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Theresa A. Stoddard
University of South Florida

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Eating and Body Image Disorders in the Time of COVID19:

An Anthropological Inquiry into the Pandemic's Effects on the Bodies

by

Theresa A. Stoddard

A thesis submitted in partial fulfillment
of the requirements for the degree of
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Department of Anthropology
College of Arts and Sciences
University of South Florida

Major Professor: Nancy Romero-Daza, Ph.D.
Heide Castañeda, Ph.D.
Daniel Lende, Ph.D.

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ABSTRACT

This thesis examines how the COVID-19 pandemic and its associated lifestyle changes are impacting the experiences of self-identifying women and females with body image disorders (BIDs) and/or eating disorders (EDs), focusing on the mental, physical, and emotional health of participants. Using surveys, person-centered semi-structured interviews, and autoethnography, I collected qualitative and quantitative data regarding the challenges, triumphs, hopes, and fears of participants regarding their EDs/BIDs during the pandemic and situated their experiences within their sociocultural context. Drawing on anthropological and psychological theory, I examine the data through the lenses of Scheper-Hughes's and Lock's "The Three Bodies" (the body politic, body social, and individual body), as well as Fredrickson's and Roberts's objectification theory. After identifying the major shifts taking place in participants' lives during the pandemic, experiences were categorized according to the body (or bodies) in which they manifest. The manuscript elucidates the complex ways that the political, social, and individual bodies of participants are interconnected, particularly with respect to their eating and body image disorders. Exploring the interplay between the bodies and the influence they exert on one another, I posit that the political, social, and personal cannot be completely severed from one another and are most useful as a theoretical framework when construed as different layers of the same experiences. The findings were used to create publicly disseminated lists of recommendations for the ED/BID community and their loved ones, as well as to raise awareness among counselors treating these disorders.

CHAPTER ONE:

INTRODUCTION

Research Problem

The COVID-19 pandemic has altered the landscape of normal life for individuals around the world. High death counts, innumerable hospitalizations, steep drops in employment levels, and a significant economic downturn are just a few of the ways the pandemic has touched nearly every facet of life. Beyond these more obvious impacts caused by the pandemic, many insidious effects have followed the associated lifestyle changes required to combat the spread of the virus. Stay-at-home orders, business and school closures, social distancing measures, quarantines, and cancelled professional and personal events have changed the landscape of daily life. Increased rates of domestic violence, isolation and loneliness, and anxiety and depression threaten the physical and mental health of people worldwide (Bosman 2020; Holmes et al. 2020). The syndemic effects of social isolation/distancing measures, pre-existing physical and mental health issues, structural inequities, and the virus's pathology render vulnerable populations particularly at-risk for negative physical and mental health outcomes associated with the pandemic (Holmes et al. 2020, Vieira 2020). In addition to the current focus on the physicality of the disease, calls for increased attention to mental health and the promotion thereof have been made as perception of risk, shared anxiety, and exacerbating effects of the disease are heightened (Holmes et al. 2020, Ipsos MORI 2020, AMS 2020).

An understated arena of both physical and mental health on which COVID-19 will likely exert its influence is that of eating disorders (EDs) and body image disturbances/disorders (BIDs). As the pandemic continues to impact all facets of life, it is reasonable to expect the experience of

such disorders will be affected as well. Over thirty million people in the United States suffer from an eating disorder during their lifetime, and many cases go undiagnosed. Mortality rates are shocking, with someone dying from an ED every 62 minutes (Eating Disorders Coalition 2016). Besides clinically diagnosed eating disorders such as anorexia nervosa (AN), binge-eating disorder (BED), bulimia nervosa (BN), and orthorexia nervosa (ON), general body dissatisfaction – which can lead to disordered eating and compulsive exercise – is extremely common in the United States. Runfola and colleagues (2013) found body dissatisfaction to be persistent across all age groups of women, evidenced by a discrepancy between current and preferred silhouette in a shocking 91% of the sample population. The persistent portrayal of thin bodies in media is linked to negative body image in women and a potentially a cause of the consistent dissatisfaction across age groups (Groesz et al. 2002).

Body dissatisfaction has a number of negative clinical implications; it is associated with psychosocial problems such as social anxiety and depression (Cash et al. 2004), lower health-related quality of life (Haraldstad et al. 2011), and depressive symptoms (Ferreiro et al. 2011). Eating disorders have devastating effects on the mental and physical health of sufferers as well. Negative health impacts of eating disorders include, but are not limited to, decreased cardiovascular health, gastrointestinal problems, neurological disorders, altered endocrine functionality, infertility, bone loss, and increased mortality rates (NEDA n.d.). Statistics suggest that prevalence of eating disorders is higher in women than men (Hudson et al. 2007). Less researched but still prevalent in male and female genders, Body Dysmorphic Disorder (BDD) is a complex clinical BID characterized by the excessive concern with perceived physical "defects." BDD affects between 1.7% and 2.9% of the general population, likely with many more cases that go undiagnosed (Phillips n.d.). Body image disturbances and eating disorders are common and dangerous; their frequent comorbidity with other mental health conditions such as depression, anxiety, post-

traumatic stress disorder, and obsessive-compulsive disorder makes their symptomology all the more concerning (Tagay et al. 2014).

At the time of this research's inception, the adverse effects of COVID-19 on eating and body image disorders was relatively unknown, although experts warned against a plethora of potential negative impacts (Touyz et al. 2020). The symptoms and disease course of COVID-19 in someone undernourished or suffering from an ED could potentially be more severe, according to Touyz and colleagues (2020). In addition, the treatment of ED/BID patients is altered, whether in or out of clinical spaces. Standard care and treatment for both patients with EDs will need to be reconsidered, as treatment facilities and hospitals alike are caring for vulnerable patients and working to minimize the spread of the virus (Touyz et al. 2020).

Perhaps more nuanced, but equally formidable, is the way the pandemic will affect the everyday experiences of those struggling with eating disorders and body image disturbances. Disruptions of daily routines, social restrictions, media exposure, and fear of contagion and illness are just a few of the potential triggers for emotional, mental, and physical repercussions in persons facing EDs and BIDs (Rodgers et. al 2020). Recently, psychologically focused studies have started to elucidate the impact on people with EDs. Schlegl and colleagues (2020) conducted a survey of 150 patients suffering from anorexia nervosa and found that approximately 70% of participants reported that eating, shape and weight concerns, drive for physical activity, loneliness, sadness, and inner restlessness have been increasing during the pandemic. A group of eating disorder experts in Europe implemented and analyzed the properties of the COVID Isolation Eating Scale (CIES) in an effort to evaluate the changes in eating during the pandemic. In a study of 121 patients, 87 of whom suffered from eating disorders, they found that different participants with different ED subtypes responded to confinement in distinct ways. While some participants with anorexia nervosa and bulimia nervosa did not have an increase in eating disorder symptomology, patients with Other

Specified Eating Disorders (OSFEDs) reported negative effects on eating behaviors and mood disorders (Fernandez-Aranda et al. 2020). These results were in contrast to those of a study of 1,121 ED patients in the United States and the Netherlands conducted by Termorshuizen and colleagues (2020). This large study found that participants were experiencing strong and varied effects as a result of the pandemic. Participants with anorexia nervosa (62% of US sample, 69% of NL sample) reported increased restriction and fear of not finding foods that fit their meal plans. Participants with bulimia nervosa and binge eating disorders (30% of US sample, 15% of NL sample) indicated increased bingeing and more urges to binge. Participants also expressed concerns about exacerbated mental and physical health concerns (Termorshuizen et al. 2020). The number of potential avenues by which this pandemic will alter the lives and health of those with EDs and BIDs warrants a thorough investigation into their complex experiences – an endeavor well-suited for medical anthropology due to its holistic approach.

Anthropology's Role

Anthropologists can play a crucial role in responding to this changing global landscape. As a discipline dedicated to the study of humans, culture, and society, anthropology - and particularly medical anthropology - is well-poised to study COVID-19 and its broader implications for the human experience. Whereas psychology/psychiatry tends to focus on the individual and internal experience through quantifiable measures, medical anthropology's holistic approach to health, illness, and culture offers a robust assessment of the interaction between external and internal forces. Medical anthropologists, such as Mark Nichter, have previously contributed to the research of pandemics by investigating, among other things, the ways that social and cultural factors exert influence on and are influenced by disease outbreaks (Nichter 2020). The Ebola, SARS, and Spanish flu pandemics illustrate the interactions between human and disease pathways, resulting in altered societies, norms, and health. These pandemics turned social interaction into a health risk,

standardized the isolation of sick individuals, and altered traditional rituals such as burials. Standard greetings, tendencies for sociality, and group norms are often culturally embedded; during a pandemic, they are primary pathways of both disease spread and public health intervention. The interactions between social structure, culture, and biology are made clear during viral outbreaks that require people to significantly alter their ways of life. A such, anthropologists who are well-versed in biocultural approaches to health can play a key role in applied, pandemic-related research.

Nichter suggests a few ways that medical anthropologists can contribute to and engage with COVID-19 professionally; enhancing research to better understand how humans are experiencing the pandemic on individual and collective levels is necessary to assess the full range of consequences COVID-19 will have (Nichter 2020). Beyond its pathology, this coronavirus outbreak is altering the very fabric of our humanity. It is changing the ways we can or cannot interact, self-relate, and function as members of local and global societies. Anthropologist Harini Kumar (2020) calls attention to the difficulties anthropology will face as it takes on this necessary task; a disruption of ethnography means a disruption of methodology. What was once a keynote feature of ethnography – physical proximity to research participants – is now unavailable, and more importantly, unsafe. And yet the work of anthropology, dedicated to documenting societal change, must continue despite current changes' direct implications for our process (Kumar 2020). It is necessary that anthropology adapt, shift, and make itself compatible with a world where getting close is not possible.

This manuscript attempts to make this needed anthropological contribution to COVID-19 research; using digital methodologies, I conducted an ethnographical exploration of the interaction between social, cultural, and health realms during the pandemic. The experience of eating and body image disorders cannot be divorced from the sociocultural changes occurring at the hands of the pandemic, just as the experiences of the body and mind cannot be divorced from the virus itself.

The remainder of this thesis questions, investigates, and analyzes how the experiences of eating and

body image disorders are shifting during the time of COVID-19, and it offers an explanation rooted

in the interaction between social, political, and physical bodies.

CHAPTER TWO:

A BRIEF HISTORY OF EATING DISORDERS AND THEIR ANTHROPOLOGICAL

INQUIRIES

Eating Disorders

Eating and feeding disorders, although medicalized and more common now, have existed for much of modern human history. Anorexia mirabilis reportedly found in the Middle Ages (Harris 2014), was a condition similar to the modern anorexia nervosa in its characterization by extreme fasting and self-abnegation. Rather than a desire for thinness, anorexia mirabilis was driven by a desire for holiness or purity. This motivation was rooted in religious belief in the power of self-starvation and punishment as a form of piety that led to favor with God. Saint Catherine of Sienna is perhaps one of the most prominent and revered "holy anorexics" – her starvation was well-known and emulated by many (Harris 2014). From the 1500s and beyond, a number of related disorders have been found in the historical records, with shifting names, conceptualizations, motivations, and associated disorders. At times, fasting was associated with demonic possession, at other times with witchcraft, and eventually with psychological illness and somatic symptoms (Dell'Osso et al. 2016).

In the 1950s, anorexia nervosa was first entered into the Diagnostic and Statistical Manual of Mental Disorders (DSM-I) used by psychologists and psychiatrists for clinical diagnoses. In this medical definition, anorexia was considered to be a psychophysiological reaction and neurotic illness (APA 1952). In the DSM-II, pica and rumination disorders – which are characterized by the ingestion of non-nutritive foods and repeated regurgitation, respectively – were added alongside anorexia nervosa (APA 1968). These conditions started to be conceptualized as a product of a

desire for thinness or preoccupation with weight. Bulimia nervosa was added in the 1980s in the DSM-III, and "eating disorder not otherwise specified" was included in the DSM-IV in the 1990s (APA 1980; APA 1994). The most recent version of the manual – the DSM-V – was released in 2013 and includes pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified eating or feeding disorder, and unspecified eating or feeding disorder (APA 2013). Since then, emerging trends have included orthorexia – characterized by an extreme obsession with eating "healthy" – as an eating disorder or related disorder as well (Dell'Osso et al. 2016).

The main four categories of eating disorders identified by the current DSM-V include anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified eating disorder. Anorexia nervosa is primarily characterized by self-starvation and the maintenance of a low body weight that impedes normal functioning. This disorder is often, but not always, fat-phobic in that sufferers are usually convinced they are overweight or fat and starve themselves in attempt to lose weight. There are a number of anorexia nervosa subtypes listed in the DSM-V, including the restrictive subtype (low weight is maintained by not eating), the purging subtype (periods of restriction are accompanied by purging through laxatives, vomiting, or exercise), and the binge-purge subtype (periods of restriction are accompanied by occasional binges and purges) (APA 2013; Lester 2019).

People with bulimia nervosa interact with food differently than those with anorexia. Bulimia is characterized by cycles of bingeing and purging; people consume great deals of food and then purge it through exercise, diuretics, laxatives, vomiting, or fasting (APA 2013). Bulimia is particularly dangerous for the heart, digestive system, and other organs due to the constant intake and output of food, electrolytes, and nutrients. This danger is particularly insidious because lab tests can return normal when a patient is actually at high-risk for a heart attack (Lester 2019). Bulimia,

like anorexia, can severely impair functionality.

Binge eating disorder is characterized by food binges without the purges associated with bulimia. People with binge eating disorder lose control over their bodies during binges; they want to quit eating but are unable to stop. The binge is a compulsion that is nearly impossible to ignore, and it is still accompanied by thoughts of disgust with oneself and with eating (APA 2013; Lester 2019).

Other specified eating or feeding disorder (OSFED) is the term used in the DSM-V to refer to an eating disorder that shares symptoms or traits of two or more categories, or that does not necessarily meet the time or frequency requirements set for diagnosis of other disorders (APA 2013). People with OSFEDs might regularly restrict food intake, and then binge and purge occasionally, but not enough to be diagnosed with either the binge-purge subtype of anorexia nervosa or bulimia nervosa. Orthorexia meets the criteria of an OSFED, although it is not necessarily medicalized as one. OSFEDs are extremely serious and dangerous despite their seeming "otherness"; they are the most common eating disorder and can be deadly, with anorexia nervosa killing one in five sufferers (Lester 2019).

Clinical definitions do very little to capture the true pain and horror that living with an eating disorder entails. Clearly, eating disorders are notable for their effect on behaviors and thoughts surrounding food, exercise, and bodies. However, the true depth of the illness and its cognitive and emotional impact go much further. I have found it is often hard to describe the experience of an ED to someone who has never had one or someone who has not struggled with his/her relationship with food or with their body. The thoughts and behaviors quite simply do not make sense to those without EDs. The intense self-loathing, disgust at one's own appearance, and absolute intolerance for one's own physical presence cannot be overstated. Self-hatred creeps into every aspect of life; it becomes a crushing reality to exist as yourself. Everyday functionality is

impaired by physiological symptoms of the ED and the overwhelming need to count calories, to exercise, to plan meals (or the lack thereof), to look in the mirror, to pinch and prod and poke displeasing body parts, to eat, to purge… In short, eating disorders overwhelm the senses and can take over a person's existence. They are not merely a collection of behaviors and traits, a prolonged cognitive distortion, or a phase. Eating disorders are devastating, life-altering conditions where food and the self – two things that are rather unavoidable if one plans to stay alive – become "vectors and means by which deep existential concerns are made manifest and struggled out" (Lester 2019, 9).

Anthropology and Eating and Body Image Disorders

Cultural anthropologists have investigated beauty ideals and how social dynamics contribute to standards of appearances. A set of studies edited by Cohen, Wilk, and Stoeltje (1995) examined the global presence of beauty pageants and how they project gendered ideals of bodies that are influenced by political and social preferences like race, ethnicity, and class. Appearance can also impact group membership, as indicated by body-modification by youth subcultures and skin bleaching or hair straightening by minority groups in America (Anderson-Fye 2012). While some anthropological studies have clearly found the globalization of Western body image as a source of shifting beauty standards and increased body image disorders, other studies have disrupted this finding and prove more localized – yet still pervasive and influential – standards of beauty. For example, Anderson-Fye (2009) found that young women in Belize did not incorporate Western thinness ideals into their worldview despite a rapidly changing and globalized culture. While beauty ideals still played an important role in the community, the locally idealized curvy shape was far more important than size, leading to far fewer instances of eating disorder symptomology. Clearly, body image is constructed within sociocultural context and (re)produces beauty standards through behaviors and customs of individuals and groups within a particular place and time.

Early works of transcultural psychiatry and anthropology described anorexia nervosa as a "Western" culture-bound syndrome, indicating that it is an illness unique to those enculturated or acculturated into a Western socio-cultural landscape (Prince 1985; DiNicola 1985). Anthropological literature from the 1990s and later problematized this take, examining the way eating disorders might present in non-"Western" cultures. Anthropologists began to look at the variation of eating disorder causes, venturing beyond the fear of fat and weight gain that characterizes the models of culture-bound syndromes. These anthropological theories regarding eating disorders explored the political economies of the feminine and assertions of agency. Littlewood (1995) explored the variability in theories of modernization and its connection to eating disorders via a drive for thinness, finding that women in South Asia – who did not express a fear of fatness – still scored similarly or higher than Europeans on the BITE, which assesses bulimic behavior. He suggests eating disorder behavior in less industrialized nations might relate more to exertions of agency than a desire to lose weight. Lester (1995) similarly postulated that the cause of eating disorders varies from culture to culture; while nuns in the medieval ages starved themselves in the name of union with God, women in post-industrial societies pursue thinness for social gain. Rather than a unifying, cross-cultural goal of eating disorders, Lester argues that societally specific struggles with identity as a woman might explain their variation and global presence. A 2004 special edition of *Culture, Medicine, and Psychiatry* offered a selection of articles focused on global perspectives on eating disorders due to the increase in knowledge that ED epidemiology is not confined to one group or specific to one part of the world (Becker 2004). This break from the "Western" description of eating disorder was important for anthropology to embrace its supposed holistic and relativistic approach, and also a crucial piece to the ongoing discussion about psychology's continued sampling of Western, industrialized, rich, and democratic nations (Rad et al. 2018).

In recent years, however, anthropology's gaze on eating disorders has shifted back towards the Euro-American context. Rather than attempt to identify cultural differences and variations of phenomena, illness, or disorder, recent investigations are framed around the idea of embodiment and experience, focusing on the "cultural logics" of eating disorders and the way they are embedded into structure and daily life (Eli and Warin 2018). A recent special issue of *Transcultural Psychiatry* (2018) highlighted a variety of anthropological eating disorder analyses that situate eating disorders as "co-created through the interactions of person, kin, peers, treatment teams, institutional practices, societal structures, and the materialities of food, other objects, and bodies" (Eli and Warin 2018, 448).

Warin (2005) examined the way people with anorexia reconfigure their institutional spaces during treatment, creating intimate spaces with no delineation between treatment, eating, sleeping, bathing. As a result, public and private, institutional and domestic spaces become ambiguous, reproducing the way many eating disorders exist in practice. In her book *Abject Relations* (2010), Warin looked beyond previous anthropological explanations of eating disorders that focused on individualism, autonomy, and self-control. She found in her ethnography of a treatment facility in Vancouver, rather, that eating disorders emerged as an interaction between power, desire, and disgust in a search for relatedness. Many of these identity-focused studies used the theory of embodiment as a primary means to investigate and interpret how eating disorders are manifested. Some work has even looked at the way healing and treatment is reliant on clinics' conceptualizations of health, as elucidated by Lester (2007) in a cross-cultural comparison of an eating disorder treatment facility in Mexico and one in the midwestern United States. Although both treatment centers focused on almost identical symptomology and behaviors, Lester found they constructed their clinical spaces around different "underlying dynamics" that impact the experiences of clients and clinicians.

In sum, the approaches to eating disorder analysis within anthropology have varied across time and space. As a complicated health condition that spans multiple disciplines, eating disorders are difficult to fully comprehend through a single field's lens. Medical anthropology is well-poised to examine eating disorders in its holistic approach to disease and focus on the experiences of illness. The point of centrality and theoretical framework through which an analysis can/should be done is variable, as eating disorders are multi-faceted and irregularly shaped in terms of their spheres of influence and effect. I take a medical anthropological approach that focuses on the lived experience of the bodies afflicted by eating disorders and body image disorders in this study in order to assess multiple levels of influence over ED/BID behavior, situated within the current socio-political and cultural landscape. This approach is necessary as the effects of the pandemic on eating and body image disorders will occur on a variety of levels, ranging from individual to social to political. A wholly internal approach – like that of psychology – or a wholly external approach – like that of some culturally- or structurally-focused anthropologists – would be inadequate to assess COVID's impact. The interaction between the personal and the political is poignantly manifested in eating disorders, particularly within the context of a shared, global crisis.

<div align="center">**CHAPTER THREE:**</div>

<div align="center">**THEORETICAL APPROACHES**</div>

The Three Bodies and Body Image

While embodiment has been used aptly to interpret and analyze eating disorders (Eli and

Warin 2018), in this study, I choose to take a critical approach to the illness experience and the

powers that influence it. Critical medical anthropology calls for a critical look at the way political,

economic, cultural, and social systems interact to inform health outcomes for different people. An

effective theoretical framework for understanding how health is manifested and perceived at the

confluence of such systems is that of the three bodies – the individual body, the social body, and the

body politic – as described by Scheper-Hughes and Lock (1987). The individual body is the most

obvious; it is the lived experience of the body on an individual basis. This experience of the self,

however, is variable as personal interpretations of the interactions between body, mind, soul,

psyche, etc. are often distinct to each individual. The individual body can also feel and/or manifest

the effects of larger, external forces as mental, physical, and emotional health outcomes.

The social body describes the body in relation to others around it; groups of people interact

with one another in ways that directly or indirectly include health. The social network surrounding

an individual can exert influence over the health and well-being of the individual, in positive or

negative ways. Social groups can foster well-being through positive reinforcement of healthy

behaviors, or they can negatively impact health by promoting health-depleting activities. The body

politic refers to the ways larger structural influences surveil, control and manipulate bodies at the

individual and group levels (Scheper-Hughes and Lock, 1987). Institutional racism and sexism are

salient examples of how the body politic is reliant upon structural influences that regulate which

bodies are socially acceptable. The cultural, political, and social regulations on bodies comprise this body politic; the policing of bodies, their opportunities, and their aesthetic is a phenomenon exerted on and by the body politic. These three bodies interact and overlap one another; an approach that addresses and integrates all three perspectives of the body produces a more mindful and/or holistic investigation into health. Keeping these perspectives on the bodies in mind will be particularly insightful when examining the individual, social, and political ways that EDs and BIDs are experienced, shared, and propagated. Moreover, as COVID-19 has disrupted "normality" for each of these three bodies, their integration into research framework will be useful to parse out avenues of impact.

Body image and eating disorders, regardless of a pandemic, can be analyzed through the perspectives of the three bodies. On an individual level, body image disturbances and eating disorders are experienced within the individual body. Intake regulations, body dissatisfaction, behavior changes, eating patterns, and exercise regimens are some of the ways in which individuals might interact with their own body-selves within BIDs and EDs. These auto-interactions are likely to be affected by lifestyle changes propagated by COVID-19. On the level of the social body, EDs and BIDs alter the ways in which people interact with others, socialize, share food and drink, talk about and discuss bodies, and feel about themselves in group environments. COVID-19 has likewise affected the ways people do these things; the interaction between the forces ED/BID and COVID-19 produces a unique alteration to the social body.

The body politic, with respect to body image and eating disorders, is a helpful way to interpret the ways certain bodies, and particularly those of women, are policed by social, cultural, and political forces. Shifting standards of the ideal female body and subsequent reinforcement of those standards through social and cultural phenomena are an example of how certain bodies, but not others, are allowed to thrive in the United States (Anderson-Fye 2012). Enculturated into an

objectifying (and patriarchal) society, girls are often socialized to feel unable to accept and love

their bodies while society judges them based on narrow beauty ideals (Rosenbaum 1979, Steiner-

Adair 1986). The beauty ideals (re)produced in the home, education, media, and by cultural norms

encourage a never-ending pursuit of thinness with the goal of achieving a figure that would confer

value and worthiness in a society where the female appearance is prioritized. Rather than to value

that which is natural and build a relationship with their bodies, young women are consistently

taught to manipulate their bodies, often by reaching minimal and dangerous weights (Steiner-Adair

1986). The emphasis here lies in the fact that this body dissatisfaction and manipulation is

culturally and socially (re)produced; larger structural forces regulate women's bodies and their

perceived value, creating disturbances and disorders in line with the body politic perspective.

Confounded even further by COVID-19, government-issued stay-at-home orders, gym closures,

food scarcity and/or insecurity, and potentially increased media usage offer more complex and

relevant ways by which bodies are controlled by structural forces in ways that might interact with

image ideals to impact EDs and BIDs.

It is not simply the cultural suggestions for the female form that create body dissatisfaction;

standards for women's bodies are enforced regularly by pernicious weight stigma. Weight

discrimination against people in larger bodies occurs often, whether in healthcare, the workplace, or

in general public treatment, indicating the systemic ways by which thinness ideals are enforced.

Sabin (2012) conducted a study of medical doctors and the general public to assess anti-fat bias and

found that both MDs and the general public showed strong implicit and explicit anti-fat bias.

Similarly, a study conducted in the United Kingdom found high rates of weight bias in students

who are training to become doctors, nurses, dietitians and/or nutritionists (Swift 2013). Clearly,

health professionals contribute to and ascribe to negative perceptions of larger bodies,

problematizing the idea of "health" and its pursuit.

Weight discrimination was found to contribute to disordered eating habits, often via route of anticipated weight stigma (Hunger et al. 2020). That is to say, it is not uncommon for disordered eating habits to develop in individuals who anticipate and/or expect societal discrimination for their weight. This attempt to reduce future discrimination through disordered behaviors is consistent with other research that indicate experiences with weight stigma are associated with disordered eating (Eisenberg et al. 2012; Hunger and Tomiyama 2018; Wang et al. 2014). Moreover, Puhl and colleagues (2020) have found that external discrimination, such as weight teasing, is associated with lower levels of internal self-kindness in young adults. This was particularly true in young women, for whom low self-kindness levels were associated with being treated unfairly due to their weight and receiving comments on their weight from others (Puhl et al. 2020; Eisenberg et al. 2012). The negative impact weight stigma has on relationships with the self is significant; self-compassion has been found to be negatively related to external shame and eating disorder symptomology (Ferreira et al. 2013). In fact, external shame can be helpful in predicting one's drive for thinness (Ferreira et al. 2013). Regulatory access to success, decreased fairness and/or kindness, and externally induced shame are ways by which the body politic of image ideals is made clear and tangible.

Anthropological inquiries into body image, particularly into body image as it develops in adolescence, confirm the deeply embedded nature of weight-stigma and thinness ideals in American society. In a study of adolescents in a southwestern high school, Nicole Taylor (2011) found that weight-based teasing in adolescence was not only common, but nearly ubiquitous. While both boys and girls were teased for weight, girls were teased with increased frequency, and their display of body fat was monitored more closely and criticized more harshly. Her in-depth investigation into perceptions of and teasing for fatness revealed that both direct and indirect teasing were used by teens as a means of "othering" bodies different than their own. By making differences "other," one

allows for his/her own body to become "normal" as power and social rank are negotiated. The social body shifts within the broader body political context to facilitate prioritization of the individual body and a sense of self. It is then necessary to understand cultures and institutional contexts can "enable and cultivate marginalizing norms and behaviors" (Taylor 2011: 195). Mimi Nichter found similar mechanisms of prestige negotiation, social identification, and cultural indexing embedded into "fat talk" in adolescents and young adults in a study conducted across four high schools in urban Arizona (2000). Denigrating fatness in group contexts was a near-ritualistic behavior allowing for group membership; feeling content with one's own appearance was almost demonized and surely socially inappropriate. To Nichter, it became evident that girls exhibited a deep aversion to feeling or expressing positive thoughts about themselves. Ubiquitous negative self-talk and body shaming highlight how "fat talk" can reproduce the cultural beauty ideals as women are developing their senses of self (Nichter 2000). A deep internalization of such ideals indexes pressures of the social body and propagates a desire for thinness within the body politic.

Objectification Theory

The internalization of female body image ideals, by people of all genders, is well-interpreted through objectification theory, which offers an explanation for how regulations imposed on the body politic are transferred to and manifested in the social and individual bodies. Used primarily in psychology, Fredrickson's and Roberts's (1997) objectification theory takes for granted the fact that American society reduces women to their bodies and sets forth unrealistic ideals for weight and appearance. Rather than aiming to explain this fact, the goal of objectification theory is to explain the ways by which that ever-present objectification of women is internalized and manifested as negative emotions, physical experiences, and behaviors (Fredrickson and Roberts 1997). According to this framework, an internalization of the objectifying gaze of society 1) produces shame in women when they feel they do not meet beauty ideals that idolize thinness, whiteness, and youth 2)

produces anxiety in women who feel they must constantly be vigilant about their appearance 3)

disrupts "flow" or peak motivational states with constant thoughts about appearance and 4)

decreases awareness of internal bodily states through disconnect from the physical body and its

sensations, such as hunger and pleasure (Fredrickson and Roberts 1997). These effects of

objectification, in turn, produce their own consequences: depression, sexual dysfunction, and eating

disorders. Objectification theory offers more detail to the ways by which the body politic can exert

influence over the individual body.

Eating disorders are caused by the normative discontent that objectification causes

individuals to feel about the body and its experiences. Food restriction, starvation, purging,

compulsive exercise, and other body-image related behaviors create a sense of control and can ease

feelings of anxiety, shame, and depression caused by body dissatisfaction (Fredrickson and Roberts

1997). Objectification theory framework as an explanation for eating disorders was tested and

supported by Tylka and Hill (2004) in a study of 460 college-aged women. The research used a

model that concurrently examined multiple constructs central to the theory (sexual objectification,

poor interoceptive awareness, self-objectification, and body shame), rather than just one variable.

The results supported the theory's postulations about the psychosocial and sociocultural influences

on eating disorders in their findings that pressure to be thin, body surveillance, body shame, and

poor interoceptive awareness all contributed to the development of eating disorders (Tylka and Hill

2004).

Objectification is near ubiquitous in American society, and increasingly so as diet culture,

media, and social media become more pervasive. A meta-analysis of studies related to thin media

and body image conducted by Groesz and colleagues (2002) found that body image was

significantly more negative in women after viewing thin models in media images than after viewing

average-sized or heavier models. The results affirm the sociocultural hypothesis that mass media,

such as fashion and television, contribute to the negative body image experienced by women in relation to the slender ideal (Groesz et al. 2002). Since this meta-analysis was performed, the ways image ideals are consumed through the media have both changed and increased. With social media platforms shaping the lives of young people around the globe, they are a prime location for the dissemination diet culture and its insidious implications. In fact, Stein and colleagues (2019) found Instagram browsing to be a significant predictor of dietary restraint, and as a result, the platform likely plays a significant role in the promotion of disordered eating. Additionally, Prichard and colleagues (2020) found that exposure to the common hashtag #fitspiration on Instagram, meant to "inspire" viewers to get fit, resulted in negative mood and greater body dissatisfaction. Similarly, #fitspiration is frequently accompanied by hashtags such as #cleaneating, which is associated with increased levels of dietary restraint (Allen et al. 2018). As such, it is reasonable to expect that thinness ideals are even more persistent with the additional means of influence awarded by social media platforms. With COVID-19 likely causing an increase in media consumption, the dissemination of beauty standards that promote disordered eating, negative emotions, and body dissatisfaction is cause for concern.

Objectification theory and the perspectives of the three bodies provide useful frameworks for conceptualizing not only how and why body image disturbances might occur, but also for looking at the many levels on which EDs and BIDs might be affected by changes caused by COVID-19. Exploring the experiences of the body politic, the social body, and the individual body during the pandemic can elucidate their interactions and impacts on the manifestations of eating and body image disorders.

CHAPTER FOUR:

RESEARCH QUESTIONS, DESIGN, AND METHODOLOGY

Research Goal and Questions

This research project sought to understand how the experience of and/or recovery from an

eating disorder and/or body image disturbance has been impacted by the COVID-19 pandemic and

its associated life-altering consequences. Specifically, the following questions guided the research:

1. How have the COVID-19 pandemic and its associated phenomena (e.g., social distancing

   measures, stay-at-home orders, quarantine, etc.) affected self-identifying adult women with

   current/past body image disturbances and/or eating disorders?

   a. Which aspects of the pandemic have been most impactful on the experiences of

      these disorders, and why?

2. What activities, strategies, mechanisms etc. have been productive and empowering while

   facing EDs/BIDs during this time?

3. How have the effects of the pandemic on the experience of EDs/BIDs manifested within the

   three bodies?

Research Design

The project involved a largely exploratory, qualitative, and experiential design, and used

multiple methods to address the research questions. Content analysis, which allows for making

inferences based on the systematic review of data embedded within its own context, was used to

analyze the data from interviews and surveys (Krippendorff, 1989). This analysis was inductive

through grounded theory, allowing for themes to emerge with time and repetition. This established

clear links between the research objectives and findings, rather than using predetermined categories to organize data (Thomas 2006).

The research took place over a four-month period from August to December of 2020. Due to the complex nature of ethnographic research during a pandemic, this project was designed to be conducted remotely. While this is not ideal for traditional ethnographic research that typically encourages participation and observation with populations of interest, it was a necessary design to ensure the safety of the PI and of the participants. Consequently, this project was both shaped by and focused on the changes caused by the COVID19 pandemic. In a sense, the research is self-reflexive, as its methodology was designed to be amenable to remote work and socially distanced lives, and its partial goal was to understand the vast array of effects that these remote and distanced lifestyles are having on participants. Participant-observation as a method was rendered unfeasible, and emphasis was placed on surveys and interviews that inquired about experiences and perspectives as told by participants themselves. As a result, the data may not be bolstered by what long-term observation can typically provide. The research instead relies on the responses of participants and the observations, interpretations, and conclusions made based on survey responses and interviews.

Study Site

Due to the dangers associated with in-person interaction during the COVID-19 pandemic, all surveys and interviews were conducted online and over the phone. As a result, participants were encouraged to participate regardless of their location, and recruitment was focused online. This is the current reality of ethnographic fieldwork during the pandemic; while limiting in many ways, the reliance on digital spaces can also prove useful. As the pandemic continues, much of our lives are being lived online, thus making the digital world a more applicable field site than physical sites might be currently (Howlett 2020). "Home" and "field" are recombined in new ways, calling

anthropologists to reconsider how "be there" and gather rigorous insight from alternative sites and methods (Günel et al. 2020),

Sample

Because eating disorders and body image disorders tend to be more prevalent in women than in men, the sample population was restricted to adults who identify as women, female or non-binary but feminine. No age maximum was set, but participants were required to be at least 18 years old. Rather than require a clinical diagnosis of an eating and/or body image disorder, any adult woman who identified with some form of body image disturbance, disordered eating, eating disorder, or compulsive body image-related behavior was able to participate. This ensured the sample size was adequate and potential participants were not rejected, as clinical diagnoses are far less common than ED/BID symptomology. Data was collected through surveys completed by 69 participants and through individual interviews conducted with a subsample of 17 participants. Participants were recruited online with a digital flyer (See Appendix A). These flyers disclosed my affiliation with the university, stated the purpose of the project, explained requirements for participation, identified the IRB study number, and provided my contact information. The flyer was shared on social media accounts and email LISTSERVs, accompanied by the survey link. Many participants went to the survey directly from the link; others first contacted me via email, and I directed them to the survey after providing a bit more information about the study. Some participants went on to share the social media recruitment posts with their own social networks, as did some individuals who did not participate, but who were interested in the study and hoped to help it reach a broader audience.

Methodology

Questionnaire/Survey

An online Qualtrics survey was used to collect information on demographics, ED/BID status/concern level, personal impacts of COVID-19, altered experiences of EDs/BIDs, and effective coping mechanisms. The survey consisted of a consent statement (Appendix B) and was followed by 43 questions of varying form (Appendix C). Some questions included Likert scale response statements, while others were specific choice and free-response questions. Questions primarily focused on identifying the ways by which COVID-19 and its associated lifestyles changes have or have not impacted how participants experience their own body-image and related behaviors. The survey included questions that address media use changes during the pandemic and perceived impacts of such consumption on physical, emotional, and mental health. The survey also asked if participants were interested in an interview, and if so, offered the option to submit contact information.

Semi-structured Interviews

Interviews addressed the survey topics with more detail and were instrumental in providing context for and elaboration on the survey responses. They focused on the nuances of ED/BID experiences and the way participants have felt the effects of the pandemic personally. I used a prepared set of seven questions with multiple probes (see Appendix D). Questions were experientially focused and human-centered. Questions included inquiries into past and present experiences with EDs/BIDs; mental and physical health changes associated with the pandemic; concerns about effects of COVID-19 on participants' behaviors, treatment, and recovery; how participants relate to their bodies and those of others; negative and positive influences on body image both before and during the pandemic; the form, frequency, and impact of media consumption; effective strategies for coping with EDs/BIDs during this time; and hopes, fears, and

expectations for future experiences with EDs/BIDs. This data collection was aimed at gathering experiential evidence for analysis and eventual comparison to anthropological and psychological theory. Interview lasted from twenty minutes to an hour and thirty minutes, depending on the interviewee's willingness and capacity to elaborate on her experiences. With permission, interviews were audio-recorded either on my phone or laptop so that they could later be transcribed for analysis. These audio recordings, along with notes taken during the interviews and the survey responses, were the primary source of information for this project. The audio recordings and transcripts were saved in a password-protected computer, accessible to only me. Full names were never requested, only initials were written on private documents, and pseudonyms are used in this manuscript to protect confidentiality.

Autoethnography

Less a method and more of a contextual tool used to provide insight, autoethnography of my personal experiences was an important piece of this project. As an anthropologist, I cannot ignore my own positionality and the way it brought me to this research question and shaped my investigations thereof. Indeed, as an individual in recovery from an eating disorder, I felt a strange mix of anxiety, fear, hope, and stress in March as the pandemic made its way through my world. Convinced that I could not be the only one struggling with such thoughts and emotions, I decided to investigate the unique phenomenon of experiencing or recovering from an eating disorder during the COVID19 pandemic. Thus, my survey and interview instruments were largely developed through the lens of my own experiences; I translated what I was feeling myself and what I observed in the world into questions. I found that my own history allowed me to connect with participants more deeply and interpret their responses within a relevant context. Casually with each interview, and eventually more formally as a reflexive exercise, I answered each interview question myself. Influenced by my own experiences and directed by the stories of the brave participants in this study,

this thesis is a sort of map through the minds, hearts, and bodies of women struggling collectively and individually to find peace with their bodies during the pandemic.

Analysis Techniques

The use of Qualtrics for survey implementation allowed for immediate quantitative analysis of data collected via the questionnaire. This provided quick compilation of responses and statistical analysis of non-free-response questions. Text-entry responses, along with interview data, were analyzed through a content analysis framework. Content analysis is a flexible yet rigorous approach to data analysis that is particularly adept for examining data that is embedded within its own context (White and Marsh 2006).

Content analysis of the qualitative data collected via interviews was inductive and produced through grounded theory. An inductive approach is ideal for an exploratory analysis of qualitative data and standard practice for content analysis of qualitative data (White and Marsh 2006). An inductive approach requires the researcher to examine data with unexpectant eyes, attuned to recurrent themes and patterns (Thomas 2006). Bernard and Ryan (2010) offer detail, suggesting analysis should look for repetitions, common categories, distinctions and likeness, missing pieces, and eventually theory-related data. The use of grounded theory allows for the constant development of theory from the data; this ground-up process ensures that data, and consequently participants' experiences, are not confined to pre-determined categories (Charmaz 2000). A casual analysis began as soon as data collection commenced so that I was able to adapt subsequent data collection and analysis to emergent themes. Complete analysis occurred at the end of the data collection process. Constant comparison was used to compare and contrast data gathered from different individuals, in order to identify recurring or divergent opinions and experiences.

Interviews were transcribed, and transcripts were thematically coded using MAXQDA software. Focused thematic coding used initial codes that reappeared frequently to organize data

into common categories. Memo writing occurred during and after coding and before full analysis in order to "elaborate processes, assumptions, and actions that are subsumed" by the codes chosen (Charmaz 2000, 517). These themes were explored in their entirety as stand-alone concepts, and then within the context of broader anthropological and psychological theoretical models. Looking at the codes that were presented, I examined the similarities and differences between the data presented by different participants, looking for patterns in experiences and thoughts. Both themes that were mentioned and those that might have been left out were compared and contrasted; when dealing with health-related experiences, it is crucial to look at not only what data is present, but also the gaps that exist. Interpretations of included/excluded details are important to a comprehensive analysis of this project's data.

CHAPTER FIVE:

RESULTS AND DISCUSSION

Demographics

Gender and Age

Participants were asked to identify their gender and age range as contextual information about the sample population. Sixty-six (96%) of participants identified as female, and 3 (4%) identified as non-binary but feminine. Ninety-six percent of participants were between the ages of 18 and 34 (Table 1).

Table 1: Age range of participants by count and percentage

Range (years)	Count	Percentage (n=69)
18-24	38	55%
25-34	28	41%
35-44	2	3%
45-54	0	0%
55+	1	1%

Race, Nationality, and Employment

Sixty-three (91%) respondents identified as white, 5 (7%) respondents identified as Black, 2 (3%) respondents identified as Asian, 4 (6%) respondents identified as Latina, and 2 participants wrote-in alternative racial categories: multiracial, and indigenous Canadian. Respondents were allowed to identify with more than one race. Sixty (87%) respondents were from the United States, 9 (13%) respondents were from other countries, including Switzerland, the United Kingdom,

Canada, Finland, the Netherlands, Belgium, and Mexico. Thirty-nine (56%) respondents were

employed at the time of the survey, 7 (10%) were unemployed, 22 (32%) were students, and 1 (1%)

preferred not to say.

The survey results show that the majority of research participants were young, white women

from the United States. With 63 out of 69 participants identifying as white, and 66 out of 69

participants under the age of 35, these statistics might seem to suggest that young, white women are

experiencing body image and eating disorders with much more frequency than women of other

races, ethnicities, and ages. However, it is important to recognize this assumption as a fallacy, and

to attribute such demographic skews to unintentional sampling bias or the vagaries of sampling.

Once falsely believed to be an issue of white, North American, heterosexual, and middle/upper

class women, eating disorders and body image disorders are not exclusive to one specific type of

person. Non-inclusive clinical studies, conflation of class and race, restricted clinical definitions,

racial stereotypes, and an underestimation of cultural imagery's power have led to this

misunderstanding of who experiences body image and eating disorders (Bordo 2013, Rad et al.

2018). Indeed, risk for eating disorders may be equal or higher for women of minorities or

economically disadvantaged backgrounds (Gard and Freeman 1996, Crago et al. 1996). This should

be kept in mind when examining the demographic results of this study; they are not representative

of all who suffer from EDs/BIDs.

Survey and Interview Results

Past and Current Experiences

Participants were asked to identify which symptoms of EDs/BIDs they had experienced in

the past, and then subsequently to identify which they are currently experiencing. This provided

context for where participants are in their journeys with their EDs/BIDs, and what acute problems

they are facing during the pandemic. More participants indicated symptoms in the past than at the

current time. Figure 1 shows the breakdown of past experiences, and Figure 2 shows the breakdown of current experiences.
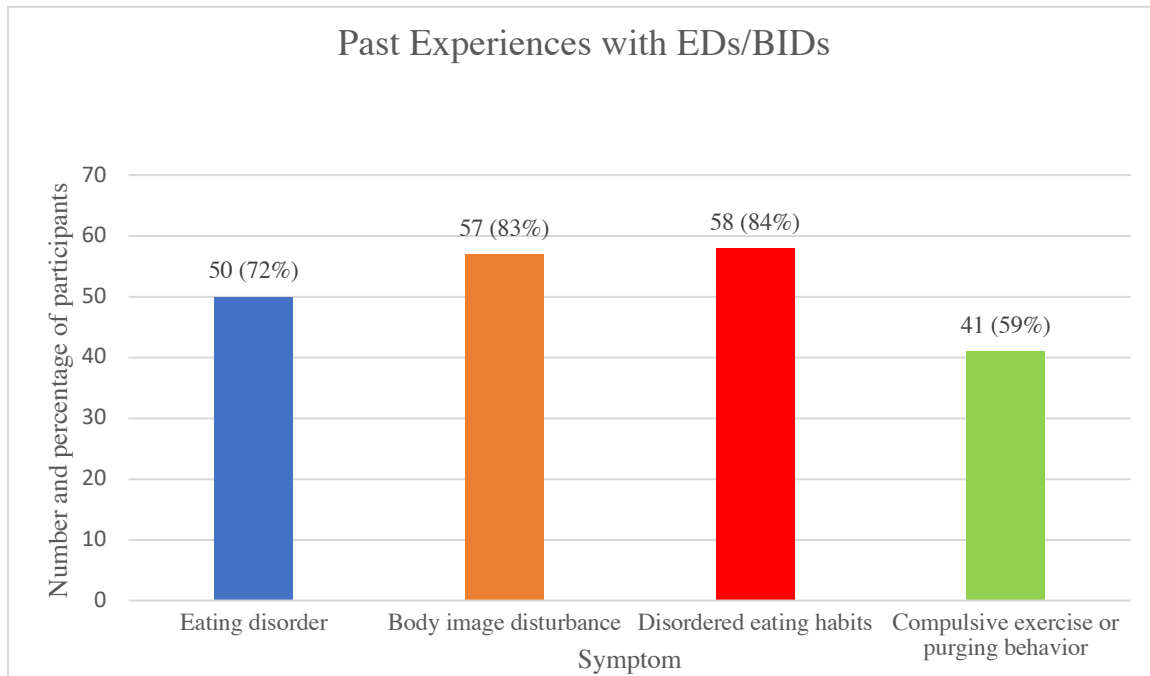

Figure 1: Past experiences with ED/BID symptoms
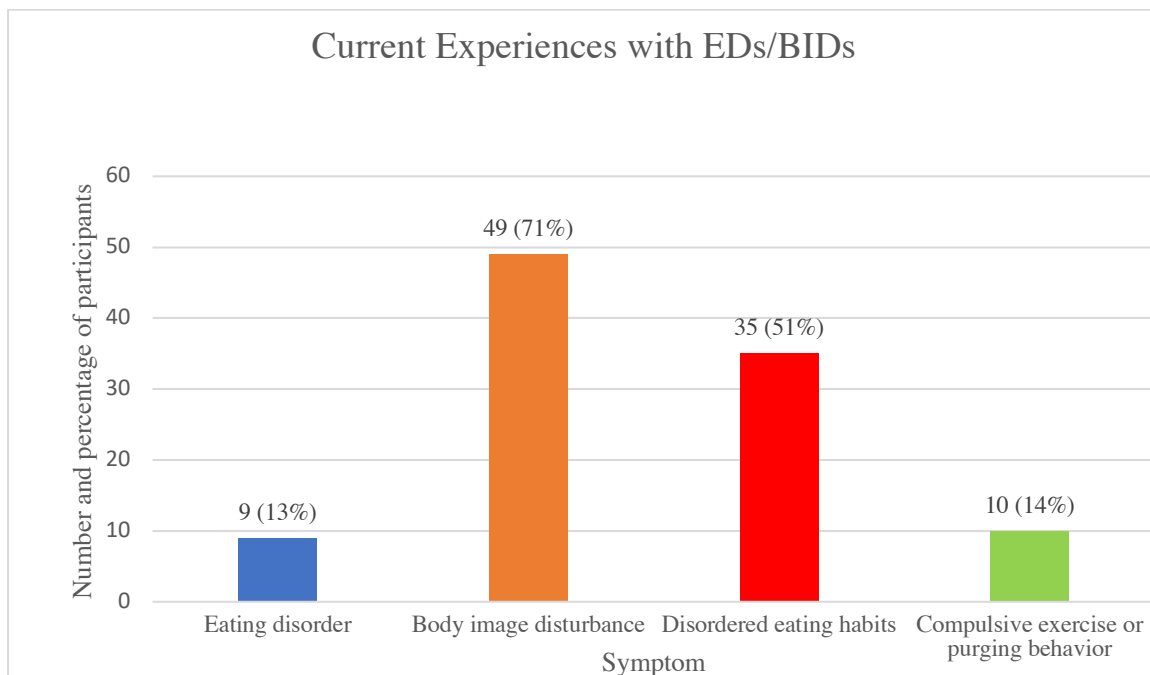
Figure 2: Current experiences with ED/BID symptoms

In an effort to understand the severity, level of concern, and treatment history of participants, respondents were asked about the professional help they have sought in the past and if they are currently utilizing professional help. Thirty-eight respondents, or 55%, utilized professional help for an ED/BID in the past. Fourteen respondents, or 20%, were utilizing professional help for an ED/BID at the time of survey completion.

The Women of the Interviews

The 17 interviews I conducted provided invaluable context for survey responses and allowed for the exploration of nuances of data presented here. Thematic coding of interview transcripts found major areas of interest to the researcher and concern to the participants to be: stress, food access, time, activity level changes, control, media usage, external situations, social isolation, and weight change. Participants often expressed simultaneous hope and fear for the future. Interviews touched on deeper topics and the personal/historical course of the BID/ED for each participant. A brief history and description of each interview participant's journey with her ED/BID is included here to provide context and humanity to the names mentioned throughout the discussion. These names are not real; pseudonyms are used to protect participants' identities.

Corrinne

Corrinne considers herself to be in recovery from disordered eating, a journey that started roughly 11 years ago. She deals with binges but claims she does not quite meet the DSM definitions of binge eating disorder. Her memories of her disordered eating are covered in shame – hiding and sneaking food and feeling guilty for doing so. She does not have a history with dieting and has gotten professional help for her disordered eating habits and associated shame and feelings of "undeserving"-ness. She goes to therapy, practices intuitive eating, and believes in HAES. The pandemic, along with external situations, sparked depressive episodes and relapses into compulsive eating. With a partner with asthma and without health insurance herself, Corrinne has had to take

the pandemic very seriously. The many months of isolation, online grocery shopping / planning meals, emotional eating, and financial disruptions have made her journey particularly difficult. She cannot see her therapist or do the body work – somatically-focused forms of therapy – so crucial to her recovery. Things have been hard, but she is hopeful for the future because of how much the pandemic has reminded her that life is not linear. She is looking forward to getting back into her recovery routines in the future.

Catherine

Catherine has struggled with disordered eating for a very long time, and she started dieting when she was twenty years old. After a hip injury in college, she gained weight and felt her eating disorder surface. Last year she started practicing intuitive eating and learning about HAES, and she was really beginning the recovery journey when COVID hit. The pandemic has primarily affected her in two ways: food access and stress/emotional eating. Living in a very rural area, Catherine actually struggled with a very different problem than most participants in terms of food access: food insecurity. With the very few local grocery stores depleted of supplies and restaurants closed down, finding groceries and planning for two weeks' worth of meals was very stressful for Catherine. It also caused a great deal of anxiety, which made her want to eat emotionally. These issues were hard for her to handle, especially when dealing with a head injury and the pandemic's other life changes. Things have been difficult, but she is encouraged by how vulnerable people are being during the pandemic. She thinks the collective nature of the struggle has made it easier and less isolating.

Ally

Ally's ED symptoms began when she was around 14 or 15, but when she spoke to a psychiatrist at 17 about it, her experiences were trivialized – something she attributes to the fact that she was overweight at the time and institutional misconceptions that only thin people have eating disorders. During college she thought she had gotten her ED under control, but in retrospect, she

really was just not "acting on her impulses" to purge after eating, but the thoughts were still there. Before COVID hit, she had just started seeing a nutritionist alongside her therapist and was making moves towards recovery. The first week or two of the pandemic was hard; she felt panicked about being at home around food all the time. She decided, however, that with all of her time at home, she would dedicate herself fully to the recovery process. She has spent the time learning about intuitive eating and diet culture and focusing on healing. She told me about recovery: "If I'm going to survive this, I'm going to have to like look on the bright side. And the bright side is that this is an unprecedented opportunity for me to do this." She is feeling really great about her progress over the past few months, though she is also concerned. She has unintentionally lost a lot of weight over the pandemic and is fearful that she is attached to the weight loss and worried how it might change post-pandemic. Regardless, she is looking forward to the end of the pandemic and the opportunity to educate other people on diet culture and how to combat it.

Evie

Evie has always felt very focused on her body, never feeling like she measured up against other women. She was hospitalized for an unrelated issue and unable to eat for six months when she was in high school. When she was finally released, she felt herself completely focused on eating since she was unable to for so long. She started hoarding and bingeing food, and when she gained weight, she felt horrible about herself. She never felt like she had self-control if food was around her. When she graduated college, she moved into an apartment alone. Without people around, she was easily able to restrict her food intake. She started losing weight, which excited her. Six months later, her husband moved in. Shortly thereafter, the pandemic hit, and she has felt unprecedented stress and anxiety compound her pre-existing mental health struggles. She has fallen into the habit of restricting in the morning, bingeing at night, and then purging – all in secret. If questioned about it, she blames her small food intake on her autoimmune disorder, which is another complicating

factor for her experience during this time. External situations add to her stress; her parents are getting divorced, her new husband is struggling with depression as well, and her job as a nurse can be stressful. She is looking forward to getting professional help for her ED; she is almost grateful that the pandemic showed her how serious it is. I am the very first person she has told about her eating disorder.

Elena

Elena suffered from a severe eating disorder from age 13 to 20. She would intensely restrict for days, sometimes eating nothing, and then would binge and purge through vomiting. She considers herself to be in recovery now, four years later, but still struggles with the ED thoughts when she is stressed. With the pandemic, she was spending her time at home in an apartment, always surrounded by food. Her university was very slow to transition to an online format, so she had a lot of time on her hands. She felt like she was eating everything all the time and gained a little bit of weight. She found herself thinking about her body a lot more and spending lots of time in the mirror critiquing herself and finding flaws. YouTube videos focusing on workouts and weight loss during quarantine were triggering as well; they made her feel bad for not working out more or losing weight. She was also unable to see her father, who at high risk for COVID. She lived with her boyfriend during the months of lockdown, which was fortunate because they enjoyed their time together. After a while, she was mostly able to get her thoughts under control, created routines for her days, and is feeling a bit better. She's thankful she deleted Instagram in 2019 to protect her body image, and she is glad her recovery journey started years ago; she thinks the effects it would have had on her three or four years ago would have been far worse.

Gloria

After originally starting a diet, Gloria developed anorexia as a 14-year-old. After a year with her ED, she started intensive outpatient therapy and eventually transitioned to once-weekly

outpatient therapy for three years. Her ED was mostly under control after that, but she still struggled with body dysmorphia. In college, she developed compulsive eating and exercising, habits that came and went over the next few years. She eventually started taking anti-anxiety medication that actually really helped with her body dysmorphia as well. She was doing pretty well before the pandemic hit, but recognizes that feeling good is dependent on managing her triggers by not having snacks in the house, etc. Things have been really tough since March, though. The SNRI for her anxiety stopped working to prevent her panic attacks. She moved in with her husband who she normally does not live with, so her diet and drinking habits changed according to his. Her job as a professor was in constant flux, shifting from in-person to virtual learning and back again. She gained some weight, which triggered a negative emotional response. On top of everything else, her hormones have been imbalanced, causing irregular moods. Her exercise has changed, Zoom meetings constantly present her with her own face, and social isolation has taken its toll. It all feels like too much right now – her body changing on top of the world changing. She hopes to start seeing an ED-specific therapist soon.

Kendra

Kendra has dealt with mental health issues since she was a child, but they were undiagnosed until this past year. She grew up with negative messaging about her body from family members. She started hoarding and bingeing on food when she was around 12 years old, which she continued for four years. At age 16, she told her parents she had a problem and needed help, and she went to counseling for about six weeks. It did not help that much, but her ED shifted to disordered eating that continued until recently. She had full mental health relapse in 2019 while living abroad; she lived in a persistent brain fog and made strange decisions. She was constantly buying food from the store, stealing food from her roommates, and hoarding and bingeing. When she got back to the US, she ended up hospitalized and was finally diagnosed with type 2 bipolar disorder. She had been

working to stabilize her life and her behavior up until March, when she was laid off from her teaching job due to the pandemic. She moved back in with her parents, which has been hard. She decided that she wanted to dedicate her time to healing and creating a better life for herself. She started exercising, journaling, going to therapy, and practicing mindfulness. At first, she felt trapped by circumstance, forced to face herself and her issues. But now, she feels empowered to make improvements for her health. She has incidentally lost weight, which has caused complex emotions; she finds herself body-checking and thinking about her weight loss quite a bit. Overall, however, she still thinks the pandemic has been a blessing for her mental health, as she feels better and calmer than she has in a while.

Jessica

Jessica's body image and eating disorders began in high school; she used to starve herself to see how long she could go without eating as a competition with her friends to lose weight. She had body dysmorphia and always wanted to be skinnier. Though she stopped starving herself in college, she still struggles with the body dysmorphia, and it is particularly bad around the time of her menstrual cycle each month. Since the pandemic, she thinks these weeks of each month when she feels horrible about her body have gotten worse because she is at home so much more and has more time to look at herself in the mirror. She has dealt with a lot of change during the pandemic that has compounded her stress; she was unemployed for a time, but then got a new job and relocated to a new city. Her new job is as an educator, and she has had to adjust to constantly changing plans for remote or in-person learning. She also started a new, serious relationship. However big her life changes have been, she is now feeling pretty good. The extra time at home was isolating but has also allowed her to develop new routines. She has started running and really enjoys it. She has lost a lot of weight recently, which she attributes to cooking more and running since she has the time now. She is a bit weary of her reaction to losing weight and her attitude about running, as she does

not want to get attached to the weight loss and what running does for her body rather than her mood. She is worried all the time at home has given her too much opportunity to obsess over her appearance.

Kerry

Kerry's issues with her body image began when she was just ten years old. She has struggled to accept her body's natural shape and compares herself to other women since then. In 2015, she developed bulimia. After about a year, she started therapy and considers herself to be in recovery now. Her life has been topsy-turvy since the pandemic started, which has been hard in some ways and helpful in others. As a new mother, Kerry stopped breastfeeding and went back to work as a school counselor in February. When COVID hit in March, she transitioned to working remotely and pulled her son from daycare. As a stay-at-home mom and a working mom simultaneously, her days got busy and complicated. She started stress-eating, ordering takeout more often, and felt herself gain a bit of weight. She also felt herself drinking a bit more in the evenings to unwind, which was a bit triggering for her since she associates alcohol with relaxation and family time, neither of which she was really getting during the pandemic. And while it has definitely been hard to accept her post-baby body, she also finds her motherhood to be one of the most empowering aspects of her identity. Things have gotten a bit better over the months; she has started to feel less stressed and is finding more time to be in the kitchen and cook meals, which she loves. She also loves going on walks with her son and has started practicing embroidery. She feels hopeful for the future after spending some intentional time thinking about what she really wants for herself moving forward.

Kim

Kim started having body image issues and then acting on her thoughts through restriction and purging when she was 12 or 13. Her mother had an eating disorder, so she grew up surrounded

by body image issues. Her eating disorder continued until she was almost 20, when she had to be partially hospitalized and spent three months in an eating disorder treatment facility. Treatment was good for her, but the ED and related thoughts/behaviors have ebbed and flowed since then. Right before the pandemic hit, she felt pretty good. She was very busy with school and multiple jobs, so she never had a ton of down time and had lost weight unintentionally. Once COVID hit, she was forced to slow down because her jobs and busy-ness came to a halt. Without her busy days, she started struggling with sleep and essentially "became nocturnal." At first, she was not too concerned about her ED, but after a few months, she realized she had gained back the weight she had previously lost, which was scary for her. She particularly struggled with not having a schedule to parse out her day and keep her eating regular. She also had to move during the pandemic, which was stressful. Her new home did not have a dishwasher, and she started ordering out more often. She realized she was not comfortable with a lot of variety to her eating/food routines, and that meant she had more healing to do. She only relapsed once in a purging episode, which is a great improvement from where she would have been in earlier years. She, like many others, thinks things would have been much worse if the pandemic hit at a different point in her journey. She has focused on trying to get closer to her food; she is growing plants and cooking/baking when she can. She finds yoga to be really helpful when she has the space to do it and likes to journal. In the long run, she thinks she will be thankful for the struggles of the pandemic, because she had to expand her comfort zone and learn more about how else she needs to heal.

Martha

Martha's first memory of purging is from the fifth grade; her bulimia has continued until today, a few years post-university graduation. Her ED has colored many different experiences for her over the years; originally born in Russia, Martha comes from a family whose culture "does not believe in psychology and does not understand mental health." She took a semester off during

college to go to an eating disorder treatment facility, where she was seeking treatment until her insurance kicked her off of the program. Recently, however, she switched insurance plans to a new one provided by her employer, and it has significantly improved her life. On the new plan, she is now able to afford a psychiatrist, psychologist, and a nutritionist to help her recover. This switch happened in March, serendipitously timed for the start of the pandemic. The first few weeks of the pandemic were hard – Martha was strictly controlling her eating and exercising intensely every day. Being around her roommates more at home made her realize how disordered her behavior still was, and she decided to capitalize on her new insurance policy to dive into healing. She thinks the pandemic, ironically, has been one of the best things that has happened to her mental health. She has had the time and energy to focus on recovery in ways she never was able to before. Although the healing journey has been hard as she has confronted herself, she is feeling stronger and more empowered to make the ED a part of her history.

Sandra

Sandra's eating disorder started at around age 14 when her family started doing CrossFit. They were all measuring their heartrates and were very disappointed when Sandra's was high at 104 (she would later find out this was due to an autoimmune disorder, not her weight or fitness level). She started exercising and severely restricting her calories and carbs. At age 17 she went to see a nutritionist at the advice of her pediatrician, who was dismayed to see Sandra had lost one-third of her total body weight. Her parents were proud of her weight loss, affectionately calling her "double zero" in reference to her new pants size. The nutritionist, in contrast, was horrified, and let Sandra know she would need to be put on a feeding tube in a month if she did not start gaining weight back. She started working with her nutritionist closely and gained weight, started treatment for depression, and eventually felt a lot better. She still deals with some ED/BID-related thoughts but considers herself to be in recovery. The pandemic has been a bit isolating for her; with an

autoimmune disorder, she is high risk for COVID and has had to stay home and away from most people. She has had repeated throat infections and lost weight during the pandemic due to the inability to eat. The extra time at home has been hard; it's easy to slip into negative thoughts and self-talk. She has found joy in taking her dog on walks and cooking/eating with her roommate has been helpful. She likes to stay busy with her schoolwork and art to keep her mind focused on things other than her body. She is looking forward to being able to spend time with other people again after the pandemic but is also a little weary of how being with others might spark comparison.

Tiffany

Tiffany started struggling with her body image and eating around the time she started middle school. She gained weight and tried to diet but would inevitably cycle through restrictive and binge periods. In high school she moved closer to family members and was often compared to her other "skinnier" cousins. Her binge/restrict cycles have continued to this day. Since the pandemic, Tiffany has had her hours significantly cut at the hospital where she works. She is on partial unemployment, thankfully, but does not have health insurance. She's also been studying for the MCAT, which has been an added stressor amidst the pandemic and unemployment. Combined with the pandemic and her depression, her negative body image keeps her at home. She struggles to work out or find balance with her food, partially due to her night shifts and irregular eating schedules. She worries about her weight due to her family's history of stomach and heart health problems; she feels like she is letting them down by not being healthier. She wants to make lifestyle changes that allow her to move joyfully and eat in a balanced way, rather than swinging from diets to binges. She finds meditation, spending time in water, and painting to be good for her during the pandemic.

Michaela

Michaela has dealt with body image issues since she was in middle school, but her eating disorder really kicked in when she went to college. She gained weight her freshman year, and upon returning home for the summer decided she was going to lose it. She started a new job that required she always be on her feet, began dieting, and was running every day. She lost the weight very quickly, but she became obsessed with shrinking. She continued to severely restrict her caloric intake, and it became hard for her to eat normally. After a while her parents noticed and threatened to pull her out of university if she did not gain weight. Unwillingly, she gained some of the weight back, and has been "pretty normal" since then. The pandemic has brought back some of her body image issues, but not the restrictive eating. She has been working primarily from home in a stressful new job that requires long hours, and with gym closures, she has not been able to work out like she normally would. She has gained some weight, she thinks, because her mom has been baking a lot more. She is worried what she might do if she gains any more weight.

Nina

Nina has always been self-conscious about her body, which manifested as over-eating and over-exercising. She has gone through phases of obsessing over "crazy diets" and her family has always been prone to dieting. Her body image and anxiety disorders often manifest as binge eating. The pandemic was a unique experience for Nina – she was living in Madrid, Spain, at the time and was under a very intense lockdown. She was not able to leave the apartment unless it was for groceries, and rules were enforced by police. It was extremely isolating for Nina, and she felt anxious, alone, and frustrated by her lack of routine and exercise. She was bored and stressed, and food became a way to comfort and/or stimulate herself. Binges were followed by feelings of self-loathing and regret. She gained some weight and feels like there is a mountain awaiting her to lose it. Back in the US now, she is feeling better with a new job and a home-gym that helps her keep

routine. She is moving to New York soon, and is excited but nervous. She hopes that being around people after the pandemic will be positive and uplifting for her, rather than anxiety- or comparison-inducing.

Riley

Riley started dealing with body image issues and disordered eating when she was 18 years old. At a medical check-up, her doctor told her she was overweight. She decided to try the Atkins diet, and she did lose some weight. She went to college and has consistently gained weight since then, which has really affected her body image. Her main concern about her weight is that men will not find her attractive because she is not skinny. She often tries a diet, loses weight, and then immediately gains it back. She also struggles with occasional binge-eating. Since the pandemic started, Riley's routine has not changed significantly. She still goes into work, but now she wears a mask. Work can be a hard environment for her body image; she works almost exclusively with men who occasionally comment on her body and any weight changes. In her personal life, however, much has changed. Usually, Riley is traveling and spending time with friends and family on the weekends. Unable to do so and living in a very small, new town, she has been very lonely and isolated since March. Her baseline anxiety levels have increased as well. Bad or stressful days often make Riley want to treat herself to a yummy meal, which can sometimes leave her feeling bad about herself if the meal is not "healthy." She has gained some weight since COVID hit, which makes her feel bad about her body. Her body image is closely related to how she has eaten that week or how much she has exercised. She has recently started working with a therapist and is looking forward to continued healing – and eventually traveling – in the future.

Selena

Selena's eating disorder started in high school. She was always a "bigger" child and never ate "healthy." One day, after eating McDonald's, she decided she was going to lose weight. She

started severely restricting her caloric intake, and the weight fell off. She was able to hide it from people because she did not eat traditionally "healthy" foods; she ate only junk food, just in extremely small quantities. People did not think there was an issue since she was still eating chocolate chip cookies at lunch. Everyone was vocal about how pretty she had gotten, so Selena continued to restrict. Her hair started to fall out and she was dizzy most of the time, but she was praised for being beautiful. She was also struggling with depression, a common comorbidity of eating disorders. The ED continued through most of college, but Selena found a lot of healing when she started a new job post-graduation. She was working with older adults who were less concerned about their appearances than most 20-year-olds. She spent more time with coworkers and friends, eating out and socializing. She gained weight back and felt pretty "recovered" until this March. When the pandemic hit, she was so stressed and depressed that she could not eat. When she started losing weight, she remembered the thrill of weight loss from her ED and relapsed. She has been working from home and started grad school completely remotely. Loss of control and isolation have been very hard for her; she is no longer doing the things that make her happy with her friends, so she finds herself thinking about her body and returning to her ED. She has started running every day, which is good for her mental health but potentially contributing to her ED. She feels the worst of it is behind her, however, and is aware of her own behaviors and their cyclical nature. She is glad that she will at least know what to expect and that she can handle it as she moves through and beyond the pandemic.

Body Image and Eating Disorders during the Pandemic

The survey results indicate and quantify the general sentiments about the experience of body image and eating disorders since the start of the pandemic. The vast majority of participants expressed negative concern, stress, and struggles regarding their BIDs/EDs during this time. Ninety-nine percent of participants said the pandemic has altered their lifestyles, with 87%

indicating that the personal impact on their lives has been great. Eighty-four percent of participants expressed that they are or have been concerned about how their weight or bodies might be affected by the pandemic, and 59% feel that their BIDs/EDs have worsened since the onset of the pandemic. Seventy-eight percent of participants also felt that their relationships with their bodies have changed, with the majority of these changes being negative (Figure 3). While these numbers might speak for themselves, it is imperative to reflect on the true gravity of these sentiments. There was a general consensus about almost all of the statements presented in the survey, suggesting that the majority of participants are finding that the pandemic is particularly challenging for managing eating and body image disorders.

Changes in Self-Body Relationship

Positive
26%

Neutral
4%

Negative
70%
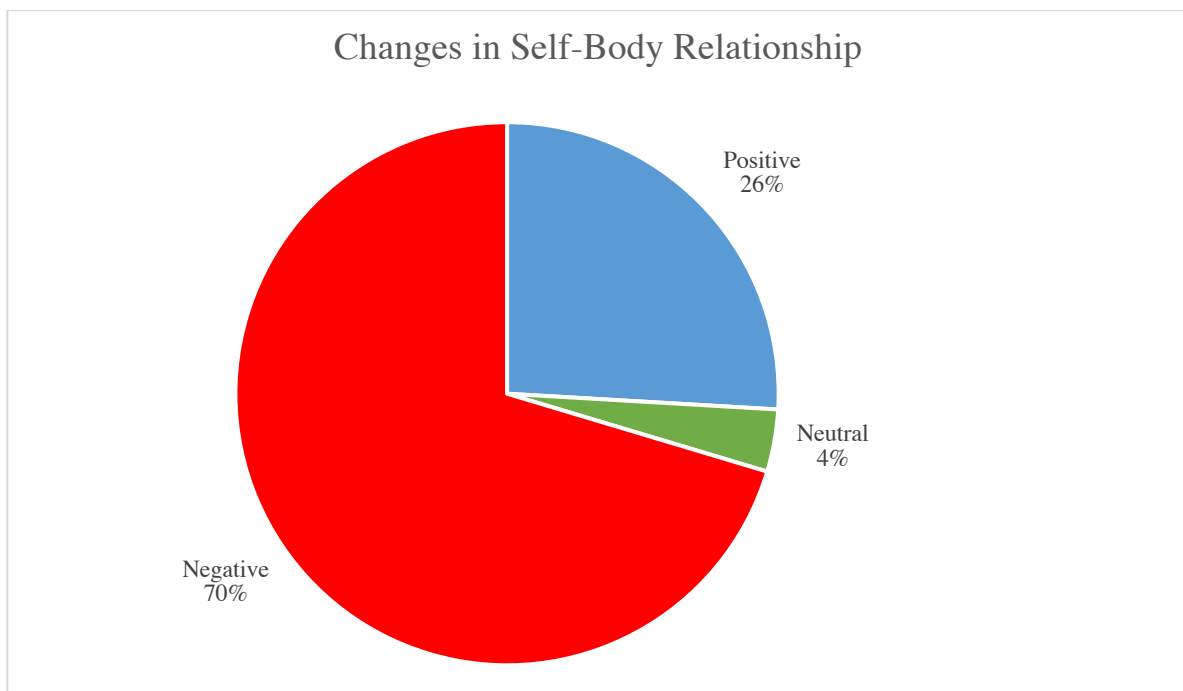
Figure 3: Changes in self-body relationships as identified by participants

Participants also identified a number of challenges that have been the most troubling for their eating disorders. Heightened emotional states, altered activity levels, increased media consumption, gym/fitness studio closures, food abundance (increased proximity), social distancing, and decreased public visibility/sociality were identified as troubling for participants (Figure 4).

Lifestyle Changes with Greatest Impact
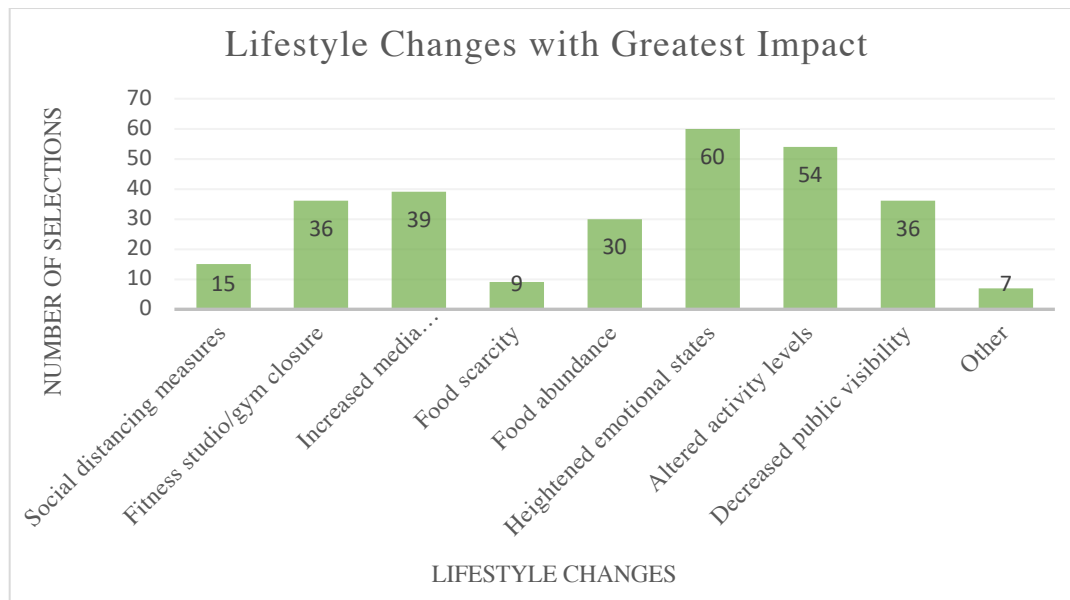
Figure 4: Which lifestyle change(s) has or have had the greatest impact on your body image during the pandemic?

While a number of challenges were identified by survey participants, interview data elucidated, qualified, and expanded upon their concerns. Although survey responses clearly indicate a trending towards struggle with BIDs/EDs during the pandemic, interviews shed light not only on the majority of experiences, but also on the experiences of those who have found the pandemic to be inconsequential, or perhaps even productive for the management of their eating disorders and body image disorders. Context is key, and the knowledge of participants journeys, triggers, and triumphs makes the survey responses more informative.

Influencing Factors for BIDs/EDs during the Pandemic

A number of themes recurred during interviews, indicating their significance in the experiences of participants. Many of these themes are challenges faced, while others are positive consequences of pandemic-induced lifestyle changes. Regardless of its individual connotation, it is crucial to understand each theme is related to and exert influence on others. The result is a complicated web of emotions, phenomena, and activities that act together to create unique experiences for each individual. What might lead to a positive change for some people leads to

stress and distress for others; personal circumstances and external factors are likewise implicated in this complex web. This chapter explores and draws connections between the most prominent influencing factors on the experiences of BIDs/EDs during the pandemic and attempts to explain their many pathways. Figure 5 presents this web visually, offering context for the relationships between the themes and the theoretical bodies (politic, social, individual) implicated in each.

Stress and Distress

Perhaps the most obvious response to global crisis, stress is a major force to be reckoned with for participants managing their eating and body image disorders. Loosely alluded to in the survey as "heightened emotional states," the stress and emotional distress felt by participants is undoubtedly responsible for mental and physical health effects. The stress identified by participants stemmed from a variety of causes including the virus itself, changes to work and school schedules, altered eating habits, fear for the safety and health of self and loved ones, life transitions, social isolation, and more. Participants felt their baseline anxiety levels heighten – a recipe for trouble for people suffering from BIDs/EDs, which are sometimes interpreted as anxiety-related illnesses in themselves.

One research participant, Elena, felt stressed about not being able to visit her high-risk father during quarantine, for fear of giving him the virus. Stress found Kendra when she lost her job and moved back in with her parents. Gloria was stressed about the constant changes to her work, a shifting living situation, changes in her mental health status, and changes in body weight, to name a few. Tiffany stressed about her health and the health of her family, many of whom have diabetes and hypertension, putting them at high risk for the virus. The list of stressors is seemingly endless, and no individual source can be highlighted as the greatest threat to those with EDs/BIDs. A large grey cloud loomed over most participants, inciting emotional responses that bred their own hurt as well. At the individual body level, participants were overwhelmed with stress caused by the

pandemic and felt their bodies respond. Stress is known to have substantive negative effects on health in the acute and chronic contexts; it has been posited that the impacts of stress on health can be lessened in those with high levels of mastery, self-esteem, and social support (Thoits 2010). Particularly within the context of a pandemic that has depleted social support networks and with a sample population of women with EDs/BIDs who struggle with self-esteem, this is all the more concerning for health of the individual body.

Stress, Eating, and Food Access

Eating is a rather normal reaction to stress and emotional turmoil; there is a growing body of literature regarding the science behind the phenomenon, elucidating the psychological reward value of food that can be exacerbated by cortisol released due to stress (Adam and Epel 2007, Torres and Nowson 2007). Neuroscience and psychiatry aside, it is well-known that many people eat when they are stressed or emotional, turning food into a coping mechanism for dealing with external negative stimuli. Many participants found themselves eating more as way to soothe emotions or alleviate stress. For people suffering from EDs/BIDs – particularly bulimia and binge eating disorder – this stress response is all the more troubling given its food- and body-related nature. Perhaps even more tempting for those who have restricted their intake, food consumption under stress is a trigger for general anxiety, negative body image thoughts, binges, and potentially purges. Sixty-eight percent of participants feel more stressed about their eating now than before COVID hit, Nina spoke to this phenomenon during an intense lock-down period where she could not leave her apartment for anything other than groceries: "I think I was bored and stressed, and so I turned to food because I was like 'This is comfort […] this helps me be comforted in a moment.' And then later on I really regret it because it's not comforting at all." Seeking relief in food is still natural for those who suffer from eating disorders, but its effects are potentially more devastating as comfort dissipates and anxiety about the consumption settles in.

Many participants felt the effects of stress and stress-related eating in new ways due to the pandemic. Cited by 64% of survey respondents and interviewees, altered proximity to food played a significant role in stress, body image, and eating patterns. Suddenly confined to the spaces of their own homes and with quick access to the pantry or refrigerator, participants not only felt the urge to eat in response to stress, but they also were around food much more frequently than normal. Constant access and exposure to food for those who obsess over it can cause mental distress, compulsive thoughts, and bingeing. This reality incited panic for many; Ally spoke of the shock of the first weeks of quarantine and said that "the hardest part was just being at home, literally surrounded by food all the time." Mental health struggles, disordered/restrictive eating habits, constant food exposure, and COVID-related stressors built the perfect storm for Riley, Corrine, Kerry, Kendra, Tiffany, and others to self-soothe with food or alcohol, and shortly thereafter, regret their consumption for its caloric value and failure to provide long-term emotional relief. This regret quickly turns into stress again, creating a destructive cycle. Some participants, like Evie, try to mitigate the post-consumption stress with purges, making themselves throw up (or over-exercise or take laxatives) to "undo" their caloric intake. In Evie's case this is particularly difficult to manage because her spouse knows nothing of her disorder; her emotional distress and purging habits are secretive, taking place behind closed bathroom doors in secluded rooms of the house.

Social Isolation

Alone with her secret, Evie is one of many participants plagued by the emotion associated with social isolation. While her purging might take a more specific isolating form, the pandemic has increased general feelings of isolation and loneliness for a number of participants. Sadness, depression, loneliness, and boredom are often the product of social distancing and remote work. For those fortunate enough to work from home, work, study, and relaxation are now contained within the same space – a space devoid of coworkers, family, and friends. The emotional burden caused by

the lack of socialization cannot be overstated for many participants. Their social bodies (Scheper-Hughes and Lock 1987) have been injured; the network of people around them, directly or indirectly contributing to their health, are no longer present. In groups they cannot socialize, share, laugh, play, eat or drink in ways that support physical and mental health. The effects of isolation on the general health of individuals have long been studied and proven to be overwhelmingly negative, and pandemic-specific studies have found those detrimental effects to be present during the current COVID crisis as well (Haney 2003; Henssler et al. 2020).

The COVID-19 pandemic has entirely shifted the way people interact with others. The term "social distancing" covers the headlines, referring to the necessary public health measure that curbs viral spread, but restricts and harms the social body. Not only are people sad, lonely, and stressed because they cannot see their friends or family, but they are also then more prone to suffer from negative body image thoughts or eating disorder habits alone. The time previously spent surrounded by loved ones is now spent at home – often thinking about bodies and food.

Selena considers stress and social isolation caused by the pandemic to be the biggest reasons for her relapse back into her eating disorder. Initially unable to eat due to loss of appetite because of stress and sadness, and then unwilling to eat after seeing weight loss, she has found herself falling back into restrictive ED patterns she thought were in her past. She attributes her post-graduation recovery to spending time with friends and co-workers, saying that "getting out and working and having autonomy and like building social connections, and you know […] starting, like, new hobbies, and having friends in those hobbies, and socializing and going out" was what originally helped her to recover from an eating disorder she suffered from in high school and as an undergraduate student. Now, with the pandemic, she is unable to do any of those things that once healed her; she works and studies from home and has restricted her social life according to health guidelines. With everything else on hold, a resurfacing eating disorder seems like a "good" way to

spend her time because of the thrill weight loss brings. She described this sensation: "if I can't be happy doing the things that make me happy, like going to restaurants, or, you know, just hanging out with my friends, then I need to run, I need to…you know, cut my calories. I need to do all of this, because what else am I doing?" Selena's ability to clearly articulate her relapse, its impetus, and its danger to her health spoke to the complexity of eating disorders and the cognitive dissonance often present throughout the non-linear recovery process.

Time

Time to Ruminate

Selena's comment about how she should spend her time since she cannot spend it doing things that make her happy touches on a topic brought repeatedly during interviews: time. One of the biggest changes the pandemic has brought with it is more time and fewer (public) things to do with it. Much of this time is spent alone, or at minimum with a very restricted social circle. The individual body feels this shift in time most pointedly, although it is the body politic from which time originally stems. Structural forces – government-driven business closures, stay-at-home mandates, work-from-home decisions, etc. – have changed the amount of time individuals have and how they can spend it. Having "more" time during the pandemic has altered the way participants interact with their own bodies and minds. For many, working from home, social isolation, the inability to travel, and reduction in general activity have translated directly into more time to think about, look at, and negatively critique their bodies. The busy-ness of normal life offered distractions and less time to ruminate on flaws and dream of changing one's physical appearance. But, with newfound time comes newfound destructive habits and thoughts like "What am I going to eat? When am I going to eat it? How much am I going to eat? How does my body look? If I eat this portion, will it make me look like this?" as Evie articulated. Jessica, Kendra, Elena and others also found themselves looking at themselves in mirrors more frequently and for longer periods of time –

a habit often referred to as "body checking" in the eating disorder world. Elena described her body checking during the pandemic as:

> "[…] very hard, [I was] spending so much time with myself, at home, doing nothing. I don't know, it's these little things that maybe you don't notice in your general life because we are so busy, and you're going to school, going out and seeing friends. But […] I was looking at myself constantly like to the point where I kind of stopped looking in the mirror and was like 'Okay, I need to calm down.'"

New opportunities for body-checking arose with the increasingly digital world the pandemic created as well. With in-person work considerably reduced, if not cancelled altogether, people are spending more and more time on video call software. Perhaps an unexpected, yet entirely logical, side effect of constant video calls is the ever-present opportunity to look at yourself on the screen. Multiple participants, most of whom are working in education, cited the self-view camera on video calls as a source of stress and a way to body-check while working. Gloria decidedly declared that Zoom is ruining her life, as she is "intensely presented with the worst angles of [her] face at all times." She even convinced herself she needed to get professional dental services done to "fix" her teeth as a result of seeing herself teach and talk all the time.

Time for Healthy Routines

While the majority of participants found the extra time to be an opportunity for negativity, some found reprieve from their typical bustling schedules and were able to use the time to create healthy routines for themselves. Jessica and Selena found a love for daily runs, something they find to be mostly positive for their physical and mental health. Martha was excited about having a skincare routine for the first time. Kendra and Kerry were excited to be able to spend more time cooking and creating meals that made them feel good. While not everyone identified with this positive aspect of extra time, those who did found these new healthy routines to be encouraging and hope to carry them into post-pandemic life.

Time for Healing

Beyond creating healthy routines, some participants found the pandemic to be an overall blessing for their body image and eating disorders because it gave them the time to focus on recovery. These experiences are not as numerous as those who are struggling due to the pandemic, but they are illustrative of the survey responses that fell in the minority – those individuals that indicated they do not feel their symptomology has worsened since the pandemic and the changes in their relationships with their bodies, food, and exercise have been positive. These experiences – such as those of Ally, Martha, and Kendra – are particularly useful in providing context for the survey statistics.

Ally first felt panicked at the beginning of the pandemic. She was terrified of what it might mean for her body image and eating disorder and worried about mental health repercussions. After about a week of "panic mode," she decided to shift the narrative she was playing in her head:

> "But I very quickly was able to turn it around and make it an opportunity for healing and like, I've dedicated so much time to eating disorder recovery during quarantine that I felt like that's what it was for. […] And so, I literally like am living in this renaissance of intuitive eating and of like, anti-diet-culture activism, because I found so much space for it during quarantine."

Ally spent much of her downtime reading about intuitive eating, trying to use social media for education and body positivity, doing yoga, and going to therapy. Martha had a similar experience; after she spent a few weeks early on in the pandemic doing intense home workouts that dominated her days, thinking about her body, planning her meals, and eating far less than her roommates, she realized she had a lot of healing to do. The at-home situation shed light on her symptoms in a way she did not expect, and as a result, was motivated to spend her extra time healing. She was fortunate enough to keep her job and financial stability, and a serendipitous health insurance change spurred a shift in her ED trajectory. She was suddenly able to afford professional help that she could not access before and started seeing a psychologist, psychiatrist, nutritionist, and

even a gastroenterologist to help her recover from the mental, emotional, and physical damage of her ED. She is more motivated than ever before, and feels the pandemic and the time it offered her is the reason for her healing:

> "But it's very weird how, like, the worst thing that's ever happened to the world in the past 100 years, is the one of the best things that's ever happened to me in my life. […] the world is hurting so much. And so many people are in such a loss, and I hold so much space for that, and so much compassion for that. But like I said, for me, if COVID never happened, I'm really terrified to think what would be of me and my eating disorder."

Kendra similarly used her time to reflect on her BID/ED as well. She found her temporary unemployment to be a strange gift, forcing her to slow down and delve into mindfulness in a whole new way. After a short period of unrest at the beginning of the pandemic, she started seeing a therapist, cooking more, eating mindfully, and feels that the pandemic made that healing available to her:

> "I feel like honestly, the pandemic/quarantine time is the first time that I ever actually took a close discerning look at my eating behavior and decided that I wanted better for myself… and have been not only willing to make the changes, but believing enough in like, a quality of life that is better being possible, and that I deserve that."

Activity Level Changes

Seventy-eight percent of survey participants identified "altered activity levels" as having some of the greatest impact on their body image during the pandemic. For the majority of participants, altered activity levels manifested as a decrease in general activity. Busy days, working multiple jobs, socializing, traveling, and going to class all came to a screeching halt for many people in March. Stay-at-home orders and business closures turned what was once a daily hustle and bustle into walks from one room of the house to another (for those lucky enough to live in spaces with multiple rooms). Schedules have become emptier than previously, a contributing factor to the excess of time participants have felt. For those whose extra time has been less-than-helpful for their body image, activity level decreases have made them feel anxious and preoccupied with

BID/ED thoughts. Evie said that the "downtime from inactivity and empty schedules" has allowed her brain to become "more preoccupied with [food], and kind of filling those empty, quiet times with thoughts of planning [meals]." Kim said she went from "constantly running around," working her multiple jobs and attending college courses, to being much more sedentary at home.

A few participants found the extra time brought by the pandemic to be a way to increase activity levels, specifically in terms of exercise; Jessica and Selena started running regularly, Ally started doing yoga, and Kendra said her levels movement have gone up significantly. However, most women have felt a reduction in their physical activity levels. With gym and fitness studios closing – or at minimum feeling unsafe – exercise routines that were crucial to maintaining control over body image thoughts were upended. The lack of exercise was hard on Nina's mental health; she thrives on routine and benefits greatly from the endorphin release she gets from going to the gym. Gloria "tried to keep exercising," but felt that her physical activity options were severely limited by the pandemic. Martha said the gym closure was initially extremely difficult for her, so she turned to at-home workouts, as did many others. Before she was able to dive into healing, those at-home workouts were the most important part of her day; she woke up before dawn to work out prior to logging in to work remotely. Tiffany was struggling to work out regularly before the pandemic and says she is "*definitely* not exercising now." Her struggles with depression, stress from partial unemployment, and fear of the virus leave her wanting to stay in bed all day.

Exercise is often used as a way for ED sufferers to purge after eating; burning off calories can be a compensatory behavior after eating or can be perceived as the only way to "earn" the right to eat. While these uses of exercise are clearly not healthy, maintaining exercise routines can be a coping mechanism for people suffering or recovering from BIDs/EDs to keep their thoughts under control. Regardless of whether or not this is a healthy way to cope, the routine of physical activity can help keep anxiety away and encourage food consumption. The limitations set for physical

activity levels by the pandemic removed this way of coping for many participants, causing anxiety and fear of weight gain. Eighty-six percent of participants said their relationship with exercise has changed since the onset of the pandemic, and of those who identified a change, 58% identified it as negative.

External structural and political forces exerted an influence over the mobility of bodies in a literal and figurative sense; thus, the body politic fell under the influence of over-arching power dynamics. While structural forces exerted new control over the body politic (which in turn translated into control over the individual body), the policing of which bodies are socially acceptable or seen as beautiful did *not* change. Body image ideals, diet culture, anti-blackness, and fat-phobia remained, and yet there were suddenly fewer avenues available for the consumption of products and activities to reach societal standards. Participants found themselves at the intersection of body image standards and the inability to work towards them, leaving many feeling anxious and stagnant.

Media

The media is the primary means by which body politic messaging regarding health and body standards is dissipated. With the world in turmoil, more time at home, and social deprivation, media consumption increased significantly for many. Ninety-three percent and 83% of participants saw their increases in their media intake and social media use, respectively. Interviews elucidated the effects of this consumption as both detrimental to general anxiety levels and body image. General anxiety spikes were caused by reading news stories about the pandemic, deaths, economic demise, and other troubling topics. Anxiety specific to body image was cultivated particularly via social media outlets such as Instagram, TikTok, Facebook, and YouTube. In fact, 68% of participants expressed that social media generally does not have positive effects on their body image, and 74% said this was particularly true during the pandemic. When prompted to give an example of social

media triggering a negative body-image reaction, responses frequently cited seeing unrelatable bodies, photoshopped pictures, photos of women in bikinis, weight loss advertisements or journeys, and diet talk. Comparison is bred by constant exposure to bodies, and as Elena said, it is difficult when "you know when you look at pictures of perfect girls that they're not real, that they are photoshopped […] but at the same time, your brain cannot process that this image that you see is not real and it sets impossible standards to reach." While comparison is regularly incited by social media, the increase in time spent on these platforms during the pandemic amplified their negative impact on participants.

Specific to the pandemic, messaging regarding exercise and dieting during quarantine to avoid weight gain has been particularly troublesome for those with EDs/BIDs. Participants discussed a constant bombardment of home workout videos that made them feel inadequate or lazy, jokes about quarantine weight gain, and recipes/nutrition advice from influencers. Selena feels guilty after seeing posts from people showing that they're "using all this free time to get in shape. [They're] going to emerge from this pandemic looking good." She said seeing social media posts like that make her feel bad about herself for not doing more to lose weight or get fit during the pandemic. The pressure to use quarantine time productively, and particularly to achieve weight loss or fitness goals, was nearly ubiquitous across participants. 93% of survey respondents indicated they feel pressured to be productive, and 74% feel pressured to get fit, with most of that pressure coming from internalized body standards and social media posts. Michaela was particularly frustrated by "what I eat in a day" or "showing off my weight loss" videos on TikTok that trigger restrictive thoughts and poor body image.

The comparison of bodies, fitness, and eating habits is so common for women that it seems nearly impossible to avoid. Social media's role in internalization of the objectifying gaze and (re)production of standards that idealize thin, white, and young bodies is at least partially explained

by objectification theory. According to Frederickson and Roberts (1997), internalized objectification causes shame in women who feel unable to attain body ideals, anxiety about appearance than manifests as constant vigilance thereof, disrupts "flow" and productivity and motivation with thoughts of appearance, and can decrease awareness of bodily states or sensations. Social media makes all of these effects more likely to occur; platforms manifest the objectification of women and offer the opportunity for comparison and subsequent shame. As a persistent source of stimulation and (in)validation for women with BIDs/EDs, social media goes beyond average distraction to disruption flow/productivity with its pervasive messages of what bodies should or should look like. It has altered the very conceptualization of the social body in its expansion of one's social reach. With seemingly unlimited contact with people around the world, the possibility to create entirely new networks of people corresponds with the potential of such networks to impact health. Social connection can now take different forms – likes, direct messages, and comments – and when negative, can seriously impact self-worth, self-esteem, and identity formation.

Objectification theory mentions decreased bodily awareness, or the inability to effectively gauge hunger, pleasure, or other sensations, as another potential effect of internalized objectification. This can happen as a result of restrictive eating patterns that skew the bodies' senses, but it also can take other insidious forms when social media is involved. As participants discussed the negative effects social media has on their body image, many mentioned feeling the urge to restrict food or exercise as a result of what they saw online. One survey participant said, "I follow many models and fitness accounts that highlight incredibly skinny or fit women. I compare myself to these women and feel inferior. I try to eat less through the day, then binge late at night when my hunger becomes too strong." Her attempts to ignore or stave off hunger led to consumption beyond normal levels at later times, and she can directly identify social media as pressure for such behavior. Another participant said that with more time to be on social media, she

has more opportunities to "virtually binge," or watch food videos for hours, instead of actually eating.

Clearly, social media has an insidious streak when it comes to women and their relationships with their bodies. With in-person social interaction restricted due to COVID-19, social media might feel like the safest way to interact with others and a last-ditch effort to the social body. While the negative effects of increased social media are evident, some participants have found that positive use of social media platforms has been helpful. Ally started sharing educational material about intuitive eating and the danger of diet culture on her social media accounts. Kim has shared personal experiences with her eating disorder on Twitter and Instagram and has connected with other women in recovery as a result of her vulnerability. Tiffany is sometimes triggered by Instagram posts that make her feel poorly about herself, but she is also inspired by images of full-figured models who are not afraid to wear yoga pants or crop tops. Sandra and Catherine have made a purposeful effort to curate their Instagram feeds to be inclusive, educational, and positive. Martha, in contrast, deleted her Instagram account altogether during the pandemic because she wanted to remove its toxicity from her life.

Control

Historically major components of eating disorders – and closely related to anxiety – control and obsessionality (the tendency to obsess over a particular thought or action) have been sources of struggle for many participants during the pandemic (Fairburn et al. 1998, Waller 1998, Williamson et al. 2004). According to my personal experience and what I have heard from other women with eating disorders, control is often a central facet of body image and eating disorders. The control over routine, diet, exercise, and the body provides a source of comfort and perceived contentment that allows eating disorders to flourish. According to cognitive-behavioral theories surrounding EDs, perfectionism and obessionality – associated with the desire to control – are often, though not

always, risk factors for developing eating disorders (Williamson et al. 2004). During the pandemic, participants have felt that their worlds are out of control; work, school, health, finances, and routines have been changed or destroyed without consent. For some, feeling out of control in the external world can trigger a response to compensate by controlling food. Eating disorders can feel like the exertion of control over the body and mind – an enticing prospect when so much of the world is in disarray. In the first days of stay-at-home orders in March, I felt myself grow weary of how I might react to losing control over my work, study, and social routines. I knew my eating disorder had a history of flaring up when I felt I was not able to manipulate my schedule to control it, and the thought of how I might unwillingly react to the chaos around me made me nervous.

During the pandemic, restricting food has allowed Evie to feel in control during the mornings and early afternoons; later in the evening, she would lose control with a binge, and then attempted to regain it through a purge. Selena talked about the resurgence of her eating disorder during the pandemic in relation to control: "Another part of it is, I think, a sense of trying to feel control when I feel like the least control over things that I've ever had. I'm very much obsessed with control. That's a big thing for me." She is not the only one feeling out of control. Many participants took the disruption of their eating and exercise routines hard; Kim said the loss of control and her emotional response cued her into how there was still a lot of work to be done in her recovery process. Gloria said all of the change was just "too much" and that she did not have the emotional bandwidth to deal with changes in her body and changes in the outside world.

Indeed, the locus of control shifted from the individual to socio-political structure, or from the individual body to the body politic. Individual bodies felt the impact of the restriction on mobility and activity set upon the body politic; the effects trickled down through the political and social bodies to reach the individual body that is "where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle." (Scheper-

Hughes and Lock 1987, 31). The impact of political and social forces is felt manifest in the individual; the individual, where independent phenomena are also present, then must cope with the compounded impacts of political, social, and individual forces.

External Situations

Gloria felt overwhelming distress about all the changes taking place around her alongside the changes she felt happening in her own body and mind, some of which occurred independently of the pandemic. In addition to the turmoil she is facing in terms of COVID-related stress and lifestyle changes, she is also dealing with hormonal issues and mental health problems. Her moods have become difficult to regulate due to hormonal imbalances, and her medication for controlling panic attacks stopped being effective shortly after the pandemic began. Though they are unrelated to the pandemic, these external situations are certainly exacerbated by the pandemic and the stress it causes.

Almost all interviewees indicated that part of their struggle during the pandemic has been related to something not specific to COVID-19. These external situations have created their own stress, which is then compounded by the pandemic and felt acutely in the individual body as mental, emotional, or physical health burdens. For many participants, it is the combination of these external situations with the pandemic and BIDs/EDs that creates an amalgam of challenges that become too much to handle. Between May and August, Jessica moved to a new city, switched careers, and started a new relationship. Kerry had a baby and is facing new motherhood at a tumultuous time, while also working from home. Catherine suffered a head injury prior to the pandemic that has affected her cognition and limited her physical activity even beyond the COVID-related limitations. Selena started graduate school and got married. Ally's mom underwent a weight-loss surgery – for medical purposes – right as the pandemic started, leading to constant household discussion of food, weight, and nutrition. Evie and Sandra have autoimmune disorders

that cause them both physical pain and stress regarding their risk for contracting COVID-19. Evie is also watching her family go through a divorce, her husband struggle with depression and suicidal thoughts, and dealing her own mental health struggles. She thinks this combination of forces that "feed into each other" was what combined with her BID/ED that "kind of made everything really kind of explode."

<div align="center">Other Mental Health Issues</div>

Mental health struggles are not uncommon for many participants. As previously mentioned, Gloria's medication for her panic attacks stopped working, making her more prone to debilitating anxiety. Kendra's type 2 bipolar disorder is hard for her to manage, requiring her to keep strict routines in a time when all structure has been rattled. Riley, Nina, and Michaela deal with anxiety on a regular basis, making their management of symptoms during such an anxiety-inducing time all the more difficult. Selena, Corrinne, and Tiffany have felt their depression even more acutely than normal during the pandemic, which has caused their resistance against BIDs/EDs all the more difficult to maintain. It is not uncommon for eating disorders to be comorbid with other mental health disorders, and it is clear this life-altering global event exacerbated and perpetuated struggles that were already there. The effects were feelings of total loss of control and a lower threshold for managing BIDs/EDs. The list of struggles these women are facing is seemingly endless; external situations from everyday life challenges can affect all three bodies and create a complex web of things to deal with on top the pandemic.

Weight Change

Interestingly, fourteen out of seventeen interview participants mentioned that they experienced a change in weight during the pandemic, even though no question focused on weight gain or loss. Out of the total seventeen, nine women said they have gained weight, five women mentioned they have lost weight, three women did not mention a weight change. The way

participants presented their weight change – particularly within the context of their ED/BID experiences during the pandemic – was informative of their mindsets, provided insight into their personal journeys, and often suggested an internalized objectification that is difficult to unwrite on the body politic level.

All participants who mentioned they had gained weight during the pandemic were vague about how much they had gained; they did not mention any sizes or numbers when talking about this issue. The majority of these women expressed some form of distress about this weight gain. Additionally, all nine participants who mentioned weight gain expressed a more neutral or wholly negative sentiment regarding their ED/BID experiences during the pandemic.

In contrast, women who lost weight were much more detailed – often offering sizes and exact numbers – when describing their weight loss. They also were more likely to perceive the pandemic as having a positive impact on their EDs/BIDs. Kendra let me know that she now weighs less than she ever has, telling me the precise number she sees on the scale. Ally also told me how much weight she lost between March and July, and she shared a detailed account of her family's reaction to her weight loss. Jessica mentioned her pandemic weight loss a few times; she attributes the drop to running and eating healthier. Selena's relapse into her eating disorder in March has led to significant weight loss as well. She shared with me her weight at the peak of her eating disorder, her weight just before the pandemic, and how many pounds she has lost since March – which she "ha[s]n't really gained back, by the way."

The detail included in descriptions of weight loss is intriguing. For many in ED/BID recovery, the discussion of numbers and/or sizes is taboo as it can be triggering to others and can allow for unintentional focus on and/or glorification of the weight loss. The fact that weight *loss* numbers were shared, and weight *gain* numbers were not suggests to me certain a level of shame associated with weight gain and potentially a retained attachment to weight loss. Objectification

theory offers an interesting explanation for this phenomenon, as it posits that women are acculturated to internalize the external or observer's opinion of their physical selves, leading to shame and anxiety when societal standards are not met. Within this perspective, sharing weight loss numbers can be interpreted as an act of internalized objectification; weight loss is culturally celebrated and therefore not shame-inducing. The politically "correct" body is the one that is thin and/or shrinking. Even though these women are aware of their eating and body image disorders and actively making efforts to heal, they are still not immune to internalizing and reproducing the gaze of an objectifying society. In a parallel way, women who gained weight likely felt shame and anxiety, having internalized and society's standards and "failed" to live up to them. Weight-gain can be shame- and anxiety-inducing due to both internal and external pressures, and as a result, details of weight gain are not likely to be shared with others.

Three interview participants – Kendra, Ally, and Martha – were particularly clear that the pandemic has had an overall positive impact on their EDs/BIDs because it provided them the opportunity to slow down, focus on healing, and start a genuine recovery. Martha did not mention any specific changes – gain or loss – to her weight. However, Kendra and Ally – along with Selena who had an ED relapse – were among the most vocal about how much weight they have lost over the course of the pandemic.

I do not want to suggest that the perceived positive impact of the pandemic on Kendra's and Ally's BID/ED experiences is not legitimate; I very much hope their healing processes are genuine and fruitful moving forward. They are getting professional help, practicing mindfulness, moving and eating intuitively – all of which are positive steps towards healing. I am cautious, however, knowing that during periods of body contentment – often caused by weight loss, adherence to diets, or increased exercise – in my personal experience, it is easy to feel as though progress is being made on the BID/ED front, when in reality symptoms are being managed via bodily manipulation

rather than through cognitive-behavioral changes. That is to say, those of us who suffer from body image and eating disorders can sometimes trick ourselves into thinking that we are feeling better and working towards healing, when we are actually just avoiding triggers and anxiety by not confronting the eating disorder.

Moreover, weight loss has an addictive quality for those with EDs, a phenomenon acknowledged by Selena, Ally, and Jessica. Selena's relapse into her ED came with a "high" that she gets from losing weight. Ally expressed fear that she is attached to the weight loss she has experienced over the course of the pandemic, and that she is afraid for what might happen if her life post-pandemic gets busy again:

> "I am worried that like, as I slowly transition back to normalcy, that I'm going to get to a point where, you know, I may get really busy with work, and I get to a point where I'm having to eat fast food a lot more than I want to, and then I might gain weight, and then people are going to be disappointed in me, and I'm going to be disappointed in myself, I'm going to feel like everything was for nothing. And then I'm going to feel like I didn't actually make any cognitive or emotional progress with this."

Jessica is certain that running has been more meditative and productive for her health than anything, but also felt extreme frustration and worry about her weight when she fell ill and was unable to run. Upon reflection, she told me she needs to be conscious of becoming attached to what running does for her weight rather than her health.

For women with EDs/BIDs, the lines between restriction and moderation, and intuition and indulgence can be blurry. Trying to maintain or foster health-promoting behaviors while also trying to recover from an eating disorder can be complicated; is exercising good for the body or good for the eating disorder? Are healthy meals good for nutrition or good for restriction? How much is too much food? How much is too much exercise? These questions plague the mind for those trying to make lifestyle changes and a concerted effort to heal from an ED. Amidst a pandemic, with so many other changes occurring on individual to global scales, these questions become even more

confusing. With self-care and kindness becoming so critical to staying healthy and sane, trying to find balance between health and healing and challenging an eating disorder is an incredibly complex task.

Coping Mechanisms

Fifty-one percent of the survey participants indicated they have found ways to empower themselves during the pandemic. Only 28% indicated they have found effective coping mechanisms for their body image and/or eating disorders during the pandemic. Those survey and interview participants who *did* find things that helped shared some of their activities, strategies, or coping mechanisms. The list was quite extensive, and for the most part, rather intuitive. Most frequently, participants benefitted from creative, active, or (virtually) social activities. Rationing or deleting social media use, yoga, meditation, mindful movement, long walks, spending time outdoors, calling family and friends, telehealth therapy, cooking, baking, gardening, painting, and journaling seem to be common and helpful for many women.

Some participants said they have struggled to find anything that really helps them feel better. And yet others mentioned things that are potentially troublesome in their relatedness to ED behaviors. Among these potentially troubling coping mechanisms are: only buying healthy food to avoid snacking, planning and scheduling healthy meals, avoiding foods that might cause bingeing, only having "safe" foods in the house, and creating consistent workout routines to maintain. While these things are not inherently bad or unhealthy, the mindset with which they are done is important for those with EDs/BIDs. Eating nutrient dense food and staying active are generally health-promoting behaviors, but if these things are done in a compulsive way or solely for the purpose of weight loss, they can be dangerous for people who deal with body image and eating disorders. In short, in times of high stress like the pandemic era, people with EDs and BIDs may need to be extra vigilant over their anxiety-managing behaviors; if disordered thoughts are allowed to dictate

schedules, anxiety management might translate into ED appeasement. However, as each individual is different and requires different things to heal, grow, and change, I cannot say with certainty that these coping mechanisms are troublesome. Working to minimize extra triggers and anxiety through any means necessary might be recommended by some counselors during the pandemic. I can only offer caution and reflection from personal experience and ED education.

Hopes and Fears

Moving forward through the rest of the COVID-19 pandemic and beyond, participants expressed a number of hopes and fears. Fears for many included weight gain, which they believe would trigger negative mental/emotional reactions. Michaela said of this fear: "I should probably read the room, but like, if I gain any more weight, that's probably going to very negatively impact me." Other fears include losing recovery progress, as previously mentioned by Ally, and fear that post-pandemic life will cause ED/BID symptoms to worsen. Sandra is afraid she might feel worse about her body and eating after the pandemic as she starts to spend time with other people and is reminded of her insecurities. Selena thinks the worst of it is behind her, but she acknowledges her relapse and that it might happen again in the near or distant future if an event triggers it as the pandemic did. Evie is terrified of how quickly the pandemic changed and exacerbated her ED behaviors, and is concerned moving forward about how quickly her symptoms might worsen due to circumstance.

More than fear, however, hope for things to come was expressed by participants. Many women felt hopeful that things would improve, that they would make progress and feel better in their bodies. Kerry, although she negatively experienced some aspects of the pandemic, was feeling encouraged and less stressed at the time of her interview. She is excited to spend time intentionally evaluating what she wants for herself and developing good routines throughout the rest of quarantine. Martha, who dove into recovery with a team of professionals during the pandemic, is

looking forward to a life without an eating disorder after continued work and effort. Nina is looking forward to a more active life that will let her spend time with people and going out to dance, giving her positive outlets for energy. Selena, although fearful of weight gain, is looking forward to a spring that she is now comfortable with; online learning and socially distanced days are now something she knows, understands, and can manage. Corrinne is encouraged that she will emerge from the pandemic with a greater understanding of her body and that recovery can be cyclical, rather than linear. Evie, Gloria, Corrinne, and Tiffany have found their experiences have opened their eyes to a need for professional help, and they look forward to seeking out therapy and working towards recovery with a professional to guide them. Speaking generally, the women I talked to are hopeful because they are learning more about themselves during these difficult times, and they feel better equipped to face the future.

CHAPTER SIX:

CONCLUSION

Concluding Thoughts

The COVID-19 pandemic and its associated lifestyle changes have had a great deal of impact on the majority of women facing eating and/or body image disorders. The range of effects is wide and varied, and the changes are felt by the body politic, the social body, and the individual body. While some effects of the pandemic are immediately felt in the individual body, many are first felt in the body politic and social body before trickling down to the individual body via a series of compounded impacts. Stress, social isolation, decreased activity, disruption of control and routine, increased proximity to food, increased media, and increased time are the primary ways by which the pandemic has negatively exacerbated ED/BID thoughts and symptomology; these themes are both immediate products of the pandemic itself and pathways to more impacts that are created by their combinations and interactions. Each woman's experience has been unique to her circumstances and her journey with the ED/BID, and yet much of what they have been experiencing is a shared struggle. These women are strong and capable and empathetic and hurting; they are facing unprecedented personal, professional, and political problems each day as they struggle to live peacefully within their own bodies.

While the majority of women interviewed for this project have experienced the pandemic negatively in regard to their EDs/BIDs, a minority have found its effects manifest positively in their individual bodies. For these women, the body politic and social body are experiencing changes due to the pandemic in a negative way, yet their individual bodies have felt an overall positive shift in

ED/BID symptomology and steps towards recovery. Few experiences have been wholly positive or wholly negative; there have been both silver linings and setbacks along the way for all.

The Bodies in Practice

While the three bodies framework (Scheper-Hughes and Lock 1987) are useful for parsing out the way the pandemic has impacted the health of women with EDs and BIDs, the concept is best applied when not completely restricted to three, independent bodies. Rather, the body politic, the social body, and the individual body overlap and play interrelated roles in daily life. The body politic and social body can exert great influence over the individual body. While business closures and work-from-home requirements occurred on the level of the body politic, the social body and the individual body feel and cope with the resulting isolation, decreased activity, the increased time. These consequences then create their own effects, such as a decline in mental health, an increase in media intake, and increased rumination on the body. Moreover, the impacts of the pandemic are not necessarily felt in one body at a time; as indicated by Figure 5, the body politic, the social body, and the individual body can all experience the same phenomenon as a different sensation. Declined mental health, for example, can have very individual, social, and political aspects when it is the product of population-level change. As such, the bodies need be seen as three distinct and yet convergent entities; they compound one another and can feed back into cycles of bodily changes.

To create the diagram, I took the major themes identified in data analysis and sorted them into categories based on how participants were experiencing each phenomenon – in their individual, social, or political lives. While some changes clearly occurred on one body level (e.g., the institutional change of business closures during stay-at-home orders), others were felt in multiple bodies at once. For example, while participants identified having much more time on their hands at a personal level, this time was also collectively felt institutionally as society at large experienced a shift in how time can and should be spent during the pandemic. Perhaps the most poignant example
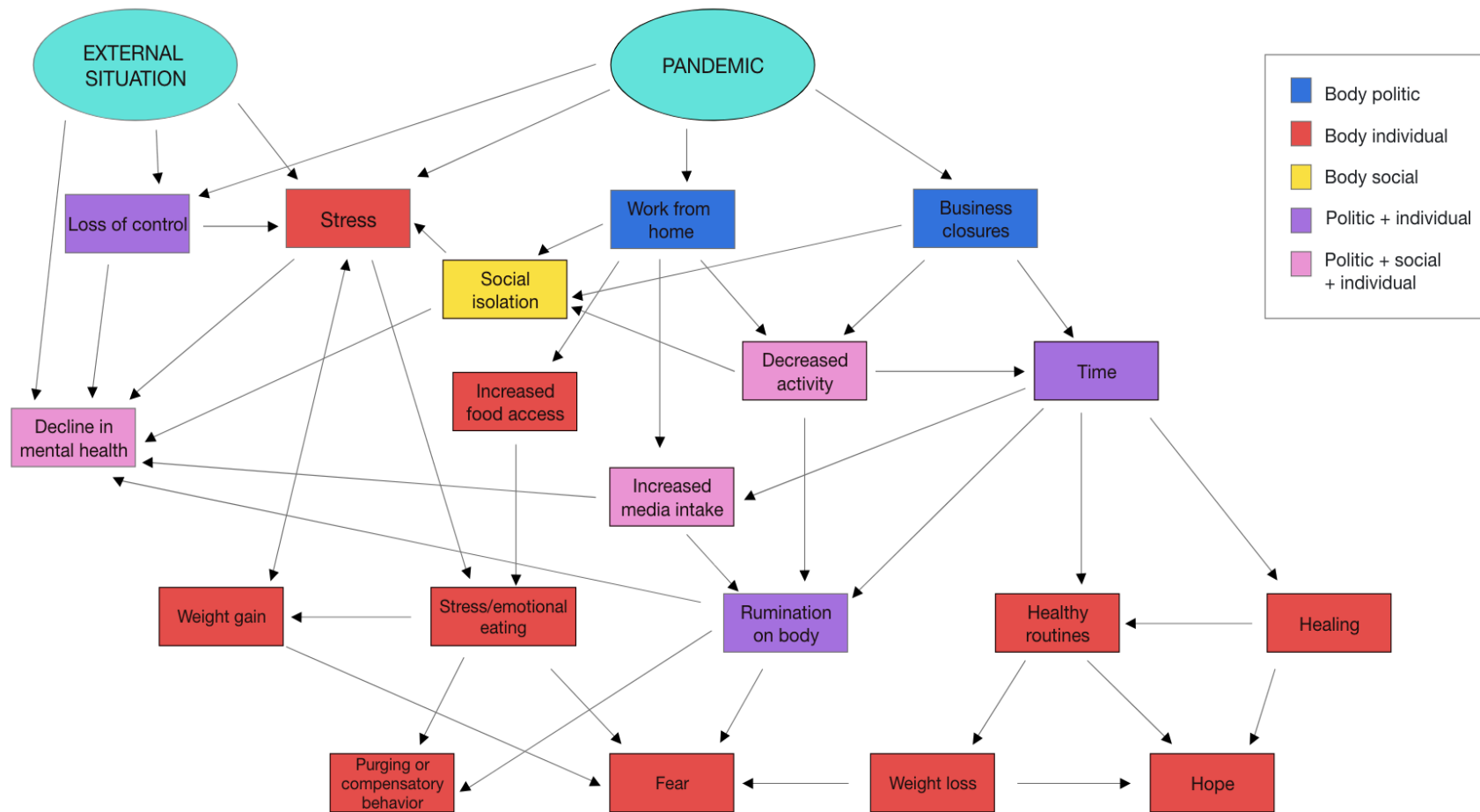
Figure 5: Interrelated aspects of the pandemic and their associated bodies

of the multiple bodily manifestations of the same phenomenon is that of increased media intake; at an institutional level, mainstream media outlets were the main communicative channel of pandemic-related news and messaging regarding lifestyle changes. Due to institutional shifts in how people were able to interact, they turned to media for social interaction – creating ripples through the social body and its health as well. Finally, this increased media intake was particularly troubling for participants who struggle with EDs, BIDs, and other mental health issues as heightened media exposure triggered negative emotions and self-relations at the individual level. Thus, the change occurred within and through multiple bodies. Analyzing each element of the diagram in this way determined how colors were assigned.

Relatedly, the diagram includes arrows to show causality, or at minimum, relationships between different elements. I determined where these relationships occurred through analysis of how participants identified their experiences. Many mentioned how one sensation would lead to another, or how some experiences occurred "because of" others. Some of these arrows are unidirectional because one element seems to create or lead to another. For example, the overarching "pandemic" element projects unidirectional arrows towards "stress," "work from home," "business closures," and "loss of control" because it caused those experiences, but the experiences did not, in turn, cause the pandemic. In contrast, other elements are connected by bidirectional arrows, indicating a reciprocal effect between phenomena. Stress and weight gain are connected by this bidirectional arrow because stress causes weight gain, and weight gain increases stress.

Moreover, it is imperative to note the complex relationships between the phenomena presented in this diagram; even without bidirectional arrows, clusters of elements of the chart feed into and propagate one another, potentially creating self-contained loops within the macro-system represented by the chart as a whole. "Healing," "weight loss," "hope," and "healthy routines," for example, are all connected to one another via unidirectional arrows. These elements, however, can

create their own feedback system independent of the rest of diagram, continually producing each other through reinforcement. Perhaps confusing at first, the diagram elucidates how participants are experiencing and reacting to the consequences of the pandemic, and how those experiences can be cyclical.

The interaction between the social, structural, and psychological realms in which we live is made clear in the experiences of eating disorders and body image disorders during a crisis. The impact that the body politic and social body have on the individual body cannot be overstated, and the individual body's state can influence the way it interacts with the social body and body politic. In sum, the bodies cannot be severed from one another and are much less like distinct entities of experience and more like different layers of the same experience.

The body politic's role during the pandemic is particularly interesting given societies' interest in controlling individual bodies during a crisis. We have seen evidence this year that "when the sense of social order is threatened […] the symbols of self-control become intensified along with those of social control. Boundaries between the individual and political bodies become blurred" (Scheper-Hughes and Lock 1987, 24). While necessary for public health, the body politic's role in controlling what individual bodies can and cannot do certainly became more tangible and literal during the pandemic. For some, the effects of this influence manifested as resistance to federal, state, and local guidelines or mandates. For others, compliance meant a whole new kind of isolated, individual experience. And while the crisis meant changes for some aspects of the body politic, other aspects were maintained as tradition: the policing of bodies and the regulation of the "correct" individual body. Especially poignant during a year marked by a push-back against systemic racism, the social value placed on white, thin, and young bodies rang true as ever in 2020. COVID's disproportionate effects on Black and brown communities are a product of the body

politic, just as much as the eating disorders that plague women in their attempts to be socially valuable. The individual and social bodies tell the stories the body politic has etched into their skin, and all too often, they are not nice stories.

Moreover, the political discourse on what qualifies as a "healthy" body becomes all the more confusing during a pandemic. Structural and cultural forces typically define what is societally "healthy" (Levin and Browner 2005, Langdon et al. 2010). In the case of the United States, health is often seen as achieved by individuals through diet, exercise, and hard work. Individuals are expected to put in effort to have strong, fit, and healthy bodies. Then, ill-health is not an accident, but rather, a consequence of personal lifestyle choices (Scheper-Hughes and Lock 1987). Similarly, beauty is often seen as a personification of health and as achieved through exercise, diet, and consumption. But when a viral pandemic ravages the world and restricts traditionally "healthy" behaviors, how does the definition of health shift? Is health still exercising, eating "right", drinking water, and losing weight? Or does health transform into staying at home, staying away from others, and not catching the coronavirus? Indeed, the very fabric of health has been called into question on a structural, social, and individual level. What was once "good" becomes a risk, and yet the pressure to maintain a certain body and health-status remains.

Particularly poignant amidst a pandemic that most negatively affects those with underlying health conditions, the ascribed versus achieved health definition is repeatedly confounded. In the United States there has been a large disregard for virus containment on part of the public, which is perhaps a testament to the "hardening and toughening of the national fiber [that] corresponds to a toughening on individual bodies" (Scheper-Hughes and Lock 1987, 25). Maybe decades of cultural messages that health is *achieved* are to blame for the indifference towards individual bodies that are older, larger, immunocompromised, or "unhealthy" during the pandemic. In sum, the pandemic has

called into question cultural definitions of health, how we achieve it, and who deserves to have it protected.

Limitations of this Research

While an effective mixed-methods exploration into the minds and bodies of women with eating disorders during the COVID-19 pandemic, this research and its results are limited in their scope. As mentioned previously, one primary limitation of this study is its demographic representation. As the COVID-19 pandemic restricted recruitment to virtual platforms, sampling was potentially affected by social network reach. Additionally, the COVID-19 pandemic restricted the opportunity for participant-observation as a formational methodology. This limitation was somewhat mitigated by my own status as a woman recovering from an eating disorder, as this allowed for "participation" in an atypical, yet literal, sense of the word. However, given fewer restrictions on in-person activity, I would have liked to incorporate participant-observation at eating disorder support groups or treatment facilities into the research design, which could have enhanced recruitment methods as well.

It is also important to note that with the effects of the pandemic being so far-reaching, the focus on eating and body image disorders needed to be focused directly on experiences and perspectives of participants. This research is not as centered on expanding or critiquing theoretical frameworks so much as is it focused on looking for answers to questions about the pandemic's effects on these women. As a rare and fairly unprecedented event, there is little (but growing) literature to build upon regarding the experiences of individuals during prolonged pandemics.

Directions for Future Research

Perhaps an under-studied area of health and certainly of anthropology, eating disorders and body image disorders are prevalent enough that they deserve to be studied through a variety of lenses; the COVID-19 pandemic has provided a lens of crisis through which EDs/BIDs should be

examined. Because EDs/BIDs are mental and physical health disorders, it is only logical to expect they are affected by disasters. Research into the ways people with EDs/BIDs respond when confronted with external disaster – particularly a prolonged one that which disrupts their routines and perceived control – should be prioritized among social-behavioral and mental health researchers. Among this research should be follow-up studies to assess how the experiences discussed here might impact participants beyond the COVID-19 pandemic and in years to come.

Additionally, research into the relationship between perceived control and eating disorders should be bolstered, perhaps within the theoretical framework of the body politic or embodiment. While some studies have focused on the relationship between very clinical definitions of control, disorders thereof, and eating disorders (Halmi et al. 2005; Waller 1998; Fahy et al. 1993), there seems to be a gap in the literature regarding the concept of control as perceived by people with EDs and its role in the development and manifestation of eating disorders. This project found that control was a consistent theme for participants; the loss thereof is both challenging to the psyche and triggering of the eating disorder.

Finally, future research should explore the impact that state or federal level regulations on activity/mobility can have on the psyche of individuals. While necessary for public health, these measures proved difficult to not only people with EDs/BIDs, but to most of the general population. An anthropological study focused on the relationship between individuals who faced strictly enforced lockdowns during the COVID-19 pandemic and social structure would be a great contribution to the literature surrounding the political-economy of global disasters.

Applications

As a project of applied anthropology, this study's results are meant to have some impact on the lived experiences of the population of interest, rather than to just elucidate theories or amplify discussions in academic spaces. As such, the results – including most common challenges during

the pandemic and most helpful activities/strategies – have been condensed into infographics (Appendix E) and shared with all participants who completed an interview, whose contact information I obtained for scheduling purposes. I have reached out to them directly and also shared the infographics on social media platforms through which participants were recruited. Hopefully this will afford participants who completed surveys, but not interviews, a better chance to see the results of the study. This sharing of information is crucial for the participants and greater ED/BID community to foster a sense of solidarity through seeing their shared experiences and struggles. Knowing that they are not alone in feeling triggered, challenged, or frustrated by their ED/BID experiences during this pandemic might decrease feelings of isolation. Moreover, having the list of activities/strategies that are helping others and the list of recommendations I have created based on this research might prove useful in developing coping mechanisms or habits that mitigate negative affect associated with EDs/BIDs. This public dissemination of results has already proved impactful; after sharing the infographics on social media, I received a private message from a woman who was not a participant in the study. She told me that her 30-year battle with bulimia had worsened so much during the pandemic that she was partially hospitalized for three months. She was moved by the information and planned to use the recommendation list for loved ones in a conversation with her family and friends that very same day. She thanked me for sharing the study results and struggles of so many.

In addition to sharing results with participants and the ED community, the condensed findings will be shared with an eating disorder specialist at the USF counseling center. As professionals who are treating patients during this time, counseling center employees who focus on EDs and BIDs could benefit greatly from seeing a road map of how these individuals are conceptualizing and experiencing their own bodies and disorders during the pandemic. This

understanding might enable some counselors to enhance or tailor their treatment strategies during the pandemic to center around the temporary, yet prolonged, experiences facing these women.

While there is no obvious solution to mitigating the effects of the pandemic and its lifestyle changes, I would be remiss if I were to ignore the way the pandemic has dragged on, continually worsened, and extended the negative experiences of so many people. The best way to alleviate the challenges faced by not only participants, but all people, is through effective management of the pandemic itself. While other countries have controlled the virus's spread, the United States (home to most participants) continues to see ever-increasing case and death counts, causing not only an extension of the direct effects of the pandemic on daily functionality, but also the devastating mental health repercussions facing people around the globe (Panchal et al. 2020). Management of the virus can translate into a quicker cessation to the exacerbation of symptoms for people with eating and body image disorders.

Moreover, this research supports the notion that it would be in the best interest of general population health that insurance coverage be expanded to reach more citizens and cover more costs of eating disorder treatment. From counseling to inpatient rehabilitation, treatment can take on a variety of forms. While insurance plans have some form of mental health coverage, it is often restrictive of provider, type, and frequency of care. Alongside the simultaneous stigma and normalization of EDs and BIDs, the cost-prohibitive nature of professional attention can determine whether or not someone is able to seek treatment. Clinical definitions and perceived "severity" of the disorder can also determine coverage for potentially life-saving treatment. Coverage for inpatient services is often denied unless medical necessity is "proven" by immediate risk for heart or organ failure (Lester 2019). This is problematic as many disorders, particularly bulimia and other specified eating and feeding disorder (OSFED), do not manifest as visibly as the more well-known

anorexia nervosa. Many insurance companies even neglect to include treatment for OSFEDs under the false assumption that it does not count as a real eating disorder (Lester 2019).

Martha is a perfect example of what insurance coverage can do; in college, she sought treatment at an eating disorder treatment center. Years later, she still struggles to manage her symptoms, though they might not be as visible to the outside eye. Before her insurance policy changed in the spring of 2020, she was unable to afford professional help for her eating disorder. Under a new, expanded plan, she has been able to afford and enlist the help of a number of ED professionals, and feels more empowered to recover than ever before. Her new insurance policy came through her employer. The employer-based insurance system is another pitfall of American healthcare, particularly during a pandemic that has caused millions of people to lose their jobs. People like Tiffany – who had her hours cut at the hospital and is partially unemployed – are left to cope with health problems like EDs on their own, disempowered from seeking professional treatment. American healthcare and insurance need a systemic overhaul that expands care for eating disorders and brings care to the millions of uninsured people.

Ethical Considerations and Reflection

In compliance with the AAA's Code of Ethics, this research was completed under the premise of doing no harm to any individuals and community and received IRB approval. Informed consent was obtained for research participation. All information gathered was de-identified to ensure confidentiality and anonymity for participants. No personal identifying data is publicized; pseudonyms are utilized in collection and reporting. The research posed relatively no risk to participants; the topics discussed were sensitive and occasionally elicited emotional responses, but all questionnaires and interviews were completed only by willing participants. If significant emotional distress should have occurred during an interview, I had a protocol in place to end the interview and immediately offer a list of relevant resources for seeking mental health support. This

list was included at the end of the survey as well. It was my hope that participation would be beneficial for participants in that it allowed them to process and discuss their own experiences. Moreover, questions purposefully included a focus on positive aspects such as effective coping strategies and empowering activities.

Perhaps the most critical ethical consideration of this research is that of my own positionality. I have suffered from an eating disorder, and I am in active recovery. I continue to struggle with – and against – a body image disorder that began in my pre-teen years. I have made great strides toward my own healing in the past year and a half, and in my recovery have found a passion for advocating for women dealing with these disorders. This project was born out of my own struggles, and as such, my own experiences played an important role in framing the research focus. At the beginning of the pandemic, I felt incredibly anxious about what the changing world might mean for my recovery; I was certain I could not be the only one feeling like the pandemic put my ED and BID in the spotlight as I tried to juggle shifting work and study situations. I decided to explore that suspicion in a formal way through this research, and I am wholeheartedly happy with that decision.

With this positionality – essentially as a member of the study population myself – came a certain responsibility during the data collection process. I had to be careful with myself as I listened to the stories of women sharing experiences so close to my own. Mental and emotional effort was required to keep myself grounded and neutral; temptations to compare my journey with others were present but ignored. I spaced interviews out, making sure I never did more than two per day to keep myself from getting emotionally exhausted. These precautions were necessary not only for my own sake, but for my participants' as well. I did not want my own thoughts or emotions about my experiences to affect the way I interpreted or represented theirs. And while it was probably not the easiest project to take on, it certainly turned out to be the most rewarding.

In the end, I think my positionality enhanced the research and its findings. The main product of being able to relate so deeply to these women was not mental exhaustion or comparison, but rather increased empathy and deeper connection. Understanding the pain and joy and struggles and triumphs of these participants made our interviews more meaningful and the data much richer. Some interviews turned into 90-minute phone calls and friendships; there is something to be said for solidarity amongst women speaking about shared experiences. These women touched and inspired me, and I am very thankful for the opportunity to meet them and share their journeys through this manuscript.

Recommendations

As someone who has suffered from an eating disorder, I would like to end by addressing my participants and their loved ones directly. From your stories and my own, I have derived a list of recommendations for how to proceed through this pandemic and life with your ED/BID out of the spotlight. Some of these tools might work for you, and others might not. Maybe you have already tried these strategies, maybe you are trying them now. Take what you can from this list and leave the rest. Know that you are not alone and know that you are worthy of healing.

Recommendations for Women with EDs/BIDs during the Pandemic

First, it is important to know that your experience during this pandemic is valid, no matter what that experience might be. Try not to belittle your BID/ED struggles in the face of global challenges. Empathy is *not* a non-renewable resource; you do not have to ration it out to the problems that seem most grave. Gift yourself empathy and allow your experiences to matter. Based on this research project, here is a list of things you can try to practice or implement to take care of yourself during this time.

1. **Remember that you are not alone in your experiences**. Almost 70 women participated in this study, and in general, they are all struggling in one way or another right now. You are not the only one, and you are not "silly" for feeling hard things.

2. **Give your body grace.** You might be experiencing changes in your weight; many participants (and people around the world) are. It is not only normal, but also to be expected; these are challenging times in physical, mental, and emotional ways. You are dealing with a lot; your body is handling a lot. Allow yourself to cope, grieve, and survive however you need to, even if that is by growing softer.

3. **Take the time to reflect on where your anxiety is coming from**. Is it really your body that is bothering you, or is it a bad day or a bad year? Try not to take emotions out on your body.

4. **Find extra support from a professional, if possible**. Treatment and recovery have likely been disrupted due to the pandemic. If it is feasible for you, consider investing in yourself through therapy. Telehealth appointments are becoming more common and less expensive, which might mean care is more accessible for you.

5. **Allow someone you trust to support you.** This pandemic has made life more isolating than ever before; do not be afraid to lean on someone else for support. If you know of someone else who wants to heal from an ED/BID, consider creating a support network. Some participants have found help from online women's groups that openly discuss and combat body shame.

6. **Find a creative outlet.** Many participants are benefitting from finding creative ways to spend their time. Some activities that have helped other participants include:
   a. Painting, embroidery, dancing, DIY projects, journaling, photoshoots, cooking and baking, gardening

7. **Move your body in a way that is joyful.** Try not to think about how your body looks, but rather how it feels. With gyms and fitness studios being closed and/or unsafe, what type of movement makes you feel happy and whole? What kind of movement sparks joy with no intention of changing your physical appearance? Some participants are finding the following types of movement to be joyful for them:

    a. Hiking, yoga, long walks, playing sports, dancing, rollerblading, running (mindfully), stretching, strength/resistance training (for strength, not aesthetic)

8. **Take a break from social media.** Social media can be really triggering for a lot of us with EDs and BIDs. Consider taking scheduled breaks from it, allowing your mind to focus on other things. With increased isolation, social media can offer a way to feel connected, but be mindful of the effect it might be having on your body image or anxiety levels.

9. **Make your social media feeds more positive.** If you are staying on social media, rather than spending your time looking at pictures that make you feel vulnerable or trigger comparison, try following body positive, inclusive, Health at Every Size (HAES), and ED recovery accounts. Participants are finding that curating their social media feed to be positive can relieve anxiety, and they can also share educational content with others.

10. **Stay virtually connected with friends and family.** Many participants have found that scheduling video calls or virtual game nights with loved ones is a great way to feel more connected and less anxious.

11. **Delve into mindful behaviors.** A lot of participants are finding that incorporating mindfulness into their days helps with body-specific and general anxiety. Meditation, breathing exercises, long and intentional meals, and positive affirmations are among the favorites. Try not to multitask, especially when eating; focus on one activity at a time.

12. **Spend time outdoors, when possible and safe.** Getting outdoors has been a huge help for so many. Try to schedule regular time to get outdoors. Take a walk, go on a hike, garden, read in the sun, or visit the dog park. Spending time outside and in the sun can be wonderful for resetting the mind and body.

Recommendations for Loved Ones of Those with EDs/BIDs

Thank you for supporting your loved ones with eating and body image disorders, especially during these difficult times. While the world is undoubtedly facing all kinds of challenges right now, your loved ones are struggling with their bodies and self-relationships. Here is a list of things you might be able to practice/implement in order to help them out.

1. **Offer support – and ask how they want that support to look.** While many experiences are collective and shared right now, it is important to remember that some people receive and give help in distinct ways. Ask your loved one what they need from you and how you can practically improve their experience.

2. **Spend time together doing fun activities.** If you can, try to find activities to do together that are enjoyable for both of you and can get their minds off of their bodies. This might be a game night, going on walks, trying new hobbies, or just reading and relaxing together. Virtual or in-person activities (when safe) that your loved one enjoys can be great to reduce anxiety.

3. **If possible, eat (slowly) with your loved one.** Taking the time to turn meals into long, social, and intentional activities can make eating a more positive experience for those who suffer from EDs/BIDs.

4. **Encourage your loved one to do or find things they enjoy.** Encouragement from loved ones can be very important for those with EDs/BIDs to find other things they enjoy. Think

of things that have always made your loved ones feel good; if they are receptive, suggest they explore those things, or maybe offer to try new things with them.

5. **Do not comment or joke about diets or weight.** While it might seem innocuous to you or others, for people with EDs/BIDs, talk of bodies and diets and weight can be triggering and anxiety-inducing. Please refrain from commenting on what others are eating, and definitely do not joke about weight gain during quarantine.

6. **Stop describing foods as "good" or "bad."** Try not to confer a moral value to food. This can be very hard for people with EDs/BIDs to hear when they are trying to heal their relationship with food.

7. **Do not speak negatively about people in bigger bodies.** Praising thinness is embedded in our culture, but it is rooted in fatphobia and can reinforce eating disorder behaviors for those who deal with EDs/BIDs. Comments on bodies, particularly negative comments about large bodies, are unnecessary and hurtful.

8. **Affirm your loved ones' personalities, not their bodies.** Positive affirmations and compliments that do not center around the body are the best kind. Find positive things to say about your loved ones that do not have to do with the way they look; compliment their strength, wit, passion or humor instead.

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CALL FOR RESEARCH PARTICIPANTS:
BODY IMAGE/EATING DISORDERS IN THE TIME OF COVID-19

I am conducting a research study, IRB study #001228, that investigates the effects of the COVID-19 pandemic and its associated lifestyles changes on the experiences of and/or recovery from body image and eating disorders. The study is conducted through the Department of Anthropology at the University of South Florida.

If you:
- Are over the age of 18
- Identify as a female or with a feminine gender
- Are experiencing body image issues and/or eating disorder(s) OR
  - Are in recovery from body image and/or eating disorder(s)
  (Clinical diagnoses are not necessary for participation)

…and are interested in participating in a 30-minute online survey and/or 60-minute virtual interview, please contact the Principal Investigator: Theresa Stoddard, tstoddard@usf.edu.

No identifiable data will be collected to ensure your anonymity and confidentiality. This study is conducted with IRB approval at the University of South Florida. It is supervised by faculty member Dr. Nancy Romero-Daza. No compensation will be provided for participation.

Informed Consent to Participate in Research

Information to Consider Before Taking Part in this Research Study
Title: Understanding the Effects of the COVID-19 Pandemic on the Experience of Eating Disorders and Body Image Disturbances in Women
Study #001228

Overview: You are being asked to take part in a research study. The information in this document should help you to decide if you would like to participate. The sections in this Overview provide the basic information about the study. More detailed information is provided in the remainder of the document.

Study Staff: This study is being led by Theresa Stoddard who is a Master's student at the University of South Florida. This person is called the Principal Investigator. She is being guided in this research by Dr. Nancy Romero-Daza. Other approved research staff may act on behalf of the Principal Investigator.

Study Details: This study is being conducted online and through the Department of Applied Anthropology at the University of South Florida. The purpose of the study is to explore the effects that the COVID-19 pandemic has on the experiences of and/or recovery from body image disturbances and eating disorders. The study is focused on the experiences of female or feminine identifying adults and consists of a survey/questionnaire and interviews. Surveys will require roughly 30 minutes to complete, and interviews will last about one hour. The survey and interview questions ask about the ways participants have been affected by the pandemic and its lifestyle changes, and how those effects have had consequences for body image and eating disorders.

Participants: You are being asked to take part because you are at least 18 years of age, identify as female or with a feminine-leaning gender, and are currently experiencing or recovering from body image disturbance(s) and/or eating disorder(s). Clinical diagnoses are not necessary for participation.

Voluntary Participation: Your participation is voluntary. You do not have to participate and may stop your participation at any time. There will be no penalties or loss of benefits or opportunities if you do not participate or decide to stop once you start.

Benefits, Compensation, and Risk: We do not know if you will receive any benefit from your participation. There is no cost to participate. You will not be compensated for your participation. This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life.

Confidentiality: Even if we publish the findings from this study, we will keep your study information private and confidential. Anyone with the authority to look at your records must keep them confidential.

Why are you being asked to take part?

This research seeks to understand the effects of the COVID-19 pandemic on the experiences of and recovery from eating disorders and body image disturbances. You are being asked to participate because you are above the age of 18, identify as female or feminine, and are experiencing or recovering from eating disorder(s) and/or body image disturbance(s) during this time.

Study Procedures

If you choose to take part in this study, you will be asked to complete an online survey and a semi-structured interview. Participants can choose to only participate in the survey. The survey is administered online. No identifiable data will be collected; your anonymous responses will be recorded. Surveys will take approximately 30 minutes to complete. Interviews will take approximately one hour to complete. With your permission, the PI will audio record the interview.

Alternatives / Voluntary Participation / Withdrawal

You do not have to participate in this research study.

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

Benefits and Risks

We are unsure if you will receive any benefits by taking part in this research study. This research is considered to be minimal risk.

Compensation

You will receive no payment or other compensation for taking part in this study.

Privacy and Confidentiality

We will do our best to keep your records private and confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Certain people may need to see your study records. The only people who will be allowed to see these records are: the Principal Investigator, the faculty supervisor, and The University of South Florida Institutional Review Board (IRB).

Your information collected as part of the research, even if identifiers are removed, will NOT be used or distributed for future research studies. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online. Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person's everyday use of the Internet. If you complete and submit an anonymous survey and later request your data be withdrawn, this may or may not be possible as

the researcher may be unable to extract anonymous data from the database.

Contact Information

If you have any questions, concerns or complaints about this study, call Theresa Stoddard at +1 901-937-9459. If you have questions about your rights, complaints, or issues as a person taking part in this study, call the USF IRB at (813) 974-5638 or contact the IRB by email at RSCH-IRB@usf.edu.

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are. You can print a copy of this consent form for your records.

(Survey response required in order to continue to questions):

I freely give my consent to take part in this study. I understand that by proceeding with this survey, I am agreeing to take part in research and I am 18 years of age or older.

APPENDIX C: SURVEY QUESTIONS

1. What is your gender?
   a. Female
   b. Non-binary, but feminine-leaning
   c. Prefer not to say
2. What is your age range?
   a. 18-24
   b. 25-34
   c. 35-44
   d. 45-54
   e. 55 or older
3. With which race do you identify? *Select all that apply*
   a. White
   b. Black
   c. Asian
   d. Latino
   e. American Indian or Alaskan Native
   f. Native Hawaiian or other Pacific Islander
   g. Prefer not to say
   h. None of the above
4. What country are you from?

   _____
5. Do you identify as Hispanic?
   a. Yes
   b. No
6. What is your employment status?
   a. Employed
   b. Unemployed
   c. Student
   d. Prefer not to say
7. Which of the following have you experienced **in the past**? *Select all that apply*
   a. Eating disorder
   b. Body image disturbance
   c. Disordered eating habits
   d. Compulsive exercise or other purging behavior
   e. None of the above
8. Which of the following do you **currently** experience? *Select all that apply*
   a. Eating disorder
   b. Body image disturbance
   c. Disordered eating habits
   d. Compulsive exercise or other purging behavior
   e. None of the above

9. In the past, I have utilized professional help for a body image and/or eating disorder.
    a. Yes
    b. No
10. I am currently utilizing professional help for a body image and/or eating disorder.
    a. Yes
    b. No
11. My body image and related habits/behaviors are of great concern to me.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
12. I regularly struggle with my body image and/or eating disorder(s).
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
13. I am currently trying to heal from a body image and/or eating disorder.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
14. The COVID-19 pandemic has impacted me greatly on a personal level.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
15. The COVID-19 pandemic has altered my lifestyle.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
16. I am or have been concerned about the way the COVID-19 pandemic might affect my weight or body.
    a. Strongly agree
    b. Agree
    c. Neither agree nor disagree
    d. Disagree
    e. Strongly disagree
17. With which of the following (if any) lifestyle changes do you identify with as a result of COVID-19? *Select all that apply*
    a. Altered media consumption/use
    b. Altered activity and/or exercise levels

    c. Increased stress and anxiety

    d. Feelings of loneliness or isolation

    e. Altered access to food (increased or decreased)

    f. Altered eating habits

    g. Altered work schedule and/or environment

    h. Other: _____

    i. None of the above

18. My use of social media has increased since the onset of the COVID-19 pandemic.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

19. Social media use *typically* has a positive effect on my body image.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

20. Social media use *during the pandemic* has had a positive effect on my body image.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

21. If applicable, please list or describe instances of social media use triggering a negative effect on your body image or eating disorder(s). *Write N/A for not applicable.*

    _____

22. My media consumption (television, radio, music, podcasts, social media, etc.) has increased since the onset of the COVID-19 pandemic.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

23. I am more stressed about my eating habits during the pandemic than I was before its onset.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

24. I feel pressure to be productive during the pandemic.

    a. Strongly agree

    b. Agree

    c. Neither agree nor disagree

    d. Disagree

    e. Strongly disagree

25. I feel I should "get fit" or lose weight during the pandemic.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree
26. If you strongly agree or agree with the statements above, what do you identify as the source of that pressure?

   _____
27. My experiences with body image and/or eating disorder(s) have *worsened* since the onset of the COVID-19 pandemic.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree
28. My healing from and/or treatment for a body image and/or eating disorder has been impacted in some way by the pandemic.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree
29. If you strongly agree or agree with the statement above, which of the following describes the impact on your healing/treatment?
   a. Positive
   b. Negative
   c. Neutral
30. My relationship with my body has changed since the start of the pandemic.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree
31. If you agree or strongly agree with the statement above, which of the following describes the change in your relationship with your body?
   a. Positive
   b. Negative
   c. Neutral
32. My relationship with food has changed since the start of the pandemic.
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree
33. If you agree or strongly agree with the statement above, which of the following describes the change in your relationship with food?

      a. Positive
      b. Negative
      c. Neutral

34. My relationship with exercise has changed since the start of the pandemic.
      a. Strongly agree
      b. Agree
      c. Neither agree nor disagree
      d. Disagree
      e. Strongly disagree

35. If you agree or strongly agree with the statement above, which of the following describes the change in your relationship with exercise?
      a. Positive
      b. Negative
      c. Neutral

36. I expect my body image / eating disorder(s) to _____ when the pandemic is over.
      a. Improve
      b. Worsen
      c. Stay the same

37. I feel motivated to heal from my body image / eating disorder during the pandemic.
      a. Strongly agree
      b. Agree
      c. Neither agree nor disagree
      d. Disagree
      e. Strongly disagree

38. Which of the following have had the greatest impact(s) on your body image during the pandemic? *Select all the apply*
      a. Social distancing measures
      b. Fitness studio / gym closures
      c. Increased media consumption
      d. Food scarcity
      e. Food abundance
      f. Heightened emotional states
      g. Altered activity levels
      h. Decreased public visibility / sociality
      i. None of the above
      j. Other: _____

39. I feel like I have been able to manage my body image issues or eating disorder(s) well during the pandemic.
      a. Strongly agree
      b. Agree
      c. Neither agree nor disagree
      d. Disagree
      e. Strongly disagree

40. I have found effective coping mechanisms for my body image disturbance or eating disorder during the pandemic.
      a. Strongly agree
      b. Agree

     c. Neither agree nor disagree
     d. Disagree
     e. Strongly disagree

41. I have found ways to empower myself during the pandemic.
     a. Strongly agree
     b. Agree
     c. Neither agree nor disagree
     d. Disagree
     e. Strongly disagree

42. If applicable, please list the activities/mechanisms/strategies that have been helpful for you to manage body image and eating disorder concerns during the pandemic:
_____

43. It would be especially helpful to learn more about your specific experiences in detail. If you would be interested in participating in an interview (approximately 60 minutes), please provide your email address or preferred method of contact:
_____

APPENDIX D: INTERVIEW QUESTIONS

(BID = body image disturbance/disorder, ED=eating disorder)

1. Please describe to me your past experience with BID(s) / ED(s) up until the start of the pandemic. You can be as detailed or vague as you need.

2. How has your life, related to your BID/ED or not, been altered by the pandemic?
   a. Describe the changes to your work, study, daily routines that the pandemic has caused.

3. Walk me through your experience with BID/ED since the COVID-19 pandemic started.
   a. How have things changed or stayed the same in regard to your BID/ED since the pandemic started?
   b. What does a day in your life with a BID/ED during the pandemic look like?

4. What has been the most difficult aspect of the pandemic for your experience of your BID/ED?
   a. What specific aspects of the pandemic have had the biggest effect on you and your BID/ED? Isolation? Activity level changes? Food access? Media intake? Etc.

5. Please describe any ways the pandemic might positively impact the experience of your BID/ED.
   a. Has anything about the pandemic, for example, decreased public visibility perhaps, been helpful or productive for you?

6. What activities/strategies/coping mechanisms have been helpful for you to manage your BID/ED during quarantine?
   a. Have you found anything during this time that helps you to feel better, manage your symptoms, or promote healing?

7. How do you think this pandemic will impact your experience with your BID/ED long term?
   a. Do you have any expectations, hopes, fears, etc. for how your experience might progress during and after the pandemic?

BODY IMAGE AND EATING DISORDERS IN THE TIME OF COVID-19

Triggers and Struggles:

1 STRESS AND DISTRESS

The virus, work, school, finances, health, loved-ones, your weight, the future... There are so many stressors, & your anxiety is running high. If you are spending more time at home, you might also feel stressed about your increased proximity to food. Constant access to the food in your house/apartment can be a source of anxiety. & while stress-eating is a natural response to difficult emotions, it can cause even *more* distress given your ED/BID.

2 SOCIAL ISOLATION

Social distancing and isolation are likely creating feelings of loneliness, depression, and even boredom. If you aren't seeing friends or family, it might feel like you are spending your time alone with your thoughts and ED/BID, which can exacerbate your symptoms.

3 TIME

You might feel like you have more time on your hands than ever before... and nothing to do with it. For some, this time has put your ED/BID in the spotlight. Your mind turns to your body and your food. You find yourself planning meals, scheduling workouts, standing in front of the mirror, finding reasons to dislike yourself. For others, this time has allowed for healing.

4 DECREASED ACTIVITY

With stay-at-home orders, you might find yourself working remotely. Businesses are closed, as are your fitness studios and gyms. Busy schedules are replaced with more time sitting, and physical activity might look different these days. The inability to exercise as you normally do might be troublesome.

Figure A1: Triggers and Struggles for Participants

BODY IMAGE AND EATING DISORDERS IN THE TIME OF COVID-19

continued...

5 CONTROL

With the world in disarray and chaos, you feel more out of control than ever. With less control over your work, study, and play routines than ever before, it might seem inviting to manipulate your food or body. If your ED or BID centers around control anyways, this might be particularly triggering.

6 MEDIA

With a new tragedy each day, mainstream media becomes a source of both information and anxiety. And with extra time at home, media and social media consumption has increased. In an effort to digitally connect with others, you might be exposed to more images of bodies than ever before, sparking discontent and comparison.

7 EXTERNAL SITUATIONS

On top of the life changes that are direct effects of the pandemic, you are still dealing with normal life disturbances and external struggles. Mental health challenges, family issues, career changes, new relationships, geographic moves... these stressors did not pause for the pandemic. When internal and external change combine, it might feel like too much to handle.

8 WEIGHT CHANGE

You and your body are handling the stress and constant changes however they can; this might mean your weight has changed. You may have gained weight as your schedule shifts and your body copes, and this can be distressing. You may have lost weight and are feeling scared of growing attached to that weight loss and what it might mean for your ED/BID and recovery.

Figure A2: Triggers and Struggles for Participants (continued)

ACTIONS TO TAKE
RECOMMENDATIONS

- **Remember that you are not alone in your experiences.** Almost 70 women participated in this study, and in general, they are all struggling in one way or another right now. You are not the only one, and you are not "silly" for feeling hard things.

- **Give your body grace.** You might be experiencing changes in your weight; many participants (and people around the world) are. It is not only normal, but also to be expected; these are challenging times in physical, mental, and emotional ways. You are dealing with a lot; your body is handling a lot. Allow yourself to cope, grieve, and survive however you need to, even if that's by growing softer.

- **Take the time to reflect on where your anxiety is coming from.** Is it really your body that is bothering you, or is it a bad day or a bad year? Try not to take emotions out on your body.

- **Allow someone you trust to support you.** This pandemic has made life more isolating than ever before; don't be afraid to lean on someone else for support. If you know of someone else who wants to heal from an ED/BID, consider creating a support network. Some participants have found help from online women's groups that openly discuss and combat body shame.

- **Find a creative outlet.** Many participants are benefiting from finding creative ways to spend their time. Some activities that have helped other participants including: *painting, embroidery, dancing, journaling, DIY projects, photography, cooking/baking, and gardening.*

- **Stay virtually connected with friends and family.** Many participants have found that scheduling video calls or virtual game nights with loved ones is a great way to feel more connected and less anxious.

Figure A3: Recommendations for Those with EDs/BIDs

ACTIONS TO TAKE
RECOMMENDATIONS

- **Find extra support from a professional, if possible.** Treatment and recovery have likely been disrupted due to the pandemic. If it is feasible for you, consider investing in yourself through therapy. Telehealth appointments are becoming more common and less expensive, which might mean care is more accessible for you.

- **Take a break from social media.** Social media can be triggering for those of us with EDs and BIDs. Consider taking scheduled breaks from it, allowing your mind to focus on other things. With increased isolation, social media can offer a way to feel connected, but be mindful of the effect it might be having on your body image or anxiety levels.

- **Make your social media feeds more positive.** If you are staying on social media, rather than spending your time looking at pictures that make you feel vulnerable or trigger comparison, try following body positive, inclusive, Health at Every Size (HAES), and ED recovery accounts. Participants are finding that curating their social media feed to be positive can relieve anxiety, and they can also share educational content with others.

- **Move your body in a way that is joyful.** Try not to think about how your body looks, but rather how it feels. With gyms and fitness studios being closed and/or unsafe, what type of movement makes you feel happy and whole? What kind of movement sparks joy with no intention of changing your physical appearance? Some participants are finding the following types of movement to be joyful for them: *hiking, yoga, long walks, dancing, rollerblading, running (mindfully), playing sports, stretching, and strength training.*

- **Spend time outdoors, when possible and safe.** Getting outdoors has been a huge help for so many. Try to schedule regular time to get outdoors. Take a walk, go on a hike, garden, read in the sun, or visit the dog park. Spending time outside and in the sun can be wonderful for resetting the mind and body.

- **Delve into mindful behaviors.** A lot of participants are finding that incorporating mindfulness into their days helps with body-specific and general anxiety. Meditation, breathing exercises, long and intentional meals, and positive affirmations are among the favorites. Try not to multitask, especially when eating; focus on one activity at a time.

Figure A4: Recommendations for Those with EDs/BIDs (continued)

RECOMMENDATIONS FOR LOVED ONES

How you can help someone you love who has an ED/BID

1. **Offer support, and ask how they want that support to look.** While many experiences are collective and shared right now, it is important to remember that some people receive and give help in distinct ways. Ask your loved one what they need from you.

2. **Spend time together doing fun activities**. Virtual or in-person activities that are enjoyable for both of you and get their minds off of their bodies are great.

3. **If possible, eat (slowly) with your loved one.** Taking the time to turn meals into long, social, and intentional activities can make eating a more positive experience for those who suffer from EDs/BIDs.

4. **Encourage your loved one to do or find things they enjoy.** Think of things that have always made your loved ones feel good; if they are receptive, suggest they explore those things, or maybe offer to try new things with them.

5. **Don't comment or joke about diets and weight.** While it might seem innocuous to you or others, for people with EDs/BIDs, talk of bodies and diets and weight can be triggering and anxiety-inducing. Please refrain from commenting on what others are eating, and definitely do not joke about weight gain during quarantine.

6. **Stop describing foods as "good" and "bad."** Try not to confer a moral value to food. This can be very hard for people with EDs/BIDs to hear when they are trying to heal their relationship with food.

7. **Don't speak negatively about bigger bodies.** Praising thinness is embedded in our culture, but it is rooted in fatphobia and can reinforce eating disorder behaviors for those who deal with EDs/BIDs.

8. **Affirm your loved one's non-physical attributes.** Affirmations and compliments that do not center around the body are the best kind. Find positive things to say about your loved ones that don't have to do with the way they look: Compliment their strength, wit, passion or humor instead.

Figure A5: Recommendations for Loved Ones

APPENDIX F: IRB APPROVAL

UNIVERSITY of SOUTH FLORIDA

EXEMPT DETERMINATION

July 23, 2020

Theresa Stoddard
416 Island Dr.
303
Memphis, TN 38103

Dear Ms. Theresa Stoddard:

On 7/22/2020, the IRB reviewed and approved the following protocol:

Application Type:	Initial Study
IRB ID:	STUDY001228
Review Type:	Exempt (2)
Title:	Understanding the Effects of the COVID-19 Pandemic on the Experience of Eating Disorders and Body Image Disturbances in Women
Funding:	None
Protocol:	• CLEAN IRB Protocol _TS_Final_IRB edits_7.17.2020.docx; • IRB Protocol _TS_Final_IRB edits_7.17.2020.docx;

The IRB determined that this protocol meets the criteria for exemption from IRB review.

Approved study documents can be found under the 'Documents' tab in the main study workspace.

In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Please note, as per USF policy, once the exempt determination is made, the application is closed in BullsIRB. This does not limit your ability to conduct the research. Any proposed or anticipated change to the study design that was previously declared exempt from IRB oversight must be submitted to the IRB as a new study prior to initiation of the

Institutional Review Boards / Research Integrity & Compliance
FWA No. 00001669
University of South Florida / 3702 Spectrum Blvd., Suite 165 / Tampa, FL 33612 / 813-974-5638

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UNIVERSITY of
SOUTH FLORIDA

change. However, administrative changes, including changes in research personnel, do not warrant a modification or new application.

Ongoing IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a new request to the IRB for a determination.

Sincerely,

Tatyana Harris
IRB Research Compliance Administrator

Institutional Review Boards / Research Integrity & Compliance
FWA No. 00001669
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