growth, connection and joy' by deleting accounts that lead to self-comparison and feelings of poor self-esteem.



FIGURE 15 'INSTA-CLENSE' POSTED BY @JOURNEY-TO-WELLNESS (FOUND IMAGE FROM THE NETNOGRAPHY)



FIGURE 16 'TREAT INSTAGRAM LIKE IT'S A MAGAZINE YOU ACTUALLY WANT TO FLICK THROUGH' BY @EMILYCOXHEAD (FOUND IMAGE FROM THE NETNOGRAPHY)

Users who post messaging to this effect tend to display a high degree of sensitivity to the feelings of others, while simultaneously distancing themselves from any harm caused by placing the onus for maintaining positive mental health in the hands of individual users. For example, @healthychefsteph, a fitness influencer on Instagram (who has over 247k followers as of July 2021), writes in a caption below a photo of her smiling into the camera;

I find it easy to see the positives in social media because it saved me when I was struggling with an ED. It was something I turned to as a means of making me feel better, to motivate me and to share my story in the hope of helping others. However, I can also see the toxic side of it. I understand how it makes people feel low and can blur their sense of self belief. But... it's all about how you use it! You can sit and scroll through the feed comparing yourself to everyone on holiday, juggling 17 jobs and three babies whilst still having time to get a mani-pedi...or you can limit your viewing time and follow people who bring something to your life. I hate to jump on the band wagon and say 'mute, block, delete, unfollow'- but it's true. Sometimes the only way to transform your mindset is to remove the things that upset you... (@healthychefsteph)

In this regard, carefully controlling one's online environment is included as one in a collection of self-management strategies women in recovery are encouraged to engage with in order to support their health. Crucially, this requires women recognise the kind of content that cause harm and 'mute, block, delete, unfollow' what does not serve them.

On the surface, this focus on self-care might appear unproblematic. Certainly, encouraging individuals to act according to what feels good over what is socially or culturally desirable can be conceived of as health-promoting. However, I argue that being able to discern what is helpful versus what might cause harm, is not as simple as it appears. In this regard, individuals and companies in the wellness space, who are attuned to the affectual politics of the zeitgeist, regularly appropriate the language surrounding self-care for personal or monetary gain.

One such example, is the appropriation of body positivity as a political movement.

Body image research has recently turned to body positivity content on social media as a potential mitigatory force when it comes to women's exposure to images of bodies online (Cohen et al, 2019). Body positivity is a movement that emerged out of fat activism, with the aim of breaking down stigma directed at 'socially undesirable' bodies and challenging associated forms of discrimination. Body-codes which are positioned as beneficiaries of this kind of activism include fat bodies, disabled bodies, gender non-conforming bodies and ethnic minority bodies, among others. Body image researchers' interest in body positivity online is fuelled by the notion that in viewing such imagery, women will be provided with broader conceptualisations of beauty and therefore "body positive content may offer a practical and cost-effective way to both reduce women's vulnerability to body dissatisfaction, as well as promote positive body image" (Cohen et al, 2019, p.1559). Moreover, increasingly body positive activists and influencers can be observed to espouse digital pruning narratives (see Figure 17). For example, @bodyposipanda, a key actor in the body positive space with over 1.4 million followers, writes:

*reminders: your energy is precious. preserving yourself isn't selfish.
not everyone needs access to you. being liked isn't everything.
boundaries aren't meant to be pretty. if you have to sacrifice your
mental health for it- it isn't for you. it's okay if your timeline looks
different to theirs. no is a complete answer. (love heart emoji)...*
(@bodyposipanda)

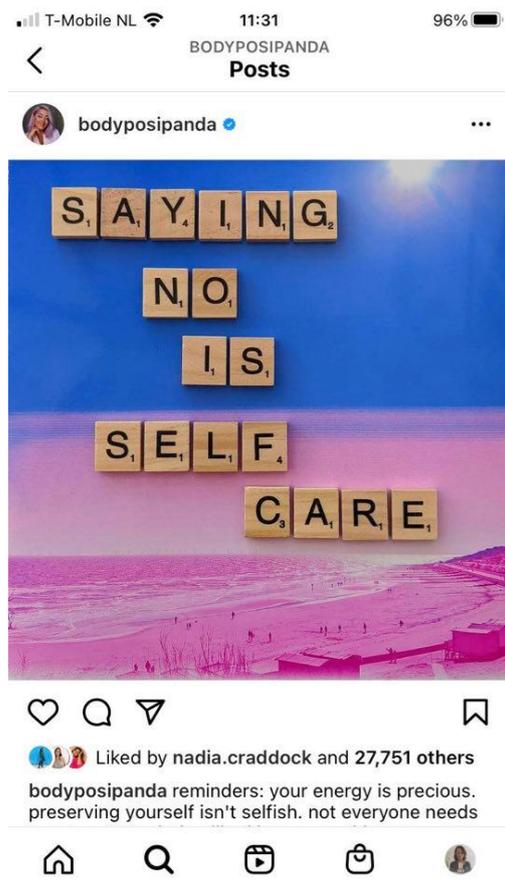


FIGURE 17 'SAYING NO IS SELF-CARE' POSTED BY @BODYPOSIPANDA (FOUND IMAGE FROM THE NETNOGRAPHY)

While in principle I agree with researchers and activists who advocate for body positivity content as a 'buffer' against harmful messaging, I would also caution that the mainstreaming of body positivity has led to the diluting of its core message. In their 2020 study, Lazuka and colleagues performed a content analysis of images with the hashtag #bodypositivity. Their research elicited interesting and contradictory results. On the one hand, as one might expect, body positivity posts on Instagram included diverse body sizes and appearances. However, only 43% of posts depicted larger bodies, which is not representative of the general population, and a number of the posts contained messages praising thinness or encouraging weight loss. It is noteworthy that the appropriation of body positivity as a political movement for the attainment of social, cultural and financial capital has been addressed by some activists and scholars, leading to suggestions that the term be abandoned due to its increasingly commercial usage (van Paris, 2020; Miller, 2016). In particular, the

widespread use of the language of body positivity among individuals who experience body privilege due to being slim, white, able-bodied and cis-gendered, serves to de-politicise the body positivity movement by redirecting the focus away from stigma and discrimination towards individualised projects of self-care. In this regard, Miller (2016) explored the frequent appropriation of body positivity within yogis on social media. She writes, “by associating messages of body acceptance with the continued overrepresentation of bodies and experiences largely reflecting the ideal yoga body, Other yogis continue to be marginalized and their experiences, bodies, and needs are obscured or omitted” (p.15).

Significantly, Lazuka and colleagues’ (2020) findings were very much reflected in the netnography portion of this study. In this sense, while many posts connected to hashtags such as #bodypositivity and #selflove do in fact resist hegemonic physical ideals and body-stigma, others reproduce potentially harmful messaging around fitness and the disciplining of bodies. For example, the following post by @daniellekusenberger used the hashtags #bodypositivity and #mentalhealth. She writes:

So many people want that “magic trick”.

So many people hate to hear that the secret is time, consistency, lots of food, recovering, and lifting heavy...

I’m a firm believer that the reason why some people are so far behind from where they wish they were is because their mentality is so weak & their actions replicate weakness.

Before you do anything, you have to align your mentality with your goals and your desire to win... or whatever desire you have.

Things don’t happen to you but they happen for you, always.

Understand and recognize that...

*#mentalhealth #bodypositivity #bodybuilding #motivation #fitness
#fitness motivation #passion #girlswholift*

In this regard, within this caption there is somewhat of a disconnect between the labelling of the post through the hashtag #bodypositivity and its contents, which

are not so much about encouraging the acceptance of a diverse range of bodies but are about engaging in disciplinary exercise practices. While, for this individual, this post may represent body positivity, it is far removed from the original message and intentions of the movement. This example of hashtag-post dissonance is also perhaps partly a function of the multiplicity of meanings within a given hashtag- referred to by Gerlitz (2016) as social media data's 'multivalence'. In this regard, McCosker and Gerrard's (2020) work on #depression revealed that this hashtag elicited not only subjective accounts of mental health, which one would expect, but also the strategic use of this hashtag to garner visibility and indicate aesthetic preferences. They write, "by looking at how the #depressed hashtag is used on Instagram, and pivoting from it through associated tags, we can see patterns of strategic interpersonal connectivity on one hand (particularly with memes and play and inspiration) and by contrast, circumvention and disconnection on the other hand" (2020, p.10). It is reasonable to assume that the body positivity hashtag is also subject to various forms of 'strategic interpersonal connectivity', though what exactly these are will not be explored here as they exist outside of the remit of this research. However, this would be a valuable line of enquiry for future study.

Navigating social media worlds in a way that supports wellbeing is complex as even spaces that, on face value, would appear to be health promoting for women in recovery from EDs (such a body positivity spaces) are in fact infiltrated and leveraged by alternative subcultures and groups, as well as commercial interests. In this way, while digital pruning narratives are propagated on social media using the language of self-care, encouraging people to act in their own self-interest, such decisions are not straightforward. Certainly, women have agency in their engagement with social media worlds, as has been thoroughly demonstrated. However, social media content in the fitness space (with the exception of pro-ED content and various forms of hate speech) is not demarcated as right or wrong, good or bad. Instead, posts are layered with a range of meanings, sometimes drawing on multiple forms of signification. Instagram users, especially those with a large audience, encourage trust and intimacy through the sharing of personal information and everyday life, while also representing private financial interests and distancing oneself from any sort of

'duty of care' to their followers (van Driel and Dumitrica, 2020). In this social media landscape, determining what is beneficial to one's mental wellbeing is both subjective and highly complex, therefore requiring in-depth exploration and knowledge of both one's core values and triggers. In this way, while digital pruning is persistently framed as an act of self-care, it can also be understood as a highly individualised form of emotional labour.

6.4.2 Diversify your feed

Another formation whereby digital pruning discourse emerges, is as a method of civic engagement. There are multiple instances whereby who you follow is viewed as a socio-political choice, indicating your affiliation to a given rhetoric or stance. In order to qualify this kind of digital pruning discourse, I have chosen to focus in on one particular idiom; "diversify your feed".

Diversify your feed (DYF) emerged within body positive and fat activist communities on Instagram and is operationalised by individuals as a strategy for engagement with a set of norms that subvert dominant body and beauty narratives (Hadley 2018). In an effort to DYF, social media users may 'follow' Instagram accounts that post images of people of varying sizes, ethnicities, gender presentations and so on, in order to disrupt the steady flow of media images of white, thin, cis-gender and able-bodied individuals. Algorithms embedded within social media platforms' internal structures, which are designed to learn an individual user's tastes and interests in order to maximise engagement, create feedback loops which reinforce these acts of agency by showing similar kinds of content. From the user perspective, subsequent casual engagement with the platform may be more supportive of wellbeing, as users are more likely to encounter images that promote positive body image. Thus, a dual and mutually reinforcing process of calibration occurs, at the site of the platform and the user, in service of establishing new norms. Here the emphasis is on following, rather than unfollowing, but it remains a highly agentic process of sifting through users and content to mindfully create a specific kind of environment.

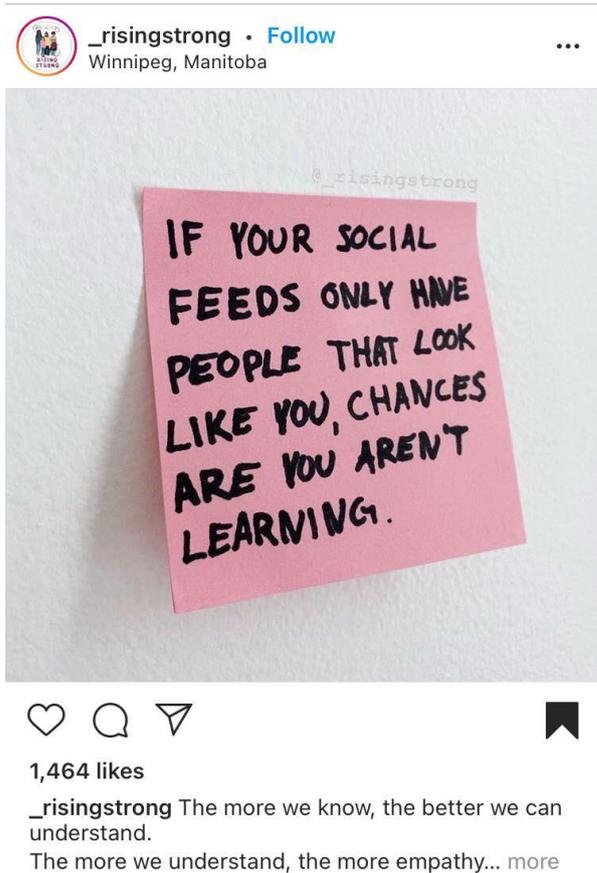


FIGURE 18 'DIVERSIFY YOUR FEED' POSTED BY @_RISINGSTRONG (FOUND IMAGE FROM NETNOGRAPHY)

Significantly, diversifying one's feed is increasingly framed as a political act. Premised on ideals of inclusivity, representation and visibility, users are encouraged to diversify their feed- not only to serve themselves by rooting out hegemonic beauty ideals- but also as a way of tackling internalised prejudice (see Figure 18). For example, in the contexts of Black Lives Matter, DYF has emerged as a strategy through which individuals are required to engage with anti-racism practices in their own lives (Hockin-Boyers and Clifford-Astbury, 2021). The logic behind DYF in this context is that it has the potential to change social norms through continuous low-level engagement with social media platforms. Following an agentic process of self-selecting what one is 'exposed' to online (such as Black influencers, educators and creators), one becomes routinely exposed to Black thought and experience. This has the potential to challenge and disrupt conscious or subconscious embedded norms and values that privilege

whiteness. In this regard, diversifying one's feed is framed as having both personal and political implications.

There is also a financial element to this form of digital pruning, with followers and user traffic being framed as a kind of currency. The logic being that disrupting the hierarchy that exists on social media whereby white, cis, thin, heteronormative, attractive and able-bodied individuals accrue the most followers gives influence (which can be monetised through advertisements and brand sponsorship) to individuals and accounts who do not fit within these hegemonic categories.

Significantly, as a result of DYF discourse, participants (some of whom could be said to fit with hegemonic body ideals on social media) were indeed cautious about 'taking up space' within social media spaces. For example, Maddy, who has over 2,000 followers of her fitness Instagram account, expressed:

I don't want to be just another like voice on social media that tells girls to look a certain way, especially as a white, able-bodied, like, slim girl who's like... I don't know. I don't want to be another voice telling girls they need to look a certain way to be accepted. (Maddy, 21 years old, in recovery from EDNOS)

In this way, the logic of diversity and inclusion, which are increasingly a feature of institutional or workplace strategy, have intersected with digital culture to create a set of ethical practices regarding social media use. Moral and responsible social media users should thus be conscious and fair in what they consume, being sure to include a variety of voices and experiences in their daily scrolling. Digital pruning, in this context, can be thought of, not only as a form of self-care but as an ethical and political practice.

6.4.3 Unfollow me

The final context in which digital pruning logics are reproduced online, is in response to the more insidious facets of living digitally mediated lives such as trolling¹² or online abuse. In these instances, digital pruning is elicited as a defence mechanism- whereby users ask their followers to 'unfollow me' if they

¹² Trolling is criticism or inflammatory remarks made by other social users.

have a negative response to the kinds of content and messaging they are putting out. 'Unfollow me' discourse is underpinned by research on dehumanisation via the digital, which presents barriers to meaningful or production discussion (Harel et al, 2020).

During the netnography phase of this research, I encountered multiple situations where this kind of discourse was mobilised. One example, which I detail below through my fieldnotes, stuck out in my mind as being particularly illustrative of the ways in which 'unfollow me' is bound up in the politics of power, influence, and morality.

Today a fitness influencer I follow received a lot of negative feedback from her followers on an image she posted to her feed. In the series of images, she has photographed herself sitting on her side (in various poses) in front of a mirror wearing a sports bra and shorts. In the caption below she describes how she hasn't worked out in months and has enjoyed taking time off from exercise. Hours after the post was published on her account, she posted some stories in response to direct messages she was receiving from followers who took issue with the framing of the post. Specifically, they contended that her post promoted unrealistic ideals of bodies (referring to the fact that in the image she has a flat stomach and visible abs) as many people with different genetics would see a big and not socially desirable change to their bodies if they stopped exercising for a long period. The influencer responded that it was her account and she did not have a responsibility to post content that suited everyone. She suggested that if other people found her content triggering or unhelpful, that they 'unfollow her'. (Fieldnote)

It is noteworthy to add that these narratives were also reproduced by the women in this study. Participants were conscientious in the kind of content and messaging they post on social media however, what they did decide to post, they viewed as their prerogative to do so. Any backlash they received from these decisions was thus met with a similar kind of defence to those espoused by the

influencer above. That is, 'unfollow me'. Here Laura and Sarah illustrate this point:

Times I thought oh my goodness me no, just don't post on there because people are talking about it and judging you and then I sort of just grew from it because at the end of the day they're the ones with the problem and it is just... if you want to post it, why not post it. If they don't want to see it, let them unfollow you, like it just annoys me no end. (Laura, 23 years old, in recovery from anorexia/binge eating disorder)

You know the topics that I speak about are very sensitive and I make sure that I'm not being too one sided because ultimately EDs are individual to each person. So it's just trying to be a bit more rounded. When I talk about it [EDs] I am very aware that its quite controversial and quite delicate and sensitive so it's just being safe and understanding that everyone has their own journey and it's their responsibility to unfollow me if they find it triggering or follow me if they find it beneficial. (Sarah, 18 years old, in recovery from anorexia)

In many ways, the 'unfollow me' narrative on social media represents a highly justifiable means through which social media users are attempting to protect their own mental health as well as the wellbeing of others. There are instances, however, whereby the mobilisation of this discourse is used to deflect criticism which is entirely justified, thus preventing the exchange of meaningful dialogue leading to better understanding of the experiences of others. For example, to return to Miller's (2016) study on yogi's appropriation of body positivity discourse on social media, there is a point in Miller's paper where she details one yogi's reaction to genuine and legitimate critiques of her "body-blindness" on social media. She writes,

critics are labelled "bullies," "body-shamers," or "un-yogic." By downplaying the importance of the systemic critique of dominant yoga culture to focus on individual, body-blind solutions, Budig and the yoga

industrial complex contribute to the marginalization and “eating” of the Other yogi while simultaneously profiting from individualization and depoliticization of the body positivity movement. (2016, p.15)

In my view, the conflation of critical and productive dialogue with online trolling, makes ‘unfollow me’ discourse on social media a particularly thorny issue. When the default stance to any communication other than those which are positive and self-reinforcing is ‘unfollow me’- constructive and potentially transformative discussions are negated and echo chambers emerge as a bi-product. Of course, there are multiple cultural and political contexts in which this is a particularly pressing issue and, I would argue, women’s wellbeing within digital environments is decidedly one of them. In what follows, I situate digital pruning discourse within neoliberal post-feminist rhetoric, highlighting its implications for the feminist project.

6.5 Concluding comments

This Chapter explores how female weightlifters in recovery from EDs use social media as a liminal form of agency, to sustain recovery and positively support wellbeing. Furthermore, from these data emerged the practice of digital pruning, which describes the individual process of sifting through and unfollowing content that prompts negative affect. Digital pruning, I argue, opens up an interesting discussion for thinking about who is expected to take responsibility for harmful or triggering messaging on social media. In these concluding comments, I explore the wider implications of digital pruning as a subjective practice.

For the women in this study, choice and the ability to design their online ‘worlds’ was central to sustaining recovery, as they reported to often encounter unhelpful or damaging content in their use of these platforms. However, it could be argued that this emphasis on individual culpability and the strategic negotiation of risk through ‘digital pruning’ is problematic in numerous ways. For one, it places the task of content regulation firmly in the hands of the user, which reflects a characteristically neoliberal sensibility. While ‘neoliberalism’ has multiple definitions and meanings in a variety of fields and substantive contexts, here I

define it as “the conduct of conduct: a form of activity aiming to shape, guide or affect the conduct of some person or persons” (Gordon, 1991, p.2), emphasising that individuals should take up responsibility for maximising their own potential, rather than focusing on collective gain or structural change. Thus, instead of defining this term according to specific set of political and economic rationalities, here I refer to a neoliberalism as kind of subjectivity, which has come to permeate the logic of everyday life (Gill and Orgad, 2018; Gill, 2008).

Due to the intersections with neoliberalism in the wider socio-political climate, contemporary hegemonic Western feminisms are defined by choice, individual culpability and personal empowerment (Gill, 2008; McRobbie, 2009). This cultural shift is characterised by the theory of ‘post-feminism’, defined by McRobbie (2004) as “an active process by which feminist gains of the 1970s and 80s come to be undermined ... while simultaneously appearing to be engaging in a well-informed and even well-intended response to feminism” (p. 255).

Crucially, post-feminist rhetoric champions individual agency above all else, with little nuanced acknowledgement of the socio-cultural factors, influences and motivations that shape action (Budgeon, 2015; Gill, 2008). In this regard, women are viewed to be autonomous agents, making choices free from the constraints of inequality or structural power imbalances (Gill, 2007). In this sense, while the women in this study regularly encountered problematic and potentially damaging messaging on social media, there was a coherent sense among participants that it is the responsibility of the individual to avoid this content (by ‘unfollowing’, ‘muting’ or ‘blocking’ certain accounts) and maintaining their own wellbeing.

This is perhaps unsurprising when many interventions in this area take a similarly individualistic approach (Gill, 2012). In this regard, body image researchers have done a great deal of work around developing media-literacy interventions to combat disparities in critical engagement with online content (Jeong et al, 2012). These interventions generally target ‘at risk’ groups (such as young women) and aim to protect them from harmful media-effects by equipping them with the knowledge and skills to mindfully assess, analyse and create content online. However, this neoliberal logic of personal responsibility

and the notion that we need to make young women more resilient to media-effects is a supposition that surely absolves platforms, advertisers, and those with the greatest influence from culpability (Gill, 2012). When speaking with participants, there was a concerning sense in which this emphasis on choice and personal autonomy prevented any form collective action against the systemic structural inequality that underpins toxic messaging. In this regard, digital pruning and the underpinning 'choice' narrative espoused by participants, serves to depoliticise inherently sexist or antifeminist messaging, as well as reprivatise issues that have only recently become public and collective (Gill, 2007; McNay, 1992). In this respect, as a novel theoretical tool, digital pruning captures both the everyday practices and the socio-culturally informed subjectivity that gives shape to contemporary relationships to new media.

It is noteworthy that, for participants, digital pruning was framed as a skill. This assumes that women will be able to acquire the ability to successfully navigate harmful content through a concerted application of effort, discipline and practice. It is unclear whether developing self-awareness and knowledge of one's own interior workings through therapy is a significant factor in ensuring individuals are able to successfully engage in digital pruning. With regard to the women in this study, just over half of the sample had (at one time) accessed support for their ED through inpatient/outpatient treatment or therapy. While there was no discernible difference in 'skill' between participants who had and had not received treatment, more research is needed to understand the relationship between mental health support and relationships to social media.

In this respect, while I argue that women have agency in their engagement with social media and regularly make conscious and experience-informed decisions about the content they view, there is no guarantee that individual evaluations will always have positive outcomes for wellbeing. As Gill (2012) aptly summarises,

the project of critique, dissection, comparison and deconstruction seems to rely upon a model of the subject as unified and rational ... it relies upon the idea of subjectivity as coherent, rather than split or contradictory,

with the assumption that affect follows knowledge in rather a neat and obedient manner. (p. 740)

In this regard, women do not necessarily all have equal access to the internal resources required to successfully engage in digital pruning as a practice, and while the women in this study effectively manage their engagement with social media and maintain positive wellbeing, this may not be true of other populations. Further research within the realm of digital health and literacy is needed to understand where these inequalities lie, as well as how digital pruning practices are successfully managed and maintained.

In the next Chapter, I move on to address the specific role that weightlifting plays in women's recovery. By examining the subcultural norms and values within the sport, I describe how weightlifting offers women a new framework for approaching eating and exercise. Specifically, because weightlifting legitimates occupying a larger body, women in recovery are afforded the permission to eat and gain-weight in a way that is both culturally sanctioned and health-promoting.

CHAPTER 7- HEALTH EQUATIONS: WEIGHTLIFTING AND THE LEGITIMATION OF EATING

7.1 Introduction

This Chapter explores the cultural norms and values associated with weightlifting and the ways in which they are experienced as supportive for women in recovery from an ED. In the introduction, I describe my theoretical approach to the analysis of women's eating and exercise practices in this context, before moving on to 'exercise: a minimising practice' which details participants' previous relationship to exercise and nutrition, outlining the particular challenges that Western gendered norms pose for women attempting to recover. After considering the gendered spatial geography of the gym, I outline the liberatory possibilities weightlifting offers participants, by providing them with a new belief system regarding eating and exercise. In this regard, unlike other forms of exercise (such as cardio), weightlifting operates within a productive framework. Lifting weights is viewed as an 'additive'; adding strength, adding muscle, and adding achievement. Through this lens, aspects of life that were previously feared (for example, eating, gaining weight and rest) are rendered productive. By contrast, the ED and its associated behaviours (such as self-starvation/purging/binging, excessive cardio, low of self-esteem) represent subtraction and are characterised by lack. I refer to these dual conceptualisations as 'health equations', which govern women's understandings of successful recovery and positive wellbeing. In the latter part of this Chapter, I consider how these attitudes and practices are made visible through digital mediums. This Chapter details how everyday life (nutrition and exercise in particular) come to be organised according to a health equations framework.

Chapter 5, *Moving Beyond the Image*, explored the role of image and representation (both embodied and discursively navigated) in the lives of female weightlifters in recovery from EDs. Through weightlifting, and a persistent

emphasis on strength, the women in this study were able to temporarily shift their perceptions of their bodies, therefore providing relief from the negative affectual experiences that sustained their EDs. In the Chapter, *Digital pruning: social media and agency as a personal political project*, I examine how participants applied a similarly agentic approach to ‘exposure’ to harmful images in their social media use, by engaging in digital pruning- a practice premised on self-care and the ‘weeding out’ of damaging content. In this respect, the women in this study developed multiple ‘DIY’ strategies to maintain a sense of wellbeing during recovery. *Moving Beyond the Image* sought to capture a macro-level understanding of weightlifting as a tool for recovery, with a particular emphasis on theoretically addressing the role of image/representation in this embodied process. Extending this, *Health Equations* focusses in greater depth on micro-level lifestyle practices that reify and sustain recovery through weightlifting, with a particular emphasis on eating and exercise.

This Chapter was given the title ‘Health Equations’ because it captures how the women in this study rationalise and make decisions regarding their daily food and exercise practices. Participants’ routines and belief systems around nutrition and movement were very much at the forefront of data collection. In particular, during interviews, participants were extremely well-versed and articulate in explaining their eating and exercise practices. When prompted with questions such as ‘what is your lifting routine like?’ or ‘what are your current attitudes to food/nutrition?’, it was common for women to provide a detailed description of their entire day, starting at the moment they wake up to the moment they go to sleep. Occasionally, detail was also provided on how each day of the week might differ, due to other factors such as work, caring responsibilities and socialising plans, such as when they see friends. In some cases, participants showed excel spreadsheets that contained their lifting schedule, as well as applications on their phones (for example, ‘myfitnesspal’) that allowed them to track their food. In short, and perhaps unsurprisingly, eating and exercise were events that participants thought a lot about, so much so that it often determined the shape and structure of their everyday lives.

For example, during our second interview, Ella described at length her weekly routine as it pertains to exercise, eating and sleep. This narrative was infused with highly affective descriptions of how she might feel at a given time of day, about herself and her body. Following her explanation, she finished by commenting:

Ella: I don't know if that's answered your question? Or if there's anything specific...?

H: No, that's great. It's really interesting to hear, like, your routine because there seem to be rhythms in terms of how we see ourselves and our self-perception...

Ella: It's crazy isn't it. And when I explain this to other people, this is how I know that um what I went through and my relationship with food and exercise is slightly disordered... or... it's not normal. But then again, what is normal? But then again, if I ever verbalise this to somebody who doesn't know about my history, or even to my boyfriend, he'll then sit back and chuckle to himself and be like "oh my god, you know yourself so well". And he's like, you know how food affects you down to a T- you know the calories that you need to consume to achieve this- you know it in so much depth and that's... that's I guess a confirming factor to me that I have been poorly and I am in recovery because I still think like this and I can recite my routine to you by minutes. I know it off by heart and I know what different things will do to my body and bloating and the way that I feel. So yeah, it is interesting to reflect on it in a situation like this because I then think about what a more 'normal' person would think if they heard that and they'd probably be like "fucking hell how does she know all this stuff" but then again I don't know. I don't know what people think or feel who haven't gone through to the same extreme as me. The disordered eating or the bulimia or whatever. Um... yeah so it is crazy. (Ella, 20 years old, in recovery from bulimia)

Following this interview, I thought a great deal about Ella's question- is this degree of cognitive focus on food and exercise 'normal' or does such an emphasis point to pathology? Upon reflection, I was split into two distinct camps. First, as a researcher, having read a great deal of Foucauldian literature on self-surveillance and governmentality, I felt concerned about the degree to which women in this study were monitoring their every meal and workout. Participants' need for control spoke to 'healthism' discourses which encourage individuals, particularly women, to take-up personal responsibility for disciplining themselves (and their bodies) to make healthy and conscientious choices (Jong and Drummond, 2016; Musolino et al, 2016). This is further problematised by the popular assertion, by many feminist scholars, that women are compelled to make such choices in order to live up to an unrealistic beauty ideal (Camacho-Miñano et al, 2019; Elias et al, 2017).

My second reaction was that, on an interpersonal level, being confronted with this level of structure and routine in conversation with another woman did not present to me as unusual or disordered at all. To the contrary, as I sat in cafes, listening to participants break down the minutiae of their eating and exercise habits, I felt that I could just as easily been catching up with a friend and talking about a new exercise class they were enjoying or a new diet a mutual friend was trying out. Upon reflection, my recognition of diet and exercise as a topic of casual conversation could be a result of my personal interest in health and fitness, as well as my positionality as a middle-class woman. In this respect, scholars have noted that 'wellness' is a particularly classed phenomenon. Cairns and Johnston's (2015a) study on gender and food choice, found that the logic of 'choosing health' was more commonly espoused by economically privileged women in the sample, while low-income participants tended to discuss health through the lens of economic constraint. Thus, it is perhaps by nature of my positioning as a middle-class woman, that the nature of this conversation (diet and exercise habits) felt extremely familiar to me. However, I contend that, much like 'body talk', exchanging information on exercise and nutrition is also a highly gendered practice and is a reflection of broader cultural anxieties about women's bodies, as well as the positioning of women as the gatekeepers of family nutrition

and wellbeing (Cairns et al, 2010). Though certainly, the contents of these conversations may differ according to class and culture (Crossley, 2006).

Thus, an internal conflict remained between my poststructuralist academic training and knowledge of diet and exercise as a tool for self-regulation, and my own personal inclination to revel in dissecting daily routines and idiosyncrasies. The latter, I realised, is the reason I, like so many others, get a great deal of satisfaction from following individuals documenting the banal and trivial aspects of their days on social media. Of which, Ibrahim writes, “like capturing a cup of coffee with a fresh swirl of cream or the cat going about its everyday routine of a daily slouch in front of the window; a scene or object that produces the comfort of the everyday while in some ways ritualising the everyday through imagery and initiating a perpetual visual contact” (2015, p.44).

Of course, I am also subject to normalising discourses that value and aestheticise health and wellness in ways that result in the gendered disciplining of bodies and I am often made cognitively aware of the systems of values that I am responding to. For example, when I’ve had a particularly food/drink heavy weekend and on Monday my first thought is “I should go to the gym today”. Or at a restaurant when a picture-perfect plate of food arrives and I immediately reach for the camera app on my iPhone. As a whole, I try to act according to feminist principles, however it is these small everyday acts and values which, due to being so widely sanctioned by popular culture, I find difficult to reject. Moreover, as many feminist scholars have noted, acting in conformity with dominant cultural feminine scripts can feel good (Davis, 2007; Kruks, 2001). Of this, Kruks aptly writes, “the subjectified subject, which takes up those practices of power through which it is both constituted and self-constituting, still enjoys a degree of freedom as to how it assumes them” (2001, p.68). By which she means, there is a pleasure in indulging in small rituals and making them your own, even when such a process is in response to a system of values which are cognitively understood as problematic.

All this is to say, I too am a willing participant in self-regulatory practices and the valuing of ‘healthism’ as a cultural construct. From this perspective, it is impossible for me to approach this research from a place of ideological purism,

critiquing the investment the women in this sample display in their bodies and their health. However, I remain critical of the broader patriarchal structures that create such difficult socio-cultural conditions, within which women are required to navigate a path to wellbeing. It is as a result of this uneasiness, and my own internal conflicts, that I have chosen phenomenology (which centres experience and subjectivity) as a framework to explore female weightlifting as a tool for recovery from EDs. From this standpoint, I am able to link, as Davis writes, “individual women’s subjective accounts of their experiences and how these affect their everyday practices, with an analysis of the cultural discourses, institutional arrangements, and geopolitical contexts in which these accounts are embedded and which give meaning to them” (2007, p.57). In short, I seek to privilege the pathologising of social and material constructs over the pathologising of the women who exist and operate within them.

For female weightlifters in recovery from EDs, the issue of self-regulation is highly complex and multi-faceted. On the one hand, highly ritual and routine diet and exercise practices have been widely documented as a symptom of disordered eating as well as dysfunctional exercise (Freimuth et al, 2011). The exhibiting of structured lifestyle practices by women in this sample could be framed as indications of struggles to ‘successfully’ engage with recovery. However, on the other hand, within neoliberal public health discourse regular exercise, a carefully managed diet, and routine engagement with stress-management strategies, are positioned as ‘healthy’ and admirable lifestyle practices. In this sense, women in recovery can be seen as both healthy/responsible subjects and pathological all at once, depending on the viewer. On an individual level, women are required to, as Cairns and Johnston put it, work to “avoid being seen as an out-of-control eater on the one hand, or as a controlling ‘health nut’ on the other” (2015a, p.154). This conflict in values creates a set of difficult and contradictory conditions in which women must navigate a path to recovery (Hockin-Boyers and Warin, 2021). This tension has been noted by other scholars in the ED field (Musolino et al, 2020).

In this regard, anxieties around food and exercise are highly entrenched in Western culture, as has been noted by numerous scholars (for example, Hesse-

Biber et al, 2006; Musolino et al, 2020; Pirie, 2016). While it is not my intention to naturalise dysfunction or individual suffering, it is important to specify the cultural conditions and discursive practices that normalise and reproduce potentially harmful relationships to food and exercise. In this Chapter, I am interested in how, within the conditions of their lives and this socio-political moment, this group of women “knowledgeably, competently, and flexibly draw upon, interpret, and re-articulate cultural discourses as they negotiate their life circumstances” (Davies, 2007, p.62). In this sense, I attempt to situate the creative role of the subject in designing wellness practices that support recovery, in a cultural environment that is not necessarily conducive to such a process.

In order to communicate weightlifting as a transformational lifestyle and practice for women in recovery from EDs, I begin by detailing participants’ accounts of their previous relationship to exercise and nutrition. Here I outline the particular challenges that restrictive gender norms and values pose to women attempting to recover. I then detail how weightlifting occupies a different space for participants, providing them with a new belief system regarding eating and exercise. That is, within the sport’s subcultural norms, there exists a productive framework, premised on the sporting ethics of progress, growth and achievement, in which women are able to situate their lifestyle practices. This framework exists in direct opposition to the practices and logics that sustained their EDs, which were premised on minimising and shrinking the body. I introduce the concept of ‘health equations’ to capture how everyday decisions about food and exercise are made within this new system. Moreover, in comparing participants’ past ED practices to current lifestyles, I demonstrate why weightlifting specifically, over other sports, is positioned as beneficial to recovery.

7.2 Exercise: A minimising practice

Almost all of the participants who took part in the study were physically active while they were suffering with an ED, prior to starting weightlifting. The majority reported to engage in gym-based cardio (treadmill, cross-trainer, spin classes), and a small handful had been successful athletes within a particular field. For example, Georgie and her twin sister (who was not involved in the

study) were runners who competed at the county level. Erica was a professional modern dancer before stopping to become a personal trainer and raise her family. Ava competed in Javelin for many years, during which time she was suffering with anorexia and, some decades ago, Nisha played football for a top tier university team. While, during interviews, I rarely asked participants whether they had engaged in physical activity prior to starting weightlifting, they often told me about their exercise habits during this period as a way of emphasising the specific and positive role weightlifting has played in their recovery. Thus, to align with participants' narrative logic, before outlining the role weightlifting and its associated practices play in women's recovery, I will start by describing participant's previous exercise habits and attitudes.

A common theme that resounded across the sample was that, during their ED, cardiovascular forms of exercise were viewed by participants as the most desirable form of movement. However, women reported extremely negative associations with these practices. Significantly, their attitudes and motivations for doing cardio fed into their ED in ways that they now recognise as unhealthy or disordered. For example, Charis explains:

When I first started out, I didn't do weights or anything like that, I just did cardio for three hours a day, seven days a week, barely eating and then the gym, I was like obsessed. Obsessed! Even if it was like... I used to finish work at like 12 at night and I used to go to the gym and come home at three in the morning. Just done an 8-hour shift and then gone to go do three hours of cardio and then gone home. Because I was just so obsessed with it. And if I didn't go, I would feel like I was going to get fat overnight. (Charis, 20 years old, in recovery from anorexia)

This notion that in the absence of regular cardio, overnight layers of fat would appear on the body, was often reported by women involved in the study. In this way, cardio was positioned as a compensatory and minimising activity- a way to burn calories and assuage guilt. Never was this form of exercise imbued with the same joy, purpose and curiosity that weightlifting held. Rather, it was viewed as a chore. Something that had to be done but seldom brought pleasure, aside from

the endorphins that accompanied a sweaty session. Here, Alice describes her headspace when she would complete a cardio-based gym session:

H: So, what were you thinking about when you did the cardio?

Alice: So, I would be thinking “oh, I’ve burned this amount of calories, that means I’ve burned off half the cereal I ate” or I’d be thinking “ok so if I do this for 20 more days and I do exactly this then I might lose this amount of fat” and it was just all of the things that I had been thinking about for so many years just concentrated in that time. And it did feel good like I got endorphins and things from running but it wasn’t the same kind of cleansing of my mind that I felt came with the weight training and I would sort of just not feel like I was ever doing good enough. I would be like ugh well I ran like three miles but I should have been running five and it just wasn’t... I wasn’t giving myself enough slack. (Alice, 17 years old, in recovery from anorexia/EDNOS)

Women in the study emphasised that their engagement with cardio was somewhat premised on cultural norms that emphasise physical activity as a tool for weight-maintenance (Crossley, 2006). While, during their EDs, these norms were often taken to the ‘extreme’, their motivations and practices resonate with broader cultural values regarding exercise (Boyd et al, 2007; Hesse-Biber, 2006). As Boyd and colleagues write in their research comparing the exercise behaviours and feelings of ED and non-ED groups, “people with EDs engage in exercise to promote weight loss, either in a drive for thinness in AN [anorexia nervosa], or as non-purging behaviour in BN [bulimia nervosa] ... however, people in general, particularly females, also exercise for these reasons” (2006, p.112-3). In this respect, exercising for permission to eat, which was described by multiple participants, is a commonly cited symptom of dysfunctional exercise (Calogero & Pedrotty, 2004). However, a recent BBC horizon television program (*The Restaurant that Burns Off Calories*, which aired in April 2020) was based on the premise that every calorie eaten in the show’s restaurant had to be burned off afterwards in the gym. This popular representation of exercise and dietary norms reinforces the idea that movement can or should be equated to food eaten

or calories burned; attitudes that are very common among people with EDs. In this regard, many of the features of dysfunctional exercise are practised and sanctioned in wider (particularly Western) cultural norms and values (Williams, 2012).

On an affectual level, participants viewed their engagement with cardio as obligatory and therefore experienced distress when they were not able to meet their goals for hours spent in the gym or calories burned. For example, Maddy told me a particularly emotive story about how her previous exercise habits disrupted holidays and travel:

I remember once I was really unwell and I'd got a bug or something and I'd found a gym. We were on an island in Vietnam, I'd found a gym because it was like raining for like five days in a row. I was really ill, I was like sweating, I felt so unwell, but because I knew I only had four days with access to a gym, I was like, you're going to do an incline walk on the treadmill, but I was actually about to pass out. I just kept walking, I was like, just walk for a whole hour and I remember looking at myself in the mirror and I was like "what is wrong with you", luckily, I just stopped the treadmill and I was like "go home, and go to bed, like this is so bad". I think that was like probably one of my worst when I realised something was quite wrong, because I just like was so scared of putting on [weight] and I knew I only had five days left of the trip and I was like "you just have to keep the weight off for five more days" obviously I wasn't going to put on weight in five days, but I remember just walking on the treadmill and I was so ill but I was like, you just have to keep walking. (Maddy, 21 years old, in recovery from EDNOS)

Maddy's experience of regularly engaging in cardio to stave off weight-gain, chimes with Chapter 5, *Moving Beyond the Image*, and the ways in which the haunting presence of fatness can threaten bodily integrity in ways that result in concrete actions. In this case, Maddy's fear that the food she has eaten might settle in the body in the form of layers of fat, pushes her to exercise while on holiday, despite being tired and unwell. Again, Maddy's actions may appear

extreme, however, it is worth considering the social context in which this logic emerges and is reified. In recent years, physical activity calorie equivalent labelling has been proposed as a way of tackling the current ‘obesity crisis’ (Masic et al, 2017). This policy would see food labelled according to the amount of physical activity required to ‘burn off’ the calories in the item in question (for example, a shop bought chicken and bacon sandwich requires 42 minutes of running). Though this has not been widely implemented, these ideas are commonplace within public health discourse and are absorbed by the public consciousness in ways that have the potential to be extremely damaging, particularly for women in recovery from EDs. The cardiovascular exercise the women in this study engaged with when they were poorly very much reflects this underpinning ethos. In this respect, food was viewed in terms of calories and physical activity in terms of weight maintenance. Moreover, fitness spaces themselves reflect this problematic and highly gendered framing of exercise and nutrition.

7.2.1 The gendered spatial geography of the gym

A further, intersecting reason as to why participants felt bound to cardio before starting weightlifting, was the gendered nature of physical activity and the spatial geography of the gym floor itself. It was common, for example, for participants to refer to the weights section as the “men’s section” or “not their area”, with one participant exclaiming that before she started lifting she “wouldn’t even step on the carpet”. Some participants brought images of their weights room for the photo elicitation exercise (see Figure 19), in order to emphasise how these male-dominated spaces were experienced as a barrier to trying out more ‘masculine’ kinds of physicality.

The gendered spatial geography of the gym floor and its various ‘zones’, has been described by a number of scholars (Clark, 2018; Coen et al, 2018; Dworkin, 2001; Johnston, 1996; Walters and Hefferon, 2019). Researchers suggest that cardio suites and exercise classes have ‘feminine’ connotations, while the weights room is perceived as a ‘masculine’ space (Clark, 2018). Moreover, these zones are continually ‘marked’ as masculine or feminine through norms that are created and policed by their inhabitants. An example of how the weights room is

made intimidating to women who enter, is through loud or exaggerated vocalisations. As Coen writes of weights rooms:

Sound was a significant feature of the gendered viscosity of place. For many men and women, the soundscape was decidedly masculine. Vocalisations during exercise and instances when weights made contact with the floor or other equipment were often categorised as exaggerated, aggressive, and superfluous or not serving a functional purpose. (2020, p.10)

In contrast, feminine behaviour in this space is associated with “contained effort and silence” (Brace-Govan, 2004, p. 523).

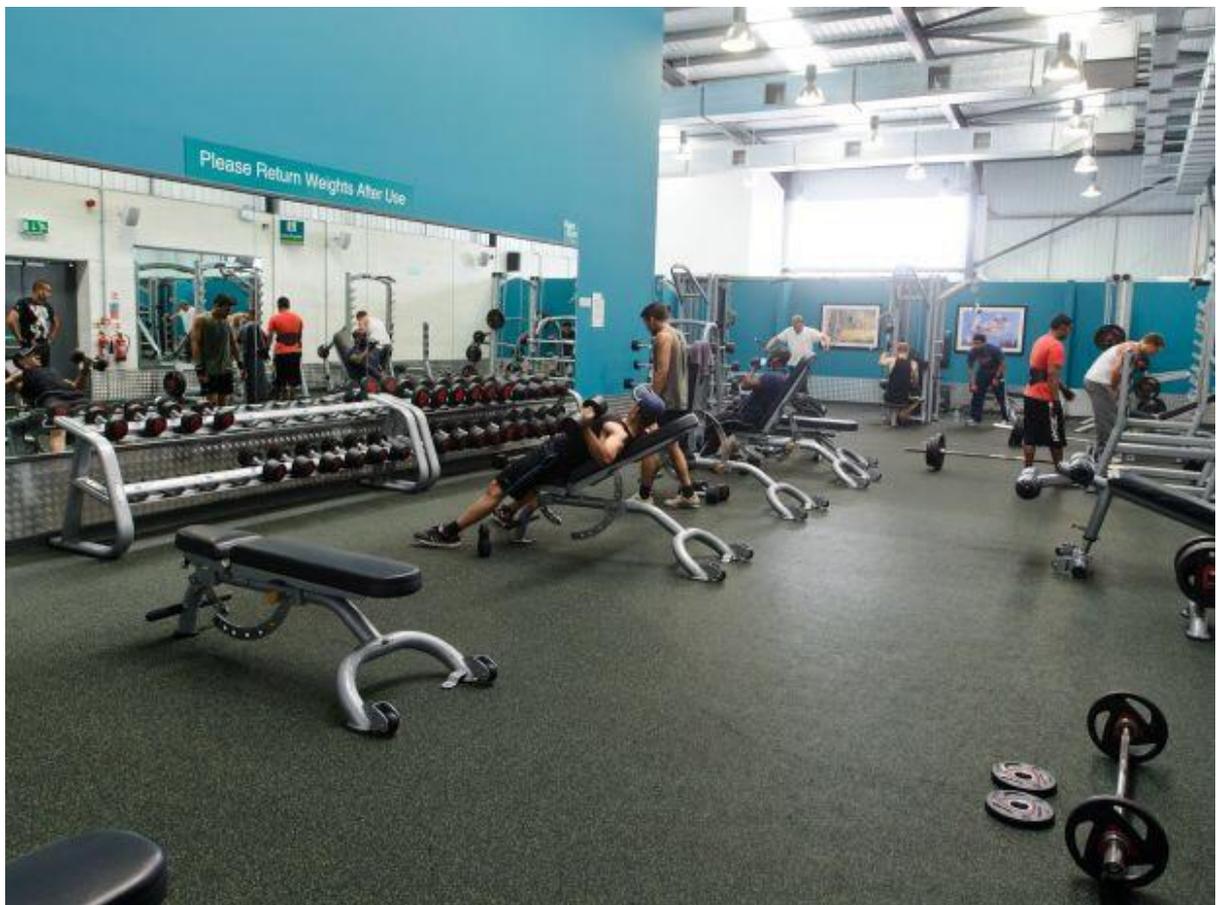


FIGURE 19 CHARIS' WEIGHTS ROOM (FROM THE PHOTO ELICITATION EXERCISE)

Importantly, from the perspective of female gym-goers, these spaces were experienced as intimidating and unwelcoming. The gendered spatial geography of the gym and its impact on women's access to certain forms of physical activity

was made salient during my interviews with Erica. Erica and I first met at a gym in Leeds, where she worked as a personal trainer. She gave me a tour of the space while we chatted about the research project. The gym had everything I was used to seeing in a standard workout space; studios for classes, a big free-weights section with squat racks and platforms for compound lifting, rows of cardio equipment and a stretching area. However, it also had an area I did not expect to see- a designated 'women only' area with 1-10kg dumbbells, treadmills, cross-trainers, and space to stretch. Importantly, no heavy weights in sight. I asked Erica what she thought of this space and she told me she was against it. She explained:

Erica: My clients, I don't put them in there, unless it's for religious reasons. That's the only reason that I'll ever. For me, it's just "come on, we're off!". I just throw them in the deep end. My latest client, she's got gym anxiety, really really bad. I just chuck her on the floor when it's a Monday night and it's busiest and I'll say "right crack on" and afterwards she'll be like "oh I feel so strong and so good".

H: What do you think the anxiety is with using the mixed [gender] areas? Where do you think that comes from?

Erica: Um men are men. Men look. But so do women. I think men are a little bit more obvious with it, so you get your men looking. Or they haven't got enough education on movement, they don't know what they're doing with the weights. Um some people can just be shy and underconfident. I think it's just a whole mixture of "lack of". Lack of confidence, lack of knowledge. I think that's what it is. So it's just about building that slowly with them and getting them in there, so they know that when they're in the gym, people don't really care, everyone's doing their own thing and on their own journey. (Erica, 31 years old, in recovery from anorexia)

In this way, the masculine environment, in combination with the potential for harassment and a lack of education on how to perform the movements, limited women to specific areas and activities. Moreover, participants noted that, once they had overcome these barriers and began exercising in the weights room,

there was a perceived smaller margin for error due to the fact that they were already transgressing beyond their gendered 'zones'. As Alice noted:

You're like, right I need to be completely ready to take on this weight because if I do it wrong it's a big deal and it's embarrassing because this isn't my turf, this isn't where I'm supposed to be, I shouldn't be here in the first place. (Alice, 17 years old, in recovery from anorexia/EDNOS)

As other scholars have noted, the gendered nature of the gym space (and the weights room specifically) presents barriers to women's freedom of movement that are not so easily overcome (Salvatore and Marecek, 2010). For the women in this study, this acted as a limiting factor for the kinds of exercise they felt able to engage with. In this regard, not only did cardio support weight-loss (and participants' EDs) but, in comparison to the intimidating and masculinised other (weightlifting), it presented as a decidedly 'safe' option. While the women in this study did eventually overcome these barriers, there was a distinct sense in which the tensions that arose by virtue of being a woman in a male dominating space, never completely disappeared.

7.3 Health equations: Weightlifting and the legitimisation of eating

The women in this study found weightlifting through a number of different paths. For almost all participants, their entry into the sport occurred either during recovery or was an initiator of this process. Significantly, social media (Instagram in particular) was commonly cited as a space through which women first accessed positive representations of female weightlifting. This kind of online content not only offered participants new conceptualisations of women's bodies and their capabilities, but also acted as an instructional tool whereby women could learn how to perform movements and use different equipment. Online fitness communities and the informative function they perform could therefore be considered a means of breaking down barriers to women's physical activity, such as the 'lack of education' noted earlier. Here, Georgie explains how Instagram helps her improve her weightlifting and learn new skills:

I think Instagram is best for videos of exercises... it motivates me to get stronger when I see the girls that are really strong and also pull-ups. I couldn't do like... I can do bicep pull ups- now I can do two. I couldn't do any before. So I was doing exercises by this girl who was working up to pull ups and did what she did and it helped. (Georgie, 20 years old, in recovery from anorexia)

While engagement with fitness content on Instagram was almost ubiquitous across the sample, it was cited as an initiator to try weightlifting for close to half the participants in this study. For other women, encouragement from friends and trainers was a much more salient factor in their entry into the sport. The role of community and fitness industry professionals in facilitating this shift will be explored in greater detail in Chapter 8, *Recovery and transformations of the self*.

So far, this Chapter has explored how the women in this sample's prior engagement with exercise (particularly cardio) was viewed retrospectively as a negative and minimising practice. In addition, I have examined the barriers, such as the gendering of gym space, which prevented women from taking up the sport. In what follows, I detail how, once participants found weightlifting, this activity became a vehicle for recovery. Perhaps most significantly, weightlifting provides a new system that straddles two core goals that participants previously thought incompatible and mutually exclusive. That is, it promises to be both health-promoting (and thus virtuous) and well as plentiful and non-restrictive. Within this new belief system, weight-gain is normalised and constructed as a legitimate step in achieving one's fitness goals. I have conceptualised this new set of rules around food, legitimated by weightlifting and the associated strength goals, as 'health equations'. In this regard, weightlifting had not transformed participants' lives so much that they could discard the rulebook entirely or completely relinquish control. However, it did provide them enough flexibility and safety to engage with recovery (and often weight gain) in a way that supported their mental health and wellbeing.

Although each participants' belief system differed, what remained consistent across the sample was that they all had a system of sorts. First, I cover in greater detail how weightlifting offers women a new set of values and goals from which

they were able to approach 'health equations'. Significantly, and of particular interest to this study, embracing a new belief system allows for flexibility in terms of weight-gain, while allowing women to feel 'in control' of their bodies and their recovery. Secondly, I examine how, in the context of weightlifting, food begins to take on new meaning for women in recovery from EDs. I explore how this theme intersects with social media use and the ways in which everyday food practices are normalised within certain fitness and recovery subcultures online.

7.3.1 Weightlifting

A "gains" framework

A key finding from this research was that the subcultural norms within weightlifting that normalise and encourage eating and weight-gain were particularly beneficial to the recovery process. To improve within the sport of weightlifting, one is required to lift heavy weights on a routine basis, fuel the body with lots of food, and take regular rest to let the muscles of the body repair. In this regard, weightlifting Instagrammer @swolewoman writes:

Lemme be clear: the only solution to workout soreness is not "working out some more", though stretching or a little walking can be nice; sometimes you need to sit your own ass down and have a nice meal of proteins, carbs and fat. A workout isn't "wasted" by eating after; it specifically IS wasted by not eating after.

(@swolewoman)

For the women in this study, who were all amateur lifters, occupying a larger body translated into improvements in strength and performance, thus rendering weight-gain (in terms of both muscle and fat) legitimate within the context of their sport. In this respect, exercising to build strength and to take up space with their bodies was viewed by participants as supportive to recovery, as it so directly contradicted the restrictive and minimising practices that sustained their EDs. As Polly described:

H: What is it about weightlifting that has been useful for your recovery?

Polly: I think changing the mindset from wanting to lose weight to wanting to reach a goal. It does change your mindset to thinking like, I want to grow, I want to have more muscle. Rather than losing weight, it is about gaining weight and muscle. (Polly, 17 years old, in recovery from anorexia)

In this context, participants' weightlifting was driven by growth and progress which, within the subculture of the sport, are referred to as 'gains'. Gains were experienced in two distinct senses of the word. First, there were 'mental gains', which speak to the satisfaction participants experienced by virtue of developing strength and reaching new athletic goals. Second, were 'physical gains', achieved through weight-gain and increased muscularity. These two tenets of growth, the mental and the physical, were entwined and mutually reinforcing. Typically, 'mental gains' would occur thus normalising and permitting the embodiment of 'physical gains'. In this regard, Sonia explained her reaction to the weight-gain that occurred when she first began weightlifting:

I think it was hard for a bit because just when I saw the difference in weight I was just like, oh my god, I'm going to have to lose all this extra weight I've put on. Then I was like wait a minute, how about I see how much I can lift now. And then when I built my deadlift up, I was like, woah I can deadlift way more! (Sonia, 26 years old, in recovery from anorexia)

Thus, within the 'gains' framework, food and eating was rendered productive and positioned as working with the body, rather than against it. In this regard, in a similar way to Sisjord and Kristiansen's (2009) work on female wrestlers, the women in this study moved from engaging with exercise to fit with normative feminine expectations, to embracing the athletic body that strength training creates.

In this way, while cardio was conceptualised as a minimising practice, used to lose weight and shrink the body, weightlifting is premised on a different goal entirely, as it privileges strength and taking up space with the body. To link this to the concept of 'health equations', while weightlifting is seen as productive and

additive, cardio is characterised by lack. Harriet aptly summarised this idea when she explained to me:

Cardio is like, “we’re going to minus some calories” from what I’ve done... whereas I see weight training as “we’re going to add some strength”. (Harriet, 19 years old, struggling to recover from bulimia)



FIGURE 20 RUBY'S WEIGHTLIFTING T-SHIRT (FROM THE PHOTO ELICITATION EXERCISE)

For the photo elicitation portion of the study, Ruby showed me an image of her t-shirt (see Figure 20), which displayed the caption “father forgive me for the gains I am about to receive”, which was a playful nod to her passion for lifting and Christian background.

Moreover, it was noted by participants that, as well as cardio (which I have already elaborated on), other sports (such as yoga, running, and dance) failed to provide this sense of confidence and self-acceptance in connection with occupying a larger body. Nisha, who identified as ‘still suffering’ but attempting to recover, recounted that her therapist had recommended she practice yoga to aid her recovery. Here, she expresses her concerns:

You know, I’m a working-class second-generation immigrant, kid of refugees. Right? So I stick out like a sore thumb here where I live anyway. I grew up in Cambridge, which is completely white. But as an athlete, sport was my sort of ... the thing that allowed me to fit in ... But from a physical size and shape perspective, whereas in other classes I don’t care that I’m a bit bigger sometimes because I’m 10x stronger than most of the women and the men in there and that was enough for me. Whereas in yoga it kind of doesn’t matter [that I’m strong], so I find it harder... (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

For this population, engaging in exercise that provided permission to occupy a larger body, was central to moving in ways that supported mental health. While yoga may ‘fit’ as a sporting identity for some, for others the culture surrounding yoga, which is highly feminised and perceived as white, middle-class and thin bodied, presents a barrier to engagement (Webb et al, 2017). Exercise, as Hades (2018) argues, is not politically neutral, and it is deeply informed by class-based practices (Spotswood & Tapp, 2010). However, in scholarship that cites yoga as a beneficial exercise for women in recovery, yoga is decoupled from its cultural norms and values, which potentially alienates many women who do not feel at home in highly gendered, middle-classed environments.

Weightlifting is not exempt from gendered stereotypes, and being a female weightlifter presents its own challenges. Perhaps most saliently, muscles are

viewed as masculine, which has created a culturally imposed 'upper limit' to women's size and strength. This is defined by Dworkin (2001) as the 'glass-ceiling' of muscularity. Participants were aware of this 'glass ceiling' and were resistant to the idea that there should be limits on women's physicality. As Maddy contends:

I think there's a lot of information to wade through as a girl whereas a boy it's just like eat more, get bigger, bulk, get huge, do bench press, increase your size - it's very much like a linear thing ... and there are so many things like, people telling girls they should only do like low weight work and things like girls should just only do cardio ... but for me, feeling physically stronger has made me a lot more confident. (Maddy, 21 years old, in recovery from EDNOS)

Participants like Maddy came to reject certain values that were associated with their ED, such as restriction and shrinking their bodies down, and instead took up a vastly different set of values, premised on strength and taking up space. This shift in values translated into making different decisions about their food and exercise practices.

A pertinent question, from a gender perspective, is whether the sense of confidence women experience through weightlifting, emerges as a result of occupying traditionally masculine bodies and spaces. In short, can female weightlifting be considered androcentric? Bell's (2018) work on female bodybuilding speaks in opposition of this idea. She writes, "feminist bodybuilding is about sovereignty... although androcentric culture might have designated muscle as a power symbol, this does not mean that women cannot use the master's tools to increase their own social capital" (2008, p.49-50). In this sense, Bell maintains women's ownership over these embodied projects, while simultaneously acknowledging the role of muscle and strength in cultural conceptions of hegemonic masculinity (Sisjord and Kristiansen, 2009).

For participants, certain 'masculine' values associated with the sport such as strength, power, functionality and aggression, were experienced positively. For example, Harriet expressed satisfaction in participating in such a male

dominated sport and the opportunities this afforded her to express different facets of her gender identity:

H: What is it you really like about being strong? What is that experience like?

Harriet: Um I don't know. I like, it's weird, I like feeling masculine. Um I don't know, there's something I like about it. I've got nothing against femininity, that's not what I'm saying. I don't know, feeling like you're the strongest person in the room or like dressing in more masculine clothes, I just like it. I don't know. I guess is part of self-identity, self-expression, some people like to wear lots of make-up and do their hair, and that's part of how they view themselves and how they present themselves. It makes them feel good because its who they are. And some people like to change their hair every few days, like they dye it lots of different colours and it's part of who they are and I like to be a bit more strong and have a bit more of a masculine presence. Not like incredibly masculine but I don't know, I like the idea that someone could just look at me and tell that I am maybe a bit stronger than the average girl. I like that idea of feeling stronger. (Harriet, 19 years old, struggling to recover from bulimia)

In this respect, Harriet speaks to something that resounded across the sample—the satisfaction in occupying what Halberstam (2019) refers to as ‘female masculinity’. This concept has been operationalised by other sports scholars exploring women’s consumption of and participation in traditionally masculine sports such as football (Pope, 2014), and wrestling (Sisjord and Kristiansen, 2009). It is noteworthy to add that participants’ desire to perform masculine femininities was typically contained to the gym space and was inextricably connected to the act of weightlifting.

It is interesting to consider this affinity for the masculine values weightlifting offers in the context of EDs, which is a highly feminised illness. In particular, given the links drawn between EDs and restrictive gender roles (Bordo, 1993), emotional suppression (Zaitsoff et al, 2002), and feelings of powerlessness (Katzman, 1998), by offering opportunities to take up more masculine embodied

states and practices, such as those premised on power and aggression, weightlifting could be seen to providing a useful outlet for women in recovery.

Eating

The challenge presented to women in recovery, is one of reorienting in-depth nutritional knowledge to support wellbeing rather than nurture restriction. During their ED and beyond, the women in this sample had collected, sought out, and studied the effects of various foods on the body. Magazine articles on ‘good fats vs bad fats’ and gossip on ‘how to stay fuller for longer’ were diligently accumulated and recounted when faced with decisions around food and nutrition. The women in this study had stored this knowledge in such a way that when presented with a food item, they could make an educated guess on the number of calories, protein, fat and carbs that it contained. While during their EDs the women in this study lived according to such myths, taking heed of these ideas around how to eat correctly did not emerge directly from abject pathology. These messages were relayed by trusted sources such as friends, family and various forms of media. Now in active recovery, women held this deep well of knowledge with unease. As Charis explains how her mother’s cooking has impacted her rules around food:

She’s always cooked really healthy meals, stupid healthy meals that I’ve also been like “yeah this is how you’re supposed to eat” no oil, no butter, no fat. This is how you’re supposed to eat and so it’s been drilled into my head so much that I think that stuff like that will stay with me forever, but I am becoming wiser to it now... (Charis, 20 years old, in recovery from anorexia)

For women in recovery, most days were a struggle between making the ‘right’ choice and the ‘recovered’ choice. Of this tension, journalist and feminist writer, Dolly Alderton (2018), writes in her memoir, *Everything I know about love*, about the bind she finds herself in when transitioning out of disordered eating;

you can restore your physical being to health; you can develop a rational, balanced, caring attitude to weight as well as good daily habits. But you can’t forget how many calories are in a boiled egg or how many steps burn how many calories. You can’t forget what exact weight you were

every week of every month that made up that time. You can try as hard as you can to block it out, but sometimes, on very different days, it feels like you'll never be as euphoric as that 10-year-old licking lurid jam off her fingertips, not ever again. (p.77)

This passage captures something that participants came to articulate often; that once certain nutritional knowledge was consumed and embedded in their minds, it became difficult to eat in the way that recovery demanded. Women in recovery are thus positioned in an impossible bind. They must throw out their rule book around food and eat intuitively to successfully recover. However, they also must not 'overindulge' and gain more weight than is normatively acceptable for women to embody. Significantly, they must take personal responsibility for their food practices, but not appear to be too 'obsessive' about them. Cairns and Johnston (2015a) call this gendered discourse of responsabilisation the "do diet". They write, "the 'ideal woman' must balance a complex constellation of factors. She should know what foods make her fat, but also avoid the appearance of dieting. The model female consumer is well versed on the latest research regarding health-promoting foods, and she has the skills to make nutritious food taste delicious. Perhaps most importantly, she understands how to control her body but she also knows when to indulge" (2015, p.154). Thus, recovery is a project premised on balancing this hyper vigilance (which is still needed to be considered a responsible consumer) with a degree of indulgence. In short, women must remain normatively 'healthy', but do so under a new and less pathologised system of consumption.

Indeed, for the women in the sample, indifference or neutrality towards food was almost impossible to attain. They therefore attempted to channel their focus and knowledge on nutrition into more acceptable forms. Speaking to this, Ava noted how a high proportion of women she knew in recovery went on to become nutritionists. She mused:

I was toying with the idea of doing sports nutrition [at university] and then I was thinking, do I want this hyper focus on food to be part of me for the rest of my life? And I was like, it can be really risky I think. Because if I wasn't very well, I'd have all this information on

nutrition and...So, I was like, do I really enjoy nutrition or is that what my ED is telling me I enjoy? Um so I was like, and I've seen a lot of, well not a lot, but 90% of them [women with EDs] have gone in to train to be nutritionists and for me I don't know, maybe I am a bit negative about it I don't know whether I'm thinking "Oh they're only doing that because they're still kind of experiencing disordered eating and maybe they're going through that process", because I was very nearly the same in doing it, but maybe they actually do like... maybe that's a way for them to keep healthy and writing their own nutrition plans and maybe that's a way to keep them... because I know with recovery it's different for everyone so um their recovery could be like focusing on the food and making sure the focus on the food is healthy. (Ava, 30 years old, in recovery from anorexia/bulimia)

Here, Ava hits upon so many of the central questions within this thesis and within research on EDs more broadly. For example, does successful recovery require a complete abandonment of food systems, in favour of a totally intuitive, value-free approach to eating? Alternatively, are women unable to escape value judgements around food, and are therefore better served by following a new set of rules, rather than a total lack of structure? I argue that women are unable to step outside of society and culture, to act in a totally non-strategic manner around food and exercise. The very fact that Western societies are governed by a neoliberal agenda, requiring individuals to be armed and educated with a more than 'lay' understanding of food and nutrition, makes such an effort near impossible (Pirie, 2016).

In their work on ED recovery, LaMarre and Rice contend, "instructions for living recovered should not be read as wholly problematic; in some ways, having a set of criteria (for example, a meal plan to follow and a weight standard to attain) kept participants 'in check' or healthy" (2016, p.141). It is this 'set of criteria' which I expand upon in this Chapter and mobilise the term 'health equations' to capture. Health equations refers to the process of calculation that occurs when an individual makes decisions that could have implications for their health. It

refers, not to a single judgement, but a collection of decisions that exist in recent memory. For example, what one might have for lunch is determined, not only by the desire to eat in that moment, but according to what one had to breakfast, the kind of exercise one did or planned to do that day or week, and so on. Even for women who identified as in recovery or recovered, health equations remained central to their daily lives. Being able to calculate, quantify, measure and track, food, exercise, sleep and other health metrics, emerged as an aspect of both ED pathology and active recovery. In this regard, the women in this study valued food which was easily ‘calculable’. For example, Eve, who was in active recovery, brought an image of a Pret a Manger sandwich for the photo elicitation portion of the study (see Figure 21).



FIGURE 21 EVE'S FAVOURITE PRET A MANGER SANDWICH (FROM THE PHOTO ELICITATION EXERCISE)

She explained:

Eve: This is a Pret sandwich (laughs) because my local Pret closed.

H: Oh I see...

Eve: That was a really big deal!... I found it really hard work and sometimes it was... I would basically spend every lunchtime in Pret. I would go down and I would be like, I know that I'm having that and that's great. And I know what's in it, I know how many calories are in it. but also it meant that I could kind of push myself a bit because in my head I thought "it's healthy food, anything that's in Pret- great, go for it". So there was a lot of stuff like, that one has avocado in and it was the first time I'd eaten avocado for like three years. So... it became a space where I could push myself without feeling stressed out about stuff. So it was quite... I was more upset than I was expecting to be when it shut, because it became a safe space... (Eve, 20 years old, in recovery from anorexia)

The notion that when food is rendered 'calculable' it allows women to have greater agency and freedom with eating, was reflected across the sample. Every participant had their own consciously constructed 'system' around eating, and though there were differences between them, their ubiquity was evident. In this respect, for women in recovery, a calculable and manageable belief system around food was viewed as necessary for maintaining wellbeing.



FIGURE 22 NISHA'S MEAL PREP BEFORE A COMPETITION (FROM THE PHOTO ELICITATION EXERCISE)

It is noteworthy that many other women in this sample brought images of food that was calculated (see Figure 22 & 23) using their new nutritional rules. Often this meant, ensuring they ate enough protein, carbs and fat to sustain their activities. However, rather than creating yet more restricted and bounded approaches to food, they were insistent that this new system allowed for greater food freedom.



FIGURE 23 HELENA'S MACRO-COUNTED MEALS (FROM THE PHOTO ELICITATION EXERCISE)

For example, Jess, who uses an app to track her food intake to make sure she is eating enough, emphasised that this regulatory approach to everyday nutrition does not stop her from going “completely off plan”. She explained:

One of my friends called me up now and we're going out for drinks tonight. I don't know if we're going for food, couldn't really care less and I think as long as I can track while having no issues- feeling completely comfortable if a) I hit them b) they go completely off plan one day. If I never had access to 'myfitnesspal' nutritional information again, and I could still be fine, then it's fine. Like, I think as long as you have that relationship with it that you could just drop it at the spur of the moment. I have no interest in, although I've tried to hit them like as a general basis and try and get foods in, I have no issues if I don't, it's not a big deal. I have no issues going over them. If me and my boyfriend want to go and get a pizza. I think that's the most important thing with it. (Jess, 22 years old, in recovery from anorexia)

Many women in the sample had this 'mostly on' but 'sometimes off' approach to healthy eating. Moreover, as amateur lifters, the women in this study were committed to a range of goals within their specific sport. Food and eating were viewed as instrumental to achieving these goals and improving their capabilities. Maddy explains the simple way in which her strength goals reinforce regular meals:

At the moment I'm one of the best I've ever been with food and stuff but equally, if ever I do have a dodgy couple of days, where I start overthinking what I'm eating or I have too much time off and I start tracking food more than I'd like to be, the thing that keeps me from ever undereating or ever restricting food, is I'm like, well you're not going to get that deadlift tomorrow if you don't eat properly. Like, this afternoon I'm trying to get a deadlift PR and like if I was having a dodgy day with food, the thing that would stop me from doing that is, you know, if you don't eat you literally will not pick it up. Um yeah and I think because my goals are so strength based, it's like... only a positive influence. (Maddy, 21 years old, in recovery from EDNOS)

In this respect, during their EDs, when women's main concern was weight-gain, food was positioned as an unfortunate necessity- to be minimised and avoided as much as possible. However, when women's goals became more functional and strength-oriented, food was rendered productive, something vital but also not empty- it became purposeful.

To locate this in the everyday, within this productive framework, their freedom around food had significant ramifications for their ability to participate in social life. In this sense, during their EDs, many of the participants in this study reported to struggle with seemingly trivial activities around food and eating, such as going to the supermarket, eating in a restaurant, and cooking. Here, Nisha explains her difficulty with food shopping:

I find supermarkets horrifically difficult. They're... I find them overwhelming. And that's... is that new? No it's not new. That's probably, how old am I? 37. So that's probably the last 13 or 14 years

they've been anxiety driven, difficult... (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

When probed, Nisha explained that her difficulty with supermarkets stems from an anxiety around selecting food, as this action feels dangerously close to giving herself permission to eat. Even this mundane act, seemingly so far removed from the actual act of consumption, is too perilous for Nisha. However, since engaging in weightlifting and having strength goals, she finds herself able to go food shopping. She told me about a specific time she went shopping to buy food before an amateur weightlifting competition:

I can start behaving like an athlete again and food has a bit more meaning again, as opposed to it... food is more functional or has a function, instead of me ignoring its function at all other points more than anything else. So actually it was probably the most grown up I've ever been around food... but I remember going in [to the supermarket] that day, that Friday, knowing that I had... that is what I needed to get. I had a shopping list. (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

In this regard, as Nisha notes, in the context of weightlifting, food is given a purpose and that sense of intentionality offers a sense of safety when undertaking difficult tasks such as food shopping. Figure 22 shows the meals Nisha prepares when building up to an event- they are calculated and highly rationalised, but they exist.

7.3.2 Health equations online

ED recovery and fitness communities online offer an additional layer of insight into the dynamic described above, around developing new food systems that are legitimated by weightlifting and the 'gains' framework within the sport. As has been documented elsewhere, social media is a site where women learn about bodies, health and fitness (Camacho-Miñano et al, 2019; Jong and Drummond, 2016; Toffoletti & Thorpe, 2020). Moreover, in this image-saturated cultural moment, the digital is a rich source of information regarding how users "make representational interventions into Instagram by making the struggles and challenges of ED recovery visible to each other and to broader audiences"

(LaMarre and Rice, 2017, p.3). Notably, within overlapping recovery and fitness communities, there is a concomitant tendency for users to post food normatively coded as both 'healthy' and 'unhealthy'. LaMarre and Rice's (2017) work on ED recovery communities on Instagram, notes this dualism. They write,

common foods depicted include oatmeal, chia seed pudding, salads, peanut butter, and brand name nutrition bars (such as Quest, Clif bar, etc.). These foods, discursively positioned as "healthy" within the social imagination, reflect a White, Westernized, consumerist aesthetic.... on the other hand, users also post images of foods discursively positioned as "indulgent", such as cake, chocolate and pizza. These images are often accompanied by longer descriptions of the items and the work required to eat them. (p.6)

This passage chimes with Cairns and Johnston's (2015a) concept of the "do-diet" whereby women are required to strike the somewhat ambiguous balance between healthfulness and indulgence. Such a duality was reflected in the findings from the netnographic portion of this study. Figure 24 (below) shows a typical selection of images that could be found searching hashtags such as #edrecovery and #edwarrior.

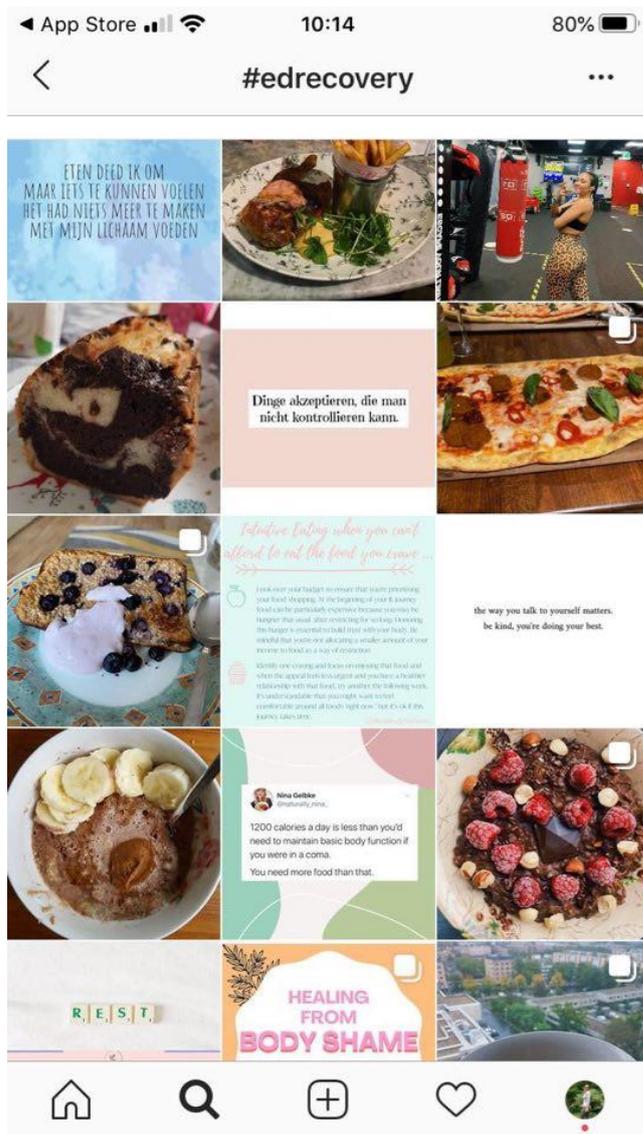


FIGURE 24 FOOD ITEMS ASSOCIATED WITH THE HASHTAG #EDRECOVERY (FOUND IMAGE FROM THE NETNOGRAPHY)

As LaMarre and Rice note, posts that include images of food coded as ‘unhealthy’ or indulgent are often accompanied by reflective captions on the meanings associated with such acts of consumption in terms of recovery. For example, @slice_of_lara posts a series of images of a burger and chips, taken from various different angles, as well as an assortment of chocolates. In the caption, she writes:

Meals like this used to be reserved for special occasions, think celebrations or birthdays. They would be justified by the fact that I was with others and they were having the same, or maybe that they

were just one offs so didn't count. I would meticulously plan these dinners for the perfect time so they were most enjoyed... food does not need to be special. It does not need to be perfect. It does not need to be justified. If you want to eat a burger and chips, tucked up in bed alone on a rainy Thursday then go for it! (@slice_of_lara)

Participants in this study also spoke of posting 'unhealthy' food on Instagram and in doing so aligned themselves with the cultural norms and values surrounding weightlifting's masculine food practices. This activity was framed by many participants as an act of resistance to norms around 'healthful eating'. Moreover, women saw it as their responsibility to spread the message that eating food normatively considered 'unhealthy' is not shameful and is in fact necessary to recovery. Here Maddy notes:

*I think my main goal with Instagram is putting out a message of like, eating a lot of food, because I know that's what really helped me. So there are a couple of accounts that I follow who just eat loads and loads of food and they like train really hard and they eat really hard and I think that for me was one of the things this year that really helped me... erm and that's like my main goal I think with Instagram is to show a style of living that is sustainable that like training makes you happy and food makes you happy and you can be the kind of person that eats loads of food and is also comfortable and healthy.
(Maddy, 21 years old, in recovery from EDNOS)*

In many respects, there was a distinct sense in which the participants in this study felt a responsibility to spread the word about the new knowledge they had acquired through weightlifting and the health equations they now lived by. As Alice notes:

I think an awful lot of recovery is pushing through and seeing people who have actually pushed through and showing them that there is a light at the end of the tunnel is the most helpful thing I can do at this point. (Alice, 17 years old, in recovery from anorexia/EDNOS)

Participant's desire to normalise eating and strength could be described as a form of consciousness raising. For some, this manifested in small everyday acts

of engagement with other women in their lives. For example, Harriet took her friends who felt intimidated by the weights room to her gym to lift. For many others, their efforts to spread the word about their new approach to 'health equations' were more externally facing, with many participants writing and vlogging about their experiences. Three participants were professionals in the field of mental health research and practice, and though their role did not involve advocating specifically for weightlifting as a tool for recovery, their interest in exercise, nutrition and pathology had become the focal point of their careers. In every account, women's relationship to food and exercise, while reportedly improved by weightlifting, could not be described as casual or uninhibited. Any positive transformations in participants' recovery had emerged from concerted effort and constant practice, which reveals the highly demanding nature of ED recovery.

The 'life-world' of the ED has been described by numerous scholars within the field as a place of comfort and safety for women in the throes of the illness (Warin, 2010). Of such life-worlds, Eli writes, "it was, in itself, a world: a place both familiar to and removed from her present-tense self, a place within which she could choose to immerse herself, a place of self-destruction she could nonchalantly call her home" (2016, p.76-7). Recovery on the other hand, is not described in these terms. Instead, participants speak of recovery as a constant negotiation, within contexts that are not conducive to their wellbeing. The recovery space is fraught with contradictions, false starts, and lingering neurosis. What weightlifting seems to offer is a guide. While imperfect, for women in recovery, the system of values offered by the sport is something solid to remain tethered to, through the emotional turbulence thrown up by recovery.

7.4 Concluding comments

This Chapter has dealt with a particularly sticky and complex aspect of ED recovery. That is, the tension between abandoning rules around food and exercise which result in weight loss, while living in societal conditions in which women are constantly being encouraged to micromanage their health through the development of routines and systems. To explore this tension, I begin by detailing the practices and belief systems the women in this study used to hold

when they were in the throes of their ED, as well as the cultural norms and values that legitimated these behaviours. I then outline the role of weightlifting, which holds a markedly different set of values (still structured but premised on productive weight gain), in providing participants with a new eating and exercise system to live by. I call this rational and measured approach to recovery ‘health equations’, as women’s new recovered eating and exercise practices are governed according to a new logic, which encourage women to see food and movement as ‘additive’ and cardio as ‘subtracting/minimising’.

Importantly, there needs to be more research on EDs and recovery which takes into account the socio-cultural context in which women are required to navigate recovery. Some work by sociologists and anthropologists has accounted for this tension, particularly in the context of food and eating practices (Hesse-Biber et al, 2006; Musolino et al, 2020; Pirie, 2016). However, there is a dearth of research which situates EDs within Western fitness culture, which often promotes attitudes and behaviours that psychiatrists and clinicians identify as pathological, such as the positioning of exercise as an activity with the primary purpose of burning calories. This Chapter has highlighted some of these contradictions, and future work could do more to consider how cultural norms around exercise are pathological, rather than locating pathology within individuals who are navigating and responding to these pressures.

While this thesis deals with one specific set of activities (female weightlifting) and has explored the ways in which the subcultural norms and values within this sport are found to be supportive of ED recovery, it might be worthwhile to consider how other sports may help/hinder this process. In particular, considering the links between EDs and restrictive gender roles (Bordo, 1993), emotional suppression (Zaitsoff et al, 2002), and feelings of powerlessness (Katzman, 1998), I would be interested in whether other strength/power-oriented movement which subverts normative gender roles (for example, kickboxing or rugby) is experienced as supportive. Indeed, the ‘gains’ framework offered by weightlifting, which offers women in recovery a new way to approach health equations, is possibly present in other sports which value larger bodies. Moreover, exploring how other sports are experienced during ED recovery

would help to further illuminate how healthcare professionals and friends/family can support healthy forms of movement during this process.

Finally, public health institutions play an important role in framing messaging around nutrition and physical activity. However, the focus here is often to target the 'obesity epidemic' by encouraging individuals to exercise regularly and be mindful with their diet. While this in and of itself is not necessarily cause for concern, greater attention needs to be paid to how the promotion of this message may impact individuals with EDs (Schwartz and Henderson, 2009). For example, messaging which contains weight-stigma or normalises disordered attitudes to food and physical activity (such as the idea that movement can or should be equated to food eaten or calories burned) can be particularly harmful for people attempting to recovery. In this regard, consideration of the challenges people with EDs face in navigating food and exercise in a supportive and healthy way needs to be better integrated into public health approaches (Hay and Mitchison, 2019; Neumark-Sztainer, 2012).

In the Chapter that follows, I explore identity transformation as a specific tenet of recovery from EDs. In this regard, I describe how online and offline spaces engender differing representations of recovery and consider how this is navigated by women who are attempting to develop a new sense of self following an ED.

CHAPTER 8- RECOVERY AND TRANSFORMATIONS OF THE SELF

8.1 Introduction

Previous work on EDs has detailed how recovery suspends women in a liminal state of being, caught between two vastly different states (ill and recovered) and lifestyle practices. To recover, women must abandon the comfort and identity offered by the ED and construct a new self. In an ontological sense, women in recovery experience their bodies viscerally in the everyday, yet also are projecting towards an imagined future self. This Chapter explores 'transformations of the self' as a specific tenet of recovery from EDs, as well as the particular kind of feminine subjectivity (characterised by personal empowerment and resilience) that emerges as a result. In this Chapter, I draw on a case study to illustrate these themes, looking at this population's engagement with 'transformation photos' on Instagram. Following this case study, which focusses on a highly visible and individual representation of recovery, I discuss the role of quieter and more collective initiators of personal transformation. In the discussion, I consider why individualised recovery narratives tend to be valued over those which emphasise collective support and mutual care.

8.1.1 Identity and eating disorder recovery

The nature of identity for individuals in the throes of an ED, has long been a topic of study for sociologists and anthropologists in this field (Ferraday, 2012; Moulding, 2015; Rich, 2006; Warin, 2010). Research demonstrates that during an ED, individuals place their illness at the centre of their sense of self, leaving room for very little else. In this regard, the illness and its demands become integral to women's life-worlds. Such a narrow focus and the absence of external noise generated by the needs of others, creates an internal state of calm and safety (Weaver et al, 2005). Women with EDs thus often display extreme distress when encouraged by health professionals, among others, to 'let go' of this restricted and carefully shielded world. In her ethnographic study of anorexia, Warin writes,

sitting with me in our usual seat in the park one day, Rita described the difficulty of 'letting the ED go'. She had a 'powerful dream' in which an image of a little girl 'was walking away from me' - she paused- 'it was leaving'. Rita started to cry, describing the intense loss and sadness at the thought of having to say goodbye to her 'little friend' (the ED). (2010, p.95)

In this respect, the ED identity and the security it offers women, is difficult to discard (Musolino et al, 2020). This, however, is the fundamental work of recovery (McNamara and Parsons, 2016).

The women in this study also reflected on their profound connection to illness as an identity. When talking retrospectively about their ED, participants used terms such as “safe”, “comfortable”, and “there for me” to describe how it felt to inhabit an ED identity during this period. Significantly, when this came under threat or might be taken away, the response this elicited could be extremely strong. During our second interview, when asked about her recovery status Eve recounted how it was rumoured a girl on her hockey team might also have an ED:

H: Where do you feel like you're at with recovery?

Eve: It really varies at the moment. I think I found this term quite stressful, just because I've had more work um hockey has been a lot this year and there's a girl in the hockey club who is... there was a bit of chat at the start of the year about whether she was doing all right and if she was ill because she'd lost quite a lot of weight over the summer and I found that much harder than I was expecting to find it. I get it gets quite competitive, but because it feels like it's not really me that's thinking those things... like when it started happening I got quite upset because I was kind of like "I'm the ill one" but because that's not something that I would usually think, I found that quite like.... That's a horrible thing to think and I found that quite tricky. (Eve, 20 years old, in recovery from anorexia)

Eve's assertion that "I'm the ill one" indicates that not only is the ED central to women's sense of self, but it is also integral to their positioning in the world in

relation to others. It is an identity they covet and protect, like a badge of honour. The ways in which women with EDs experience their illness in competition with others, has been widely documented by scholars in the field and is a unique and problematic aspect of this set of illnesses, particularly when it comes to treating multiple women in the same space who are likely to come into contact (Warin, 2010).

For women in recovery, the letting go of illness as an identity is the first step in regaining control over their health and their mental wellbeing. However, this process is often incredibly challenging. Of this transition, Warin writes, “they were fearful about leaving the belonging- the identity, the power, the security, and the relationships- that the umbrella of anorexia provided” (2010, p.78-9). In many ways, the ED offers a stable identity and therefore upon abandoning this sense of solidity, women find themselves adrift in a somewhat liminal state of being (Eli, 2016; Lester, 2007; Warin, 2010). As Eli writes, women in remission exist “between the realms of the sick and the well. For those who identify as having recovered, who speak of illness in the past-tense, and whose past disorder has left no easily observable marks, this liminal being may be known to them alone” (2016, p.72). In this regard, recovery is enacted through a process of transformation. In the case of EDs, this process is deeply entangled with subjectivity and identity. ‘Doing’ recovery therefore involves wrestling with internal logics and projecting towards a new and imagined future self. This was echoed by participants when asked in interviews ‘what does recovery mean to you?’. Polly’s answer is particularly illustrative:

H: And what does recovery mean to you?

Polly: I think it just means... like, I think a lot of people think it's going back to your old self, but because this has kind of been with me for like six years, going back to my old self, going back to an 11 year old me, it's a different person. So I think really it's just like improving myself um... it's like a new fresh start. I can be someone else. (Polly, 17 years old, in recovery from anorexia)

Here, Polly demonstrates that the notion of going ‘back’ to some previous unaffected version of herself, was unrealistic and unattainable. This is partly

because the last time she was well, she was 11 years old, which is a version of herself she no longer identifies with as a now 17-year-old. This is an important point, as even older participants (such as those in their 30s) experienced disordered eating and challenges to their mental health in their teens and early adult life. In this respect, 'going back' or somehow reverting to a pre-disordered state was inconceivable. Similarly, in their qualitative study of social identity and ED recovery, McNamara and Parsons write, "it was apparent that a significant barrier to recovery was an inability to imagine oneself as recovered. This was primarily the case when recovery was defined as a return to being 'normal'" (2016, p.671). This predicament leads women to ask themselves a question that will form the basis of this Chapter- who will I be without my ED?

This question of identity (who am I and who will I be if I recover?) which came up time and time again during the study, was further complicated by participants' engagement with social media and the various ways in which self-representation online is coded and imbued with specific meanings. In this respect, not only were the women in this study considering identity in a quieter and more localised sense, but they were also actively thinking about the kind of self they would publicly present to the world (for example, on Instagram). It is noteworthy that this notion of self-presentation online is not unique to this population, but symptomatic of modern society, whereby the ubiquity of social media is such that not having an account is viewed as more unusual than having one. The pressure that this expectation presents for people, particularly young women, has been detailed extensively elsewhere (Dobson, 2016; Herring and Kapidzic, 2015). Publicly communicating struggles with mental health and illness online is an even more complex facet of this experience (Fullagar et al, 2017; Hendry, 2020).

During the longitudinal interview process, the nuances of online and offline identity became most complicated and sticky in the second interviews. By that stage, the participant's journey with recovery and what had brought them to this point had been established and I knew their history with EDs, how they had found weightlifting, and why this form of movement was beneficial to their recovery. Therefore, the second interviews were typically more situated in the

present day- what was working now and why. During this phase, we also touched on topics related to their social media use, such as who they follow, the kinds of images they post, and the identity they present online. Here emerged some of the more complex facets of identity performance and self-representation.

Specifically, I was struck by the apparent disconnect between participants' online identities and the experiences women were sharing with me face to face. In this regard, how they framed their recovery journeys in these two spheres was markedly different. Sarah was one participant who exemplified this. Sarah's recovery from anorexia had been a long and protracted process, which involved multiple hospitalisations and was extremely emotionally taxing on herself and her loved ones. When she described coming out of this intensive period of illness, she spoke of walks in the countryside with her dogs, repairing familial relationships (which she cited as a trigger for her ED), and making new friends in the gym. In this regard, mutual care within healthy and supportive relationships was central to Sarah's recovery. Here, she explains:

I basically got out of a place where I wasn't being appreciated and I wasn't being cared for and I actually gained the strength to acknowledge that and show that that's actually been triggering me and that's actually been hurting me and I got out of that place and although that was the initial click, it wasn't like, "ah, I'm gaining weight now, all healthy" it was a very very long recovery process after that but that was certainly the thing that triggered me to get healthy, to gain weight, to get back to where I was and not die, to be quite frank because I remember I was put into hospital and I defeated the statistics so yeah that was an interesting one. My heart should have stopped. (Sarah, 18 years old, in recovery from anorexia)

This experience of ED recovery, as a messy, long and tangled process of addressing harmful family and relationship dynamics, developing new routines, and better relying on relationships of mutual care, resounded across the sample.

In contrast, through the netnography phase of this research, I consistently came across quite different framings of recovery. Online, popular representations of recovery were those that depicted dramatic transformations (mentally and physically) whereby women spoke of overcoming adversity and finding inner strength. These journeys were framed within the language of empowerment and survivorship. Such representations of recovery rarely spoke about the messy and highly challenging aspects of recovery that women were sharing with me in interviews, such as periods of hospitalisation, relapses, therapy, repairing damaged familial relationships and learning to care for themselves in new ways. Instead, within social media posts they cited personal growth and the development of internal resources as key components of their recovery. Here, the empowered feminine subject emerged as a popular and socially valued recovery identity.

I came back to this contrast time and time again during this study and considered what this meant for women attempting to recover while maintaining an online presence. Are the subcultural norms on social media so different to those in real life? Is it that a splitting of identity is required to 'successfully' occupy both offline/online spaces? Here, I found Goffman's (1959) dramaturgical approach useful for considering how the women in this study enact new recovered identities. In this theoretical work, Goffman suggests that individuals engage in impression management by presenting an idealised self in the presence of others. He conceptualises life situations as a stage, whereby individuals are required to perform a favourable identity. This performance is also described as the 'front stage'. The 'backstage' however, is "a place, relative to a given performance, where the impression fostered by the performance is knowingly contradicted as a matter of course" (1959, p.112). In this regard, in the backstage, individuals engage in activities necessary to present a polished and coherent 'front stage' self.

Goffman's dramaturgical approach has been extensively recruited to theorise identity and impression management in the age of social media (boyd, 2007; Hogan, 2010; Mendelson and Papacharissi, 2010). I believe it is particularly applicable to the context explored in this Chapter. For women in recovery from

EDs, recovery online, which is one particular kind of front stage, is often presented as a dramatic and satisfyingly linear transformation of the self- from illness to empowerment. However, in much quieter less performative backstage contexts, the messy and unaesthetically pleasing real work of recovery is diligently pursued in order to 'keep up appearances' in the front stage (Hogan, 2010). In thinking through how this process functions through the medium of Instagram, Hogan's (2010) work is incredibly instructive. Here, he suggests that when recruiting Goffman online, scholars must be careful not to confuse interactions involving various actors with what he calls 'participatory exhibitions'. On this, he writes,

an exhibition site can now be defined as a site (typically online) where people submit reproducible artifacts (read: data). These artifacts are held in storehouses (databases). Curators (algorithms designed by site maintainers) selectively bring artifacts out of storage for particular audiences. The audience in these spaces consists of those who have and those who make use of access to the artifacts. This includes those who respond, those who lurk, and those who acknowledge or are likely to acknowledge. (p.381)

I find the concept of online 'exhibitions' useful for thinking through how women present their recovery online versus in live interactions. In particular, this concept accounts for the public nature of social media posts for individuals whose accounts are not private (which accounted for the majority of participants). In this regard, the audience is not just individuals that one expects to see their posts such as their followers (which may include friends, family and acquaintances) but also strangers, and people (like myself) who are seeking out content for a variety of other reasons. Moreover, the concept of 'exhibitions' accounts for the ways in which, while other users can interact with posts (by liking, commenting and sharing), posting on Instagram does not mirror 'live' social interactions whereby one is required to actively respond to others in real time. Instead, social media posts remain on users' accounts to be returned to at any point- even months or years later. In this regard, women in recovery engage with impression management in the front stage through the creation of

participatory exhibitions on Instagram, where they curate a specific kind of recovery narrative.

In keeping with Hogan's (2010) work on participatory exhibitions online, in this Chapter I focus on one specific digital cultural object that female weightlifters employ to represent a front stage identity; transformation photos. By examining identity in relation to a specific digital artefact created by this population, I am able to 'meet participants where they are' and pay attention to the ways in which they narrate their own recovery journeys online. This highly visible communicative tool represents a specific and culturally validated version of recovery, premised on the values of self-actualisation, personal growth and survivorship. In the latter half of this Chapter, I turn to some of the quieter and perhaps less culturally glorified ways in which the women in this study formed new identities through recovery. These 'backstage' narratives value relationships of care and mutual support.

8.2 Case study: Transformation photos

Transformation photos exist in a multiplicity of forms, however they are typically recognisable according to a specific set of shared traits. In principle, transformation photos are two images (from different time points) set alongside one another to represent the changing of bodies in look, shape, or size (Vogel et al, 2018). Images that exist in this format are used in a variety of contexts, for example, to show changes in bodies as a result of weight loss, surgery, makeovers/aesthetic improvements, and pregnancy. In this case study, I focus specifically on transformation photos that depict the use of weightlifting as a strategy for recovery from EDs. These images are prevalent within ED recovery and fitness spaces on Instagram and typically display an individual's recovery journey through a before (thin) and after (more muscular) image comparison (see Figure 25). Transformation photos have received little focused attention from academic enquiry, however, there has been some mention of these images in the context of weight-loss blogging (Leggatt-Cook and Chamberlain, 2012), the psychology of social support on social media (Vogel et al, 2018), and of particular interest to this study, in the context of ED recovery communities on Instagram (LaMarre and Rice, 2017).



FIGURE 25 @MEGAHEALTHYFOOD'S TRANSFORMATION PHOTO (FOUND IMAGE FROM THE NETNOGRAPHY)

Throughout this research, transformation photos were often at the forefront of data collection. Following the first round of interviews and the photo elicitation exercise, 'transformations of the body' emerged as a key theme, as women were highly attuned to the weight, size and shape of their body throughout their recovery journeys and regularly used transformation photos to communicate this experience. As this finding was particularly salient, I wanted to understand in greater depth what transformation photos mean to women using weightlifting in recovery from EDs. Therefore, in the second and third round of interviews, participants were asked directly for their thoughts and opinions about transformation photos and, where appropriate, about their personal engagement with this representational practice.

Just as in the first semi-structured interviews and photo elicitation, transformation photos emerged consistently during the netnography phase of

the research. These images are produced in high numbers within ED recovery and fitness communities online and are often attached to hashtags (for example #gainingweightiscool and #transformationtuesday) implying some kind of transformation or becoming of the body is taking place. Once the subcultural significance of this representational practice was identified from the interviews, photo elicitation and initial phases of the netnography, a more targeted exploration took place in which transformation photos were actively sought out. In this regard, as Caliandro advocates, I followed “the circulation of an empirical object within a given online environment... observing the specific social formations emerging around it from the interactions of digital devices and users” (2017, p.560). Thus, through the alias Instagram account and the mobilisation of relevant hashtags (e.g. #gainingweightiscool) I intentionally collected data relating to transformation photos as an “object on the move” (Caliandro, 2017, p.570).

One unexpected finding from this targeted exploration was that, for some women who took part in this study, viewing transformation photos was how they came to weightlifting to begin with. Here, Polly describes how these images made alternative modes of embodiment possible and even desirable:

Looking on other people’s Instagram accounts, there’s lots of like transformation photos of people who have used fitness and that really encouraged me. That was like what made me decide to go into strength training because I saw that people are gaining weight and they look fine, I like how they look... [um] and there’s lots of hashtags like #gainingweightiscool that is just so refreshing to see that. People seeing gaining weight as a positive thing when you’re recovering. (Polly, 17 years old, in recovery from anorexia)

As I have explored in greater detail in Chapter 5, *Moving Beyond the Image*, representations of female strength and muscularity offer a third alternative to the perceived fat vs thin dichotomy (Steinem, 1994). In this respect, while the thin ideal is understood to have negative physical and psychological ramifications for women in recovery (Kroon Van Diest and Perez, 2013), fat is a stigmatised identity which is perceived to be equally undesirable (Moola and

Norman, 2017). Weight-gain through muscle-building, however, presents as a viable third option for women in recovery. In this sense, normalising and providing access to strong sporting bodies expands the parameters for feminine embodiment. This is significant, because women have historically been denied access to experiences of strength due to restrictive gender norms and physical ideals (Brace-Govan, 2004).

The power associated with seeing different kinds of sporting bodies online emerged as a consistent theme during the interviews. As Lily and Maddy expressed:

Instagram was one of the places I was looking at strong people ... seeing someone happier who isn't skinny, which... I thought I had to be [skinny] or fat. Seeing a different type of body and recognising it as something I would like to do. And I guess the more I started to do the weights I started to feel a bit more confident in the fact that I could go in the weights section and seeing the weights go up and lifting more and more. (Lily, 22 years old, in recovery from anorexia)

I do think that recovery and transformation pictures can be so powerful. Like, people seeing someone that looks bigger than they did before and deciding that that is a goal, is kind of revolutionary for some people. (Maddy, 21 years old, in recovery from EDNOS)

Here, transformation photos within the digital landscape broaden the scope for understandings of female bodies and their capabilities, offering new embodied opportunities for women in recovery. While EDs can themselves be conceptualised as embodied projects which suspend women and girls in a liminal state of being (Brain, 2002), transformation photos depicting muscle-building and the pursuit of strength offer a diversion from this path. In this sense, transformation photos within recovery subcultures on social media, introduce weightlifting as an informal tool for recovery and provide the framework for engagement with a different (yet similarly productive) embodied state.

Among women who have taken-up weightlifting as a vehicle for recovery, transformation photos are created and shared between members of online communities. The quote below (taken from a transformation photo caption on Instagram) demonstrates how these images are used to share experiences, celebrate progress, and motivate others:

Just a friendly reminder that weighing less does not make you happier (stop girl emoji)

Life doesn't start when you're thinner, lighter, your abs are out, or you can see a smaller number on the scales. Life starts when you stop giving so much mental energy to stressing over what you weigh, and spend more time enjoying what you love (star emoji)

5 years difference, 3 stone heavier, 100 times happier (praise emoji)

#gainingweightiscool #beforeandafter #weightgain #l4l

#transformation #throwback #tbt #f4f #bodyimage #training

#gym #weights #personaltrainer #pt #training #5yearsago

#ditchthescale #dietculture #legs #abs #motivation (@erinkatie.pt)

The mobilisation of hashtags such as '#gainingweightiscool', which has been used on Instagram 181,000 times (as of July 2021), attaches individual auto-ethnographic content to embodied experiences also shared by others. By posting images that follow a particular set of stylistic conventions, women signal their belonging to the subcultural 'therapeutic public' of women who weightlift in recovery from EDs (Fullagar et al, 2017).

While the women in this study regularly engaged with transformation photos through their personal social media use, they were highly attuned to discourses on social media that problematise this method of storytelling. The netnography revealed that critiques of transformation photos are particularly prevalent within body positive subcultures on Instagram, which overlap considerably with ED recovery and fitness spaces. For example, in an Instagram post for Eating Disorders Awareness Week, body image researcher, Nadia Craddock, writes:

Let's start with the side-by-side before & after eating [disorder] pictures. You know, the sad, emaciated, underwear (?) photo (left)

*and the happy, glossy, but *still thin*, photo (right) posts that scream (speaking emoji) look how sick I was and now look (speaking emoji) everything is glossy and A-MAZ-ING... the 'before' images can serve as a goalpost for people struggling: "I don't deserve help because I don't look like that/when I look like that, then I will seek help and recovery can begin". They can reinforce what an ED looks like and can make recovery itself look like a goal... (@nadia.craddock)*

The women interviewed for this study were conscious of the image-centred nature of transformation photos and the potential limitations in conveying their recovery journeys in this manner. As a result, they were keen to explain how this representational practice also depicts 'mental transformation'. As Sarah and Maddy contend:

I take them because I feel good about myself and I feel strong and it's not in a way that I am... obviously I'm documenting my journey but it's not like 'Oh gosh has my body changed or has this changed' or a visual thing, it's just I feel good in myself, I want to share that, thank you- post! (Sarah, 18 years old, in recovery from anorexia)

I think everyone is becoming a lot more self-aware when it comes to transformation photos... now they're either caveated by shitloads of 'well I've made loads of mental gains' or they're like... I don't know, I just think they're much more justified now. Or they are basically not transformation photos, they're mental transformation photos with pictures alongside them. Which I think is really good that we talk about the impact of exercise. (Maddy, 21 years old, in recovery from EDNOS)

Here, Sarah and Maddy suggest that the meanings associated with transformation photos extend beyond what is captured within a side-by-side image. This brings us to the semiotics of transformation photos and the specific connotations they hold within the overlapping online subcultures of ED recovery and female weightlifting.

Social media provides a digital platform from which one can externalise individual constructions of selfhood. In this respect, van Doorn writes, “memory is never merely private/personal or public/cultural but mediates between these spheres as it appropriates and invests itself in objects that ‘externalize’ memories, transforming them in the process... embodied memory is extended through the everyday practice of producing “mediated memories” (2011, 539). In this regard, while experiences of recovery and weightlifting are embodied and subjectively experienced, Instagram provides an external structure from which material practices of ‘becoming’ can be narrativised and communicated to form ‘mediated memories’. Transformation photos, specifically, were identified by this population of women as the site of this kind of activity. As this field note from the netnography depicts:

Posts of food or the gym tend to be accompanied by everyday journal-style entries about appetite or how well a workout went. Transformation photos, however, are often framed by captions which talk much more generally about past experiences and how these have informed how women feel about their bodies and the trajectory of their lives. (Fieldnote)

Transformation photos thus act as a conduit through which individuals can reflect on and make sense of their experiences. As Lily explained:

I never really talk about my ED at all unless I do the occasional transformation kind of thing. I just like to see... when I look back at what I used to look like and what I look like now it helps me be like ‘ok I am going in the right direction and other people can see it’. And this is what I’ve used this sport for... (Lily, 22 years old, in recovery from anorexia)

The significance of embodied memory to the construction of ED and recovery narratives has been noted by other qualitative work in this field (Eli 2016; Warin 2010). For participants in this study, ‘mediated memories’ emerged consistently as a motivating factor for a successful and sustained recovery. Viewing images of old selves was reported to prompt feelings of pride, positive self-esteem and achievement. As Ibrahim contends, “photographic images act as an aide memoir

or as a 'trigger' to memory. They become the material repositories that allow people to engage in forms of 'memory work' that is both individual and collective, enabling appropriations of both time and space" (2015, 44). In this respect, the women in this study engage with Instagram as an autoethnographic project, which allows them to piece together a coherent narrative to make sense of past experiences.

It is significant that transformation photos, and the captions that accompany them, typically follow an upward trajectory and are framed as journeys of growth, survivorship and self-actualisation. These themes resounded across the interviews, photo elicitation and netnography, in connection to transformation photos and are also reflected in the typical style of the images (see Figure 26). In the 'before' photo, women often look downcast as they inspect their bodies in the mirror. In the 'after' photo, women tend to stand tall with their shoulders back and a happy/contented expression.



FIGURE 26 @OLIVE.LIVES TRANSFORMATION PHOTO (FOUND IMAGE FROM THE NETNOGRAPHY)

As the Instagram caption below (taken from a transformation photo) demonstrates:

11 months difference. Left (hand sign) miserable, controlled by my ED. No sense of identity. Right (hand sign) happiest I've been in years, living life. "Healthy". Strong. Resilient. About to start a dream job (praying sign, love heart) My recovery and ED has spanned all of my adult life. But I am so so proud to say I am finally at point of no return (crazy face emoji) I have worked my butt off, tears and tantrums to be here. It's not easy, I still don't love my body but I am grateful for where I am and the people around me (heart eyes emoji, cheers emoji) (@emmalouiseoldfield)

This finding is supported by extant research by Moulding (2015) which found that women in recovery from EDs often speak about this process as “personal quests framed around themes of self-discovery, self-care, and agency” (p.78). Moreover, a study by Vogel and colleagues (2018) demonstrated that social media posts with a temporal context (such as transformation photos) that show a more positive past self and more negative current self are less likely to receive social support than posts that display an upward trajectory. In this sense, there are perceptible costs to deviating from representing recovery as a positive journey.

There was a tendency for women weightlifting in recovery from EDs to distance themselves from qualities of weakness or pathology. However, during interviews, it became apparent that the desire to present recovery as an upward trajectory occasionally came into conflict with the benefits of speaking about messy, traumatic or unresolved aspects of this experience. In this regard, participants expressed that while recovery was an important part of their life, they wanted to move away from the identity of someone who is ill. As Eve explained:

Talking about it is still the most useful thing I can do about it and sometimes... I feel like I go on about it a bit and I don't want to be, you know, the 'eating disorder girl'. (Eve, 20 years old, in recovery from anorexia)

In this sense, women in recovery experience the world in a liminal state of being, caught between two vastly differing embodied experiences and lifestyle practices (Eli, 2016). Transformation photos act as a way of projecting movement towards a new identity. Sarah explained why she posts transformation photos on her Instagram account:

For every nine photos, I have a transformation photo. Whether that's in terms of my face, in terms of my body, in terms of how, you know, the mental strength or the mental growth. So if someone new comes on my page, they can kind of acknowledge that that's my journey... I see it less of an embarrassment now and I see it more of an empowerment and I know that I wouldn't associate anorexia as my identity. (Sarah, 18 years old, in recovery from anorexia)

By rejecting identities perceived as weak or pathological, women in recovery develop a subjectivity premised on empowerment and 'survivorship'. This emerged consistently from the netnography, as one observational field note reads:

'Survivorship' is a common way of narrativising weightlifting and ED recovery. Some women write that they are a 'survivor' in their Instagram account biographies (e.g. 'bulimia survivor') alongside where they are from and what they do for a living. In these instances, survivorship holds more than a descriptive quality; it is an identity. (Fieldnote)

In connection to the 'transformation imperative' within online health and fitness spaces, Camacho-Miñano and colleagues write, "transformation demands not only that individuals work on their bodies but also that they 'improve' their psychological attitudes. As such, it requires a makeover of subjectivity itself that could be identified in incitements toward upgraded forms of confident selfhood" (2019, p.653). In this sense, Instagram is a space to develop entrepreneurial modes of selfhood, centred on survivorship, self-actualisation and 'overcoming' as well as 'becoming'.

8.2.1 Representing eating disorder recovery through transformation photos

This case study shows that transformation photos hold important meaning for women who are weightlifting in recovery from EDs, by providing access to new modes of embodiment, acting as ‘mediated memories’, and externalising movement towards a new ‘empowered’ identity. In this final discussion, I examine the socio-cultural moment in which these images have captured the popular imagination. The aim here is to, as Gill and Orgad advocate, “treat the narratives, metaphors, images, exhortations, and technologies in these sites as powerful pedagogical resources that teach women how to think of and feel about themselves and their relationships to others, in neoliberal times” (2018, p.481). What, then, is it about this cultural moment that makes transformation photos a desirable expression of selfhood?

The widespread resonance with transformation photos, I argue, aligns with emergent literature on the cultural turn towards survivorship and resilience narratives (Gill and Orgad, 2018; Orgad, 2009). Of course, surviving and overcoming immense struggle is of huge personal significance. However, in the context of ED recovery, it is concerning that transformation photos and narratives of survivorship do much to foreground the experiences of the individual over the collective. In this respect, systemic socio-cultural issues that are linked to the development of EDs (for example, fatphobia, the thin ideal, violence against women and restrictive gender roles) are re-privatised and made an area of personal responsibility (Fullagar et al, 2017). In this regard, through transformation photos, ED recovery is made an individual journey of self-discovery, rather than a highly political and collective struggle which disproportionately impacts women and girls in patriarchal societies (Hesse-Biber, 2006). In this respect, while it could be argued that by connecting the personal to hashtags (such as #gainingweightiscool) women are forming online ‘therapeutic publics’, it remains problematic that the tools for recovery advocated for are not external support or structural change, but internal goods and self-actualisation.

The emphasis on speaking about personal journeys of recovery is an essential component of this uptake of responsibility. As Orgad explains, “the survivor is constituted upon the act of speaking... silence (associated with the victim), on the other hand, is completely rejected as an option. It is not only a sign of weakness, but is also an unvirtuous act” (2009, p.154). Thus, in post-feminist times, hegemonic femininity requires women and girls be vocal about their experiences and their trauma, lest their silence be pathologised. As Dobson contends, “the figure of the confident, vocal, ‘powerful’ (and still sexy) girl has become one of the most legible forms of normative and ‘healthy’ young feminine subjectivity... This new femininity requires a high degree of visibility, articulation, and self-confidence” (2015, p.178-9). In this respect, transformation photos are a commonplace method of articulating journeys towards a new kind of subjectivity. In addition to demonstrating a physical transformation, women must speak about their recovery in specific ways in order to be acknowledged as virtuous and credible survivors. They are a way of shunning a pathological identity and becoming an ‘empowered’ feminine subject, in line with hegemonic expectations.

Importantly, such ‘DIY’ approaches to ED recovery sit within a broader neoliberal mental health agenda which values the personal uptake of responsibility for wellbeing, regardless of one’s living/working conditions. Since the 1950s, Western medicine has come to understand ‘lifestyle’ as an ever more salient area of concern, particularly in connection to illness prevention. Bolstered by a broader cultural turn towards individual responsibility, public health institutions have increasingly focused their attention on ‘lifestyle hazards’ and ‘at-risk behaviours’ in relation to the population’s health (Crawford, 2004). Mental health is no exception, and in recent years a liturgy of information and advice has emerged with respect to effectively ‘managing’ one’s own psychological state. Amongst the kinds of tools recommended to address what is often referred to as the current ‘mental health crisis’ are; exercise (most often yoga, Pilates or other ‘mindful’ movement practices), meditation and mindfulness, journaling, and healthy eating, among others (Brijnath and Antoniades, 2016; Hards, 2018). The advocacy of such a toolkit of behavioural interventions suggests positive mental health and recovery is within people’s

control. Thus, in order to overcome such struggles, one must simply commit to wellness practices in a disciplined and self-directed capacity.

Many scholars have been active in challenging such neoliberal approaches to mental health (Cosgrove and Karter, 2018; Esposito and Perez, 2014). Of these accounts, perhaps the most powerful are those that recruit Foucauldian critiques by drawing on the concept of ‘technologies of the self’ (Brijnath and Antoniadis, 2016; Rose, 1996). In this context, technologies of the self are characterised as “practices that allow individuals to work on themselves by regulating their bodies, their thoughts and their conduct to secure normality, contentment and success” (Brijnath and Antoniadis, 2016, p.6). Scholars writing in opposition to the contemporary neoliberal healthcare agenda contend that the shifting of responsibility to individual social actors does little to address many of the structural socio-economic markers linked to poor mental health, such as financial insecurity, poor working conditions, race or gender-based discrimination, and a culture of constant connectivity (Brown, 2003; Macintyre et al, 2018). In this way, many of the known causes of poor mental health are decoupled from the proposed solutions (Cosgrove and Karter, 2018).

For the women in this study, transformation photos act as the ultimate representation of neoliberal mental health narratives, whereby self-actualisation, personal empowerment, and resilience are credited with improving wellbeing. These highly visible displays of ED recovery were the most common representation of women’s mental health journeys that emerged from the netnography. Such accounts privilege self-work in the manner also documented by Gill and Orgad, who write that in media women are,

bombarded by numerous exhortations to work on herself, 24/7: ‘keep a journal’, ‘gain perspective’, ‘stay active’, ‘re-frame negative experiences’, ‘ignore the self-critical voice in your head’, ‘say nice things to yourself’, ‘embrace obstacles’, ‘be of service’, and so on—yet all this intensive affective, aesthetic, and physical labour is couched as a fun act of springing back from a surface in a lively manner. (2018, p.482-3)

And yet, during interviews, women did place value on other, less individualistic factors in their recovery. For example, for a number of participants, personal trainers or their weightlifting club were viewed as highly significant relationships that helped keep women's recovery 'on track'. Interestingly, such narratives are rarely observable on social media, which suggests perhaps that individualised recovery discourses carry greater cultural capital on social networks.

Having considered highly visible 'front stage' representational practices employed by this population, the latter part of this Chapter will explore the more quiet and less externally validated forms of identity formation espoused by participants. In spanning years and occasionally decades, transformation photos display a dramatic shift in the changing of bodies and a sense of self. However, on a much more mundane level, the 'backstage' process of ED recovery and the 'letting go' of an illness identity is a daily practice which occurs much more in relationship with others than social media would lead us to believe.

8.3 Relationships of care

An interesting and somewhat unexpected theme that emerged from the interviews and photo elicitation portion of data collection, was the role relationships of care occupied in inspiring women to pursue recovery. As was highlighted at the beginning of this Chapter, EDs tend to be all-encompassing, leaving very little room for the needs of others. This has been observed by other scholars in the field. For example, Warin (2010) notes in her anthropological study of anorexia that very few of her participants were in romantic relationships. She writes, "more than 70% were single and not engaged in any form of intimacy at the time of my fieldwork. In terms of relatedness, this is significant, several described the difficulty of having other and intimate relationships while 'you were having a relationship with anorexia'" (2010, p.7). Moreover, a study by Sanftner and colleagues (2006) showed that when mutuality with important others was rated low, college women reported higher levels of the beliefs, attitudes, and behaviours associated with EDs. Moreover, positive and supportive connections with others have been found to be a protective factor in preventing the development of EDs (Wacker and Dolbin-

MacNab, 2020). In this respect, the absence of intimate or close relationships is strongly associated with ED pathology.

EDs demand near total attention and focus and therefore recovery, which is in many ways the antithesis of an ED mindset, requires 'letting go' and opening oneself up to new relationships and experiences. 'Relationships of care' is an umbrella term to capture the various ways in which a sense of responsibility to others filled the participants in this study with a sense of purpose, a new identity, and a reason to get well again. Interestingly, by far the most common relationship of care among participants was with pets, most often dogs. Pictures of dogs were regularly shown during the photo elicitation portion of the research to represent women's motivation for a successful recovery. Here, Ruby, who struggled with binge ED, describes:

I still have sort of cravings for binge eating sometimes, I don't really know when they come. It's more random. But the fact that he [Ruby's dog] was there with me sort of made me feel like I need to take care of myself because I'm responsible for this dog now, so if I sit there and binge eat all the time it's just like, not very good. So I think it's the fact that if you feel like you have responsibility for something or someone else, it sort of helps with your recovery... Because I thought like, you know, he's so vulnerable, he's only little, you know, and like, I just wanted him to be happy. That makes me happy at the same time. (Ruby, 24 years old, in recovery from binge eating disorder)

In this passage, Ruby describes how her care for her dog, supersedes her desire to concentrate on managing her eating. Similarly, Sarah, who spent a great deal of time as an in-patient when she was ill, describes how her two dogs kept her on-track with her recovery at a time when she was struggling:

So a couple of months into my proper treatment and my meal plan and being weighed consistently during that process, um I had two new dogs... all I wanted to do with care for them, look after them, walk them and I wasn't allowed to do that because I wasn't allowed to burn calories, so in a sense that was my motivation because I wanted to take my dogs out, I wanted to give them walks...So I tried

to keep my food down, I gained weight, I gained muscle, and in the end, I'll have to show you the photo, I was allowed to walk my dogs for very short periods of time. Now I look back and I'm like "oh my goodness, you could have broken" because I was still very slight um where is it... they're my best friends. I'm obsessed with them, I call them my therapy dogs. (Sarah, 18 years old, in recovery from anorexia)



FIGURE 27 CHARIS' DOG AND HAMSTER (FROM THE PHOTO ELICITATION EXERCISE)



FIGURE 28 LILY'S DOG (FROM THE PHOTO ELICITATION EXERCISE)



FIGURE 29 RUBY'S DOG REUBEN (FROM THE PHOTO ELICITATION EXERCISE)

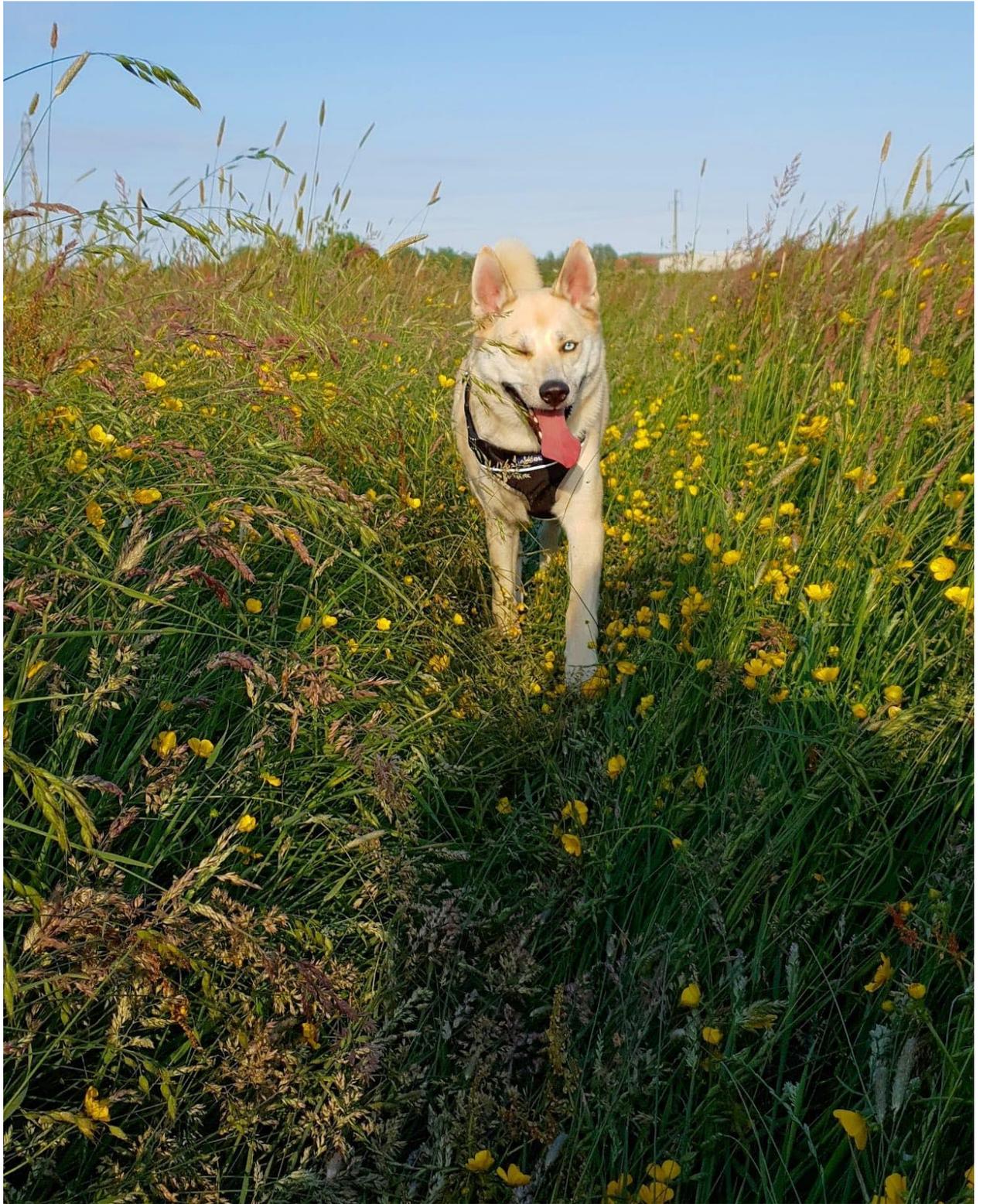


FIGURE 30 SONIA'S DOG (FROM THE PHOTO ELICITATION EXERCISE)

The images displayed above (see Figures 27-30) represent a reason for participants to stay recovered. This finding connects to work by feminist scholar

Donna Haraway (2003), who has written extensively on human-animal relationships and the opportunities they present. Her seminal text, *The Companion Species Manifesto*, speaks of “the implosion of nature and culture in the relentlessly historically specific, joint lives of dogs and people, who are bonded in significant otherness” (Haraway, 2003, p.16). She explains that dogs and people are co-constituted through relationships premised on respect and trust, whereby the needs of the other demand recognition alongside our own. Applying Haraway’s writing to this thesis, it is striking to me that pets offer women in early recovery opportunities to practice care. As discussed in the introduction to this Chapter, the ED identity tends to honour isolation and disconnection from the needs of others. In this way, it appears that while human relationships are too big of a threat to the ED identity in the initial stages of recovery, animal relationships are able to offer some comfort and safety.

While pets were a concrete and highly present motivating factor for women in recovery, future and imagined ‘relationships of care’ also played a significant part in encouraging participants to heal their relationship with eating. In particular, the women in this study often spoke about wanting a family and how this would require ‘giving up’ the ED for good. In our first interview, Polly showed me an image of her nieces and nephews and told me:

This is probably my biggest motivator right now because I actually don't have my period at the moment, and I want to be able to have kids of my own, so this is like... pushing me towards it. And also like, being able to see them, I don't... I just want to be able to be normal around them. (Polly, 17 years old, in recovery from anorexia)

For some participants, the functional role of the body in producing a baby helped them think about their bodies in a new way. For example, Ella explained:

One of my main goals in life is to be a mum. I wouldn't say goal, it's one of the things I know I want. And I've watched a lot of people on YouTube that are like... they have families or they're pregnant or something like that and I do have a real appreciation now for the female body I think. A lot more. Um in what your body can do, and that's something that has helped me thinking- what is our- not our

sole purpose, but evolutionarily when thinking very simply, it is to reproduce, it is to create a baby inside of us, another human inside of us and that's so cool to think about and actually our bodies are pretty fucking sick and if I have to sit at a high fat percentage because my body one day will make a baby, cool, that's cool. I'm happy. I'm fine to do that... for me that's something that helps, thinking of the function of the human body...My body is one of the best to do that. Like, wider hips, all that kind of jazz. So that really helps me actually. (Ella, 20 years old, in recovery from bulimia)

It has been noted elsewhere that motherhood can be helpful for recovery. As Patcher and Lawler write, “of the women who engaged in meaningful relationships some conceived and for them having a baby contributed substantially to their reconnection with life” (2009, p.17). However, some research, such as Warin’s (2010) anthropological study of anorexia, also indicates women with EDs may feel alienated or repulsed by the idea of pregnancy or inhabiting a fertile body. Warin, who was pregnant herself at the time of data collection, notes,

practices that are taken for granted as creating and sustaining relatedness- from the everyday practices of commensality to the capacity to have children- were consistently viewed negatively by participants with a diagnosis of anorexia. These practices were regarded as dirty and disgusting and feared for their threatening, yet desired potential. (2010, p.3)

In contrast, the women in this study expressed concern regarding the negative impact their ED was having on their menstruation and their capacity to mother. This discrepancy with Warin’s research is likely a result of the fact that the population in this research reflect a range of different EDs and are in active recovery.

Significantly, two participants in this study were mothers to children. For women who were not, their ability to conceive in future was a pressing concern. Amenorrhea (which is a medical term for the absence of menstruation) is a common symptom of EDs and can be central to the embodied experience of this

set of illnesses. Eli explores the significance of period-loss in relation to one of her participants, Nili. Eli writes, “she evoked the absence of her period time and again; capturing the extent of her anorexia, this absence became Nili’s most important embodied signifier of disorder. At the time, Nili continued to have irregular periods, which she cited as a sign that her ED was still present in her seemingly recovered body” (2016, p.78). The embodied fear and discomfort caused by the absence of a period was felt acutely by women in Eli’s work. Similarly, in the present study, Charis brought an image of Tampons to the photo elicitation exercise (see Figure 31). I asked her why she brought this image and she explained:

Charis: Tampons because when I got really bad my periods pretty much stopped and I didn’t want it to be like that... it was messing with my body but it was also messing with my head. [Um] and I was like hormonal and PMS but nothing was happening and I was just getting more stressed about it. And like, the worse I got the longer it was until I had a period and then my periods have only just sorted themselves out like a year later. And I find I’m happy that I can buy tampons now because I actually have periods and like, when you’re seven stone, you don’t get periods anymore- they just stop!

H: What did you miss about it or what was the significance of that for you?

Charis: Literally just... maybe just being a human and just having woman things happen to you, because when I got really skinny I literally just felt like a child like I had the body of a child, I was so tiny and I wasn’t getting periods anymore and I was like “am I even a woman now?”. Like, I hate periods, I absolutely hate them, but at that point I really really really wanted them back because I was like, I don’t feel like a girl anymore, I just feel like a skinny shell. There’s nothing going on! (Charis, 20 years old, in recovery from anorexia)



FIGURE 31 CHARIS' TAMPONS (FROM THE PHOTO ELICITATION EXERCISE)

EDs are a highly gendered phenomenon due to their disproportionate effect on women and girls. As a result, social scientists have long theorised this set of illnesses in connection with restrictive gender roles and feminine norms (Bordo, 1990; Moulding, 2006; Moulding, 2014). It is therefore curious that the women in this study advocate for other feminine practices and values, such as relationships of care, fertility, and returned menstruation, as impetus for recovery. These qualities, which in many ways are the markers of 'ideal womanhood', perhaps represent the uptake of an adult female identity which privileges nurturing qualities such as empathy and care for others. For feminist scholars, such as myself, thinking of recovery in this way raises questions. For example, if in order to recover women are simply abandoning one set of normative feminine practices for another, how liberating can recovery really be? However, the women in this study contended that this care for others, once extended outwards, could then be directed inwards. In this regard, relationships of care apply not only to significant others in one's life but also to one's self. During our first interview, Nisha showed me an image of herself as a child (which has been omitted from this Chapter to protect anonymity) and explained:

Nisha: So that's me as a kid.

H: Aw.

N: Yeah so the kid stuff... I have one on my screensaver on my phone as well, is a really big part of my recovery in this phase of recovery, so in the last year and three months, it's the first time, even though I've been in an EDs clinic, this is the first time we've put my ED at the front and centre of all of my therapy... over the past year or so we've done loads of inner child stuff. So this picture is by my bed and then I have one picture on my phone and it's about me connecting with the inner child and nourishing her when I don't want to nourish myself. Um and that's partly because of some of the workshop stuff I did last year with my therapist. It doesn't always work when I don't commit to it, as you can imagine! Um but for me, that picture now is about recovery.

H: Right, so it's like a self-compassion technique?

N: Yeah, and just sort of understanding where my ED stems from, how it came to pass and the need for me to reparent myself. You know, I have quite an arrested emotional development from... I mean I'd probably say from a very young age. So you know, I can be a child, but I can also be a proper proper grown up, a really functioning adult. And I was a functioning adult when I was a kid, so I wasn't a proper child, ever. I was a grown up from a very young age. So I wasn't parented. And that's not to say my parents didn't do everything they possibly could with what they had, they just didn't know any better and they didn't know how their behaviour would impact me. Particularly my mum. And this is all new for me, I only learnt a lot of this last year. We didn't quite... even in the EDs clinic we never really got into it. It's only been in the past year, working with a specialist, that all of this has come together. It's changed my relationship with my family massively. But that's... that for me signifies recovery. Not me being in recovery, but that's a symbol of what I need in order to recover. (Nisha, 37 years old, struggling to recover from anorexia/bulimia/binge eating disorder)

In this sense, practicing relationships of care with others (pets, children, family, friends etc.) provides women in recovery with a greater understanding of how to care for themselves emotionally and physically.

8.3.1 Community and mentorship

Another collective aspect of successful ED recovery that emerged from data collection was community and mentorship within the fitness space. In particular, the role of personal trainers in guiding women through turbulent periods in their mental health, cannot be understated. Not all women in this study had personal trainers during their recovery. However, all but two women had at some point benefitted from some form of community and mentorship in the gym, either from gym staff, lifting clubs or fellow gym goers. In what follows, I am going to write specifically about the role of personal trainers, as these relationships emerged as the most deep, transformative, and enduring sources of connection and support.

As experts in how to optimise one's health (and sometimes one's aesthetic) personal trainers occupy a unique position in the fitness space. While there is a great deal of literature exploring the various roles of personal trainers and the labour (from the medical to the emotional) they sell (Maguire, 2001), their role is seldom explored in relation to supporting ED recovery (Bratland-Sanda and Sundgot-Borgen, 2015). I believe this to be a great oversight as personal trainers are in many ways 'front line workers' when it comes to assisting people in engaging with health-promoting behaviours, within which women with EDs are arguably among those most in need of support.

Personal trainers are in a unique position to influence and guide individuals struggling with disordered eating. For Jess, it was a personal trainer who introduced her to lifting. She told me the story of the events that led up to this transformative moment:

So I used to run a lot, it was fairly obsessive running and there was a running club at the gym I used to go to and one day I got there and it just wasn't on and obviously, like a lot of ED recovered people are very OCD, I'm a very obsessive compulsive person so I was very very

agitated and one of the PTs at the gym actually saw that I was a bit stressed out and came over to me and he gave me a free session. And after that he actually trained me [to weightlift] for six months, just to help me out. He literally taught me every single thing I knew and like I just fell in love with it a bit. It was like the first time I'd done exercise in a long time just because I was loving it and it actually made me feel good it was the first time I wanted to gain weight. So yeah just never stopped since then pretty much. (Jess, 22 years old, in recovery from anorexia)

Moreover, some of the participants in this study reported that either they, or concerned family members, hired a personal trainer to ensure they engaged with healthy and supportive exercise during their recovery. Eve is one such participant who came to personal training in this way. Her family bought her a series of personal training sessions as a present, in the hopes that supervised exercise would help address her dysfunctional relationship with food and physical activity. As a result, Eve's personal trainer, Gemma (pseudonym randomly assigned), became essential to Eve's recovery. Here she explains the significance of this relationship:

I think I just needed to like offload the responsibility of my recovery onto somebody else and like, that was her for a bit. Umm and then eventually we balanced it out a bit more. But, yeah... Gemma was always like "if you've not had a pre-training snack, we're not training. We'll sit and have a coffee". So she was always very like "I want you to do this and then when we, like when you get home have a yoghurt or something. It doesn't need to be big but just have something to eat". She said "always eat before you train and after you train". If we were having a big day she would always like text me in the morning being like "big day coming up, I want to see that big bowl of porridge!" and I was like "ok babe" (both laugh). (Eve, 20 years old, in recovery from anorexia)

Eve's personal trainer, Gemma, occupied a somewhat intimate role in Eve's recovery journey- acting as a health professional, as well as a confidant and

friend. In this regard, Gemma also understood the importance of helping Eve develop an identity outside of her ED. As Eve noted:

Gemma would always say... what do you want your identity to be? Not, what was it but like you want to be a journalist, you want to be a personal trainer, you're a good friend, all of that stuff and yeah it's good having somebody who's aware of that. (Eve, 20 years old, in recovery from anorexia)

Gemma guided Eve through her exercise as well as her nutritional decisions. This idea of a personal trainer, who is external and importantly non-familial, 'taking control' of women's recovery was frequently reported to be beneficial. Here Maddy and Laura relay their experiences of leaning on personal trainers for support with health decisions:

I was still tracking food, I would give my weights and he'd up or lower my calories, and I knew it was in his hands, so if it all went a bit out of control he'd fix it. If I suddenly put on too much weight or if I wasn't putting on weight, he'd just sort it out so that was really helpful. (Maddy, 21 years old, in recovery from EDNOS)

I think with the idea of having a coach or like you know how people get life coaches, I don't know what a life coach does, but somebody like for me, Alex, it would've been horrifically different if I hadn't had Alex but having that one person who 1) she took control of what I was doing so I didn't plan my food, like, I didn't plan the amount I would eat because I don't have the time to necessarily research that, I also don't think I want to and that's just why it worked for me. Um but I definitely think that is the key to it working is having somebody, whether they're professional or not, but like that support to make sure that you don't do it wrong or do it unhealthily. (Laura, 23 years old, in recovery from anorexia/binge eating disorder)

From these accounts emerges a vision of personal trainers as health professionals who are temporarily trusted with the day-to-day care of women's

bodies. In turn, women in recovery feel a sense of relief and freedom from handing over this burden, happy for a while to be unencumbered by the weight of the small daily decisions about food and exercise that defined their illness. In this regard, while GPs and health professionals working in a clinical setting are often 'first responders' when it comes to ED pathology, personal trainers occupy the role of assisting women with the day-to-day management of their recovery. This role, which is also about making exercise enjoyable, provides some light relief for women navigating the heavy burden of ED recovery, which is so often framed as a solitary journey. Certainly, this is a position of great responsibility for personal trainers to occupy, and while none of the woman in this study reported to have negative experiences in their dealings with fitness professionals, I would caution that not all personal trainers are in possession of qualifications to take on clients at such a sensitive and emotionally turbulent time in their lives. However, given their access to women in the fitness space who may be struggling with their relationship to food and possibly exercise, I contend that more targeted training be implemented to address this gap.

Another interesting facet to this identification with personal trainers, is the fact that during or after their recovery, a significant number of women in this study trained as personal trainers themselves. In total, 9 out of 19 participants had some form of training in this regard, with three women actively working in a gym environment and the rest having acquired this qualification to offer their services either online or at an ad hoc basis. For example, Erica works as a personal trainer at a gym in Leeds. Here she describes the responsibility of gyms and the fitness industry as a whole for intervening with those who perhaps display dysfunctional relationships to exercise:

Erica: There are so many gyms and so many 24 hours gyms that can be made accessible, the one thing I am realising within the fitness industry is that we don't have any sort of... say if someone comes in here, I can spot that they have an ED by their obsessive compulsive behaviours, I can't do anything about it and it makes me really sad as a fitness professional, because someone's done that for me, but

they've done that because I've gone and asked for that help. But when you see someone in here deteriorating, you can't do anything.

H: Are you allowed to say anything?

Erica: You could start to strike up a rapport with them but it's a state of mind, we can't stop them coming in the gym, we can't stop them over-exercising and I feel like the industry is letting people down. Massively.

Significantly, the women in this study who qualified as personal trainers or were working in the fitness industry, were enthusiastic about supporting other women in healing their relationships to their bodies through weightlifting. For some, this meant putting body positivity at the centre of their professional practice, for others this took the form of founding clubs and communities for women with shared goals. In this regard, Wacker and Dolbin-MacNab's (2020) research demonstrates that community activism and helping others is a protective factor for subthreshold EDs as it helps "foster a sense of self-worth outside of appearance or weight status" (p.1555). For example, Sonia, who engages in strongwoman and CrossFit, explained how her and another trainer at her gym started a strongwoman club:

We started a club as well. It's a strong woman club. So because I've done strongwomen for such a long time I thought, let's get more women into it. And I've found a lot of people will say "I can't do that, you've got to be really qualified don't you" and I'm like "just come and have a go" and people are like "oh my god I did it" and it's like yayyy... so it's just a club to build confidence. So we've got that one then there's one for beginners who just want to learn to weightlift. So again, there will be some people that'll be like "I want to put weight on" and I'm like, "yes, come to us, we can help you!". I'll tell them, like it took me a long time to put it on but then I finally realised what it felt like to be stronger. (Sonia, 26 years old, in recovery from anorexia)

These experiences served to connect women in recovery with new aspects of their personalities and gave them an identity outside of their history with EDs.

While these positive transformations in the lives of participants emerged as significant during interviews and photo elicitation, narratives of community, connection and mentorship did not emerge as strongly from the netnographic phase of this research. From this discrepancy it is possible to glean how different sites and social settings demand different versions of women's recovery narratives. In this regard, the ambivalence and multiplicity of recovery narratives (online and offline) points to the ways in which identity is implicated in the specific demands of various spaces.

8.4 Concluding comments

As I detailed at the beginning of this Chapter, rejecting the ED identity and projecting towards a new selfhood is the essential work of recovery. However, for women moving through this process, building a new identity is incredibly challenging and requires 'letting go' past selves that no longer serve them. In this Chapter, I have presented two quite different visions of identity during ED recovery. On the one hand, recovery on Instagram is presented through specific digital artefacts, such as transformation photos. These images depict recovery as a transformation of the self, achieved through self-actualisation and personal growth. Here, identity is presented as decidedly solo endeavour, that requires individuals to develop the tools to overcome struggles with mental illness. The self that emerges at the end of this process is one of an empowered feminine subject, who is vocal about her trauma and transformed by the work of recovery. In contrast, during interviews it appeared that another kind of transformation of the self had taken place, one which was rarely documented in the netnography. Women often spoke of relationships of care that sustained their recovery, such as looking after a pet or sharing the burden of their mental health struggles with personal trainers. These quieter and less culturally glorified aspects of recovery were central to women's accounts of developing a new sense of self as they transitioned out of recovery. Importantly, being in relationship to others translated into a new kind of care of the self.

To return to Goffman's (1959) dramaturgical approach, relationships of care could be conceptualised as the necessary 'backstage' activities required to enable recovery and for transformations of the self to take place on the 'front stage' (on

Instagram). Future research might consider whether other discussions of mental health (such as depression or anxiety) follow a similar kind of front stage/backstage logic to the one presented in this Chapter. If so, how is this navigated by individuals dealing with these illnesses on a day-to-day basis. I am also curious of the impact 'front stage' representations of ED recovery have on individuals in the throes of an ED who have not yet begun the process of recovery. In particular, such an emphasis on personal growth and self-empowerment may appear overwhelming or daunting. Moreover, if some of the quieter 'backstage' aspects of recovery were more often shared online, this may normalise receiving help and therefore provide some sense of relief for individuals going through this extremely challenging process.

CHAPTER 9- CONCLUSION

9.1 Introduction

In this thesis, I have explored women's engagement with weightlifting as a tool for ED recovery by qualitatively engaging with the lives and experiences of 19 women, living in the UK, who have lived experience of this phenomena. I also spent a great deal of time immersed within ED recovery and fitness communities on Instagram, which provided insight into the role of social media in sustaining these practices. As highlighted in Chapter 3, *Theoretical Approach*, this research is grounded in a feminist epistemology. In this regard, I contend that the lived experience of women has inherent value as it allows us to overcome chronic androcentrism within scholarship, by providing access to new 'ways of seeing' the social world. I believe this to be particularly true with respect to the topic at hand, as this research deals with aspects of life which have historically been positioned as 'natural' and therefore undeserving of scholarly attention. In the context of this research that applies to 1) women's bodies, which have long been 'left out' of serious academic study (Blackman, 2012), 2) food and eating practices, which have previously been considered belonging to the private/domestic domain (Cairns and Johnston, 2015b) and 3) female weightlifting, which has historically been marginalised, due to being considered a traditionally masculine competitive endeavour (Brabazon, 2006). Moreover, the specific phenomena being explored here (female weightlifting during ED recovery) has, to my knowledge, not yet been subject to academic enquiry. In this regard, due to its focus on the lived experience of women and its novelty, this research has a great deal of empirical value.

As well as its empirical significance, this research makes valuable theoretical contributions to a number of fields and debates. I have developed several novel concepts and theoretical frameworks throughout this thesis. These contributions correspond to each findings Chapter within this thesis and can be broadly characterised as; the metaphor of the kaleidoscope, digital pruning (Hockin-Boyers et al, 2021a), health equations, and transformation photos as significant digital artefacts (Hockin-Boyers et al, 2021b). Moreover, as has been highlighted

elsewhere in this thesis, this research exists at the intersection of multiple bodies of work, such as ED research, sociology of the body, physical activity, and digital media culture. As these various fields are typically siloed, bringing together these different perspectives in order to examine this phenomenon from multiple viewpoints is a key theoretical contribution of this thesis. In this respect, by valuing theoretical eclecticism, this thesis speaks to multiple fields and debates, as well as holding space for the development of novel lenses and frameworks.

In this final *Conclusion*, I detail the empirical, theoretical and methodological contributions of this thesis. In view of these insights, I make a number of recommendations for future scholarship to build on and extend the most significant findings from this research. Following this, I offer some reflections on the research process, taking stock of the ways the project has developed, as well as considering possible limitations to the research presented here.

9.2 Key contributions and recommendations for future research

9.2.1 Moving beyond the image

As has been emphasised in the introduction to this Chapter, seeking to examine the experiences of women using of weightlifting during ED recovery, is novel in and of itself. To my knowledge, this has not yet been explored within existing scholarship. In this respect, understanding what this experience is like is of great empirical value, particularly to scholars and practitioners within the ED field. In this way, the findings from this research can inform understandings of the kinds of challenges women face with regards to occupying a body during recovery and how exercise can affect this transient state. In Chapter 5, *Moving Beyond the Image*, I provide insight into how women in this study come to understand their bodies while weightlifting in recovery from EDs. Importantly, in order to describe this experience, I draw on literature from multiple fields, including ED research, fat studies, and scholarship concerning female muscularity.

In this findings Chapter, I explore how the women in this study experience their bodies in different ways as a result of the kinds of practices they engage with. For example, being weighed or feeling bloated elicits an understanding of the body as

fat which, due to the cultural stigma surrounding this embodied state, is experienced negatively. Here, I draw on fat studies scholarship to describe the affectual sensation experienced in the body by virtue of this action (Kyrölä and Harjunen, 2017). Practicing weightlifting, however, shifts the focus on the body to reflect strength which was experienced positively by the women in this study, in part, due to the cultural valuing of strength/muscularity in contemporary culture. It is noteworthy to add that memory and past experiences are a significant factor in determining whether practices and bodily states are experienced positively or negatively. In this way, the women in this study experience their bodies as highly changeable and subject to a variety of practices that make up modern life- some avoidable (for example being weighed) and others entirely inescapable (for example feeling 'full' or bloated). By bringing together work on different embodied states, I draw on and extend Mol's (1998) work on multiplicity, which sees bodies as never being merely one thing.

To communicate the key theoretical contribution in this Chapter, I introduce the metaphor of the kaleidoscope. This metaphor seeks to capture how, by shifting one's perspective, relationships to the body are highly changeable. In this sense, while day-to-day participants' bodies may materially exist in a relatively stable state, how they experienced and saw themselves was very much responsive to their environment and practices. Thus, vastly different modes of embodiment (muscularity/thinness/fatness) can hang-together at once in the lived experience of a single individual. The metaphor of the kaleidoscope, acts as a useful theoretical tool for conceptualising the ways in which women are able to experience their bodies in multiple different frames, while the material conditions of their bodies remain largely the same.

In terms of possible avenues for future research, the metaphor of the kaleidoscope could be applied to other embodied states where individuals find themselves in a liminal or transitional state, meaning their body holds multiple meanings which are not easily integrated. Examples of embodied states which might benefit from this kind of thinking include: pregnancy, menopause, athletes who have recently retired, and individuals with lived experience of some form of bodily trauma. By using the metaphor of the kaleidoscope, one might consider

what kinds of practices elicit what kinds of affectual experiences of the body. The results from such lines of enquiry could be used to inform the kinds of activities individuals are advised to engage with to facilitate healing. Moreover, therapy could take a targeted approach to addressing activities and practices that elicit negative framings of the body.

9.2.2 Digital Pruning: Agency and social media use as a personal political project

Chapter 6, *Digital Pruning: Agency and social media use as a personal political project*, makes a number of important contributions to new media scholarship and theory. In terms of empirical value, the population explored in this research could be viewed as particularly 'vulnerable' to social media content, given their history with EDs and prior engagement with pro-ED content. Moreover, at the point of data collection, the majority of women in this study engaged with fitness content online, which has been identified as a space in which potentially damaging content (for example, thinspiration/fitspiration messaging and diet culture) proliferates. In this regard, gaining insight into how female weightlifters in recovery from EDs experience image-based social media platforms is highly valuable. Moreover, the fact that this group of women continue to spend time online, despite the potential to experience negative affect through social media use, is significant in and of itself. A key empirical finding from this Chapter is that, for the most part, this group of women are able to cultivate positive relationships to social media.

A significant theoretical contribution from this Chapter is the development of 'digital pruning'- a novel heuristic tool used to describe the process and practice of sifting through social media content, in order to create a healthy and supportive digital environment. In this regard, digital pruning is a gardening metaphor which speaks to the idea that, in order to cultivate a beautiful and healthy garden, one must regularly 'weed out' what doesn't serve this overall project. Importantly, this is a long-term process which requires diligence and consistent upkeep. The language of digital pruning is also regularly observable within wellness spaces on social media, as users encourage their followers to 'delete accounts that don't nourish you'. In this way, digital pruning is a practice,

framed within the language of self-care, which is sanctioned within cultural discourse online

The findings from this Chapter were published as a research article earlier during this project (Hockin-Boyers et al, 2021a). Since then, the concept of digital pruning has already been taken up by other scholars researching gender, safety and new media (Toffoletti et al, 2021). Moving forward, digital pruning will be useful for future research concerned with the relationship between mental health and social media. In this regard, new questions that may emerge from the development of this concept could include: what kinds of skills does one need to 'successfully' engage in digital pruning? Are some people 'better' at digital pruning than others? Can (and should) digital pruning be taught as a skill? If so, by whom, when and in what context?

As contemporary societies grapple with the impact (and potential harms) of social media for our wellbeing, considering how individuals are able to exercise agency in ways that have a protective effect is an important area for future research. In this sense, this new theoretical contribution may be of use to researchers working on media literacy interventions, as well as those advocating for more robust content regulation policies. Furthermore, it could be that different or new digital methodologies could more precisely access the kinds of information needed to push this research agenda forward. Finally, I would be curious to see whether formal engagement with therapy (or other forms of reflective practice) are able to improve an individual's ability to 'successfully' digitally prune. Approximately half of the women in this study had some experience of therapeutic care, and while there were not any observable differences between these women and those who had not accessed support, a study focusing specifically on these factors could be significant.

Additionally, social media platforms could use digital pruning to inform the development of harm-reducing content regulation policies. In this way, rather than encouraging individuals to vigilantly monitor their own social media use, platforms could do more to ensure their digital spaces are of minimal harm to their users.

9.2.3 Health Equations: Weightlifting and the legitimization of eating

A central concern of this thesis was the ways in which women in recovery from EDs navigate pathology when exercising and eating. As I have described in the *Literature Review* and in Chapter 7, *Health Equations: Weightlifting and the legitimization of eating*, women in recovery face a seemingly impossible task. They must overcome their ED and reject approaches to diet and exercise that value weight-loss or thinness. At the same time, they must not inhabit an 'unhealthy' body (which is socially coded as 'fat') and must therefore make 'good' choices regarding food and exercise. In this regard, in order to be considered moral and responsible citizens they must learn to indulge, but not too much. In the *Literature Review*, I use a goldilocks analogy to explain these competing pressures. In this respect, responsible self-management in the current neoliberal climate must not be too relaxed or too severe, it must be 'just right'. While anorexic bodies are considered to be on the severe end of the scale, fat bodies are positioned at the other end of this polarisation, and are deemed lazy, unruly and unintelligent (Murray, 2008; Rice, 2006).

While all women are to some extent subject to these competing cultural values and expectations (Cairns and Johnston, 2015a), the women in this study have experienced these contradictory demands perhaps more acutely than many other populations. By nature of their continuous struggle with pathology, their experience of recovery is inherently a process of trying to integrate these two approaches to food and exercise (discipline and indulgence) and finding a 'healthy' path forward. Moreover, when navigating some of the norms and values sanctioned within wider physical culture (for example, 'going for the burn', or exercising for aesthetic reasons) they are far more vulnerable to being pathologised (by clinicians, among others) than other 'normal' exercisers (Musolino et al, 2020).

In Chapter 7, I interrogate the complexity of this experience, by exploring how women who are weightlifting in recovery from EDs rationalise decisions relating to food and exercise. Here, I detail the specific role weightlifting plays in decision-making processes. In this sense, the subcultural norms and values within the sport provided the women in this study with a blueprint for living a

'healthy' and somewhat flexible lifestyle. Specifically, within the sport of weightlifting, 'gains', both mental and physical are highly valued and eating lots of food is the only way to achieve these dual aims. The legitimisation of eating and occupying a larger body was attractive for participants, particularly as these practices were framed within the logic of health and achievement. In this respect, it is envisaged that this Chapter may act as valuable empirical evidence for ED scholars and practitioners who are interested in the kinds of 'DIY' recovery practices women gravitate towards following an ED, and how the tension explored in this Chapter (between 'health' and indulgence) is subjectively navigated.

There are a number of potentially impactful ways in which the empirical and theoretical contributions of this Chapter could be developed and extended. While the empirical group studied in this research offer useful insights into the ways in which women with a history of EDs take a non-clinical approach to recovery, future research on this topic involving a fully clinical sample would be valuable. Furthermore, given that the central tension in this Chapter is between the pathologising of self-regulatory practices and wider cultural exercise norms, it would be fruitful to compare the exercise behaviours and attitudes of clinically labelled 'dysfunctional' female exercisers and women who engage in regular exercise without this pathological categorisation. This line of enquiry could help answer pertinent questions in this area, such as: Where does pathology start? Where/when does exercise become 'too much'? Or 'not enough'? And what wider factors are there like food/diet which feed into pathologisation? Such research would serve to further expose and interrogate overlaps between what is considered 'normal' and 'pathological' exercise, and the role of sociocultural elements in recovery, that I have highlighted here.

Finally, this research explores how women take up certain exercise practices in an everyday non-clinical context, however further research exploring how exercise is managed (and often prohibited) within the context of in-patient ED treatment, would be valuable. This line of research would be a valuable source of information regarding the kinds of messaging women in recovery receive about

exercise (and their bodies) in these settings. To my knowledge, there is limited research exploring engagement with exercise in this context.

9.2.4 Recovery and transformations of the self

The final findings Chapter in this thesis, Chapter 8, *Recovery and Transformations of the Self*, captures the complex nature of identity formation, following an extended period of illness. In this Chapter, I explore how a necessary part of successful recovery is the development of a new sense of self. In this respect, participants often lamented that they couldn't go 'back' and instead must fashion a new identity in order to move forward in their lives and leave the ED behind. An advantage of exploring this phenomenon online as well as offline, is that I was able to theorise how identity representation differs across these various spaces.

A key empirical contribution from this Chapter, is the use of digital artefacts (in this case, transformation photos) to explore culturally valued representations of recovery on social media. In this respect, transformation photos hold important meaning for women who are weightlifting in recovery from EDs, by providing access to new modes of embodiment, acting as 'mediated memories', and externalising movement towards a new 'empowered' identity. These kinds of representations of identity during ED recovery honour personal growth, self-actualisation and survivorship. Significantly, while many of these qualities were also present in offline representations of recovery identities, there was also a much stronger emphasis on collectivity and mutual care, which was often absent from online depictions of this journey.

In this Chapter, I apply Goffman's (1959) dramaturgical approach in order to make sense of these differing representations of recovery identities. In doing so, I consider how practices that are typically hidden from online identity performance (such as leaning on friends/family for support or reaching out for therapeutic help) come to define women's 'backstage' selves. Importantly, engaging with these practices in the backstage bolsters women's recovery progress, allowing for performances of strength and resilience in the 'front stage' (Instagram). This Chapter makes an important contribution to recovery literature by capturing the multiplicity of representations of recovery that may exist within a singular experience. In this regard, a methodological advantage of

combining longitudinal semi-structured interviews and photo elicitation with netnography is that I was able to capture the life-worlds of participants from multiple angles, which allowed for tensions between differing representations of recovery to emerge.

There are a number of opportunities for future research to draw on and develop the ideas presented in this Chapter. First and foremost, there is much to be gained from using popular representational practices as an anchor, or a jumping off point, for analysis into a given phenomenon. This is particularly useful when seeking to understand culturally validated expressions of identity or experience. In this research, I used transformation photos as a window into the kinds of recovery identities women perform online. Such an approach is effective in ‘meeting participants where they are’. In this sense, rather than using ‘traditional’ methods, to ask populations or group about a particular topic or experience, this research advocates for scholarship which values exploration of how digitally mediated lives are currently being lived. Meme studies is one exciting and innovative area of scholarship which is developing this kind of research practice¹³. Future research might also consider the impact of ‘front stage’ representations of ED recovery (such as transformation photos) on individuals who have not yet begun to recover. In this sense, do such expectations for recovery present as a barrier? Or, conversely, do these visions of recovery make the process appear desirable and somewhat achievable?

Finally, a salient finding from this thesis that I was not able to explore in more depth, is the specific role personal trainers (PTs) played in supporting women through recovery. Future research may take a more targeted approach to understanding the relationship between PTs and clients with EDs. Moreover, it is worth considering whether interventions educating PTs on the specific needs of this population would be useful for ensuring women’s re-entry into exercise is healthy and properly supported.

¹³ The Meme Studies Research Network is a collective of scholars who are working to advance the study of memes and memetic practices online.

9.3 Reflections on the research process

As I reflect on the research process as a whole, I am cognisant that I have encountered numerous forks in the road where I could have followed one path and instead I chose another. In this final section of the thesis, I consider what I have learned from this process and about the nature of this field. I start by contemplating how my chosen research methods 'sit' together and, in particular, whether taking a more ethnographic approach to the interviews might have elicited different kinds of data. Following this, I further unpack the term 'weightlifting', which I have operationalised throughout this thesis to capture multiple different sporting identities and styles of training. In particular, I examine the ways in which amateur weightlifting is not a sport with clear or rigid parameters, and instead 'bleeds out' into different activities and leisure practices. Finally, I end by considering how future research might leverage and take forward some of the new insights and research tools that have made up this thesis.

This research triangulated longitudinal semi-structured interviews, photo elicitation and netnography to understand women's experiences with weightlifting as a tool for ED recovery. Using such a multi-methodological approach resulted in three rich data sets and allowed for a detailed and holistic view of this phenomena, inclusive of both online and offline spaces. However, during the research process, it occurred to me that the longitudinal interviews and photo elicitation sit quite differently alongside the netnography in terms of temporality and place. In this way, while the interviews and photo elicitation were integral to understanding women's histories with EDs and going in-depth into various related topics, they can also be conceptualised as quite static relative to the highly dynamic, fluid and continuous nature of the netnography. I began to consider, then, whether taking a more ethnographic or participatory approach to face-to-face data collection would have resulted in new or different insights.

In particular, it might have been interesting to meet participants for the first time in their gym and speak to them while they put me through a weightlifting session. Importantly, this is an approach that other scholars, who are also themselves relative 'insiders' within this subculture, have used in recent

research. For example, Milor's (2020) work, which explores women's active engagement with and production of 'fitspo' content on Instagram, demonstrates the value in conducting data collection within fitness spaces. She writes, "training together was additionally motivated by my desire to conduct feminist research with the women, rather than on the women, as an attempt to navigate the unequal power relations inherent to social research" (2020, p.63). In this respect, engaging in some form of activity with my participants might have enabled new kinds of conversations about fitness and the role of place (particularly how they navigate the gym environment) to come to the fore. However, while shadowing women in the gym space is likely to generate interesting insights, for this project it was decided to be unsuitable. My primary reasoning was that EDs are a highly sensitive and personal topic of conversation and therefore it might have been more difficult to venture into great depth on this subject if interviews had taken place in such a public and informal environment. Furthermore, in this research I am above all interested in *why* women were engaging in weightlifting practices, rather than what exactly these practices are and what they look like. In this respect, the participants in this study engaged in a range of different weightlifting practices. Yet, the differences between these different styles of training are not examined in any depth in this work. This is because my primary interest is their shared motivation to weightlift, rather than how this motivation manifests in various activities.

Another point of reflection is the usefulness of the term 'weightlifting' to describe the kinds of activities participants engaged with. At multiple stages in this thesis, I point to the fact that the women who took part in this study were all amateur participants in a range of weight training styles, including bodybuilding, strength training, powerlifting, strongwoman, and CrossFit. Participants engaged with one or a mixture of these activities on a weekly basis and often transitioned from one form of weightlifting to another depending on their shifting goals, schedules and interests. 'Weightlifting' was thus operationalised as an all-encompassing term to capture these multiple and changeable activities.

I would like to highlight that the boundaries between many of these amateur activities are leaky and not clearly defined. At the elite or competitive level, powerlifting, for example, might be considered a relatively 'pure' form of the sport. This is because participants are unlikely to engage with physical activity outside of what viewed as explicitly enhancing their performance within powerlifting. In contrast, the women in this study engaged with weightlifting in a much messier and less clearly bounded fashion. For example, many women also went running on the weekends, practiced yoga in their living room or were members of their university hockey team. In this respect, weightlifting was the most useful and practical term to use to describe precisely the phenomenon I researched. However, it is worth rethinking how we conceptualise amateur engagement with physical activity, as it is unlikely to be easily labelled or categorised as one thing. It is my hope that researchers do not shy away from studying populations like the one presented in this thesis due to concerns that there is not enough uniformity with respect to identity or practices. It is my view that, in fact, most people who engage with physical activity in an amateur capacity carry ambiguity and multiplicity within their sporting identities.

The research presented in this thesis has a great deal of empirical, methodological and theoretical value. As has been highlighted earlier in this Chapter, this project will act as a jumping off point for future research interested in body studies, new media, sociology of health and illness, gender, and sport scholarship. In this regard, this research has explored a highly novel and under-researched topic, which has raised new questions and opportunities for future study. Furthermore, the combination of methodological techniques mobilised in this thesis may be taken up by scholars interested in blending online and offline forms of data collection to produce a holistic view of a population's life-worlds. The theoretically eclectic approach taken by this research also offers opportunities for scholars working within aspects of social life that are highly complex and can be viewed through multiple lenses. For this project, using women's standpoint theory and IPA as a consistent and foundational set of epistemological beliefs has been highly beneficial when bringing together multiple theoretical frames. Moreover, not being wedded to a particular theory

or set of ideas, has provided me the space to develop new theoretical contributions, which I have highlighted above.

Finally, I have been emboldened to pursue this research by feminist scholars before me who have advocated that feminists “embrace precisely those emotions which they find the most disturbing and use them as a resource for doing feminist theory” (Davis, 2015, p.17). I feel that it is by delving into these thorny and complicated issues that important knowledge regarding women’s navigation of the social world is made visible, and I encourage future researchers to pursue similarly complex and often contradictory topics.

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APPENDIX 1- PARTICIPANT INFORMATION SHEET

Project title: Gendered embodiment, stability and change: Weightlifting among women in recovery from eating disorders

Researcher(s): Hester Hockin-Boyers

Department: Sociology Department

Contact details: hester.r.hockin-boysers@durham.ac.uk

Supervisor name: Dr Stacey Pope and Dr Kim Jamie

Supervisor contact details: Stacey.pope@durham.ac.uk

Kimberly.jamie@durham.ac.uk and

You are invited to take part in a study that I am conducting as part of my PhD at Durham University.

This study has received ethical approval from the Sociology department ethics committee of Durham University and is being funded by the Economic and Social Research Council (ESRC).

Before you decide whether to agree to take part it is important for you to understand the purpose of the research and what is involved as a participant. Please read the following information carefully and contact me if there is anything that is not clear.

What is the purpose of the study?

The aim of this study is to research the use of strength training as a mode of recovery from eating disorders.

Why have I been invited to take part?

This study is interested in women's experience using strength training in recovery from eating disorders. You have been invited to take part because you may have experience in this area. Please note that you do not have had to be formally diagnosed with an eating disorder to take part in this study. Women who have experienced disordered eating of any kind are welcome to participate.

Do I have to take part?

Your participation is voluntary and you do not have to agree to take part. If you do agree to take part, you can withdraw, without giving a reason, any time before the end of the final interview. Your rights in relation to withdrawing any data that is identifiable to you are explained in the accompanying Privacy Notice.

What will happen to me if I take part?

If you agree to take part in the study, you will be asked to:

- Take part in three (1 hour long) interviews over the course of 8 months. These interviews will be scheduled at four monthly intervals. The date and time of these interviews will be mutually agreed upon, according to your availability. These interviews will take place at a location that is convenient for you (the researcher will travel).
- Photograph between 5-10 images* (of objects, people, places) that you associate with strength training and recovery. These photos will be discussed during the interviews and will not appear in any research outputs (i.e. thesis, publications, blogs) unless you give consent.

*Photos can be taken using a camera or a camera phone. If you do not own a device to take photos, one will be loaned to you for the duration of the study.

Are there any potential risks involved?

Recovery is a personal and potentially sensitive topic. As such, your safety and comfort are our primary concern. If there are any topics you find particularly triggering or distressing, please inform the researcher of these at the start of the interview and they will not be discussed. Please note, you can ask to change topic or stop the interview at any time.

The researcher can provide you with information regarding external sources of support upon request.

Will my data be kept confidential?

All information obtained during the study will be kept confidential and if the data is published it will not be identifiable as yours. Permission will be obtained to use your words and images in any research outputs (e.g. publications, conference papers, research reports). You may choose to opt in or out of having your images

used in research outputs. If you opt out, your images will be used for analysis only and will not appear in any research outputs.

All data (transcripts, images, consent documents) will be stored securely as digital files on the researcher's Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in lockers and shredded after use.

What will happen to the results of the project?

The project thesis is likely to be completed by March 2021. Other research outputs such as publications, conference papers, and research reports may be published before this time. Please discuss with the researcher if you would like to have access to any outputs that result from this research.

Durham University is committed to sharing the results of its world-class research for public benefit. As part of this commitment the University has established an online repository for all Durham University Higher Degree theses which provides access to the full text of freely available theses. The study in which you are invited to participate will be written up as a thesis. On successful submission of the thesis, it will be deposited both in print and online in the University archives, to facilitate its use in future research. The thesis will be published open access.

Who do I contact if I have any questions or concerns about this study?

If you have any further questions or concerns about this study, please speak to the researcher or their supervisor. If you remain unhappy or wish to make a formal complaint, please submit a complaint via the University's Complaints Process.

Thank you for reading this information and considering taking part in this study.

APPENDIX 2- PARTICIPANT CONSENT FORM

Project title: Exploring strength training as a mode of recovery for women with a history of eating disorders

Researcher(s): Hester Hockin-Boyers

Department: Sociology

Contact details: hester.r.hockin-boysers@durham.ac.uk (07949437999)

Supervisor name: Dr Stacey Pope and Dr Kim Jamie

Supervisor contact details:

Kimberly.jamie@durham.ac.uk and Stacey.pope@durham.ac.uk

This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the information sheet and the privacy notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who will have access to personal data, how the data will be stored and what will happen to the data at the end of the project.	
I consent to being audio recorded for the purposes of transcription.	
I understand that I may be anonymously quoted in publications, reports, and other research outputs.	
I agree to take part in the above project.	
I consent to specified photos being used in publications, reports, and other research outputs.	

I understand that my participation is voluntary and that I am free to withdraw without giving a reason any time before the end of the final interview.	
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Participant's Signature _____ Date _____ (NAME IN BLOCK LETTERS) _____

APPENDIX 3- STANDARDISED RECRUITMENT MESSAGE (SOCIAL MEDIA)

Hi ____, my name is Hester and I am a PhD researcher at Durham University. I am currently recruiting participants for a study on the use of weightlifting as a mode of recovery from eating disorders. I recently came across your profile on ____ and wondered whether you would be interested in taking part?

Those who take part will be asked to participate in three interviews over the course of a year (spaced at four monthly intervals), as well as take photos of people/places/objects they associate with recovery. Interviews will be arranged to take place at a time and location that is convenient for you (I will travel).

If are interested in getting involved or would like more information on the study, please reply to this message or email me at hester.r.hockin-boyers@durham.ac.uk. Alternatively, if you would like to talk over the phone my number is 07949437999.

I hope to hear from you soon.

Hester Hockin-Boyers

APPENDIX 4- RESEARCH FLYER

Tell us about your experiences of weightlifting in recovery from an eating disorder

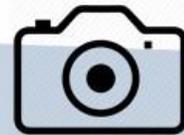


If you're a woman (18 or over) who is weightlifting, bodybuilding or strength training and in recovery from an eating disorder, we want to hear from you!



We would like to follow your fitness journey by speaking with you 3 times over the course of 8 months

You will be asked to take photos of people/objects/places you associate with recovery



Lead researcher, Hester, will arrange to chat with you at a time and place that is convenient for you- no travel necessary to take part



For more information contact Hester at:
Hester.r.hockin-boyers@durham.ac.uk



APPENDIX 5- ETHICAL APPROVAL

RESEARCH ETHICS AND RISK ASSESSMENT FORM

SECTION A: INTRODUCTORY INFORMATION

A.1. Name of researcher(s):	Hester Hockin-Boyers
A.2. Email Address(es) of researcher(s):	Hester.r.hockin-boysers@durham.ac.uk
A.3. Project Title:	Gendered embodiment, stability and change: Exploring strength training as a mode of recovery for women with a history of eating disorders
A.4. Project Funder (where appropriate):	ESRC
A.5. When do you intend to start data collection?	October 2018
A.6. When will the project finish?	March 2021
A.7. For students only: Student ID: Degree, year and module: Supervisor:	000718465 PhD Sociology/Sport Dr Stacey Pope and Dr Kim Jamie
A.8. Brief summary of the research questions:	
Research Focus: Women who use strength training as a mode of 'recovery' from eating disorders	
Questions:	
<ol style="list-style-type: none"> 1. How is recovery conceptualised in relation to their engagement with strength training? 2. How do these women experience their bodies since engaging with strength training? 3. Which multiple discourses do these women navigate in this process? 	

A.9. What data collection method/s are you intending you use, and why?

In terms of methods, I intend to use:

Longitudinal semi-structured interviews (three over the course of a year with each participant)

I intend to use face-to-face semi-structured interviews in order to gain a deep understanding of strength training as a mode of recovery from the participant's perspective. This method will draw out personal narratives regarding the participant's entry into (and continued engagement with) the sport, as well as individualised conceptions of recovery. I have chosen to stagger these interviews longitudinally over the course of a year (three at four monthly intervals) in order to capture gendered embodiment and body image in a state of flux. Research shows that recovery is often a messy and non-linear process, and as such I believe it is appropriate to engage with participants on at multiple temporal stages. A year allows for a longitudinal perspective on this multifaceted phenomenon and fits within the time constraints imposed by a PhD program of work.

Photo elicitation

Online and on social media, women in weightlifting subcultures frequently use visual methods of communication (the sharing of photos, videos etc.) to narrate their personal journey with recovery. As participants may already be accustomed to communicating their recovery through this medium, photo elicitation is viewed to be an appropriate form of data collection for this study. This method will be deployed as a means to explore the visual and aesthetic component of strength training as a mode of recovery, as well creating a sense of shared understanding between researcher and participant. Participants will be asked to take up to 10 photographs of objects/people/places they associated with recovery to bring to each interview stage. Participants will be briefed on what they can and cannot take photos of (i.e. no photos of other people without their permission). Photos can be taken using a camera or a camera phone. If participants do not own a device to take photos, one will be loaned out for the duration of the study.

Netnography

Netnography (online ethnography) has been selected to interrogate the online aspects of this phenomenon. Much of the female strength training subculture exists (and is most visible) in online fitness communities. These spaces facilitate a sense of community, support, and knowledge exchange for women involved in this sport. Due to the primacy of online spaces in relation to this phenomenon, netnography has been selected as a method of exploring the online subculture.

Alias accounts on Facebook and Instagram have been created for the purposes of the Netnography. These alias accounts include my full name, contact details and some information on the project (research information sheets will be made available upon request). The online spaces this research will engage with will be Facebook groups for women’s strength training. Group moderators will be contacted via the alias account and permission to observe these communities will be obtained. The researcher will also interact with these communities by posting questions or comments to stimulate discussion.

SECTION B: ETHICS CHECKLIST

While all subsequent sections of this form should be completed for all studies, this checklist is designed to identify those areas where more detailed information should be given. Please note: It is better to identify an area where ethical or safety issues may arise and then explain how these will be dealt with, than to ignore potential risks to participants and/or the researchers.

	Yes	No
a). Does the study involve participants who are <i>potentially vulnerable</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b). Will it be necessary for participants to take part in the study without their knowledge/consent (e.g. covert observation of people in non-public places)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c). Could the study cause harm, discomfort, stress, anxiety or any other negative consequence beyond the risks encountered in normal life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

d) Does the research address a <i>potentially sensitive topic</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e). Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f). Are steps being taken to protect anonymity and confidentiality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g). Are there potential risks to the researchers' health, safety and wellbeing in conducting this research beyond those experienced in the researchers' everyday life?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION C: METHODS AND DATA COLLECTION

<p>C.1. Who will be your research participants?</p> <p>A sample of 15 women will be recruited on the basis that they have all of the following characteristics:</p> <ul style="list-style-type: none"> • A history of eating disorders • Engagement with a strength training regimen for a minimum of 8 months • Aged 16 and over • Living in the UK
<p>C.2. How will you recruit your participants and how will they be selected or sampled?</p> <p>Participants will be recruited through online (social media) and offline channels. In terms of online recruitment, alias accounts have been created on Instagram and Facebook for the purposes of recruitment and dissemination. These alias accounts include my full name, contact details and some information on the project (research information sheets will be made available upon request). Recruitment on social media will involve searching relevant hashtags (for example 'edrecovery', 'edwarrior', 'girlswholift' etc.) in order to identify potential participants. Accounts who appear fit the sample criteria outlined above will be directly messaged over social media with a standardised introduction script (see supporting document).</p>

In addition to targeted recruitment, general calls for participants will be posted to Facebook, Instagram, and Twitter via both my personal and alias accounts. Facebook has a number of groups for women who lift. These sites are easily accessible and host large communities of women who engage in various forms of amateur strength training. Some of the most active and popular groups are “women who lift weights”, “girls who lift” and “women’s strength coalition”. I will post on these groups to publicise my research and recruit potential participants. In addition to this, industry professionals (such as @gracefituk @uhnonee @womensstrengthcoalition @thefoodmedic) with large ‘followings’ of the target demographic will be contacted and asked to share my call for participants on their social media accounts. This is likely to be a viable and productive method of recruitment, as I have already made contact with some key players in this network (I recently wrote a blog post for The Food Medic- see appendix) who have shown interest in the research.

In addition to online avenues for recruitment, weightlifting and strength training gyms in the North East will be targeted in the recruitment process. This will potentially attract participants who are more locally situated, which is a desirable outcome from a practical point of view.

C.3. How will you explain the research to the participants and gain their consent? (If consent will not be obtained, please explain why.)

Interviews and photo elicitation

For participants contacted online, a brief written description of my project will be provided at the initial point of contact, including my contact details (see supporting documentation). At this stage potential participants will also be offered an information sheet with a more detailed description of the project aims and time demands. In addition to these formal resources, the alias created on Instagram also functions as a mini research blog. As such, participants will be able to scroll through this account and get a sense of the research.

For participants who are recruited through weightlifting gyms, posters will be put up with some basic information about the project as well as contact the researcher’s contact details. Links to the project’s social media accounts will be

made visible on the poster, which will offer further information on the research. Participants who get in contact via this channel will be offered a project information sheet.

This research engages with participants longitudinally which, due to the changeable and non-linear nature of recovery, may present challenges for participants. Therefore, I intend to use a technique called “ongoing consensual decision-making”, whereby emergent challenges are discussed openly and consent is obtained at every interview stage.

Netnography

Due to the relative newness of online research methods, feminist ethics surrounding engagement with women in digital spaces are continually being developed and refined. In particular, debate continues regarding the status of those who publicly post comments on online forums and social media. While some researchers position these individuals as ‘participants’ (therefore consent is required), others view those who publish public comments to be authors (therefore consent is not necessarily required). When making these distinctions, attention must be paid to the sensitivity of the topic of discussion and the potential vulnerability of those participating in online discourse. Moreover, while individuals may know their posts are published publicly, it is the responsibility of the researcher to ensure privacy is respected, particularly when the subject matter is of a sensitive or personal nature. As the online communities this research will engage with are that of women who strength train (not specifically related to eating disorders or recovery), permission to observe these groups will be sought from group/forum moderators but not from individual members. The identities of members of these groups will remain anonymous and in any interaction with these communities via the alias account (e.g. posting questions or comments to stimulate discussion), the intentions and purposes of such posts will be made explicit and members will be signposted to my alias account where detailed information on the research will be made available.

C.4. What procedures are in place to ensure the anonymity and confidentiality of your participants and their responses?

- All participants will be given pseudonyms and any identifying information evident in the interview transcripts will be removed.
- In terms of images that are produced in the photo elicitation process, participants will be asked to sign all photos that they consent to being used in research outputs (i.e. publications, thesis, blog posts, dissemination). Images that are not signed will be used for analysis only.
- All data (transcripts, images, consent documents) will be stored securely as digital files on the researcher's Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in lockers and shredded after use.

C.5. Are there any circumstances in which there would be a limit or exclusion to the anonymity/confidentiality offered to participants? If so, please explain further.

Images produced through photo elicitation may reveal a participant's identity (e.g. selfies) and each participant will be asked for their consent to use these images in research outputs (thesis, publications, blog posts etc.). If a participant declines, these images will be used for the purposes of analysis only and the participant's identity will be protected.

With regards to the interviews and netnography, all participants will be given anonymity and identifiable features will be removed from transcripts and research documents. There are no foreseeable circumstances in which there would be reason for me to break confidentiality.

C.6. You must attach a **participant information sheet or summary explanation** that will be given to potential participants in your research.

Within this, have you explained (in a way that is accessible to the participants):	Yes	No
a). What the research is about?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b). Why the participants have been chosen to take part and what they will be asked to do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c). Any potential benefits and/or risks involved in their participation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) What levels of anonymity and confidentiality will apply to the information that they share, and if there are any exceptions to these?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e). What the data will be used for?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f). How the data will be stored securely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g). How they can withdraw from the project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h). Who the researchers are, and how they can be contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION D: POTENTIAL RISKS TO PARTICIPANTS

You should think carefully about the risks that participating in your research poses to participants. Be aware that some subjects can be sensitive for participants even if they are not dealing explicitly with a ‘sensitive’ topic. Please complete this section as fully as possible and continue on additional pages if necessary.

What risks to participants may arise from participating in your research?	How likely is it that these risks will actually happen?	How much harm would be caused if this risk did occur?	What measures are you putting in place to ensure this does not happen (or that if it does, the impact on participants is reduced)?
1. Distress or anxiety caused by the sensitive and potentially triggering nature of some of the topics covered in the interview (e.g. experience of disordered eating).	It is highly likely that eating disorders (and related topics e.g. excessive exercise) will be mentioned due to the nature of the research question. However, it is worth noting that the interview is not explicitly about participants’ experience of eating disorders, but rather, is interested in the recovery process	The degree of harm caused may vary considerably depending on the participant. However, if the participant experiences any distress mitigating action will be taken. This may involve changing topic or stopping the interview, depending on the severity of the situation.	Before each interview I will ask participants if there are any topics they would like to avoid discussing. I will also make clear that participants can stop the interview at any time or ask to change topic. In addition to this, resources such as eating disorder specific helplines and information on how to get

	(see interview guidance). Therefore, the interview is unlikely to cause harm.		support will be made available in paper form and electronically to all participants upon request.
2. Loss of anonymity and privacy as a result of photo elicitation	There is a potential that participants who explicitly consent to have their photo elicitation images used for outputs (publications, impact activities etc.) will lose their anonymity.	As the participants will be made fully aware of what is at risk to their anonymity, it is unlikely that there will be severe harm caused. Any harm that is caused will be as a result of the unexpected consequences of loss of privacy.	Participants will be asked to sign all photos they consent to be used in research outputs. If participants decide they do not want their images shared, these images will be used only for analysis.

SECTION E: POTENTIAL RISKS TO RESEARCHERS

You should think carefully about any hazards or risks to you as a researcher that will be present because of you conducting this research. Please complete this section as fully as possible and continue on additional pages if necessary. Please include an assessment of any health conditions, injuries, allergies or intolerances that may present a risk to you taking part in the proposed research activities (including any related medication used to control these), or any reasonable adjustments that may be required where a disability might otherwise prevent you from participating fully within the research.

1. Where will the research be conducted/what will be the research site?

Interviews and photo elicitation will be conducted at various locations across the UK. The Netnography will be conducted from the PGR office in Durham.

What hazards or risks to you as a researcher may arise from conducting this research?	How likely is it that these risks will actually happen?	How much harm would be caused if this risk did happen?	What measures are being put in place to ensure this does not happen (or that if it does, the impact on researchers is reduced)?
1. Due to the sensitive nature of the research topic, there are some emotional risks to the researcher.	The emotional risks are unlikely to be significant, due to the researcher having been immersed in this topic for a year with minimal repercussions on emotional wellbeing.	Minimal harm due to the support network established both professionally (supervisors and PGR	Any issues that arise relating to emotional safety will be discussed with the researcher's supervisory team.

		community) and personally.	
2. Risks associated with interviewing participants in their homes or other private locations.	It is unlikely that the researcher will be put at risk by meeting participants in private locations, however there is always a degree of risk associated with meeting a stranger for the first time.	Harm could be done, however precautions will be put in place to ensure the researcher can be located if something were to occur.	The researcher will have a fully charged mobile phone on her persons at all times. An interview schedule including names and locations will be left in a sealed envelope with supervisors and a close family member in the event that the researcher needs to be located.

SECTION F: OTHER APPROVALS

	Yes, document attached	Yes, documents to follow	No
a). Does the research require ethical approval from the NHS or a Social Services Authority? If so, please attach a copy of the draft form that you intend to submit, together with any accompanying documentation.	<input type="checkbox"/>		<input checked="" type="checkbox"/>
b). Might the proposed research meet the definition of a <i>clinical trial</i> ? (If yes, a copy of this form must be sent to the University's Insurance Officer, Tel. 0191 334 9266, for approval, and evidence of approval must be attached before the project can start).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c). Does the research involve working data, staff or offenders connected with the National Offender Management Service? If so, please see the guidance at https://www.gov.uk/government/organisations/national-offender-management-service/about/research and submit a copy of your proposed application to the NOMS Integrated Application System with your form.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d). Does the project involve activities that may take place within Colleges of Durham University, including recruitment of participants via associated networks (e.g. social media)? (If so, approval from the Head of the College/s concerned will be required after departmental approval has been granted – see guidance notes for further details)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

e). Will you be required to undertake a Disclosure and Barring Service (criminal records) check to undertake the research?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) I confirm that travel approval has or will be sought via the online approval system at http://apps.dur.ac.uk/travel.forms for all trips during this research which meet the following criteria: For Students travelling away from the University, this applies where travel is not to their home and involves an overnight stay. For Staff travelling away from the University, this applies only when travelling to an overseas destination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION G: SUBMISSION CHECKLIST AND SIGNATURES

When submitting your ethics application, you should also submit supporting documentation as follows:

Supporting Documents	Included (tick)
Fully Completed Research Ethics and Risk Assessment Form	✓
Interview Guide (if using interviews)	✓
Focus Group Topic Guide (if using focus groups)	
Questionnaire (if using questionnaires)	
Participant Information Sheet or Equivalent	✓

Consent Form (if appropriate)	✓
<p><i>For students only:</i></p> <p>Written/email confirmation from all agencies involved that they agree to participate, also stating whether they require a DBS check. If confirmation is not yet available, please attach a copy of the letter that you propose to send to request this; proof of organisational consent must be forwarded to your Programme Secretary before any data is collected.</p>	

Please indicate the reason if any documents cannot be included at this stage:

(Please note that any ethics applications submitted without sufficient supporting documentation will not be able to be assessed.)

Signatures

Researcher's Signature: *Hester Boyers*

Date: 26/08/18

Supervisor's Signature (PGR students only):

Date:

Please keep a copy of your approved ethics application for your records.

If you decide to change your research significantly after receiving ethics approval, you must submit a revised ethics form along with updated supporting documentation before you can implement these changes.

PART F: OUTCOME OF THE APPLICATION

<p><u>Reject</u></p> <p>The application is incomplete and/or cannot be assessed in its current format. Please complete the application fully.</p>	
<p><u>Revise and Resubmit</u></p> <p>The application cannot be approved in its current format. Please revise the application as per the comments below. Please complete the application fully.</p>	
<p><u>Approved, with Set Date for Review</u></p> <p>The application is approved and you may begin data collection.</p> <p>A date for further review of the project as it develops has been set to take place on: _____</p> <p>The anticipated nominated reviewer will be: _____</p>	
<p><u>Approved</u></p> <p>The application is approved and you may begin data collection.</p>	

Comments:

I approve this Ethics and Risk Assessment application and I have no conflict of interest to declare.

First Reviewer's Signature: 

First Reviewer's Name: Kimberly Jamie

First Reviewer's Role: PhD Supervisor

Date: 21st August 2018

APPENDIX 6- INTERVIEW GUIDE

*As interviews are semi-structured, the below questions are a starting point rather than a definitive list.

Photo Elicitation

- How did you find this exercise?
- Are you happy with your photos?
- Could you talk me through the photos you've taken?
- Why did you choose this object/person/place/angle?

Weightlifting

- How long have you been weightlifting?
- How did you get into weightlifting?
- Can you tell me a bit about your current exercise regime?
- How do you identify in terms of your training (i.e. bodybuilding, powerlifting, resistance training, weight lifting)?
- What motivates you to lift?
- What do you perceive to be the benefits of weightlifting?
- Do you think there are any harms?
- How do others (friends, family etc.) perceive your engagement with weightlifting?
- How do you feel when you're training?
- Do you think there's anything different or specific about weightlifting as a woman?
- Do you think about how other people view your body?
- Has strength training influenced your body image?
- Do you have a specific "body/look" that you want to achieve through your training?

Eating disorders & recovery

- Can you tell me about your history of eating disorder(s)?

- What does recovery mean to you?
- Would you categorise yourself to be:
 - Recovered
 - Approx. how long have you been recovered?
 - In recovery
 - Approx. how long have you been in recovery?
 - Still suffering
 - Approx. how long have you been suffering?

Food & Nutrition

- Do you follow any specific diet? (e.g. IIFYM, vegan, 5:2 etc.)
- Has strength training had an impact on your attitude to food?

Health Discourses

- What does it mean to you to live a healthy life?
- Do you think people have a responsibility to be healthy?
- Where do you look for health information and advice? (e.g. friends and family, GP, social media, gym instructor)

Online Fitness Communities

- Do you go online for information or support with your recovery? If YES:
 - How do these online spaces impact on your recovery?
 - Which platforms do you use (i.e. Facebook, blogs, forums, Instagram)?
 - What kinds of content do you look at/what kinds of accounts do you follow?

APPENDIX 7- PARTICIPANT TABLE

Pseudonym	Interview location	Age	Type of weightlifting	In recovery from
Alice	Plymouth	18	strength training	anorexia/EDNOS
Ava	Loughborough	30	powerlifting/strength training	anorexia/bulimia
Charis	Wolverhampton	20	powerlifting/bodybuilding	anorexia
Ella	Newcastle	24	powerlifting	bulimia
Erica	Leeds	31	CrossFit/strength training	anorexia
Eve	Durham	20	strength training	anorexia
Georgie	Durham	20	strength training	anorexia
Harriet	Durham	19	strength training	bulimia
Helena	Glasgow	36	strength training	binge eating disorder
Jess	London	22	bodybuilding	anorexia
Laura	Nottingham	23	powerlifting	anorexia/binge eating disorder
Lily	Newcastle	22	powerlifting/CrossFit	anorexia
Lizzie	Newcastle	32	strength training	anorexia/bulimia
Maddy	Durham	21	powerlifting	EDNOS
Nisha	London	37	powerlifting/strength training	anorexia/bulimia/binge eating disorder
Polly	London	17	strength training	anorexia
Ruby	London	24	bodybuilding/strength training	binge eating disorder
Sarah	Cardiff	18	strength training	anorexia
Sonia	Newcastle	26	strongwoman	anorexia