

Visceral Temporality

(Not) Eating, Embodiment and Disordered Time



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Statement

I declare that this dissertation is my own unaided work and that its length is no less than eight thousand words and does not exceed ten thousand words (total word count is 9982). In producing this dissertation, I received one hour of individual supervision from Dr Michael Bravo and two hours of individual supervision from Dr Phil Howell.

The title of this project has slightly changed from: 'Feeling the eating disordered (topological) body: the emotional geographies of social spaces of (dis)comfort', since the submission of my provisional title. This title was largely changed to better reflect the content of my work, with its refined focus on temporality, as was discussed with my supervisor.

Acknowledgments

Eating disorders are often painful and shameful for those who suffer with them, and therefore, my first thank you must be to my participants. I'm grateful to you all for your honesty and kindness in participating. I hope in some small way this dissertation does justice to your stories.

Thank you to all my lecturers and supervisors in the Geography Department for your constant inspiration over the last three years. My love for the discipline has only grown, and I feel so fortunate to have been part of such a dedicated, caring department. Thank you especially to my Director of Studies for their guidance, words of reassurance and critical insights. A further thank you, alongside my tutor, for your understanding with my mental health, particularly in first year – I would not have found Cambridge so welcoming and supportive without you both. To all my friends, for bringing so much joy and light to my life. I feel eternally blessed to have met you all.

Asher: thank you for more than you will ever know.

And finally, thank you to my family for always being in my corner, especially my sister and mum without whom none of this would be possible.

Cover photo source: Harvard Health Publishing Staff. (2021) Intermittent fasting: The positive news continues. [image online] Available at: <https://www.health.harvard.edu/blog/intermittent-fasting-surprising-update-2018062914156> [Accessed 18 April 2022]

Content note

This dissertation includes detailed discussion of eating disorders, including the 'methods' by which one enacts and maintains their eating disorder. There is also brief mention of anxiety, depression and self-harm.

This content note has been included to epistemologically acknowledge that individuals reading this may still feel the affects of their eating disorders and could potentially find this dissertation triggering.

Abstract

Listening to the stories of nine individuals with (histories of) eating disorders, this dissertation unites the theoretical frameworks of queer phenomenology and visceral and affective geographies to explore the temporal intimacies, practices, and embodiments of living with, and through, an eating disorder (Lavis, 2016). Orientating myself towards 'mad' scholarship and feminist epistemologies that question claims to objectivity and warn against co-optation of narratives, I seek to empower my participants and their lived knowledge. As such, the complementary methods of photo elicitation and semi-structured interviews were employed for their emancipatory potential and to elicit rich narratives. I move beyond biomedical psychiatric and Foucauldian feminist interpretations of eating disorders that consider the body to be passive, exploring the visceral and affective complexities and liveliness of eating disordered bodies (Hayes-Conroy & Hayes-Conroy, 2020). My focus on temporality supplements existing research on eating disorders which largely attend to materiality and relationality (Warin, 2010; Gooldin, 2008; Eli & Lavis, 2021; Lavis, 2013, 2017). While I do not neglect the material and relational intensities of eating disorders, my dissertation argues these are co-constituted, mediated, enlivened, and dulled by temporality: both in the way temporality is experientially registered but also actively mobilised and performed as a coping strategy for those with eating disorders. Crucially then, this dissertation finds time is not a deadened 'just happening' but holds visceral potential as those with eating disorders feel their subversion of normative time and social rhythms. Consequently, for individuals with eating disorders, temporality is affectively textured through habits, more/less-than atmospheres of anticipation or (dis)comfort, and the entanglement of the future presenced and living present (Anderson, 2010). This dissertation reveals the need for geography, especially health geographies, to dedicate time to time. Scholarship must conceptually attend to temporality beyond linear teleology, instead acknowledging its embodied, situated, and relational capacities. The effectivity of an interdisciplinary approach alongside 'mad', feminist epistemological and methodological orientations for future studies of temporality and mental health is further underscored.

Key word(s): eating disorders, temporality, visceral geographies, affective atmospheres, mad scholarship, orientations

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1. Introduction and Literature Review

1.1 Me and My Study

“I’m tired. I want it all to stop but I can’t... I’m so anxious for my exams but after... it’s not suddenly all going to be better. I just want to be fine.”

This is an extract from my ‘worry diary’ dated 3rd March 2019. I was diagnosed with an eating disorder in February 2019. I had anxiety, was not eating for days and then purging. What followed was an intensive period of therapy and dietician appointments. I was fortunate it improved, nevertheless, three years on, I continue to unexpectedly *feel* my eating disorder.

I have included this brief vignette to ‘recover’ my own story, re-claiming it as a site of legitimate knowledge (Costa et al., 2012). In line with mad scholarship and feminist geographies, this dissertation subverts the perceived pre-eminence of objectivity and distance, enacting intimate research into the disordered worlds of my participants (Warin, 2010; Gooldin, 2008). My ‘worry diary’ shows the complexities of temporality for individuals with eating disorders: the overwhelming exhaustion, the contradiction of not knowing how one can continue with their eating disorder but also feeling unable to stop, and dread surrounding the future. The overall aim of my dissertation is to explore how these multiple temporalities are viscerally and affectively experienced for my nine participants.

Despite the growth in geographies of food, the body and fatness (Colls, 2006; Gunthum & DuPuis, 2006; Evans, 2010), there continues to be a neglect of critical geographies of body size for the thin (Hopkins, 2008: 2111). Following Hopkins (2008), Longhurst (2012: 872, emphasis added) calls for further research into the experiences of slimming bodies to “understand more about the shifting and *temporal nature of embodiment*”.

To date, there has been little engagement with the temporal intimacies of eating disorders beyond cognitive delays (Grau et al., 2019). When time is addressed, this is subservient to other aspects of ‘being anorexic’ and reference to it is descriptive, not experiential (Gooldin, 2008). My focus on time is not to hierarchise these other aspects, but to suggest temporality

mediates and enlivens the co-constituted relationality and materiality of an eating disorder. This dissertation's focus is thus not on my participants' bodily compositions and their experience of a *sized* body, rather I attend to what it means to live in an *eating disordered body* (Murray, 2005). I use eating disordered body to refer to my participants' "embodied being-in-the-world effected through eating disorder practices, upon its subjective and intersubjective visceral, sensory, perceptual, felt, and cognized aspects." (Eli, 2018: 477).

My dissertation uses the theoretical approaches of (feminist) visceral and affective geographies as well as queer phenomenology to offer a pathway to explore the temporality of "anorexia from within" (Gooldin, 2008: 278). This interdisciplinary approach advances dialogue between (sub)disciplines that offer insights into critical geographies of body size (Hopkins, 2008: 2123). This analysis is structured by the following questions:

RQ1: How is an eating disorder (un)habitually figured in the background?

RQ2: How are eating and food temporally 'more-than' for eating disordered bodies?

RQ3: What is the relationship between the present and future for the eating disordered body?

1.2 Temporality and Eating Disorders

1.2.1 What is an eating disorder? What is a body?

Biomedical psychiatry characterises eating disorders through diagnostic conditions – dysmorphia and weight loss - which mark out individual bodies as disordered (Butler & Parr, 1999). Eating disorder bodies are positioned as empty vessels upon which a pathologized sense of self is enacted (Lester, 1997). Despite criticism of medicalised frameworks, Foucauldian feminists share strands of analysis with clinical readings of eating disorders (Eli & Lavis, 2021). Geographies of dieting overfocus on the discursive, considering the body to be a text that uncritically adopts patriarchal narratives of thin femininity (Warin, 2010; 10).

I by no means want to suggest that culture and structures of power do not matter for eating disorders, rather I question the linear causality implied by these framings. Eating disorder

bodies are constructed as unagential and reactive, assuming a “teleology that dualistically privileges body over voice” (Lavis, 2018: 455). Anthropology and critical feminist works (Lavis, 2013, 2015; Eli, 2018; Warin, 2010; Gooldin, 2008) have challenged this elision of embodiment and identity, shifting the focus from “what a body ‘means’, to what a body can *do*” (Ferraday, 2012: 140). This re-embodiment of eating disorder research has considered the body as multi-scalar: “a lived site conceptualised as spatially...situated...and co-constituted with other bodies, practices and emotions” (Clancy, 2021: 304). While geographers have demonstrated that ‘disordered’ bodies are especially relational and shifting due to the emotionally fraught permeability of their bodily exteriors and interiors, there is little research in the discipline extending these conceptualisations to eating disorders (Davidson, 2003; Parr, 1999).

1.2.2 Geographies of Health and Time

Health geographies have begun to adopt a posthumanism lens (Andrews, 2019), ranging from work on therapeutic landscapes (Duff, 2016; Smith, 2022) to new materialisms (Doel & Sergott, 2004; Eli & Lavis, 2021) to more-than-representational theory (Andrews, 2020). Yet, affective and visceral geographies continue to be under-utilised in this scholarship (Lupton, 2017), especially regarding what Philo (2017) calls the less-than-human. The less-than-human alerts us to “what subtracts from the human in the picture... physically and psychologically” (Philo, 2017: 5). This dissertation’s exploration of the “everyday complexities of being, doing and feeling anorexic” thus attends to that which more-than-representationally “diminishes, stunts... and excludes” (Lavis, 2013: 48; Andrews, 2021: 1000).

Less-than-human geographies facilitate an awareness of how bodies can suffer from temporality, yet these temporalities are always contingent and hold potential (Moskalewicz & Schwartz, 2020). Temporality here refers to one’s existence within and/or relationship with time, which is textured by rhythms, events and (experiential) speeds (Ho, 2021; Andrews, 2021). Temporality is not often “the subject of dedicated conceptual attention” in health geographies, therefore, there is still room in the discipline to (more/less-than-representationally) focus “on time a little more” (Andrews, 2021: 1, 8).

1.3 Visceral and Affective Geographies

1.3.1 Orientations and Affective Practices

Atmospheres are a kind of unsettled “affective excess through which intensive space-times are created and come to envelop specific bodies” (Anderson, 2014: 160). Atmospheres capture the visceral “right here, right now’ feeling of the body” (Duff, 2016: 63). These affects are not “ephemeral” and “floating” but are co-constituted in, through and alongside subjectivities, bodies, and more-than-human materialities (Bille & Simonsen, 2021: 304).

In this sense, people *do* atmospheres, with Bille & Simonsen (2021: 305) demanding that scholarship acknowledges this “performative dimension of the emotional/affective field.” Ahmed’s (2006) queer phenomenology is important here in underscoring that bodies are “practitioners of emotions” through the “role of repeated and habitual actions in shaping bodies and worlds” (Bille & Simonsen, 2021: 300; Ahmed, 2006: 2).

Repeated and habitual actions, the distinctive taking up of time and space, are orientation devices that direct bodies towards certain objects, embodiments and affects (Ahmed, 2006). Direction implies a temporality to orientations as these spatio-temporally “take us somewhere”, moulding “the contours of space by affecting relations of proximity and distance” (Ahmed, 2006: 16, 3). These proximities and distances construct the background of our worlds: orientations which are close and familiar become unrecognisable (Husserl, 1969).

Queer phenomenology remedies some of the criticisms of humanistic phenomenology (McCormack, 2016; Kinkaid, 2021), highlighting that certain bodies are *disorientated* in their inhabitation of spaces (Ahmed, 2006). Disorientations create the feeling of being out of sync with others as one experiences being *and* having their body. Disorientated feelings – shame, anxiety, frustration - are not generated unidirectionally from atmospheres but are “behavioural possibilities...disclosed within the atmosphere itself” (Brown et al., 2019: 13).

Habits then do not seamlessly construct the everyday but are affective, temporal practices which can “habitually ‘unmake’ the assumed structure of daily life” (Boyle, 2019a: 34). Health geographies rarely engage with habits, let alone practices that are unhabitual and

disorientating (Boyle, 2019b: 84). My dissertation explores this gap, considering the importance of habits to the embodied worlds and affective rhythms of my participants **(RQ1)**.

1.3.2 Re-materialising Relationality

Recent scholarship has focused on the importance of materiality for the worlds of eating disordered bodies (Eli & Lavis, 2021; Warin, 2010). These materialities are ‘more-than’, with Goodman (2016: 258, 259) conceptualising food as “multitudinous, shifting and contingent”, situated in an array of relationalities. Visceral geographies have been at the forefront of these insights, attending to the “sensations, moods, and ways of being that emerge from our sensory engagement with material and discursive environments” (Longhurst et al., 2009: 334).

Visceral geographies emphasise the lively capacity of matter, holding together recognitions of agency while acknowledging this as unsettled (Lavis & Abbots, 2020: 342). This affective re-materialisation of matter, including bodies, disrupts long-standing binaries of the mind and body (Hayes-Conroy & Hayes-Conroy, 2010). Embodiment is thus fluid and shifting, affective and material (Wehrle, 2020). This re-materialisation has illuminated the “deep relationality” of eating disorders as interactions between bodies and materialities are understood as co-constitutive in their affective becoming (Eli & Lavis, 2021; Bazinet & Van Vilet, 2020).

While visceral scholarship on eating and food as ‘more-than’ materially and relationally has begun to flourish (Hayes-Conroy & Hayes-Conroy, 2020; Lavis, 2018), my dissertation turns to the little attended to ‘more-than’ *temporality* of eating disorders **(RQ2)**.

1.3.3 Futures

Scholarship on mental health suggests that for suffering individuals’ futures are lived as unimaginable, disappearing and repressive (Moskalewicz & Schwartz, 2020; Aho, 2018). However, the future is never comprehensible as a singular phenomenon but always has the capacity for a “multiform presence” (Anderson, 2010: 779). Therefore, inquiries would be more fruitful in attending to the affective “relation between the ‘presence of the future’ and the dynamics of a ‘living present’” (Anderson, 2010: 793).

The future is a taken-for-granted category in geography, risking the repeat of a “series of assumptions about linear temporality” (Anderson, 2010: 778). The future is a univocal ontological and epistemological status that may never happen (Massumi, 2007). This inherent set of (im)possibilities *presences* the future (Adam & Grooves, 2007); the future is constantly “experienced...imagined, performed...planned...and sensed” (Anderson, 2010: 783). However, this presencing is paradoxical as it requires moving between ontological modes of the ‘here-and-now’ and ‘there-and-then’ (Massumi, 2010). This in-between character of future presence is grounded through “epistemic objects, affects or materialities”, although these “present while remaining absent” as the future they hold may not occur (Anderson, 2010: 793). The presence of the future is used to legitimate and shape orientations, often only intensifying the lived present (Anderson, 2010).

More-than-representational geographies have begun to explore this prehension of the future (Andrews, 2021: 7). However, affective atmospheres and viscosity should be further engaged with to consider how futures are embodied, anticipated, and erased. While Anderson (2010) looks at geopolitical ‘crises’ to understand the presence of the future, my dissertation explores the more intimate scale of the eating disordered body to respond to Anderson’s (2010: 778) questioning of “how is ‘the future’ being related to?” and “how are futures known and rendered actionable?” **(RQ3)**.

2. Feminist Visceral Methodologies on the ‘Mad’

2.1 Researching Close to my Heart

2.1.1 ‘Mad’ Scholarship on Me

Drawing on ‘mad’ scholarship for my epistemological approach, my eating disorder was fundamental to how I positioned myself in my research (Russo & Beresford, 2015; Costa et al., 2012; Church, 1997). I detailed my story from the start, including a background of myself in my research advertisement (Appendix 1). Feminist scholars (Haraway, 1988; McDowell, 2018) have long emphasised the “intimate and inextricable connections” between researchers’ life experience and their research (Nguyen, 2015: 468): a gaze from somewhere.

In my research encounters, I embodied these epistemologies, bringing “more of myself to the table”; I was simultaneously an (academic) ally and a “flesh-and-blood person” who related to my participants (Church, 1997: 308). ‘Mad’ autoethnography research has emphasised this relationship between “experience, knowledge, and representation” when the researcher herself is a ‘user/survivor’ (Butz, 2018: 3). My research encounters were based upon empathy; many of my participants said during their interviews *“I know you get it”* or *“I don’t have to explain it to you”* and looked towards me for reassuring nods that I understood.

However, this is not to imply that ‘insiderness’ necessarily equates to more authentic representation (Butz, 2018: 14). Rather my eating disorder history was sensitively and epistemologically embraced to facilitate trust with my participants surrounding personal, raw topics.

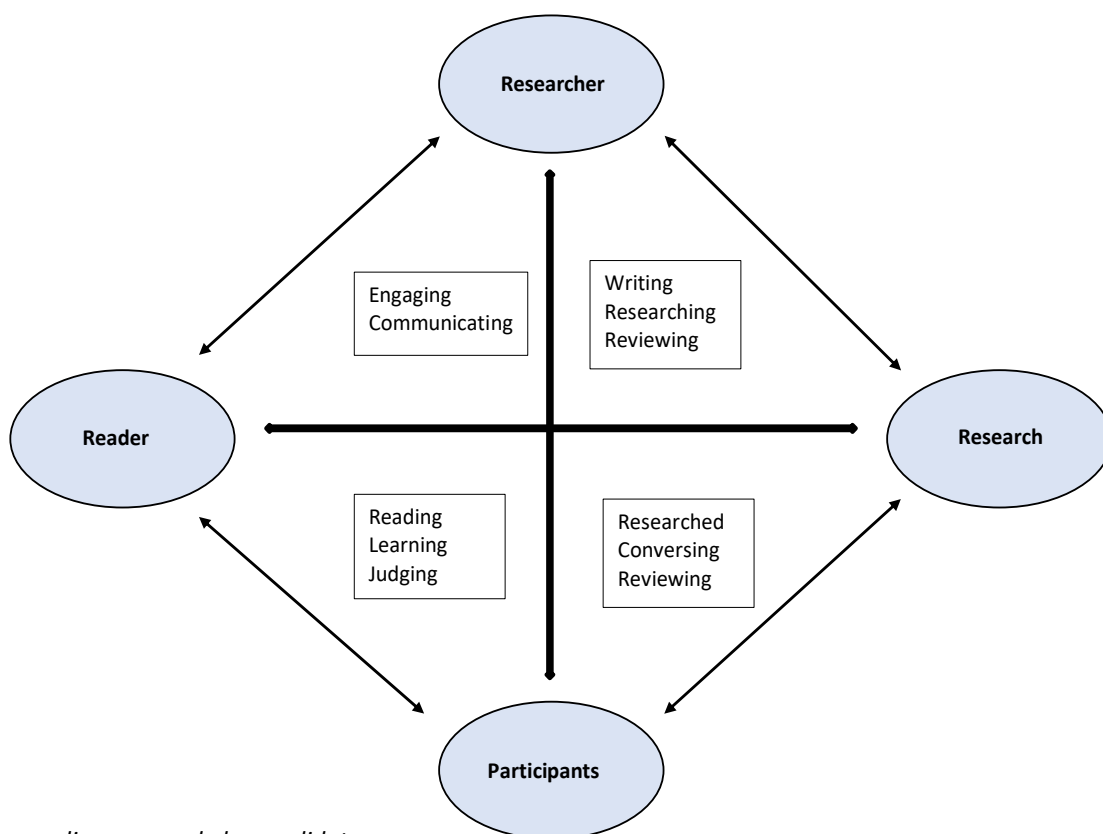
2.1.2 Visceral Methodologies

Visceral research has stressed the importance of unspoken data - facial expressions, pauses, atmospheres - rendered invisible by traditional methodologies that consider language as sacrosanct (Craig, 2003; Hitchings & Latham, 2020). I was attuned to these non-verbal cues,

noting them in my fieldwork diary (Appendix 2); this is important to avoid reproducing the “spectacular regime of looking” common in research and media representations of eating disorders (Ferraday, 2012: 148). Rather my methodology considers eating disorders to be embodied, involving insecure boundaries of food, identity, and emotion (Parr, 2002).

My research not only impacted my participants. Research is intersubjective, with the emotional exchanges in my interviews “felt, not just observed” (Dyck, 2002; Lainer & Parr, 2000: 100). The research encounter is thus co-constitutive of multiple identities (**Figure 1**); my ‘field’ is the world between myself, my participants and readers (Butz, 2018: 17).

Figure 1 – matrix demonstrating the (complex) co-constituted and interactive nature of research, which transcends the confined space-time of an interview. Matrix demonstrates the multiplicity of research encounter(s) for the researcher, reader, and participants. The words in each quadrant show several possible encounters that could occur between those individuals during the research process.



Source: diagram made by candidate

This affective potential of the research encounter was considered prior to meeting my participants. The way I held my body mattered (Parr, 2001). I was conscious of the food or

drinks I consumed and my physical appearance (Warin, 2010; Rice, 2009: 262). I always ordered a cappuccino when in-person and would avoid meeting at mealtimes, while online I would have a cup of tea. I would dress neither in overly baggy nor overly fitting clothes. These small choices were ethical acts of solidarity intended to make my participants feel (viscerally) more comfortable.

2.2 Extracting Knowledge from ‘Mad’ Participants

2.2.1 Politics of Co-optation

Eating disorder bodies are often framed as unhinged and deceitful, requiring the translation of authority figures (Lester, 1997). Oritz et al (2020: 49) indeed found individuals with eating disorders were reluctant to participate in research as they anticipated judgment and “being treated like a data source”. ‘Mad’ individuals, like my participants, are heard but conditionally (Ahmed, 2000: 61): when their narratives fit those of linear biomedical recovery and can be commodified (Beresford, 2002). These unequal exchanges also operate in academia as ‘mad’ stories are solicited and re-framed to (professionally) benefit scholars (Parr, 1998; Russo & Beresford, 2015). As Voronka (2019: 26) questions: “how can we be heard without being consumed?”

2.2.2 From Participation to Emancipation

My research attempts to answer Voronka’s question by considering the narratives of my participants as legitimate forms of knowledge, exercising “engagement not objectivity, and solidarity not independence” (Barnes, 1997: 242). My focus was on moving beyond participatory research to engage with emancipatory research (Beresford, 2002). My methods were chosen to empower as photo elicitation and semi-structured interviews have been found to hold therapeutic value (Reavey et al., 2019: 277; Glaw et al., 2017): many of my participants described finding the process “*very therapeutic*” (Levi) and “*refreshing*” (Olivia), while some participants used their transcript in therapy.

Prior to gaining written consent (Appendix 3), participants were provided with a summary of my research activities (Appendix 4) to ensure consent was properly informed (Glaw et al.,

2017: 4). Consent was treated as ongoing and throughout my research was iteratively confirmed (Dewsbury, 2018).

As much as possible I included participants when writing and reviewing, not just ‘abandoning’ them after interviews (Jones et al., 2014); I emailed participants asking if they wanted a copy of their transcript (Appendix 5), and later emailed summaries of my research (Appendix 6). I always extended the opportunity for participants to ask queries or give thoughts on what I had sent (Ortiz et al, 2020).

2.2.3 Ethics of Writing

Feminist epistemologies emphasise that writing should be approached with as much “care and self-critique as any other step in the research project”, for linguistic representation holds power in (re)producing knowledge (Cope, 2002: 52). The knowledge of my participants was centred by using their own vocabularies in my theorising. Consequently, while some are keen to be rid of diagnostic labels, this was the lexicon by which my participants made sense of their experience (Warin, 2010). These terms however were included whilst acknowledging the politics they reify, allowing myself to “feel ill at ease” in their employment (Al-Hindi & Kawabata, 2002: 114).

Similarly, while I have fragmented the experiences of my participants into thematic chapters, I qualify that they transcend these boundaries and at times contradict one another. In this regard, written into my dissertation is ambiguity and the impossibility of capturing the complex lives of my participants through textual representation (McKittrick, 2017). Simultaneously, I denounce the claim that, in eating disorders, ‘what happens make no sense’ (Lavis, 2016: 69).

2.3 Methods

2.3.1 Photo Elicitation and Semi-structured Interviews

Throughout January 2022, I conducted nine semi-structured interviews. My participants’ identities, my relation to them, and details about their eating disorder and interview, are presented in **Figure 2**.

Name	Age	Sexuality	Ethnicity	Gender	Type of eating disorder (as they define it)	Treatment history	Other mental health conditions	Relation to me	Date and length of interview	Where did the interview take place?
Myself	20	Heterosexual	White Jewish	Female	Anorexia and Bulimia – diagnosed with Eating Disorder Not Otherwise Specified	Therapy and dietician	Generalised Anxiety Disorder and Social Anxiety	--	--	--
Jayne	20	Bisexual	White Jewish	Female	Eating Disorder Not Otherwise Specified	Therapy and antidepressants	Anxiety, Depression and Self-Harm	School Association	11/01/2022 45 minutes	Online - zoom
Olivia	22	Heterosexual	White other	Female	Atypical Anorexia - Eating Disorder Not Otherwise Specified	CBT therapy, dietician and SSRI (medication)	Generalised Anxiety and Moderate depressive episode	Friends from School	09/01/2022 100 minutes	Online - zoom
Levi	21	Queer	White Jewish	Trans* masculine	Anorexia	Two therapists over the course of recovery	--	Best Friends	03/01/2022 90 minutes	Local coffee shop
Malorie	20	Heterosexual	White	Female	Anorexia nervosa	Therapy and dietician	Anxiety	School Association	07/01/2022 60 minutes	Local coffee shop
Sorcha	22	Heterosexual	White Other	Female	Atypical Anorexia - Eating Disorder Not Otherwise Specified	As of yet nothing but starting with therapy this month	Anxiety and Depression	Live in the Same Area and are Friends	19/01/2022 50 minutes	Online - zoom
June	21	Queer	White	Female	Anorexia Nervosa (official diagnosis) Now identify as recovered	College nurse and PEDS, followed by referral to therapy and dietician (both provided by NHS at Addenbrooke's). Also saw GP continuously over this time for physical health monitoring	Depression and Anxiety	Undergraduate at University of Cambridge	10/01/2022 70 minutes	Online – zoom
Annie	21	Heterosexual	White	Female	Never received official diagnosis but self-defines as Anorexia, Binge Eating and Bulimia	No official treatment history	--	University Association	16/01/2022 45 minutes	Online - zoom
Alex	20	Heterosexual	White	Male	Anorexia and Compulsive Eating Disorder	Two stays in rehab – the first in 2014 for Anorexia, and the second in 2020 for Anorexia and Addiction treatment	Anxiety, Depression and ADHD	School/Synagogue Association	05/01/2022 90 minutes	Local coffee shop

Figure 2 – Table introduces the nine individuals, with (histories) of eating disorders, that I interviewed. The table provides an overview of their identities (age, sexuality, gender), their eating disorder (type, treatment, other mental health conditions), and details of their interview. I have also included details of my own eating disorder and identity, as part of my wider autoethnographical epistemology. All participants were given pseudonyms either chosen by them or selected by myself if they so desired.

My initial question - "If I say eating disorder, what comes to mind?" - was the only one I asked all my participants (Lavis, 2018). From this response, I allowed my participants' experiential threads to unravel themselves, generating distinctive conversations in each encounter (McDowell, 2018) – although, I did have a list of questions to draw upon if necessary (Appendix 7). The interviews benefitted from the method of photo elicitation to garner specific and rich responses as the photos were used to guide the interview (Reavey et al., 2019). The complementarity of these methods is increasingly advocated in health geographies as they enhance understanding of everyday processes and interactions which are difficult to articulate through pre-formulated questions (Reavey et al., 2019; Elwood, 2018: 4).

For the photo elicitation, I asked my participants to bring three to six photos of spaces they felt un/comfortable in (Appendix 4). This 'brief' was broad to provide my participants with agency over the photos they captured and, in the interview, the order in which they were discussed (Thomas, 2009; Noland, 2006). As such, none of my interviews followed the same format; in some, participants were keen to chat from their first answer while others were drawn to the photos as springboards.

2.3.2 Sampling

To capture the intricate worlds of eating disorders, a smaller sample size between five and ten was desired to ensure collection of in-depth data given time constraints (Hodder, 2017). I shared an advertisement poster (Appendix 1) on my Facebook to purposively sample participants with (a history of) eating disorders. While twenty-three individuals expressed interest, only nine participants were ultimately interviewed as others could not commit to the time required or never replied to my follow-up email. Of my nine participants, a number were friends of mine. This may have resulted in my participants refraining from discussing certain themes or intentionally cultivating answers. However, my epistemological approach embraced this limitation considering my participants experiences to be "sincere self-constructions...produced in the micro social context of the research interaction", while also questioning the need for 'neutral objectivity' (Butz, 2018: 17).

Despite attempts to recruit more LGBTQ+ individuals, men and people of colour, only three participants identified as being in the first group, two in the second and none in the last

(**Figure 2**). This results in my research overlooking experiences of marginalised groups who are already under-represented in eating disorder research (Sala et al., 2013; LaMarre & Rice, 2016).

2.3.3 Data Analysis

My participants had a range of diagnoses, treatment histories and support systems, creating a mosaic understanding of eating disorders. Even in my small sample, my participants had conflicting experiences with others but also internally in their own narratives. Eating disorders are neither static nor neat stories and research needs to embrace this “challenge of competing conceptualisations and epistemologies of madness” (Jones et al., 2014: 368-9).

To welcome this challenge, my data was interpreted so as not to lose my participants narratives through intensive coding (Wiles et al., 2004). My interviews were recorded and self-transcribed so I could sit in their multiple layers of meaning (Reavey et al., 2019). Fieldwork notes were added alongside my transcriptions. I used scholarship to analyse my transcripts (Appendix 8), following which, I selected elements I thought were meaningful to my participants lived experience, placing these in themes (MacKian, 2018: 7) (Appendix 9). Although, quotes crossed multiple themes.

3. (Un)Habitual Background Time

3.1 What is Background Time?

“I rarely noticed becoming more rigid... it crept up on me... like ‘fuck, I haven’t always been eating like this, this has got worse.’” – Levi.

Similarly, to Levi’s description of the way their eating disorder *“crept up on”* them, many of my participants described the resignation that *“this is my life now”* (Annie), *“my eating disorder just stays there”* (Alex), and *“attaches itself to everything without invitation”* (Jayme). Eating disorders became the background time of my participants. Drawing on Ahmed (2006) and McCormack (2016), I use background time to describe how an eating disorder becomes a structuring, unobservable modality that opens certain pathways (eating disorder behaviours) while foreclosing others (normative eating) - what Ahmed (2006) calls orientations. The background of an eating disorder is not static but deeply affective: the source of intensities and desires which envelop the body (Fuchs, 2022).

This background temporality meant my participants struggled to recognise their eating disorder as it was relegated to the background of their worlds – as Levi suggested *“‘fuck, I haven’t always been eating like this’”*. This background nature of an eating disorder allowed my participants to conceal their behaviours from friends, family, and often, themselves, with Olivia describing her eating disorder as an *“imaginary hidden beast”*. The background is *“hidden”*, suggesting a simultaneous lurking presence *and* haunted absence (McCormack, 2016: 4). The background figures as that which *“both is and is not in view”* (Ahmed, 2006: 29).

This partial view is affectively registered by my participants as they occupied a liminal space of living in their eating disorder but finding it *“impossible to grasp and control”* (Jayme) (Eli, 2018):

“I always start out like, ‘it’s fine’. I accidentally fall into the cycle because I don’t realise what’s happening until I’ve lost weight. And then I can’t help but carry on” – Malorie

Malorie perceives her eating disorder as inescapable: a background time which is always there but not recognised. This background time is felt to operate beyond the temporal controls of my participants as they “*can’t help but carry on*”. This feeling implies an (imagined) spatio-temporal distancing of my participants from their eating disorders (Ahmed, 2006); participants externalise their eating disorders as separate entities but also can’t identify the conditions of its emergence. For example, June saw her eating disorder as “*just happening*”:

“I felt like I was not in my body... I was off somewhere else. It was just happening... the best way I can describe anything is that it happened to me.”

This spatio-temporal separation from the background helps us understand how an eating disorder becomes so insidiously captivating: the distance of the background allows it to be both familiar (and comfortable) yet unnoticeable in its arrival (Husserl, 1969). An eating disorder is a set of affective practices which one is orientated to inhabit (Wetherell, 2013). Background time is thus paradoxical because one’s orientation towards an eating disorder creates the “condition of possibility for its disappearance” (Ahmed, 2006: 37). The proximity of an eating disorder – the “*just happening*” – is that closeness which allows it to not be ‘seen’ by my participants, creating the conditions by which June can declare she was “*not in my body... I was off somewhere else*”.

Background time therefore takes on a kind of metastability (Serres, 2008: 304). This metastability does not purport biomedical narratives of chronicity (Lester, 2019), rather it recognises that the stability of an eating disorder is “limited and localised”, an “ongoing composition of...forces and fluctuations” (McCormack, 2016: 7).

3.2 What is a Clock?

Background time is felt in the everyday as one’s eating disorder temporalizes life in “ways that become deeply, viscerally embodied” (Hayes-Conroy & Hayes-Conroy, 2010; Lester, 2019: 144). The metastability of background time is (re)produced through temporal technologies of self-management (McCormack, 2016: 7). For example, Alex kept a notebook to document his calories hour-by-hour, every night he would review his ‘success’ in terms of calorie consumption. An eating disorder becomes “the metronome for the sufferer’s life” (Lester,

2019: 143), whether this be through Sorcha counting the hours since her last meal or Olivia monitoring the times she effectively purges in a week.

For my participants, food materialities and their relationships with food structured time. As Levi detailed:

"I still struggle enjoying something alone. Cake is nice when it's a friend's birthday. But when I'm not sharing an experience, I'm more attuned to 'I'm sitting here, eating this'... it was something I justified to myself like 'you can eat all of this now because you won't do it again, you only let yourself once a year'."

For Levi, the materiality of cake is a marker of time: a special occasion is viscerally felt through the permitted ingestion of cake. In this way, structured background time is part of the performance of an eating disorder: eating cake only on certain days *proved* to Levi they were 'doing' their eating disorder (Barad, 2003). Moments of consumption are made temporally distinctive, reaffirming background time: the refusal of cake on a non-special occasion habitually fortifies not eating.

My participants described not eating as *"really stressful"* (Olivia). In the simplest sense, *"our society is obsessed with food"* (Levi), and time becomes knowable through meals. Sitting at a table and not eating was *"the longest, tensest hour of my life"* (Sorcha). Not eating at meals de-synchronised my participants from the linear, explicit time of the *"intersubjective now"* (Fuchs, 2013: 82). This failure to comply with synchronised time leads to one recognising their experience of time through affective states of boredom (Anderson, 2004), alienation (Wehrle, 2020) or anxiety (Moskalewicz & Schwartz, 2020).

While Anderson (2004) found food preparation to bore, I have found for eating disordered bodies it is the opposite: the everyday spaces and repetitions of the domestic scene, rather than boring the eating disordered body, put it on edge. I call this an enlivened boredom - consider Sorcha finding dinner *"the longest, tensest hour of my life"*. In this way, eating disorder background time is a structuring modality which makes that which normally has a *"dulling presence"*, have a lively absence (Anderson, 2004: 743).

To manage the affective intensity of an enlivened boredom Sorcha made the same meal every day. Sorcha's repetition of "*couscous, tofu and courgette*" is an affective practice for eating disordered bodies to manage their de-synchronicity (Fuchs, 2013); an endeavour to regain the metastability of their eating disorders, mediating an affective liminal space between eating disorder background time and intersubjective (meal)time.

3.3 What are Habits?

Sorcha's reiteration of the same meal is a "habitually unhabituated management of self" (Boyle, 2019b: 137): she tended towards this food to cope with her anxiety around eating. Tending towards is an orientation, what the body feels it can and can't reach or do (Ahmed, 2006). These orientated actions were labelled by my participants as "*ridiculously addictive*" habits (Olivia).

Habits include eating on smaller plates (Olivia), only eating foods in groups of twos or fives (Malorie) or avoiding 'unsafe' foods like pasta (Levi). These habits are inherently temporal as they reorder the body towards eating disorder behaviours, as Levi said: "*even if your mindset has changed, the habit does something and becomes normal*". Through repeated actions, habits become sedimented histories, normalising an eating disorder as the background of one's life (Clancy, 2021). Habits become so ready-to-hand that they may no longer even "involve a conscious act of interpretation or judgment" (Ahmed, 2006: 28), as Malorie said: "*it becomes second nature.*"

Habits make and unmake the "stilled space of the present", intensifying an eating disorder's metastability as one becomes 'stuck' in these practices (Lavis, 2016: 71). The constant lingering of an eating disorder is perceived as unaffected by the passage of time, and if anything, feels cemented with time, as Olivia said: "*If I can do one day, I can do two.... And if I can do four days, why not make it a week? And then you'll just do it without thinking.*" However, this stillness is superficial as it requires the consistent performance of habits (Boyle, 2019b). As Alex detailed about calorie counting: "*It takes mental effort.... you're lying and monitoring everything*". Maintenance of background time then is "an active subject position" (Lavis, 2016: 72).

The performance of habits is thus productive, playing a role in the materialization of eating disordered bodies (Bazinet & Van Vilet, 2020). The habits of not eating or calorie counting “shapes” my participants into individuals with eating disordered bodies and tendencies (Ahmed, 2006: 57). This identity “leaves its impression through bodily sensations, prickly feelings... and the more intense experience of discomfort” (ibid); notably for my participants, these impressions were embodied in feelings of fullness and hunger (Lester, 2019). Olivia detailed the “*biggest rush*” of that “*first little hunger pang*”. Similarly, Levi stressed that although hunger is “*gnawingly uncomfortable*” it is familiar, while fullness “*felt alien*”. Feelings of hunger and fullness were orientations and disorientations respectively. My participants would fall back on habits of not eating or calorie counting, for example, to intensify, “suppress and/or modulate” this “range of different affective states” (Lester, 2019: 71). The bodily sensation of hunger is paradoxically comforting as it is a sensuous and affective signal that one is ‘doing’ their eating disorder (O’Connell, 2021): the familiarity of background time is registered viscerally.

3.4 Background Time Moving into the Foreground

Habits subsist the background time of an eating disorder; however, this does not mean the background is “fully formed... ready to be foregrounded when the circumstances are right.” (McCormack, 2016: 7). Rather, background time is often only recognised during moments of disorientation: this punctuation of background time is foregrounding. In using the term foregrounding, I do not intend to imply a simple pre (background) and post (foreground) cognitive severance of self-awareness. Instead, eating disorder being-in-the-world is a fraught dialect between the background and foreground, with temporalities conceptualised as fluid (Lavis, 2017; Bondi et al., 2016).

Foregrounding often occurs when participants could not engage with their habits due to celebrations surrounding food (Levi), or when friends would instigate conversations of concern (Annie, Sorcha). These disorientations cause a “paradoxical stopping in both time and space”; it is only when one’s eating disorder has progressed beyond one’s control that this temporal rupture of awareness is possible (Lester, 2019: 144). This foregrounding causes an intense “energy that fragments experiences of self and scatters attempts at concentrated

action” (Lester, 2019: 144). Disorientation then is deeply affective and visceral. For example, when Malorie feels forced to eat due to the gaze of another, she gets *“really shaky... they’ll be crying and panic attacks”*.

This affective foregrounding potential of background time has an uneven temporality as although many of my participants identify as ‘recovered’, there eating disorders continue to unexpectedly emerge. For example, Olivia detailed her continued mental block on using a big plate: *“Even now, I eat on small plates... I’ve not eaten on a big plate for years.... I just can’t.”* Despite her engagement with recovery, Olivia continues to viscerally feel, and fear, her eating disorder through her inability to use a big plate. Her eating disorder continues to *“lurk”* (Olivia) in the background, foreclosing pathways (eating on larger plates) and locking in habits (using smaller plates). My participants expressed concerns about relapsing due to this background nature of their eating disorder and the *“stickiness”* (Jayme) of their habits.

My participants difficulty in divorcing from eating disorder background time is not only due to its temporal viscosity but also its spatial entrapment (Hayes-Conroy & Hayes-Conroy, 2010: 1280). For example, Annie describes her difficulties with the bread aisle in Sainsbury’s:

“I have this strong memory of the muffins. I ate so many of them one time. I couldn’t stop. I felt ridiculously unwell... It’s annoying because every time I go past that aisle, I think about that and feel so ill again.”

An eating disorder’s non-linear temporality is felt in these moments of disorientation and shame, with memories of purging (or restriction) felt spatially. This spatiality of background time is known and traversed in line with the rhythms and mental maps of one’s eating disorder (Edensor, 2016). Everyday spaces, like supermarkets, become charged with affective embodied foregroundings of one’s eating disorder (**Figure 3**); it’s why June felt *“such a relief”* to be away from her university halls as she could *“finally breathe and leave behind that time in my life”*. This visceral foregrounding of an eating disorder – the feeling *“so ill again”* – also has a distinctive materiality that makes it difficult for one to forget. The muffins themselves are part of background time as they instigate a set of embodied sensations in Annie.

This 'haunting' capacity of background time is that which necessitates the prefix background (McCormack, 2016). The background time of an eating disorder is a "knotting together of forces" where "space-times are folded together around particular points of inflection" – unpredictable moments of foregrounding (Brown et al., 2019: 22).



Figure 3 is an image captured by Annie for the photo elicitation element of our interview, in response to the prompt of a space you feel uncomfortable in. The image is of the bread aisle in Annie's local Sainsbury's, in particular she wanted to show the (empty) top shelf of muffins – a memory of binge eating.

Source: photo taken by one of my participants (Annie), who remains anonymous.

4. Eating as temporally more-than

“I find the labour of thinking about food so tough... if I'm making a big meal, I have more time to wind myself up...when I am struggling, I make meals that literally take 15 minutes. I'll shove sausages in the oven, just so there's no time to think and I'll go do something else”– Malorie

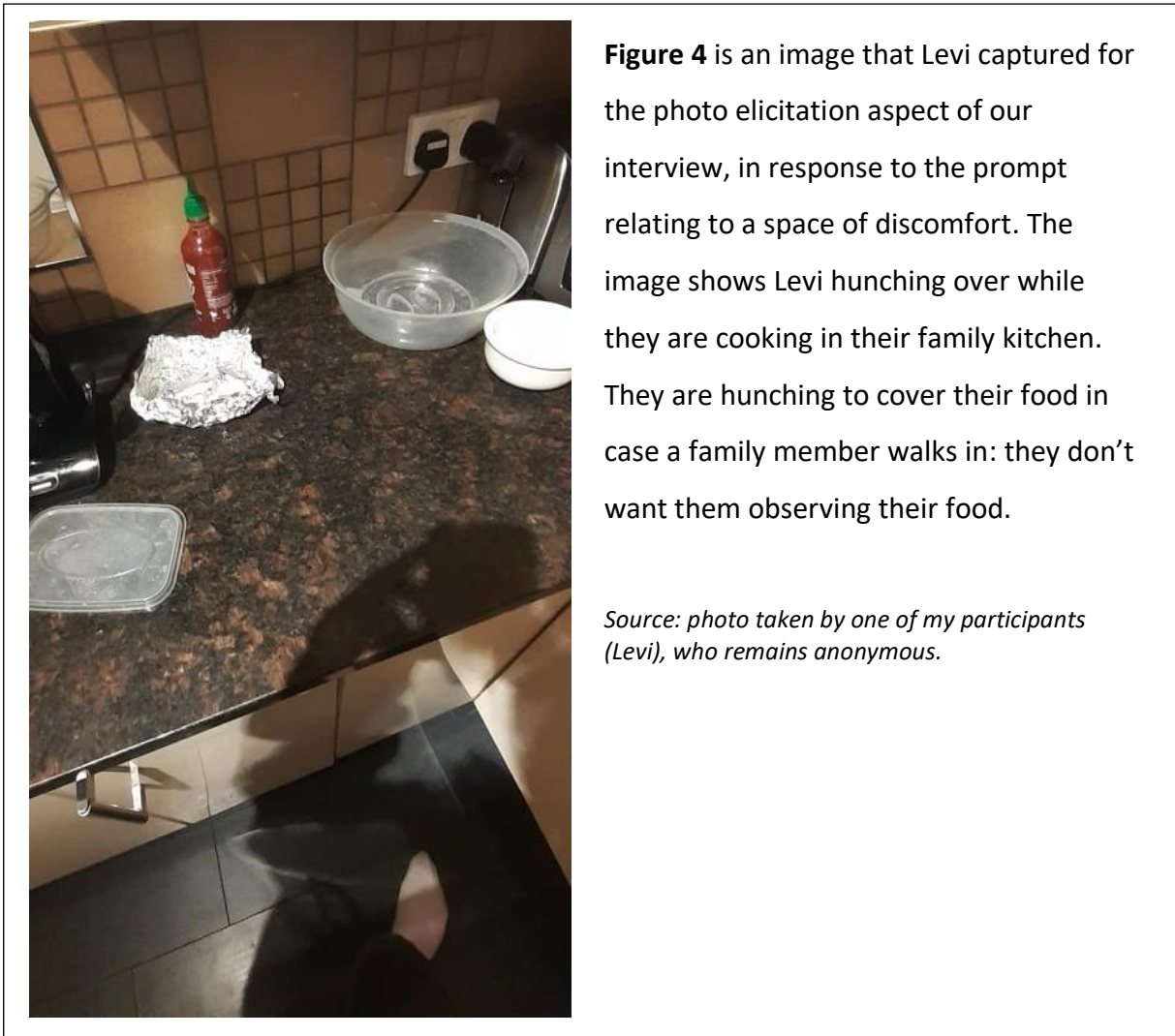
4.1 Atmospheres of Anticipation

Like Malorie, many of my participants described the *“labour of thinking about food”* prior to actual consumption. Sorcha captured this longer temporality when detailing that she finds *“the before”* the hardest part of eating: *“When I was actually eating, I was hungry. So it's more... like all these thoughts in the lead up”*. The *“lead up”* of *“all these thoughts”* underscores that for eating disordered bodies eating occurs as much, if not more, through the anxiety of anticipating food, meal preparation, and mealtimes, than through *“actually eating”*.

Anticipation is an important quality of atmospheres which is generative of the *“feeling that something is about to happen”* (Anderson, 2014: 10). This feeling is viscerally registered in eating disordered bodies prior to physical engagement with food, as the atmosphere creates both *“coherence and tensions within the body ensemble”* (Brown et al., 2019: 10). These tensions show that time is not neutral but mediates and ‘holds’ certain affects, like anticipation. These affects *“unfold in the folds of the body”* (Ahmed, 2006: 9); for example, Levi detailed realising their partner was making pasta and the subsequent *“tension”* of waiting for this meal and the *“dreaded thought”* of using a *“stupid fork”*. The anticipatory atmosphere inhered in Levi’s encounter with their partner, the kitchen, the materiality of pasta and the *“stupid fork”* (Duff, 2016).

Anticipatory atmospheres while mobile are grounded in these space-time specific constellations of subjects, objects, bodies and more-than-human materialities (Bille & Simonsen, 2021). Everyday spaces become transformed through the lingering affect of anticipation, as demonstrated by Levi feeling viscerally *“really on edge”* and *“alert”* in their kitchen, uneasily anticipating their family entering while they were cooking: they would contort their body, so it was *“hunched over and covering the food”* in case their family arrived

(**Figure 4**). Levi's envelopment by anticipation was thus not "performed in solitude" but affectively constituted by the absence and possible incursions of their family (Bille & Simonsen, 2021: 305; Segrott & Doel, 2004). Anticipation structured my participant's feelings about spaces as this atmosphere impressed upon the eating disordered body anxiety that made the kitchen "really unpleasant and daunting".



The pervasiveness of anticipatory atmospheres thus extends thinking about food beyond the act of physical consumption, ingestion and digestion - as Malorie details when explaining her avoidance of big meals as she has "more time to wind myself up". Eating is a 'more-than-food' act as it extends beyond the confined temporality of sitting at a table, and beyond the materiality we constitute as 'food'. This blurred "distinction between eating as actual, anticipated or imagined" is fundamentally temporal (Lavis, 2017: 201).

4.2 Mechanisms of Speeding and Slowing

Management of these anticipatory affects rises in intensity when the eating disordered body engages with food materialities. Participants described strategies to manage these uncomfortable affects; these strategies are highly temporal involving attempts to re-order one's experience of time. These mechanisms of stilling, slowing and, I add, speeding "create, and are created through" distinctive (atmospheric) time-spaces (Anderson, 2004: 743).

As Malorie details, she will "*make meals that literally take 15 minutes*", speeding-up food preparation to try and evade the anticipatory atmosphere (Bille & Simonsen, 2021). This avoidance extends as far as removing herself from the kitchen – where these atmospheres are felt most intensely – to "*go do something else*". This spatio-temporal distancing was a common occurrence among my participants, as Levi similarly described how they'll "*eat stuff that's quick and easy...I'll put something in the microwave and go upstairs.*"

Speeding up was not only a tactic in meal preparation but was also utilised in the act of eating. Alex described how he would eat "*stupid fast*" to manage his discomfort. My participants actively structured the time they spent consuming food to cope with the affective intensity of eating – this speeding up was an avoidance tactic "*so that I don't have to think about the food*" (Alex). Alex shows how specific objects are not only consumed to shape atmospheres but consumed in temporally managed ways (Bille & Simonsen, 2021: 305).

In comparison to speeding up, Sorcha would slow down meal preparation as an attempt to resemble a "*normal*" relationship with food to conceal her eating disorder from her housemates. She made the same meal everyday and described how this was a "*good meal*" as it "*felt like I was doing something like sitting with my chopping board*". Through the extended time taken to prepare dinner, Sorcha endeavoured to construct the appearance of normality as cooking was perceived to signify a healthy relationship with food. Time then can be used as a strategy of disguise and secrecy; by elongating meal preparation one can hold onto their eating disorder and subvert the watchful gaze of others.

Sorcha's speeding up of meal preparation highlights the way eating disordered bodies may perform eating, and how these performances simultaneously 'do' an eating disorder (Lavis,

2013: 40). This 'doing' of an eating disorder importantly shows how "emotions and atmospheres are also something people *do*" (Bille & Simonsen, 2021: 305). Jayme described pausing for 30 seconds between each bite of food to make eating "*less stressful*" as by making their "*meal last longer*" Jayme felt their "*body could metabolise at the same pace*". Jayme shows how anticipation was coproduced alongside this mechanism of slowing down (Laketa, 2020): pausing was a visceral technique for Jayme to "*feel less anxious*" yet, this dulling of anxiety reaffirmed that without the *enactment* of slowing, anticipation would intensify (Boyle, 2019_b).

While more-than-representational health scholarship has explored the open flow of temporality and its textures, including speed, often the body is conceived of as passively situated in these time-spaces (Andrews, 2020). My participants reveal that eating disordered bodies *intentionally* seize upon "temporal practices", creating and unmaking time to counter the oppressive envelopment of affective anticipation (Lester, 2019: 144).

Mechanisms of speeding and slowing thus reveal the fluidity of atmospheres as they are (viscerally) performed, managed and (re)structured. Time is unevenly slowed down or sped up as coping strategies for one's eating disorder, alongside the visceral registration of anticipatory affects surrounding eating. The complexity and multiplicity of these temporal relations highlights how food is made 'more-than' through temporal extensions beyond normative everyday spatio-temporal experiences of consumption (Davidson, 2003).

4.3 Relationality as a temporal disjuncture

4.3.1 Comfort

"I enjoy going out to eat with old friends because it reverts to normal... I forget everything that's going on in the present. Everything else lifts off and I'm just relaxing."

– Malorie

Old friends are a temporal disjuncture for Malorie as when she's with them "*it reverts to normal*" and she can "*forget everything that's going on in the present*". Malorie can dodge the

intensity of her eating disorder affects (anticipation, anxiety) as she is transfigured into a version of herself prior to her eating disorder: *“everything else lifts off and I'm just relaxing”*. Malorie's old friends demonstrate the importance of relational networks across space-times for the structuring of atmospheres that challenge those of anticipation and dread (LaMarre & Rice, 2021: 710).

Eating disorders are deeply relational as further evidenced by Levi finding it hard to eat cake when they're not with their friends because in that context *“all there is, is that specific food. There's not laughter...It's just me and the cake”* (Fuchs, 2022). Laughter is a transpersonal, affective force around which relationalities come into being and space-times are (re)produced (Emmerson, 2017: 2095). For Levi, the sharing of laughter between friends is generative, forming a *“unique totality that incorporates individual bodies by subsuming them within an assemblage of forces”* (Duff, 2016: 64). Laughter reconfigures eating as its indeterminate, affective capacities open trajectories that exceed the laughing bodies and laughter itself (Emmerson, 2017: 2082, 2091); laughter enables Levi to *feel* they could eat cake. The absence of laughter, and its affective energies, reverts Levi to the feeling that *“it's just me and the cake”*. This allows the atmospheres of anticipation and dread to re-emerge as cake is no longer 'more-than', imbued with laughter and relationality, but rather 'less-than': *“all there is, is that specific food”*.

Similarly, to the affective potential of laughter, June's relationship with her boyfriend made eating 'more-than' as the experience came to be centred on their time together:

“It was the only time I felt safe with food. So any space with him was safe... Ice cream was always a big safe food because it was... our food and our time.”

June's feeling towards eating and food were altered by the atmosphere of calmness that was constituted through her intimate relationality with her boyfriend (Clancy, 2021: 308): his presence made a space *“safe”* (Valentine, 1999). June eating ice cream was a visceral connection between herself and her boyfriend – *“our food and our time”* - demonstrating how food is 'more-than' as a materiality of social relations (Hayes-Conroy & Hayes-Conroy, 2010; Lavis & Abbots, 2020). This potential for materialities to transform my participants' embodied experience is further exemplified by Malorie's gifted cutlery (Eli & Lavis, 2021):

“For my birthday, my friend got me cutlery that has cute messages on it, like, ‘you can do it’...If I’m having a hard day, I find that really helpful.... knowing I have someone’s support always and seeing an encouragement when you are going to lift a spoon to your mouth is just really nice.”

Cutlery – “*stupid fork*” (Levi) - is an essential materiality in anticipatory atmospheres as it signifies the blurring of bodily interiors and exteriors as one comes into direct contact with food (Bennet, 2007). Malorie’s gifted cutlery reconfigures the atmosphere of dread normally inculcated by cutlery. The cutlery is a more-than-human embodiment of “*encouragement*”: a “*really helpful*” reminder that Malorie has “*someone’s support always*”. (Lavis & Abbots, 2020: 344). Malorie’s cutlery shifts her “*bodily moods and affective states*” as the dreaded anticipation of eating is turned into a safe atmosphere during the literal process of “*going to lift a spoon to your mouth*” (Bennett, 2007: 261).

4.3.2 Awkwardness

Atmospheres with close friends and partners, however, are not always supportive but can create experiences that are uncomfortable and isolating. For example, Sorcha’s friends’ discovery of her eating disorder suddenly inhered an atmosphere of awkwardness that re-defined their relationships (Pile, 2009):

“The entire atmosphere shifted...When I was around, all they were looking at and thinking about was what was on my plate...I would respond accordingly and just sit there We’d end up in silence. It was deafeningly quiet. Just weird and awkward”.

Awkwardness was affectively felt by Sorcha through the discomfort of silence. The viscosity of the atmosphere – the “*deafeningly quiet*” silence and weirdness - enveloped Sorcha in the knowledge that all her friends “*were looking at and thinking about was what was on my plate*” (Hayes-Conroy & Hayes-Conroy, 2010). Sorcha’s not eating practices meant her body was not following the “*specific lines*” required by a gathering involving food (Ahmed, 2006: 81): Sorcha is out of line and thus, out of place (Stanghellini, 2019).

Sorcha responded to the awkward atmosphere by “*respond[ing] accordingly*” and “*just sit[ing] there*”. Atmospheres do not linearly dictate one’s conduct but instead mediate a body’s

capacity to act in response to these affects, making particular “embodied experiences more or less likely” (Duff, 2016: 64). Sorcha’s body is in a “process of becoming” through the atmosphere of awkwardness (Simonsen, 2007: 173); her identity as someone with an eating disorder is marked through this atmosphere as the eating disordered body is made conscious of itself and its difference. Awkwardness then re-centres the materiality of food, not as (joyfully) ‘more-than’ but as a ‘less-than’ marker of Sorcha’s eating disorder.

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My participants’ relationalities with friends and partners provided temporal interruptions to an eating disorder’s atmospheric intensities through ‘more-than’ affects (laughter and closeness for June and Levi) (Dawney, 2013). However, relationalities could also amplify these exclusions through ‘less-than’ affects of awkwardness (Sorcha). Relationalities thus do not uniformly sever atmospheres but are spatio-temporally situated.

5. The Intense Presence and Impossibility of the Future

Eating disorders are a combination of Anderson's (2010: 787) anticipatory practices: calculating, imagining, and performing futures. My participants calculated futures by measuring their bodies and marking time through habits; imagined futures through fear of themselves becoming fat; and performed futures through the 'doing' of an eating disorder.

This 'doing' underscores how eating disorders are a paradoxical relation to the future in which imagined future fatness 'causes' restriction or purging in the present. This is a reversal of the typical 'the present causes the future', even as the anticipatory action of an eating disorder continues to reference that framing to justify itself (Anderson, 2010: 778). These practices presence specific futures into the everyday being anorexic (Gooldin, 2008). These futures, however, are blurry for my participants as many felt their eating disorder did not have an end goal nor did they feel a future was possible for them. My participants therefore existed in an intense living present while being unable to imagine themselves in the actual future (Anderson, 2010).

5.1 Desire's contradictory temporality

Eating disorders are culturally understood as the unrelenting pursuit of thinness (Girard, 2013). However, few of my participants expressed this strive for emaciation; for example, Alex described how his eating disorder hasn't *"got an end goal, it's not trying to make me thinner or fatter, it's just trying to fuck me over"*. Similarly, Malorie described *"hitting a point"* of realisation that *"this is my body...I don't want to lose or gain weight, I just want to stay"*.

The desire to 'just stay' helps to explain the temporality through which fat and thin come to be central to my participants eating disorder subjectivities. Perceived fatness becomes codified and visceral "evidence of the body's capacities to extend beyond any established limits", inculcating the feeling that one's sense of self is unbounded (Colls 2007: 360; Clancy, 2021). As Alex detailed: *"when I feel fat it's just shit... I feel like I've bloated the size of Everest."*

It's overwhelming". Many of my participants shared this sentiment, describing the feeling of bloating as not only inducing discomfort but also disgust about oneself:

"When I bloated, I felt disgusting. And I was worried someone else would find me disgusting" – Levi

"Feeling full is just icky, I feel so gross like [pauses and pulls a face implying words can't capture the feeling] - Jayme

The visceral feelings experienced by Levi and Jayme in relation to fatness underscore the importance of the difficult to verbalise affects of disgust, comfort and fear – or what Warin (2010) identified as the abject. Affects of abjection both repel and fascinate, they are the embodiment of the "in between, ambiguous and composite" (Warin, 2010: 184). These complexities are located in visceral bodies and are fundamentally concerned with challenges of relatedness, both to oneself and others (Warin, 2010: 184) – this is evidenced by Levi's worry that their perceived fatness would trigger disgust in a partner.

Abjection is critical to imagining futures as these affects linger through bodily sensations, with my participants literally *feeling* themselves becoming fatter:

"I wouldn't have eaten for ages, and I'd have a tiny salad, and immediately feel so full, and disgusting. I would be convinced that I'd already put on loads of weight, I'd literally look at my leg and be like 'this leg has got fatter'." – Olivia

Fear of future fatness is known through one's sensuously mediated, present bodily composition. The future then is not a "blank separate from the present" but is entangled with, and constitutive of, the present through the intermingling affective abject contradictions of thinness and fatness (Anderson, 2010: 778).

This presencing of the future is embedded in the visceral desire to 'just stay' in the immediate present; my participants calculate their futures to hold onto their current bodily state. My participants imagined their future bodies through the domain of numbers (Anderson, 2004: 784). For example, Annie *"used to try on this skirt to keep seeing if it would fit. I'd feel happier*

when it was fitting and even happier if it was loose". She "never had an image of what I wanted to look like", it was "more about metrics: being a smaller weight and BMI, and fitting into a lower size waistband".

Thinness is not the resolution to one's restriction or purging but rather "becomes important as a marker of the continuing presence" of one's eating disorder (Lavis, 2014: 157). Paradoxically then, while an eating disorder is enacted tormentingly with and through the body, it is "not necessarily bodily" (Eli & Lavis, 2021). My participants rather clung on to their eating disorders so tenaciously to maintain its "ambivalent 'safety'" (Lavis, 2018: 454), with my participants describing their eating disorders as a "best friend" (Alex), "little assistant" (Alex) or a "better version of me" (Olivia). Eating disorders provide individuals with a way of existing in the world (Lavis, 2015), a modality through which one both relates to others, their own identity and their 'illness' (Eli & Lavis, 2021). Over time, with the sedimentation of habits, "people come to *presence through* their eating disorders" (Lester, 2019: 69). It is how my participants become "materialized, perceptible, and recognizable to others (and themselves)" (Lester, 2019: 69).

For my participants, the future presented is not static but constantly shifting and (re)negotiated, it is intense and painfully affective as the eating disordered body navigates the desire to 'just stay'. This 'staying' is an impossible contradiction as one ages, grows and develops with the passage of time. My participants were aware of this impossibility, intensifying the present as it is fraught with these temporal contradictions of striving towards a "never achievable body" (Annie) while wanting to 'hold onto' one's present self (Lavis, 2016). The eating disordered body is living through and in these conflicting temporalities as abject desire is the entanglement of the present lived and future presented (Anderson, 2010: 793).

5.2 The Paralysing Present

The future presented can become so intense that it results in atmospheres and visceral embodiments of this tension, felt through numbness. The "stilled space of the present" is only still as the eating disordered body is unable to cope with its positioning amid temporal interactions between the present, future (and past) (Lavis, 2016: 71; Clancy, 2021). The present becomes "too much" (Jayme) and "too exhausting" (June) for my participants to

navigate (Boyle, 2019b: 133).

“Say I would have to choose something in a restaurant, and everyone has chosen already cos I take about 20 minutes because I have to consider everything and it’s stuff like that – the noticeable ways that I behave differently, and it’s like ‘ugh’ I do feel different. And I’ll shut off emotionally... And then I feel even more... disappointed because then I’m even less involved.” – Alex

Alex’s difficulty in choosing food in a restaurant shows how the future-orientated nature of one’s eating disorder can become overly presenced, leading one to “shut off”. Alex’s consideration of “everything” demonstrates the temporal energy required to manage eating disorder anticipatory practices, whether this be counting calories or thinking about how the food will ‘show’ on one’s body (Segrott & Doel, 2004). While shutting off could be regarded as a dampening of affect, it is really an over-spilling of temporal contradictions and affects which the eating disordered body does not have the capacity to process (Lavis, 2014: 154). Alex’s “about 20 minutes” looking at the menu is an everyday breaking of rhythm with the other bodies at the table, leading him to feel “disappointed” because he “can’t be involved like everyone else”: he is noticeably opposed to the prevailing social rhythm and is stressfully out of sync (Andrews, 2020: 994). ‘Shutting off’ is an attempt to retreat into the comfort of one’s eating disorder to cope with, and mediate, this temporal overwhelmingness, cultivating oneself as an “anaesthetic subject” (Lester, 2019: 75). This is further evidenced by Malorie describing a dinner party she attended:

“I did just shut in; I didn’t enjoy that night... the next day I felt so drained and deflated”

The party is an affective point of inflection as Malorie feels the pressures of her self-regulating desire and anticipatory practices in a social context (Brown et al., 2019). The party foregrounded Malorie’s eating disorder creating an atmosphere tensed with shame and anxiety. This atmosphere temporally lingered in the visceral register of Malorie’s body as the next day she felt “so drained and deflated”. Malorie’s body was part of and co-constitutive of the party atmosphere; having to remain within this atmosphere for an extended period was too much for Malorie and the atmosphere appropriated her energy.

5.3 Futures Foreclosed and Opened

Where does the *actual* future fit into the dialectical relationship between the presented future and living present? While my participants felt the presence of the future through embodied anticipatory practices of desire and numbing intense atmospheres, ironically, they could not imagine themselves in the *actual* future (Anderson, 2010).

For my participants, the future was considered a never-happening (Massumi, 2007), as Alex said: *“this is who I am, it’s never going to change, and I can’t do anything about it”*. This resignation that *“that’s just the way it is”* (Levi) erodes *“the temporal structure of existence itself”* as the future is foreclosed as an impossible region (Aho, 2020: 265; Kemp, 2009). This disclosing of the future is felt in the living present as one’s world is made meaningless and *“depressing”* (Alex) (Moskalewicz & Schwartz, 2020). My participants ability ‘to be’ is constrained as they come to feel *“like I am my eating disorder, I don’t just have an eating disorder”* (Jayme) (Aho, 2020).

Challenging this lived imagination of the future as an impossibility is essential for my participants to move beyond the intensity of their eating disorder (Aho, 2020: 265).

*“I wish someone had said to me ‘I want to see you laughing and happy and relaxed’.
Rather than ‘you’re underweight, sad and moody’. I know, but I need more than that...
because I literally can’t visualise what’s beyond it.” – Levi*

As exemplified by Levi, my participants could not envisage beyond their lived present. My participants were constricted to being *“underweight, sad and moody”* yet needed to be brought into a future where they are *“laughing and happy and relaxed”*. As Levi said: *“I need something more”*. This *“more”* is the articulation of the future as a *“horizon of accessible and worthwhile possibilities”* (Aho, 2020: 265). My participants described this notion of recovery as a project that opens *“new narrative possibilities”*, allowing them to viscerally imagine a future self beyond their eating disorder (Aho, 2020: 268).

6. Conclusion

Mobilizing an epistemological orientation to 'mad' and feminist scholarship, deploying visceral methodologies, and bringing into dialogue queer phenomenology with affect-based geographies, this dissertation has analysed the temporal intimacies, contradictions, and embodiments of nine individuals with eating disorders. This focus on temporality intended to address this overlooked subjective thread of the eating disorder experience - and more-than-representational geography more widely - with recent scholarship largely attending to materiality and relationality. Eating disorders have similarly been under-researched by geographers.

By centring the lived knowledge of my participants, this research has disrupted and nuanced biomedical readings of eating disorders. My analysis has shown that eating disorders are non-linear temporal (dis)orientations, practices, performances and affects enmeshed in wider socio-spatial, material relations. Chapter 3 demonstrated the (un)habitual configuration of eating disorders. These affective practices (dis)orientated my participants towards their eating disorders, relegating eating disorders to the background of their worlds. Although, this background was circumstantial: constantly (re)produced and always with the potential for affective ruptures. Chapter 4 examined how these disorientated temporalities viscerally impress upon eating disordered bodies, arising in atmospheres of anticipation and distinctive materialities and relationalities. These intensities were managed through my participants' employment of time in strategies of speeding, slowing and habits. Thus, my participants purposively mobilised, mediated, and dulled time itself. This dissertation highlights the importance of conceptualising time, alongside food and eating, as 'more/less-than' as it is embodied, situated and relational. Finally, Chapter 5 responded to Anderson's (2010) calls for geography to muddy the taken-for-granted category of the future, showing how eating disorders are not just disorders of the immediate present but rather complex entanglements of the present and future.

The introduction of this dissertation outlined a call by Philo (2017) for work on 'less-than-human' geographies, however, my research blurs the distinction between 'less-than' and 'more-than'. My dissertation has considered time to be visceral as it envelops, pains and

awakens eating disordered bodies. Thus, although eating disorders diminished and contracted the lives of my participants, they simultaneously enlivened, charged and intensified. While this attention to ambiguity and partiality may appear like I'm evading a 'substantive' conclusion, these (temporal) slippages were an inherent feature of my participants' eating disorders. The rhythms, events and speeds (Andrews, 2021) of visceral temporality make eating disorders both more-than and less-than lived. This dialectical albeit contradictory relationship between the more-than and less-than would be an interesting point of study for further research on (mental) health.

An important limitation of my dissertation is the inability to acknowledge the distinctive temporal experiences of specific groups, such as those who are LGBTQ+, people of colour or older individuals. This more intersectional lens would be a useful starting point for future studies exploring the temporal intimacies of eating disorders; these refined focuses would enrich the conclusions I have begun to draw. However, despite this limitation, my dissertation has highlighted that time is deserving of further geographical attention; the theoretical strands I have started to trace could be applied to conditions like OCD or examinations of the temporal nuances of out-patients versus in-patients.

This dissertation makes a small contribution to interdisciplinary work on mental health, highlighting the value of combining approaches like visceral and affective geographies, and queer phenomenology. While my dissertation endeavoured to explore the experiential, visceral temporality of eating disorders, one could consider a limitation of this dissertation to be the conceptual neglect of culture and power to the temporal worlds of my participants. My dissertation considered eating disordered bodies to be multi-scalar, and therefore, these larger scale structures could be attended to with my theoretical approach. As such, future studies could build upon my dissertation to connect visceral temporality more explicitly with the governing capacities of fatphobia, patriarchy, classism and racism, for example, examining the temporality of navigating treatment in a neoliberal healthcare system.

Only time will tell what direction future research will move in, certainly though, this dissertation shows the value in geographers studying the (disordered) time we have on our hands.

Appendices

Appendix 1 – research advertisement that I posted on my Facebook in order to purposively sample research participants with experience of an eating disorder.

Do you identify as a survivor/ recoverer of an eating disorder?

I am a final year University of Cambridge Geography student, with my own experience of an Eating Disorder Not Otherwise Specified. I am completing a dissertation on eating disorder survivor/recoverers experiences of social spaces, feelings of (dis)comfort and emotions.

I am looking for individuals who identify as eating disorder survivors/recoverers (no matter diagnosis or lack thereof) to be involved in my research on the above topics.

If you would like to be involved or would like more information, PLEASE CONTACT [REDACTED] via email at [REDACTED]. Participation is voluntary and retractable at any point in the study, and confidentiality will be ensured.

Appendix 2 – scan of a page of my fieldwork notes from my interview with Alex. Scan shows my noting of non-verbal cues, such as facial expressions of discomfort, rhythm of speaking and pauses.

I've arrived early. have just found a nice secluded spot in the back. Will wait for to arrive before ordering.

They've arrived - seem on edge and quiet fidgety - struggling to make uncontact.

Feel embarrassed when I ask them about their eating disorder - quicken their pace to get over question and speak about it less.

We are sharing light-hearted banter, laughter about difficulties of eating disorder - they seem to use jokes to quell discomfort, so laughter feels like a nice, mutual way for to feel more at ease.

Pause quite a lot and pulling faces of disgust when speaking about materiality of food - abjection for eating captured in these palpable silences and facial expressions of horror / fear / discomfort / grossness

Conscious of losing track of their thoughts and embarrassed by this - look to me for reassurance.

Interrupted by woman who works at cafe and we stop chatting - unspokingly acknowledged by both of us that this isn't stuff to say in front of others.

Appendix 3 – examples of my two consent forms (one for photo elicitation and one for the interview) filled in, with identifying details of my participant redacted.

Thank you for agreeing to participate in this research!

My name is [redacted] I am a third-year undergraduate Geographer at the University of Cambridge. As part of my dissertation, I am conducting research interviews regarding the experiences of eating disorder survivors/recoverers in social spaces. I am particularly interested in the emotions that are generated when individuals with eating disorders enter certain spaces and what these feelings show about the process of ‘recovery’.

There will be no explicit mention of weight counts, calories, or body types in my interview questions – although if participants wish they are free to bring up these topics. Participants should be aware that some questions will touch on how participants feel in certain spaces in relation to their history of an eating disorder.

I hope to make this research as collaborative as possible with you as a participant. As a survivor of an eating disorder myself I want to centre our lived experience and ensure that participants feel involved in the research process. Participants will be asked to take photos that explore their lived experience [see consent form and guidance on photo elicitation].

At any point in the interview, participants can ask to skip or not answer a question they may feel uncomfortable with. Participants may stop the interview at any point. Participants and their information can further be withdrawn from the research at any point in the process without reason. Participants may also ask questions about the interview at any point.

The interview will take approximately 60 minutes. Participants can choose whether the interview is conducted online or in-person. If a participant wishes to hold the interview in-person, we can do so at a location of their choosing.

With your consent, the interview will be recorded on my personal laptop and mobile phone and will subsequently be transcribed. Strict confidentiality for any information given during the interview is assured. All participants will be anonymised and given pseudonyms. All data research in the interview will be anonymised and held in a password protected document, strictly abiding by General Data Protection Regulations. Participants’ information will be deleted within six months of the study’s completion.

The final dissertation will be seen by a few markers in the Department of Geography at the University of Cambridge and may be shown on the Department’s online library system.

Thank you again for participating in my research. If you have any questions about this consent form, the research or your participation, please do not hesitate to contact me at any point before or after the interview. I can be contacted at [redacted]

I give consent for [redacted] to record our interview on her laptop and mobile phone.

Signed: ... [redacted] .

Date: ...14/12/2021.....

I give consent for [redacted] to use data collected from our interview as data research for her undergraduate dissertation.

Signed: [redacted]

Date:14/12/2021.....

I would like to receive a copy of my interview once the recording has been transcribed.

Signed: [redacted]

Date:14/12/2021.....

Thank you for agreeing to participate in this research!

My name is [REDACTED]. I am a third-year undergraduate Geographer at the University of Cambridge. As part of my dissertation, I am conducting research interviews regarding the experiences of eating disorder survivors/recoverers in social spaces. I am particularly interested in the emotions that are generated when individuals with eating disorders enter certain spaces and what these feelings show about the process of 'recovery'.

Alongside my research interviews, I am asking participants to engage with a method called photo elicitation. This is a method whereby I ask participants to take photos or bring photos that relate to certain prompts [outlined in my research summary]. These photos will help to provide the springboard for our interview discussion. I hope that this method will allow participants to direct the research and drive the discussion towards topics they feel comfortable with.

All photographs will be securely secured in a password protected document and deleted six months after the research is completed.

I would like to use some photographs (in electronic or print form) in the final copy of my dissertation. For this reason, participants should be aware that any faces included in photographs will be blurred to ensure the anonymity of individuals. Participants do not have to include images that feature individuals.

Participants will be able to withdraw consent for images to be used or referenced at any point in the process without a reason. Participants will be contacted after the interview has been transcribed to make it clear which images are planning to be included and referenced in the dissertation. This will provide participants with another opportunity to consent to the inclusion of these images.

The final dissertation will be seen by a few markers in the Department of Geography at the University of Cambridge and may be shown on the Department's online library system.

If you have any questions about this (rather complicated!) consent form, the research or your participation, please do not hesitate to contact me at any point before or after the interview. I can be contacted at [REDACTED]. Participants who wish will also be able to have a call with me or a chat in person prior to the interview to discuss photo elicitation. Thank you again for participating in my research. Please consent to as many or as little of the below as you feel comfortable with.

I give consent for [REDACTED] to include photos that I have supplied to be (descriptively) referenced in her dissertation.

Signed: [REDACTED] .

Date:14/12/2021.....

I give consent for [REDACTED] to include photos that I have supplied to be used in her dissertation.

Signed: [REDACTED] .

Date: ...14/12/2021.....

I give consent for [REDACTED] to include some photos that I have supplied to be used in her dissertation – I would like to identify later which photos I give permission to be included.

Signed: [REDACTED] .

Date: ...14/12/2021.....

Appendix 4 – summary of my research (Who am I? What is my dissertation on? Explanation of photo elicitation and semi-structured interviews) sent to participants alongside consent forms prior to the interview encounter.

Summary of research for participants

Who am I?

Hello! My name is [REDACTED]

I am a third-year undergraduate Geographer at the University of Cambridge. In my spare time, I enjoy hanging out with my friends, listening to music and podcasts, and reading my horoscope (yes, this is clichéd!)

I identify as someone who has experience of an eating disorder and am exploring this research topic to highlight the importance of the lived experience of eating disorders beyond medical definitions. I am also sharing that I have experience with an eating disorder to breakdown some of the barriers that can sometimes exist between researchers and participants.

What is my dissertation on?

As part of my dissertation, I am conducting research regarding the experiences of eating disorder survivors/recoverers in social spaces. I am using methods of interviews and photo elicitation [as detailed below]. I am particularly interested in the emotions that are generated when individuals with eating disorders enter certain spaces and what these feelings show about the process of 'recovery'.

I hope to take an approach that centres the lived experiences of those with eating disorders and also ensures that participants feel they have a voice in the research process.

Summary of photo elicitation

Participants are asked to take photos or collect existing photographs that show or capture social spaces where participants feel uncomfortable or comfortable in, relating to their eating disorder and their process of 'recovery'. Participants can include social spaces however they may define them. Participants can also share photographs of social spaces that capture a particular moment/memory or feeling.

Ultimately, it is up to you what photos you include based on this prompt!

Participants who wish to take new photos can do so on any device. If participants would like, I can also supply them with a disposable camera and can develop these photos for them.

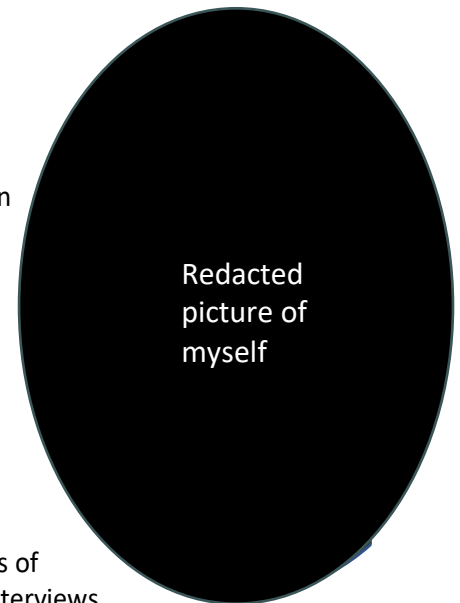
Participants will be given approximately 2 weeks to collect these photos and will be asked to send over prior to the interview/bring to the interview these images.

Summary of interview process

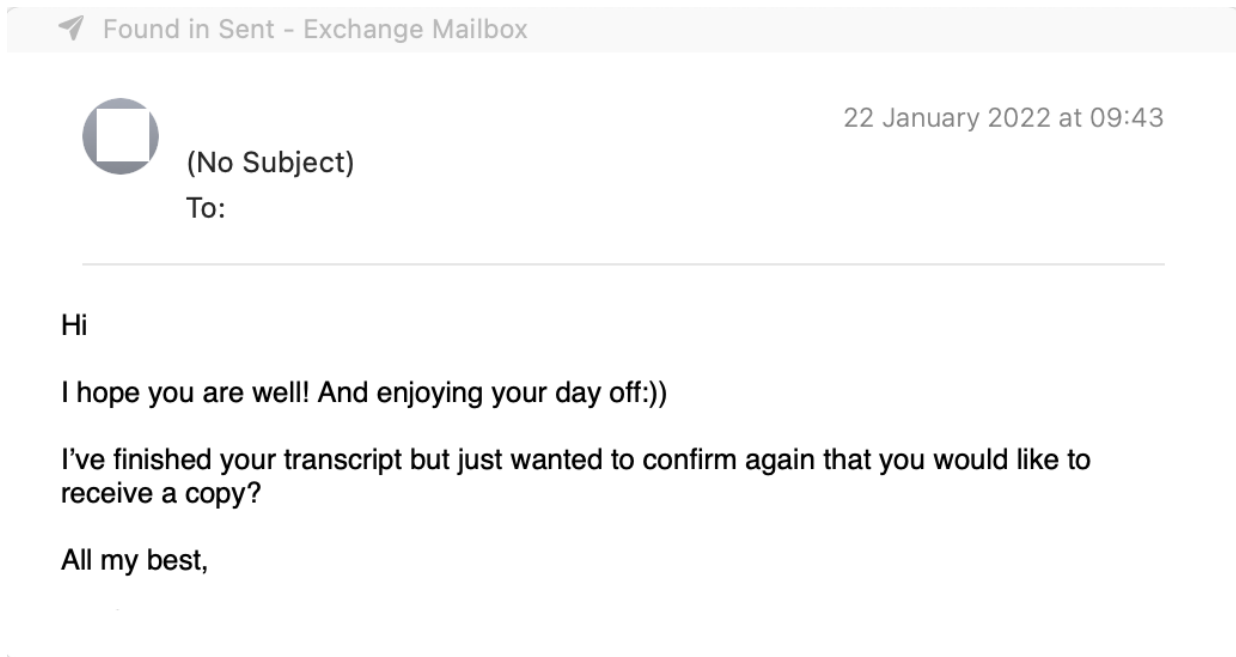
Interviews will be approximately 60 minutes longer and participants will have the choice of whether to hold interviews virtually or in-person. If participants wish to meet in-person, we can do so at a location of their choosing.

Interviews will start off by discussing the photographs that participants have taken/selected. Discussion will centre around why participants chose these photos and what they represent/how they make participants feel. These photos will provide a springboard for wider discussions on participants feelings in social spaces.

Thank you so much for your time!

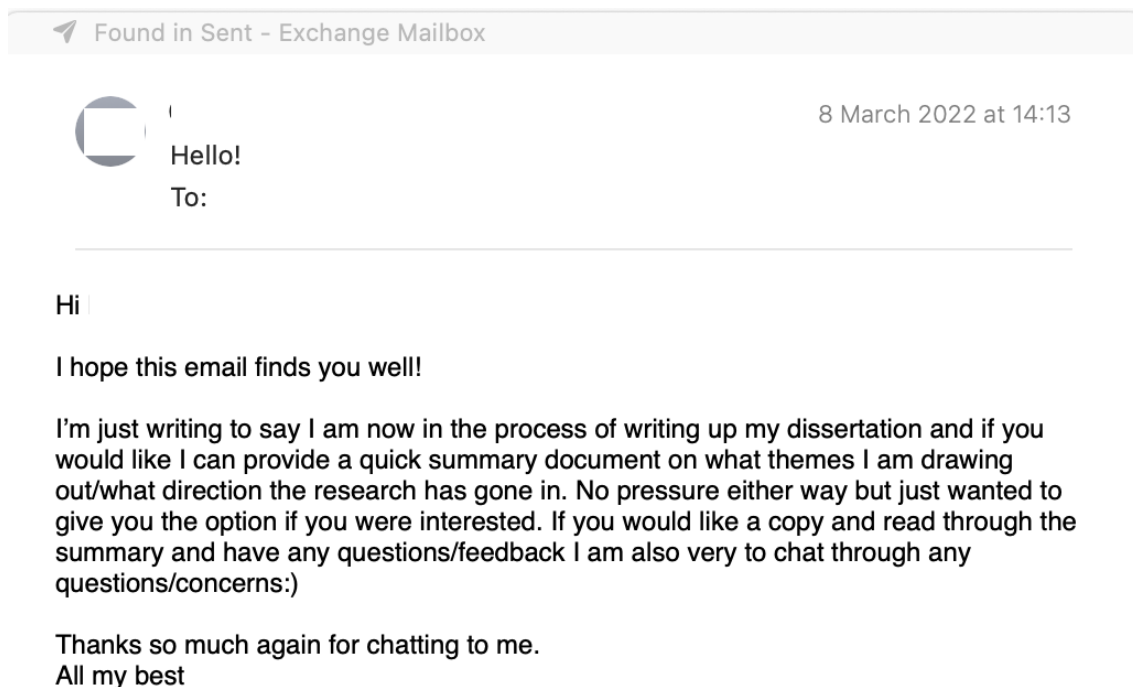


Appendix 5 – screenshot of my email to a participant extending the offer to send the individual the transcript from their interview.



Appendix 6

6a – screenshot of my email to a participant extending the offer to send the individual a summary of my research as it nears completion. Importantly, I ask if they have any queries, feedback or would like a clarification.



6b – summary of my research sent to my participants to include them in the writing and reviewing process. I detail my main theoretical approaches, provide a summary of each chapter and my title. Again, I asked if they have any queries or concerns about the summary.

Firstly, thanks so much again for chatting to me and sharing with me your experience. I really appreciate it! Outlined below is a brief summary of (what has ended up being) my dissertation. My dissertation has changed direction since you were interviewed as initially it was going to be a broader examination of the eating disorder experience, however, this was just too vast and important a topic to adequately cover in 10,000 words. Therefore, I narrowed my focus onto time and experiences of time for individuals with eating disorders. This focus was selected as temporal experience has really not been written on in the literature and it was a theme frequently touched upon by everyone I chatted to.

Title = Visceral temporality: (not) eating, embodiment and disordered time

Summary = my dissertation looks at the way my participants (you!) experienced time in your disorders and how time was emotionally lived (aka embodied).

Chapter 1: Background time = this chapter looks at the way an eating disorder can be understood as the 'background time' of individuals lives. Eating disorders become a structuring, often unobservable, modality that governs individuals' lives through habits and emotional intensities. The background nature of an eating disorder becomes known and noticeable through moments of foregrounding (shock, disorientation and disruption), for example, going out for a communal meal or going to the supermarket. The background nature of an eating disorder both then has a spatiality (felt in certain spaces) and a materiality (is enlivened by certain objects).

Chapter 2: Eating as temporally more-than = eating is about more-than food, it is situated in an array of relationalities. Eating is 'more-than' as it the act of physical consumption is anticipated prior to the actual event of eating. This affect of anticipation is felt in one's body through tension and unease. To manage these atmospheres, coping strategies and tactics were employed that themselves re-ordered time; for example, the speeding up of the cooking process or the slowing down of consumption. Feelings of dread and anticipation were often dulled by temporal disjunctures of relationality; for example, being with a partner or friends one felt comfortable with.

Chapter 3: The presence and impossibility of the future = there is a complex relationship between the present and future for those with eating disorders. The future does not just linearly follow the present but is presented in the present through the calculation, imagination and performance of futures. These practices were enacted by measuring and numeric monitoring of one's body, imaging one's body in the future and were performed by the 'doing' of an eating disorder. Rather than the present causing the future, individuals' vision of the future and one's future self shape an eating disorder *in the now*. However, these specific futures are often blurry as many individuals felt their eating disorder did not have an end goal nor could they imagine themselves in the future. Imagining a 'better' future was often important for the process of recovery.

This is just a brief synopsis of my chapters and I am still working on my final conclusions but hopefully these are beginning to be threaded together above. Please do be in touch if you have any further questions, thoughts or queries!

Appendix 7 – Interview guide for my semi-structured interviews. This interview guide was more there in case the interview became stunted, in reality, they all flowed from my initial question or participants' own narratives that they wanted to explore and discuss.

Introductory questions

- Thank participant again and briefly remind what research is
- Briefly go over consent again – reiterate request to record and also that participants can stop research at any time or speak over a question
- Give brief overview of the direction of the interview – introductory questions about EDs, and then we will just have a chat about the photos you brought
- Ask if they have any questions before we start

If I say eating disorder, what do you think of?

Understanding one's eating disorder

How did you think about/conceptualise your eating disorder? How would you describe your eating disorder?

How did you make sense of your ED?

Did you have any coping mechanisms to manage your ED or to hide your ED in social spaces?

Do you think your eating disorder ever made you feel more comfortable in a social space?

Questions on photographs

Do you mind just telling me a bit about why you selected these images? What do they show?

How did you feel about your eating disorder in this space?

Do you think your eating disorder influenced how you experienced this social moment/social space?

Do you think people were aware of your eating disorder in these social spaces? What affect did this have on how you felt in these spaces?

Did you feel like you were included/a part of these social spaces? Did you feel disconnected from other people in these social spaces?

Did any objects in the social space make you feel particularly comfortable or uncomfortable?

Did any of the activities in the social space make you feel particularly comfortable or uncomfortable?

How did you feel about the act of eating or not eating in this space?

Did you find it hard to change your understanding of this space when you were 'recovering'?

Would you consider these spaces 'social' spaces?

How did you conceptualise what happened inside your body?

Why does food evoke that emotion? Were some foods dirty and others clean?

Do you think people who have not experienced an ED, misunderstood what an ED is? What it feels like?

Closing – how did they find participation

How did you find the process of selecting the photos for participation? Did you struggle with this, if so, why?

How did you find the process of photo elicitation?

Is there anything else you would like me to ask or you would like to say about your eating disorder and your emotions surrounding and experiences of social spaces.

Appendix 8 – screenshot of one of my participant’s transcripts analysed. Scholarship was used to analyse quotes and subsequently place these into themes. Names in transcript are redacted.

<p>i : In what you're saying, do you think your ED is more something you have or live with?</p> <p>I think live with implies something separate to me that I'm actively confronting.... And have is something slightly more totalising in the sense of this is me. I think often, when.... not even necessarily when I was having a bad relapse, when I just wasn't actively confronting it, it was just normal to me and that is really scary. I didn't realise that anything could be better, that I could feel better.... It wasn't that I was living with an eating disorder, it was that my life was framed by that, and that was just the way it was.</p> <p>i Did you see yourself as like being the eating disorder or like, would it be more like a distance in that sense?</p> <p><i>Pause for approximately 30 seconds.</i></p> <p>I think when I think about it in the abstract, when I talk about it with you, I can – and with friends and a therapist – I can think about it as a separate sort of entity, as like a voice in my head that's not me. And that's been how we are often taught to think. I remember when my sister, when we were in family therapy, she would often, quite ironically – sort of deliberately to piss off the therapist – to say what they wanted to hear, she would talk about a 'demon' in her head because that's the way to kind of personify it... um... but when I because I'm more committed to recovery now, I'm more able, in day to day life to think, like that thought is so not good thought. And kind of catch it, and separate it. But before I never really did that. There was no one... I wasn't really holding myself to account in anyway and it was just... like I was aware it was fucked up, and I was aware I wasn't happy but...but I was aware I was very different to other people I just thought it was always going to be like that. And it was just me.</p>	<p>Becoming consumed by one's eating disorder – intense proximity to this and is all-consuming – proximity of the background is that which makes it unrecognisable (Husserl, 1969). Also link to Lauvics (2013, 2015) work on personhood and relationality in how one makes sense of their ED.</p> <p>Acceptance of 'this is the way it is' – lifeworld completely reorientated towards certain pathways that were dictated by eating disorder (Ahmed, 2006)</p>
	<p>Allies with findings in other studies of people thinking of their eating disorder as a 'friend' (Lauvics, 2015) – this sort of separation and distance allows people to 'hold onto' and 'live through' their eating disorder by conceptualising it as a distinct entity</p> <p>Idea of 'catching' a thought – physical act of holding onto thought rather than holding onto one's eating disorder – 'holding' ironically becomes a way of 'letting go'</p> <p>Can't distinguish oneself from their ED and the intensity of the presence of their ED – link to work on temporalities and living present (Anderson, 2010) – future is considered an impossibility.</p>

Appendix 9 – list of themes my participants’ quotes were placed in following iterative processes of analysis.

Proximity to, and normality of, eating disorder

Externalisation

Being trapped in the eating disorder

Addiction

‘Smartness’ and strategies to enact eating disorder

Moments of uncontrol/shock/disruption

Shame and embarrassment

Fear

Disgust

Separation from others

Joy and recovery

Desire

Registration and awareness of one’s physical body

Complexity of home

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