

# Intuitive tracking: Blending competing approaches to exercise and eating

Hester Hockin-Boyers<sup>1</sup>  | Kimberly Jamie<sup>2</sup>  | Stacey Pope<sup>1</sup>

<sup>1</sup>Department of Sport and Exercise Sciences, Durham University, Durham, UK

<sup>2</sup>Department of Sociology, Durham University, Durham, UK

## Correspondence

Hester Hockin-Boyers.

Email: [hester.r.hockin-boysers@durham.ac.uk](mailto:hester.r.hockin-boysers@durham.ac.uk)

## Funding information

Economic and Social Research Council, Grant/Award Number: ES/P000762/1

## Abstract

Under the conditions of neo-liberal individual responsibility, self-tracking has become the predominant model of health management. More recently, though, intuition-based approaches to exercise and eating are also gaining traction. These two approaches are often located in opposition. While self-tracking uses datafication and calculability to structure health decisions, intuitive approaches encourage abandonment of rules and restrictions around exercise and food in favour of corporeal self-awareness and attunement to sensation. Although navigating these competing approaches is a common experience for all populations, the tensions between them are felt particularly acutely by people with complex health histories, such as eating disorders (EDs). In this article, we draw on mixed-methods longitudinal data, analysed using phenomenological analysis, to propose a novel framework - 'intuitive tracking'—which moves beyond understandings of self-tracking as the antithesis of intuitive engagement with exercise and health. Drawing on longitudinal interviews and photo elicitation with 19 women who are in recovery from EDs and using weightlifting as a tool to support their recovery, we demonstrate how attentiveness to bodily and emotional cues is successfully combined with an

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2024 The Author(s). *Sociology of Health & Illness* published by John Wiley & Sons Ltd on behalf of Foundation for the Sociology of Health & Illness.

emphasis on monitoring health behaviours to support wellbeing. We conclude that theoretical understandings of self-tracking can and should make space for intuition-led decision-making.

#### KEYWORDS

eating disorders, intuitive eating, intuitive exercise, longitudinal interviews, mental health, photo elicitation, self-tracking, weightlifting

## INTRODUCTION

In the past decade, 'intuitive' exercise and eating has emerged as the new cultural trend in health management (Ruiz, 2023; Smith, 2022). Broadly speaking, intuition is conceived as an innate ability to know things about ourselves, other people and the world around us. For Lawrence, intuition connects embodied, affective, and cognitive knowledges, whereby innate bodily sensations are registered, understood, and acted upon (Lawrence, 2012). In this 'intuitive holistic knowledge' model, intuition can help develop embodied knowledge to 'give us clues to what we know'—for example, intuition can provide clues that a grumbling stomach means hunger and could be resolved by eating (Lawrence, 2012, p. 9). In addition to its popularity as a health fad, intuition is increasingly being adopted by scholarship and practice as an 'ideal' set of values around health and has been mobilised in interventions for a range of health problems. Most commonly, intuitive exercise/eating are advocated as a way of promoting weight-neutral approaches to health (Carbonneau et al., 2017; Humphrey et al., 2015), addressing chronic dieting (Bacon et al., 2005), and preventing and/or treating eating disorders (EDs) (Babbott et al., 2023; Richards et al., 2017). In the ED field, intuitive approaches to exercise and eating are used to direct individuals away from rigidity and micromanagement, towards more mindful and embodied decisions (Babbott et al., 2023; Reel et al., 2016; Richards et al., 2017).

However, intuitive approaches to health seem to contradict norms and values promoted in the wider public health landscape. In this sense, the values associated with intuition (mindful, embodied, unstructured approaches to health) are somewhat antithetical to neoliberal public health discourse, which is typified by self-regulatory behaviours geared towards quantifying and monitoring exercise, eating, and other health indicators (Lupton, 2016). In this neoliberal climate, *self-tracking* has emerged as a tool by which individuals can ensure they meet the expectations set for healthy and responsible citizens, like meeting physical activity guidelines and maintaining a 'healthy' weight (Sanders, 2017).

In this article, we explore how these seemingly conflicting approaches to health (intuition and self-tracking) are navigated by a population who feel these tensions particularly acutely; women who are using weightlifting as a tool for ED recovery. By nature of their sport, this population engages in a range of self-tracking behaviours (e.g. tracking lifts, protein intake, personal bests etc.). However, they are also subject to recent cultural shifts towards intuitive health, which are increasingly gaining traction in ED recovery discourse and treatment. In what follows, we offer novel insights into how these opposing pressures are navigated by individuals attempting to chart a path through recovery. We offer an original conceptual framework, 'intuitive tracking', to make sense of this process.

## Self-tracking and intuition: Competing approaches to exercise and eating

Self-tracking has emerged out of a neoliberal socio-political climate characterised by ‘obesity epidemic’ rhetoric, public health concerns about sedentary lifestyles, and individual responsabilisation for health in the absence of state involvement. Smith and Vonthethoff describe self-tracking as ‘a growing number of people interested in actively logging their physiologies, movements, moods, and experiences in order to detect previously unseen bodily processes and behavioural habits’ (2017, p.7). A range of health practices and processes can be tracked, including but not limited to exercise (Esmonde, 2020; Kristensen et al., 2021), diet and nutrition (Chung et al., 2017), sleep (Williams et al., 2015), fertility and menstruation (Algera, 2023), and mental health (Birk & Samuel, 2020). We focus specifically on the practices of exercise and diet.

The underlying logic of self-tracking is often framed in terms of the *delegation* of health decisions to the ‘calculative capacities of tracking technologies’ (Kristensen et al., 2021, p. 1600). As such, self-trackers defer to algorithmic logics and normalising judgements regarding ‘ideal’ bodies, using this information to make everyday health decisions like whether to exercise or increase their consumption of protein that day. Such deferment to technological disciplining has been understood critically by sociologists as a mode of self-surveillance and self-objectification (Berry et al., 2021; Lupton, 2014), and as a set of normalising judgements about ‘ideal’ health and bodies which become embedded in and reproduced by technologies (Busch et al., 2022).

Wright and Harwood (2009) introduced the notion of ‘biopedagogies’ to understand the ways that cultural norms, policy, public health messaging and, more recently, tracking practices, regulate and discipline exercise and eating habits to create and reproduce dominant ‘healthy’ body ideals. Significantly, Fotopoulou and O’Riordan (2016) use this biopedagogy framework to draw attention to the use of wearable tracking devices in a broader context of austerity and Health care reform where personal responsibility through tracking technologies and their biopedagogies step in as the state recedes from public health concerns.

Running somewhat counter to the highly disciplined, curated, and data-driven practices embedded in self-tracking are recent shifts in scholarship and practice towards ‘intuitive’ approaches to health (Anderson et al., 2016; Reel et al., 2016; Richards et al., 2017; Voelker et al., 2021). In contrast to the externalisation and objectification of self-tracking (Lupton, 2014; Smith & Vonthethoff, 2017), ‘intuition’ represents a more individual and experiential form of knowledge, developed through attunement to sensation and the cultivation of embodied self-awareness. Hicks et al. (2010) define intuition as the experience of the ‘rightness of the direction of one’s thoughts’ (p. 967). Intuitive exercise is an approach to movement that involves trusting the body, finding forms of movement that feel good, and honouring rest and recovery (Reel et al., 2016). Intuitive eating is centred in bodily awareness, involving listening to, and being guided by hunger cues, cravings, and feelings of satiation (Richards et al., 2017).

Intuition is generally positioned as antithetical to self-tracking and algorithmic approaches to health because self-tracking practices are understood to represent outsourcing, if not displacing, bodily intuition with ‘the medium of ‘unbodied’ data’ (Smith & Vonthethoff, 2017, p. 6). Though research in this area has explored how self-trackers move between tracking data and embodied knowledge (Algera, 2023; Didžiokaitė et al., 2018; Esmonde, 2020; Lomborg et al., 2018; Lupton et al., 2018; Sharon & Zandbergen, 2017), the role of *intuition* in knowing, feeling and navigating exercise and health with the tracked body has not received the same sustained attention from scholarship.

While there is limited discussion of intuition in the context of self-tracking, intuition has some purchase elsewhere in health research (Sinclair, 2011). Although it is nebulously defined, 'intuition' is an implicit value in multiple conceptual 'turns' in the sociology of health and illness—including the 'affective turn' (Davis, 2015) and the 'embodiment turn' (Neville, 2015). In this context, both affect and embodiment have emerged from the epistemological approach of placing lived experience as a starting point for critical enquiry. Intuition is embodied in the sense that consciousness, rationality and feeling are all experienced through the body. But intuition moves beyond only the sensory and corporeal towards a subjective rationality devised of a range of information sources, including that which arises from the body. Researchers have also drawn attention to the importance of intuition for allied health professionals in decision-making and Health care provision (Campbell & Angeli, 2019; Welsh & Lyons, 2001). While there is not a great deal of sociological work underpinning 'intuition', this concept and its role in decision-making has been explored more fully in the psychology, education, philosophy and business management fields (Sinclair, 2011).

In this article, we aim to bring together the opposing logics of self-tracking and intuition in a way where neither takes conceptual or analytical precedence. Rather, we are interested in how the tensions and competing ideas of these two approaches are navigated by a population for whom the stakes are high in developing a set of personally-relevant health practices.

## Navigating conflicting approaches to health in eating disorder recovery

The co-existence of self-tracking and intuitive health as dichotomous health approaches creates conflicting value systems regarding how to live a healthy life, and leaves people stuck between two competing modalities. On the one hand, intuitive approaches to health encourage the abandonment of rules and restrictions around exercise and eating. On the other hand, pressures from public health discourses encourage a self-disciplinary and structured approach to monitoring one's own health. While such tensions are somewhat universal, they are also textured and compounded by wider health experiences and inequalities. For women attempting to recover from EDs, tensions between self-tracking and intuition are particularly amplified—these approaches are not just forms of knowing and disciplining the body, but also potentially offer models of ensuring its very survival.

Understanding how women can successfully chart a path through ED recovery is critical, given the widespread and potentially fatal nature of EDs. It is estimated that 1.25 million people in the UK are currently struggling with an ED (BEAT, 2023). The recent COVID-19 pandemic has intensified promotion of exercise and health (Godefroy, 2020), which has had a significant detrimental impact on people living with EDs (Branley-Bell & Talbot, 2020). In this sense, developing new knowledge regarding how this vulnerable and 'at risk' population track their exercise and diet while maintaining positive wellbeing is highly significant and timely.

For those trying to recover from EDs, the normalisation of self-tracking is particularly problematic due to similarities between excessive self-regulation and ED symptomology (Neumark-Sztainer, 2005). Public health approaches to obesity, diet and exercise, which guide much of health policy and messaging and often underpin self-tracking practices, do not easily fit with the recovery and wellbeing of people with EDs (Haynos & Roberto, 2017; Neumark-Sztainer, 2005; Pirie, 2016; Talbot & Branley-Bell, 2022; Whiteside, 2022). Behaviours that align with self-tracking (e.g. closely monitoring and routinising exercise/food), are widely believed to fuel ED pathology in problematic ways (Neumark-Sztainer, 2005). In short, rigid

control of exercise and food intake encourages ED symptomatology (Richards et al., 2017). In this regard, Neumark-Sztainer notes, 'behaviours that are often integral to the treatment of weight management such as monitoring weight, food and activity logs, and food restrictions, can be viewed as symptoms of EDs if taken to an extreme' (2005, p.222). While for the everyday exerciser self-tracking has become an entirely normalised part of modern life, for people with EDs, the focus on self-monitoring and quantification can be harmful (Simpson & Mazzeo, 2017). Inasmuch, psychiatrists and clinicians in the ED field look to embed markedly different values and approaches to health in recovery treatment and care.

Therefore, in the past decade, and partly in reaction to the increased purchase of self-tracking, there has been a shift in ED scholarship and practice towards exploring intuitive and mindful forms of exercising and eating (Burnette & Mazzeo, 2020; Denny et al., 2013; Koller et al., 2020; Kristeller et al., 2014; Linardon, 2021; Richards et al., 2017). Emerging evidence suggests that this approach to exercise and food is negatively correlated to ED symptomatology (Richards et al., 2017). To this end, scholars have advocated intuitive exercise and eating practices be integrated in in-patient treatment and targeted interventions (Burnette & Mazzeo, 2020; Richards et al., 2017; Voelker et al., 2021). Despite this increased focus on intuitive practices as an 'ideal' recovery strategy, people in ED recovery are still subject to neoliberal pressures regarding responsible self-management and tracking (LaMarre & Rice, 2016). This co-existence of self-tracking and intuitive approaches to health leaves those recovering from EDs to navigate a complex landscape of competing discourses. Self-tracking is highly normalised and represents responsible health citizenship but risks worsening ED symptoms, while intuition represents a somewhat *laissez faire* approach to health management but is held up as a possible 'cure' for EDs.

To extend current theoretical understandings of health management, this article mobilises new empirical findings from research into a unique and understudied population; women who are using weightlifting as a tool for ED recovery. In what follows, we move away from polarisations of self-tracking and intuition towards 'intuitive tracking', a novel concept that captures the blending of these different modalities. For the stigmatised population of women in recovery from EDs, combining these two sets of values is an everyday practice and a means of maintaining recovery. Furthermore, while we specifically focus on women in recovery from EDs, intuitive tracking is not limited to this population but, instead, provides a novel theoretical departure point for understanding creative wellness practices more broadly.

## METHODS

We draw on longitudinal semi-structured interviews and photo elicitation with 19 female participants, aged 17 and above, living in the UK, who had a history of EDs and were weightlifting during their recovery (see Table 1). The impetus for this project came from informal observation of female weightlifting communities online, which suggested weightlifting as a vehicle for recovery due to its emphasis on supporting weight-gain and facilitating new understandings of female bodies and their capabilities (Hockin-Boyers et al., 2021a; Hockin-Boyers & Warin, 2021). Given the importance of online communities for this population, we were particularly interested in participants' digital lives and so collected data regarding their social media use (Hockin-Boyers et al., 2021b) and engagement with other tracking technologies and applications.

TABLE 1 Background information of participants in the study.

| Pseudonym | Interview location | Age | Type of weightlifting          | In recovery from                       |
|-----------|--------------------|-----|--------------------------------|--|
| Alice     | Plymouth           | 18  | Strength training              | Anorexia/EDNOS                         |
| Ava       | Loughborough       | 30  | Powerlifting/strength training | Anorexia/bulimia                       |
| Charis    | Wolverhampton      | 20  | Powerlifting/bodybuilding      | Anorexia                               |
| Ella      | Newcastle          | 24  | Powerlifting                   | Bulimia                                |
| Erica     | Leeds              | 31  | CrossFit/strength training     | Anorexia                               |
| Eve       | Durham             | 20  | Strength training              | Anorexia                               |
| Georgie   | Durham             | 20  | Strength training              | Anorexia                               |
| Harriet   | Durham             | 19  | Strength training              | Bulimia                                |
| Helena    | Glasgow            | 36  | Strength training              | Binge eating disorder                  |
| Jess      | London             | 22  | Bodybuilding                   | Anorexia                               |
| Laura     | Nottingham         | 23  | Powerlifting                   | Anorexia/binge eating disorder         |
| Lily      | Newcastle          | 22  | Powerlifting/CrossFit          | Anorexia                               |
| Lizzie    | Newcastle          | 32  | Strength training              | Anorexia/bulimia                       |
| Maddy     | Durham             | 21  | Powerlifting                   | EDNOS                                  |
| Nisha     | London             | 36  | Powerlifting/strength training | Anorexia/bulimia/binge eating disorder |
| Polly     | London             | 17  | Strength training              | Anorexia                               |
| Ruby      | London             | 24  | Bodybuilding/strength training | Binge eating disorder                  |
| Sarah     | Cardiff            | 18  | Strength training              | Anorexia                               |
| Sonia     | Newcastle          | 26  | Strongwoman                    | Anorexia                               |

Purposive sampling was used to identify and select information-rich cases and a two-pronged approach to recruitment was used. First, the study was advertised in seven gyms with weightlifting facilities across England, yielding 10 participants. Second, calls for participants were posted on Instagram and Twitter, and individuals who fitted the study criteria were identified and contacted through social media; this approach yielded nine participants. The women who took part in this study were all amateur participants in a range of weightlifting styles including bodybuilding, strength training, powerlifting, strongwoman, and CrossFit. Participants engaged with one or a mixture of these activities on a weekly basis and had done so for a minimum of 8 months at the time of interview. In terms of the ethnic make-up of the sample, 16 participants were identified as White British, two as British Indian, and one as Chinese. The sample mostly included women in their 20 and 30 s, with all participants aged between 17 and 36 years old.

In-depth interviews were conducted longitudinally from 2018 to 2019; three with each participant over a period of 8 months. Interviews were semi-structured, conducted in-person, and typically each lasted between 45 min and 1.5 h, with the exception of the third and final



interview, which was more commonly a 20- to 30-min conversation via phone/video call or email/messenger app. Interviews were scheduled longitudinally to capture the messy, often nonlinear nature of recovery (Eli, 2016; Musolino et al., 2020), and the focus of the interview questions varied at each timepoint. The first interview captured participants' histories with ED, how they came to weightlifting, and their approach to recovery. The second and third interviews captured the 'everyday' experience of ED recovery, and any changes that might have been occurring in terms of recovery. All interviews were audio recorded and transcribed verbatim.

Photo elicitation was used for two reasons. Firstly, visually documenting recovery through fitness journeys is common for young women with EDs (Hockin-Boyers et al., 2021a, p.280); therefore embedding a visual aspect to data collection chimed with participants' recovery practices and offered a familiar way to access their narratives. Secondly, visual methods can create a sense of shared understanding on a topic as highly personal and individualised as recovery. As Hackshaw-McGeagh and colleagues write, photo elicitation can be deployed in order to '(1) give participants a degree of ownership of the project, (2) engage the participants deeply in the project and (3) informally begin conversations and as a prompt for discussion' (2018, p.280). In practical terms, leading up to each interview the lead researcher asked participants to take up to 10 photos of objects/people/places that they associate with recovery and weightlifting. These images aided the interview process by breaking the ice, prompting memory and helping establish shared understanding (Radley & Taylor, 2003).

Photo elicitation was used in combination with longitudinal interviews to create a sense of shared understanding on the highly personal and individualised nature of recovery. Combining these methods (photo elicitation and longitudinal interviews) enhanced rigour by enabling us to achieve a sense of depth in the everyday lives of participants, as well as a more protracted and 'zoomed-out' sense of their recovery journey by revisiting them at multiple time points.

We approached the project with feminist relational ethics as guiding principles (Heron, 2023). While ethical approval was gained from the host institution before any data were collected, we view ethical decision-making as an ongoing process rather than something to be introduced and resolved at this initial stage in the research (Halse & Honey, 2007). In this sense, ethics were about ensuring standard ethical benchmarks were met (e.g. gaining informed consent) but also thinking reflexively about addressing power imbalances that existed within the interviewer/interviewee dynamic, and ensuring participants felt comfortable sharing their personal health experiences (Cotterill & Letherby, 1993). To this end, to facilitate an informal, conversational atmosphere, during interviews the lead researcher shared some of her own personal experiences with diet, exercise and social media. Immediately after the interview and in follow-up conversations, participants reported the process to be positive, as it allowed them space to reflect on their experiences in a non-therapeutic context. In situations where participants disclosed that they were struggling to recover, they were directed towards resources like ED helplines and information on how to access support.

## Analysis

We approached the data set using interpretive phenomenological analysis (IPA), which asks the question 'what is this kind of experience like?' (Shinebourne & Smith, 2009), centralising experience, subjectivity, and relatedness, which were central drivers of the research. To ensure rigour, we collectively critically evaluated findings and interpretations from the analysis using

Nizza and colleagues' (2021) four criteria for high-quality IPA; (1) constructing a compelling, unfolding narrative, (2) developing a vigorous experiential and/or existential account, (3) close analytic reading of participants' words and (4) attending to convergence and divergence.

We approached visual data as both 'topic' and 'resource' (Harrison, 2002), as both the subject of investigation and a lens to better understand a predefined subject matter (i.e. weightlifting during recovery). Therefore, photos were analysed in terms of style, form and content, as well as used as reference points around which the text-based data cohered (Pink, 2007). Analysis of photos was conducted using Rose's critical visual methodology (2016) which breaks down the process of analysis of visual materials into three 'sites'; (i) production (how and why the image was created), (ii) the image (observable components of the image), (iii) audience (who is viewing the image and how it might be interpreted).

## FINDINGS

### Competing knowledges

The challenge presented to women in recovery is one of balancing different kinds of knowledge and reorienting this information to support wellbeing rather than facilitate restriction. During their ED and beyond, participants had extensively collected, sought out, and studied the bodily effects of food and exercise practices. Magazine articles on topics like 'good fats versus bad fats' or '5 exercises to get a flat tummy' were diligently accumulated and recounted when participants faced everyday health decisions. Using this knowledge, during their illness participants closely monitored their caloric intake, calculated how long they needed to run to 'burn off' meals, and tracked a multitude of health metrics (steps, calories, sleep etc.). Now in active recovery, women held this deep well of knowledge with unease. As Ruby and Charis explained during their second interviews, when discussions of everyday routines were brought up:

I'll walk to the shops or something and I know from when I was poorly that it's 3,000 steps total. And then if I do a HIIT class on top of that, I know from my Fitbit that is another 500 calories burned. So, then I'll be adding them up and thinking, is that enough? Should I do another session? It's hard to get that out of your head.

(Ruby, 24, in recovery from binge eating disorder)

I've also been like "yeah this is how you're supposed to eat" no oil, no butter, no fat. This is how you're supposed to eat and so it's been drilled into my head so much that I think that stuff like that will stay with me forever, but I am becoming wiser to it now...

(Charis, 20, in recovery from anorexia)

These quotes capture something that participants articulated at every stage of the longitudinal interviews, that once certain knowledge—highly-rationalised, calculable and trackable—was embedded in their minds, it was difficult to behave in the way that recovery demanded. That is, it was challenging to set aside that knowledge to be able to listen to their bodies and hunger cues and act totally intuitively. In this sense, finding ways to reframe the embodied memory of the ED and the knowledge accumulated during this time, was a core aspect of recovery (Eli, 2016). Speaking to this idea, journalist and feminist writer, Dolly Alderton (2018, p.



77), writes in her memoir *Everything I Know About Love*, about the bind of transitioning out of disordered eating, whereby 'you can restore your physical being to health; you can develop a rational, balanced, caring attitude to weight as well as good daily habits. But you can't forget how many calories are in a boiled egg or how many steps burn how many calories... You can try as hard as you can to block it out, but sometimes, on very different days, it feels like you'll never be as euphoric as that 10-year-old licking lurid jam off her fingertips, not ever again'.

Indeed, for participants, neutrality towards exercise and food was almost impossible to attain. They therefore attempted to channel their focus and knowledge into more acceptable forms. Towards the end of the final interview with Ava, discussion turned to her future career and how this might help/hinder her recovery:

I was toying with the idea of doing sports nutrition [at university] and then I was thinking, do I want this hyper focus on food to be part of me for the rest of my life? And I was like, it can be really risky I think. Because if I wasn't very well, I'd have all this information on nutrition and...So, I was like, do I really enjoy nutrition or is that what my ED is telling me I enjoy? Um so I was like, and I've seen a lot of, well not a lot, but 90% of them [women with EDs] have gone in to train to be nutritionists.

(Ava)

While a career in nutrition could be regarded as a potentially acceptable focus for their deep knowledge of food, Ava went on to describe her ambivalence about this route, and its uneasy relationship with recovery. In doing so, she distilled the key focus of this article about the co-existence and personal negotiation of highly calculated food systems and totally intuitive, value-free approaches to eating in the context of ED recovery:

Maybe I am a bit negative about it I don't know whether I'm thinking "Oh they're only doing that [studying nutrition]because they're still kind of experiencing disordered eating and maybe they're going through that process", because I was very nearly the same in doing it, but maybe they actually do like... maybe that's a way for them to keep healthy and writing their own nutrition plans and maybe that's a way to keep them... because I know with recovery it's different for everyone so um their recovery could be like focussing on the food and making sure the focus on the food is healthy.

(Ava, 30, in recovery from anorexia/bulimia)

Contrary to the mutually exclusive framing of embodied knowledge and highly rationalised health behaviours, women in recovery also demonstrated a deep awareness of their own body and how certain practices would affect it. For example, during our second interview, Ella described at length her weekly routine of weightlifting, eating and sleep. While Ella's comments included descriptions of calculated and tracked behaviours, her narrative was also infused with affective descriptions of how she might feel at a given time of day, about herself and her body. Following her explanation, she finished by commenting:

It's crazy isn't it. And when I explain this to other people, this is how I know that um what I went through and my relationship with food and exercise is slightly disordered... or... it's not normal. But then again, what is normal? But then again, if I ever verbalise this to somebody who doesn't know about my history, or even to my

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

(Ella, 20, in recovery from bulimia)

Here, Ella demonstrates that, as well as adhering to a strict routine around health practices (exercising and eating), this routine is not born of disembodied datafication but of a heightened awareness of how different practices will affect her. Like Ella, women with EDs begin recovery with knowledge of food and exercise which stretches far beyond average lay understandings, with meticulously honed health routines, and a highly developed understanding of their own body and its responses to certain practices. A great many also enter recovery with a desire, or even compulsion, to track all their health, diet and exercise behaviours, which is supported by wider public health discourses of personal responsibility. At the same time, those with EDs are also entering a landscape of recovery where these pre-existing and widely-circulating knowledge and practices are actively discouraged in favour of a treatment approach—intuition—which dispenses with structured eating and exercise. Therefore, recovery involves negotiating and reframing these competing knowledges and practices. This reworking involves engagement with a practice that we call 'intuitive tracking', where both datafiction and intuition are entangled in mediated forms alongside one another to make competing approaches manageable to live with and acceptable to present to the world.

## Intuitive tracking

Being able to calculate, quantify, measure and track exercise, food, sleep and other health metrics emerged as an important function of both ED pathology and active recovery. In this regard, the women in this study revelled in the satisfyingly quantifiable nature of weightlifting and gravitated towards food that was easily 'calculable'. For example, Eve, who is in active recovery, brought an image of a Pret a Manger Sandwich (Figure 1) to the first interview and explained its significance:

This is a Pret Sandwich (laughs) because my local Pret closed....

That was a really big deal! ... I would basically spend every lunchtime in Pret. I would go down and I would be like "I know that I'm having that and that's great. And I know what's in it, I know how many calories are in it. But also it meant that I could kind of push myself a bit because in my head I thought "it's healthy food, anything that's in Pret- great, go for it"... it became a space where I could push



FIGURE 1 Eve's Pret a manger Sandwich.

myself without feeling stressed out about stuff. So it was quite... I was more upset than I was expecting to be when it shut, because it became a safe space...

(Eve, 20, in recovery from anorexia)

Here, Eve described how rendering food 'calculable' allows greater agency and freedom with eating. This sentiment, that to maintain some control over self-monitoring behaviours paradoxically allowed for flexibility and intuition, resounded across the sample. In a similar vein, Maddy described how her strict and carefully calculated weightlifting schedule creates space for rest and recovery:

My lifting programme is 4 days a week, so I literally have to take 3 days to chill and to not do anything... And I think training for performance helps that because the recovery side of things is just as important as the actual training. That stops it consuming everything because you've got to recover.

(Maddy, 21, in recovery from EDNOS)

Tracking calories (consumed and 'burned') was an integral part of this negotiated flexibility and was recorded in various forms, including using apps as well as more rudimentary forms of

data retention, like excel spreadsheets, diaries, or Instagram posts documenting daily workouts or food consumption.

The ubiquity of these practices and the various ways women made health behaviours calculable, is reflected in other images brought to the photo elicitation (see Figures 2–4). Rather than creating yet more restricted and overly rigid health practices, they were insistent that this new system allowed for greater freedom and feelings of safety.

While self-tracking straddles both participants' ED and recovery, what set recovery apart from their illness was participants' ability to weave aspects of intuition, self-knowledge and flexibility into their datafied approach to exercise and food. We call this practice 'intuitive tracking', the co-existence of datafication and an intuitive sense of 'rightness' regarding one's course of action at any given time (Hicks et al., 2010). While in the quote above Eve described a simultaneous copresence of self-tracking and intuition where both are given equal value for recovery, intuitive tracking also involved prioritising and deprioritising these approaches at different time points. Through longitudinal data collection, we were able to capture how intuition-based approaches to health led women to temporarily pause tracking activities, reframe them into more acceptable (and livable forms), or increase them in pursuit of a clearly defined goal. In this sense, tracking and focussing on calculable aspects of health was complementary to recovery when women gave themselves permission for it to be inconsistent and episodic (Gorm & Shklovski, 2019). For example, in our second interview, Jess described her current more flexible approach to tracking macronutrients through MyFitnessPal<sup>1</sup>:

One of my friends called me up now and we're going out for drinks tonight. I don't know if we're going for food, couldn't really care less and I think as long as I can track while having no issues- feeling completely comfortable if (a) I hit them (b) they go completely off plan one day. If I never had access to MyFitnessPal nutritional information again, and I could still be fine, then it's fine. Like, I think as long as you have that relationship with it that you could just drop it at the spur of the moment.

(Jess, 22, in recovery from anorexia)

Many women in the sample had this 'mostly on' but 'sometimes off' approach to engagement with tracking. Similarly, Helena, who is in recovery from binge ED, brought an image of a takeaway curry to the photo elicitation exercise (Figure 5). As someone who tracks her exercise and food intake through MyFitnessPal, during our second interview, she described her approach to going 'off track' with her food:

I use MyFitnessPal as well to count my calories. If I do go out, I'm not saying I don't eat something like that, but it's probably once a month or something, it's not every night. But when I put it into MyFitnessPal I put aside about 1,000 calories and say that was my dinner. I just know that if I do that, I can go to dinner and just get what I want... it doesn't matter. Not everything can go in there [the app], and I know my body needs a big feed sometimes and I know I need to blow off steam, so that's what I do.

(Helena, 36, in recovery from binge eating disorder)

Like Jess, Helena's intuition about her body and recovery journey suggested that tracking would only work if she made concessions. While Jess abandoned tracking altogether for an evening, Helena, knowing the food she is about to eat is not easily calculable, enters an arbitrary





FIGURE 2 Nisha’s meal prep.

| Sheet1                           |             | Sheet2 |          | Sheet3  |          |        |          |        |           |         |          |
|----------------------------------|-------------|--------|----------|---------|----------|--------|----------|--------|-----------|---------|----------|
| DAY 1                            |             | W1     |          | W2      |          | W3     |          | W4     |           | W5      |          |
|                                  | SETS X REPS | weight | reps     | weight  | reps     | weight | reps     | weight | reps      | weight  | reps     |
| Deadlift                         | 4 x 5       | 90     | 4x5      | 92.5    | 4x5      | 95     | 4x5      | 97.5   | 4x5       | 100     | 4x5      |
| OHIP                             | 4 x 8       | 20     | 4x8      | 20      | 4x8      | 22.5   | 4x8      | 25     | 4x8       | 20      | 4x8      |
| Hamstring curl                   | 3 x 8 - 12  | 25     | 3x12     | 30      | 3x8      | 30     | 9,8,8    | 30     | 12,9,8    | 25      | 3x12     |
| Lat pulldown                     | 4 x 8 - 12  | 42.5   | 4x8      | 42.5    | 10,8,8,8 | 42.5   | 10,9,8,8 | 42.5   | 12,10,9,8 | 42.5    | 12,10,8  |
| Biceps/lateral raises (optional) | 3 x 8 - 12  |        | 6        | 12,10,8 |          |        |          |        | 8         | 12,10,8 |          |
| DAY 2                            |             | W1     |          | W2      |          | W3     |          | W4     |           | W5      |          |
|                                  | SETS X REPS | weight | reps     | weight  | reps     | weight | reps     | weight | reps      | weight  | reps     |
| Squat                            | 4 x 7       | 67.5   | 4x7      | 67.5    | 4x7      | 70     | 7,7,6,6  | 72.5   | failed    | 72.5    | 6,6,6,5  |
| Bench press                      | 4 x 5       | 35     | 4x5      | 37.5    | 3x5      | 40     | 5,5,4    | 40     | 3x5       | 40      | 4x5      |
| DB press                         | 3 x 8 - 12  | 14     | 12,11,10 | 14      | 3x12     | 16     | 10,8,8   | 14     | 12,12,10  | 16      | 10,8,8   |
| Hip thrust                       | 3 x 8 - 12  | 80     | 3x12     | 90      | 11,9,8   | 95     | 11,10,8  | 100    | 12,10,8   | 105     | 10,10,10 |
| Triceps (optional)               | 3 x 12 - 15 | 10     | 15,15,12 | 10      | 15,10,10 | 10     |          | 15     | 15,15,12  |         |          |
| DAY 3                            |             | W1     |          | W2      |          | W3     |          | W4     |           | W5      |          |
|                                  | SETS X REPS | weight | reps     | weight  | reps     | weight | reps     | weight | reps      | weight  | reps     |
| Deadlift                         | 5 x 3       | 95     | 5x3      | 97.5    | 5x3      | 100    | 5x3      | 102.5  | 5x3       | 105     | 5x3      |
| OHIP                             | 4 x 5       | 25     | 4x5      | 27.5    | 5,5,5,4  | 30     | 4x5      | 27.5   | 4x5       | 25      | 4x5      |
| Hip thrust                       | 4 x 5       | 120    | 4x5      | 130     | 4x5      | 132.5  | 4x5      |        |           | 140     | 4x5      |
| Row                              | 4 x 8 - 12  | 26     | 4x8      | 26      | 4x8      | 26     | 3x8      | 26     | 4x8       | 24      | 12,10,8  |
| Biceps/lateral raises (optional) | 3 x 8 - 12  | 6      | 3x8      | 6       | 3x12     |        |          |        | 8         | 2x8     |          |
| DAY 4                            |             | W1     |          | W2      |          | W3     |          | W4     |           | W5      |          |
|                                  | SETS X REPS | weight | reps     | weight  | reps     | weight | reps     | weight | reps      | weight  | reps     |
| Squats                           | 5 x 4       | 72.5   | 5x4      | 75      | 5x4      | 77.5   | 5x4      | 80     |           | 80      | 4,4,4    |
| Bench press                      | 4 x 7       | 30     | 4x7      | 32.5    | 7,7,7,6  | 35     | 4x7      | 35.7   |           | 35      | 4x7      |
| Bulgarian split squat            | 3 x 8 - 12  | 14     | 3x8      | 12      | 3x8      | 0      | 3x8      |        |           | 8       | 3x8      |
| DB shoulder press                | 3 x 8 - 12  | 14     | 3x8      | 12      | 3x8      | 12     | 2x10     | 12     |           | 14      | 3x8      |
| Triceps (optional)               | 3 x 12 - 15 |        |          | 10      | 3x15     |        |          |        |           | 17.5    | 3x12     |

FIGURE 3 Ella’s weightlifting schedule.

number into the app, allowing her some food freedom. This decision is made based on embodied and emotional cues, letting Helena know she needs to ‘blow off steam’. These strategies, honed by an evolved sense of self-knowledge during their ED, allow women to engage with recovery in a way that feels safe and productive.



FIGURE 4 Helena's calorie counted meals.



FIGURE 5 Helena's curry.

As well as engaging in intuitive tracking to manage diets in general, participants also described navigating the co-existence of self-tracking and intuition-based approaches in the context of exercise. As amateur lifters, participants were committed to a range of goals within their specific sport, such as achieving new personal bests in deadlift, squat and bench press, as



well as mastering Olympic techniques. These goals also sometimes shifted during the 8 months of longitudinal interviews, with participants moving between powerlifting to CrossFit or from bodybuilding to powerlifting. Eating was viewed as instrumental to achieving the goals associated with these various styles of training and improving their capabilities. In our second interview, Maddy explained the simple way that her recent shift towards strength-oriented goals reinforced regular meals:

At the moment I'm one of the best I've ever been with food and stuff but equally, if ever I do have a dodgy couple of days, where I start overthinking what I'm eating or I have too much time off and I start tracking food more than I'd like to be, the thing that keeps me from ever undereating or ever restricting food, is I'm like, well you're not going to get that deadlift tomorrow if you don't eat properly. Like, this afternoon I'm trying to get a deadlift PR [personal record] and... if you don't eat you literally will not pick it up.

(Maddy, 21, in recovery from EDNOS)

Here Maddy demonstrated the ways that, for her, exercise-focused goals are achieved through a sensitivity to both tracking and intuition. When tracking becomes too intense or restrictive, she intuitively leans into her strength-oriented goals which act to dissuade her from problematic tracking behaviours. In other words, a 'dodgy couple of days' of intense food tracking can be remedied by shifting her focus to her lifting goals, which require flexibility around eating.

Similarly, during our first interview, Ella brought a screenshot of a spreadsheet where she tracked her weightlifting (see Figure 4). When asked about this schedule, she responded:

So really day to day it will change. Some days I will go to the gym and I'll be sore or feeling a bit tired, so I'll be really kind to myself. I'll be like, "you know what, you had a tough week last week. The sessions didn't go great but it doesn't matter"... so I'll go easy. Other times, I'll need to have a word with myself and go "no, you have a schedule and we're here to follow it", because I kind of know I can handle that emotionally.

(Ella, 20, in recovery from bulimia)

Erica, who worked as a personal trainer, expressed a similar sentiment when relaying her tracked workout schedule:

I've had a bit of a demotivating day today, so I've sacked off my training. We all get days like that. I've had a bit of movement in the studio upstairs, come out and felt a lot better... instead of going in and having a crap workout and coming out and feeling crap, just go and do something you want to do and this is what I tell clients all the time, and I'll tell anyone, you're not feeling it... some days you need to push past it and then other days you know yourself and you know your body. And my body is just tired today and it doesn't want to do what it's got to do so I've still done something.

(Erica, 31, in recovery from anorexia)

In this sense, making food and exercise calculable was still deeply embedded in participants' way of life and acted as a coping strategy for making sense of all the in-depth knowledge they had accumulated during their ED. As Ella and Erica described, having and following schedules could easily be combined with self-care when their bodies called for it. In this sense, 'intuitive tracking' provided them with a sensitivity for whether to push themselves (as per tracked schedules) or to step back from exercise or food 'systems' at that moment (as per corporeal intuition).

## DISCUSSION

In this article, we introduce the novel concept of 'intuitive tracking' as a framework for understanding the ways people in recovery from an ED navigate competing approaches to health management. Intuitive tracking captures the ways everyday health decisions like whether to exercise, how to exercise, whether to eat, what to eat, are balanced and solved with a combination of intuition and datafication. Significantly, intuitive tracking moves beyond conceptions of self-tracking as the outsourcing of decision-making, towards a more nuanced framework that accounts for agency and the subjective attribution of meaning. It also serves to dismantle notions that women in recovery from EDs *either* engage in self-monitoring behaviour or act in a totally intuitive manner around exercise and food. Instead, we demonstrate the ways that women become skilled in *combining* intuition and datafication to chart a path to successful recovery. Importantly, these skills are learnt by necessity, as a way of navigating the conflicting discourses and health norms that women are confronted with in the current neoliberal climate.

Moreover, intuitive tracking is a conceptual framework that brings the body into understandings of self-tracking in a novel way. By conceptually giving space and equal primacy to embodied self-knowledge, intuitive tracking demonstrates how seemingly opposing approaches to health management can be practiced together. But while intuition and self-tracking are typically located in opposition, intuitive approaches to health also rely on a degree, though different form, of self-surveillance. In short, both rely on a constant engagement with and attunement to the body, albeit through technologized quantification on the one hand, and embodied and emotional cues on the other. While the question of whether intuitive approaches should be seen as yet another form of self-surveillance lies outside the scope of this article, future research might explore this idea in relation to people engaging in intuitive exercise/eating in ED recovery or in the wider population.

In analysing how tracking and intuition practices fit together, intuitive tracking offers a theoretical alternative to the Cartesian dualism reflected in framings of self-tracking and intuition as opposing and mutually exclusive. In this sense, intuitive tracking is about knowing the body in an embodied/emotional way *at the same time* and *with equal importance* as knowing the body as a tracked/quantified thing. Intuitive tracking is not only about curating different forms of quantified knowledge about the body through self-tracking but creating new types of knowledge (embodied and felt) which are given equal weighting in terms of everyday health decisions.

For those in recovery from EDs specifically, the opposing approaches of self-tracking and intuition both have considerable pull (from wider society, health policy, ED practitioners). Moreover, the combining of different therapeutic practices is tied up with hopes and tactics of 'cure' and long-term self-management where the stakes, risks and rewards are markedly high. Using intuitive tracking as a conceptual framework helps us to explore the development of 'DIY'

recovery tactics, that are created by necessity as women chart a path through recovery in a cultural environment that is not necessarily conducive to such a process.

Not only does intuitive tracking have novel theoretical implications for understandings of self-tracking, but this concept also has practical utility in the obesity prevention and ED recovery fields. While self-monitoring takes precedence in obesity prevention, and intuition increasingly guides ED recovery and treatment, we suggest that the concept of intuitive tracking is mobile in policy and practice-oriented fields outside of qualitative health research, which so frequently fall into an either/or framework with regards to self-tracking and intuition.

In obesity prevention, where the focus is often to solve the 'obesity epidemic' through individuals tracking and monitoring of exercise and diet, public health institutions might consider integrating aspects of intuition into their messaging. For example, tuning into how the body is feeling during movement and listening to hunger cues could be advocated alongside physical activity guidelines, which might engender greater personal investment in weight-related health. Moreover, embedding intuitive approaches in public health guidance may mitigate some of the harm done by self-disciplinary messaging that, research demonstrates, people with EDs are negatively affected by (Hay & Mitchison, 2019; Neumark-Sztainer, 2012). For example, messaging which promotes certain unhelpful health norms (e.g. that movement can or should be equated to food eaten or calories burned), can be particularly harmful for people attempting recovery and yet are so often built into the fabric of self-tracking technologies.

In the ED recovery field, intuition emerges as a key ingredient for successful recovery (Burnette & Mazzeo, 2020; Koller et al., 2020; Linardon, 2021; Richards et al., 2017). In this regard, Richards and colleagues advocate that intuition be taught to people in ED treatment settings on the basis that it 'directs patients away from the rigidity and micromanagement of food that parallels the rigidity of the ED illness itself' (2017, p.13). However, we contend that it is not realistic for people in ED recovery to completely evade self-monitoring behaviours, given their ubiquity in contemporary culture. Indeed, as work on severe and enduring cases of EDs shows, many women are unable to recover in the manner advocated by clinicians (Musolino et al., 2020). As a result, expectations around what lifestyle changes are possible for this group need to be carefully considered. To reconcile this issue, the ED recovery field could look to intuitive tracking for insights into how competing discourses can be combined in a way that supports wellbeing. In this regard, while intuition may remain an important value in the ED recovery field, integrating some aspects of self-tracking may be beneficial in terms of the long-term management of health for people in recovery.

Furthermore, intuitive tracking is not just limited to health interventions with specific 'problem' populations like those with EDs or those tasked with weight loss. Rather, intuitive tracking also provides a conceptual lens to understand everyday approaches to health for the wider population. While the ubiquity of self-tracking technologies makes all bodies knowable inside and out, docility and compliance with their algorithms is far from absolute, and there remains space in cultural discourse for embodied knowledge and decision-making. In other words, it is likely a fair assumption that everybody and every *body* engages in the skilful combination of self-tracking and health intuition that we have outlined in this article. We suggest, therefore, that intuitive tracking offers a theoretical scaffold within and through which to understand this process. While some aspects of the data presented here pertain specifically to ED recoverers, other facets such as fluid de- and re-prioritisation of tracking and/or intuition at key moments of self-care are likely to chime across diverse populations and groups.

## AUTHOR CONTRIBUTIONS

**Hester Hockin-Boyers:** Conceptualisation; formal analysis; writing – original draft. **Kimberly Jamie:** Conceptualisation; supervision; writing – original draft. **Stacey Pope:** Conceptualisation; supervision; writing – review & editing.

## ACKNOWLEDGEMENTS

The authors thank the anonymous reviewers for their useful feedback, as well as Professors Brett Smith and Martin Roderick for sharing their thoughts on early draughts of this article. We are also incredibly grateful to the women who participated in this study for giving up so much of their time to share their stories with us. The Author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work is supported by the Economic and Social Research Council [grant number ES/P000762/1].

## CONFLICT OF INTEREST STATEMENT

The Author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## ORCID

Hester Hockin-Boyers  <https://orcid.org/0000-0002-6675-3430>

Kimberly Jamie  <https://orcid.org/0000-0001-9151-0871>

## ENDNOTE

<sup>1</sup> MyFitnessPal is a fitness and nutrition app that helps users track their food intake, exercise, and overall health goals.

## REFERENCES

- Alderton, D. (2018). *Everything I know about love*. Penguin.
- Algera, E. (2023). Knowing (with) the body: Sensory knowing in contraceptive self-tracking. *Sociology of Health & Illness*, 45(2), 242–258. <https://doi.org/10.1111/1467-9566.13570>
- Anderson, L. M., Reilly, E. E., Schaumberg, K., Dmochowski, S., & Anderson, D. A. (2016). Contributions of mindful eating, intuitive eating, and restraint to BMI, disordered eating, and meal consumption in college students. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 21(1), 83–90. <https://doi.org/10.1007/s40519-015-0210-3>
- Babbott, K. M., Cavadino, A., Brenton-Peters, J., Consedine, N. S., & Roberts, M. (2023). Outcomes of intuitive eating interventions: A systematic review and meta-analysis. *Eating Disorders*, 31(1), 33–63. <https://doi.org/10.1080/10640266.2022.2030124>
- Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters. *Journal of the American Dietetic Association*, 105(6), 929–936. <https://doi.org/10.1016/j.jada.2005.03.011>
- BEAT. (2023). How many people have an eating disorder in the UK. <https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/how-many-people-eating-disorder-uk/>
- Berry, R. A., Rodgers, R. F., & Campagna, J. (2021). Outperforming iBodies: A conceptual framework integrating body performance self-tracking technologies with body image and eating concerns. *Sex Roles*, 85(1), 1–12. <https://doi.org/10.1007/s11199-020-01201-6>

- Birk, H. R., & Samuel, G. (2020). Can digital data diagnose mental health problems? A sociological exploration of 'digital phenotyping'. *Sociology of Health & Illness*, 42(8), 1873–1887. <https://doi.org/10.1111/1467-9566.13175>
- Branley-Bell, D., & Talbot, C. V. (2020). Exploring the impact of the COVID-19 pandemic and UK lockdown on individuals with experience of eating disorders. *Journal of Eating Disorders*, 8(1), 44. <https://doi.org/10.1186/s40337-020-00319-y>
- Burnette, C. B., & Mazzeo, S. E. (2020). An uncontrolled pilot feasibility trial of an intuitive eating intervention for college women with disordered eating delivered through group and guided self-help modalities. *International Journal of Eating Disorders*, 53(9), 1405–1417. <https://doi.org/10.1002/eat.23319>
- Busch, L., Utesch, T., & Strauss, B. (2022). Normalised step targets in fitness apps affect users' autonomy need satisfaction, motivation and physical activity—A six-week RCT. *International Journal of Sport and Exercise Psychology*, 20(1), 223–244. <https://doi.org/10.1080/1612197X.2020.1854820>
- Campbell, L., & Angeli, E. L. (2019). Embodied healthcare intuition: A taxonomy of sensory cues used by healthcare providers. *Rhetoric of Health & Medicine*, 2(4), 353–383. <https://doi.org/10.5744/rhm.2019.1017>
- Carbonneau, E., Bégin, C., Lemieux, S., Mongeau, L., Paquette, M.-C., Turcotte, M., Labonté, M.-È., & Provencher, V. (2017). A Health at every size intervention improves intuitive eating and diet quality in Canadian women. *Clinical Nutrition*, 36(3), 747–754. <https://doi.org/10.1016/j.clnu.2016.06.008>
- Chung, C.-F., Agapie, E., Schroeder, J., Mishra, S., Fogarty, J., & Munson, S. A. (2017). When personal tracking becomes social: Examining the use of instagram for healthy eating. In *Proceedings of the 2017 CHI conference on human factors in computing systems* (pp. 1674–1687). <https://doi.org/10.1145/3025453.3025747>
- Cotterill, P., & Letherby, G. (1993). Weaving stories: Personal auto/biographies in feminist research. *Sociology*, 27(1), 67–79. <https://doi.org/10.1177/003803859302700107>
- Davis, K. E. (2015). Sociology, & identities, diversity and inclusion (IDI). The politics of the 'turn'. *European Journal of Women's Studies*, 22(2), 125–128. <https://doi.org/10.1177/1350506815576146>
- Denny, K. N., Loth, K., Eisenberg, M. E., & Neumark-Sztainer, D. (2013). Intuitive eating in young adults. Who is doing it, and how is it related to disordered eating behaviors? *Appetite*, 60, 13–19. <https://doi.org/10.1016/j.appet.2012.09.029>
- Didžiokaitė, G., Saukko, P., & Greiffenhagen, C. (2018). Doing calories: The practices of dieting using calorie counting app MyFitnessPal. In A. Btihaj (Ed.), *Metric culture: Ontologies of self-tracking practices* (pp. 137–155). Emerald.
- Eli, K. (2016). 'The body remembers': Narrating embodied reconciliations of eating disorder and recovery. *Anthropology & Medicine*, 23(1), 71–85. <https://doi.org/10.1080/13648470.2015.1135786>
- Esmonde, K. (2020). 'There's only so much data you can handle in your life': Accommodating and resisting self-surveillance in women's running and fitness tracking practices. *Qualitative Research in Sport, Exercise and Health*, 12(1), 76–90. <https://doi.org/10.1080/2159676X.2019.1617188>
- Fotopoulou, A., & O'Riordan, K. (2016). Training to self-care: Fitness tracking, biopedagogy and the healthy consumer. *Health Sociology Review*, 26(1), 54–68. <https://doi.org/10.1080/14461242.2016.1184582>
- Godefroy, J. (2020). Recommending physical activity during the COVID-19 health crisis. Fitness influencers on instagram. *Frontiers in Sports and Active Living*, 2, 589813. <https://doi.org/10.3389/fspor.2020.589813>
- Gorm, N., & Shklovski, I. (2019). Episodic use: Practices of care in self-tracking. *New Media & Society*, 21(11–12), 2505–2521. <https://doi.org/10.1177/1461444819851239>
- Hackshaw-McGeagh, L., Jamie, K., Beynon, R., & O'Neill, R. (2018). Health behaviours of young mothers: Implications for health promotion and cancer prevention. *Health Education Journal*, 77(3), 277–292. <https://doi.org/10.1177/0017896917745106>
- Halse, C., & Honey, A. (2007). Rethinking ethics review as institutional discourse. *Qualitative Inquiry*, 13(3), 336–352. <https://doi.org/10.1177/1077800406297651>
- Harrison, B. (2002). Seeing health and illness worlds—using visual methodologies in a sociology of health and illness: A methodological review. *Sociology of Health & Illness*, 24(6), 856–872. <https://doi.org/10.1111/1467-9566.00322>
- Hay, P., & Mitchison, D. (2019). Eating disorders and obesity: The challenge for our times. *Nutrients*, 11(5), 1055. <https://doi.org/10.3390/nu11051055>



- Haynos, A. F., & Roberto, C. A. (2017). The effects of restaurant menu calorie labeling on hypothetical meal choices of females with disordered eating. *International Journal of Eating Disorders*, 50(3), 275–283. <https://doi.org/10.1002/eat.22675>
- Herron, B. A. (2023). 40 Years of qualitative feminist interviewing: Conceptual moments and cultivating eco-systems of care. *Qualitative Inquiry*, 29(6), 659–668. <https://doi.org/10.1177/10778004221139611>
- Hicks, J. A., Cicero, D. C., Trent, J., Burton, C. M., & King, L. A. (2010). Positive affect, intuition, and feelings of meaning. *Journal of Personality and Social Psychology*, 98(6), 967–979. <https://doi.org/10.1037/a0019377>
- Hockin-Boyers, H., Pope, S., & Jamie, K. (2021a). #gainingweightiscool: The use of transformation photos on Instagram among female weightlifters in recovery from eating disorders. *Qualitative Research in Sport, Exercise and Health*, 13(1), 94–112. <https://doi.org/10.1080/2159676X.2020.1836511>
- Hockin-Boyers, H., Pope, S., & Jamie, K. (2021b). Digital pruning: Agency and social media use as a personal political project among female weightlifters in recovery from eating disorders. *New Media & Society*, 23(8), 2345–2366. <https://doi.org/10.1177/1461444820926503>
- Hockin-Boyers, H., & Warin, M. (2021). Women, exercise, and eating disorder recovery: The normal and the pathological. *Qualitative Health Research*, 31(6), 1029–1042. <https://doi.org/10.1177/1049732321992042>
- Humphrey, L., Clifford, D., & Neyman Morris, M. (2015). Health at every size college course reduces dieting behaviors and improves intuitive eating, body esteem, and anti-fat attitudes. *Journal of Nutrition Education and Behavior*, 47(4), 354–360.e1. <https://doi.org/10.1016/j.jneb.2015.01.008>
- Koller, K. A., Thompson, K. A., Miller, A. J., Walsh, E. C., & Bardone-Cone, A. M. (2020). Body appreciation and intuitive eating in eating disorder recovery. *International Journal of Eating Disorders*, 53(8), 1261–1269. <https://doi.org/10.1002/eat.23238>
- Kristeller, J., Wolever, R. Q., & Sheets, V. (2014). Mindfulness-based eating awareness training (MB-EAT) for binge eating: A randomized clinical trial. *Mindfulness*, 5(3), 282–297. <https://doi.org/10.1007/s12671-012-0179-1>
- Kristensen, D. B., Kuruoglu, A. P., & Banke, S. (2021). Tracking towards care: Relational affordances of self-tracking in gym culture. *Sociology of Health & Illness*, 43(7), 1598–1613. <https://doi.org/10.1111/1467-9566.13352>
- LaMarre, A., & Rice, C. (2016). Normal eating is counter-cultural: Embodied experiences of eating disorder recovery. *Journal of Community & Applied Social Psychology*, 26(2), 136–149. <https://doi.org/10.1002/casp.2240>
- Lawrence, R. L. (2012). Intuitive knowing and embodied consciousness. *New Directions for Adult and Continuing Education*, 134, 5–13. <https://doi.org/10.1002/ace.20011>
- Linardon, J. (2021). Positive body image, intuitive eating, and self-compassion protect against the onset of the core symptoms of eating disorders: A prospective study. *International Journal of Eating Disorders*, 54(11), 1967–1977. <https://doi.org/10.1002/eat.23623>
- Lomborg, S., Thylstrup, N. B., & Schwartz, J. (2018). The temporal flows of self-tracking: Checking in, moving on, staying hooked. *New Media & Society*, 20(12), 4590–4607. <https://doi.org/10.1177/1461444818778542>
- Lupton, D. (2014). Self-tracking cultures: Towards a sociology of personal informatics. In *Proceedings of the 26th Australian computer-human interaction conference on designing futures: The future of design* (pp. 77–86). <https://doi.org/10.1145/2686612.2686623>
- Lupton, D. (2016). *The quantified self*. John Wiley & Sons.
- Lupton, D., Pink, S., Labond, C. H., & Sumartojo, S. (2018). Personal data contexts, data sense, and self-tracking cycling. *International Journal of Communication*, 12, 647–666.
- Musolino, C. M., Warin, M., & Gilchrist, P. (2020). Embodiment as a paradigm for understanding and treating SE-AN: Locating the self in culture. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00534>
- Neumark-Sztainer, D. (2005). Can we simultaneously work toward the prevention of obesity and eating disorders in children and adolescents? *International Journal of Eating Disorders*, 38(3), 220–227. <https://doi.org/10.1002/eat.20181>
- Neumark-Sztainer, D. (2012). Integrating messages from the eating disorders field into obesity prevention. *Adolescent Medicine: State of the Art Reviews*, 23(3), 529–543. <https://doi.org/10.1542/9781581107838-ch08>
- Neville, M. (2015). The embodied turn in research on language and social interaction. *Research on Language and Social Interaction*, 48(2), 121–151. <https://doi.org/10.1080/08351813.2015.1025499>
- Pink, S. (2007). *The future of visual anthropology: Engaging the senses*. Routledge.



- Pirie, I. (2016). Disordered eating and the contradictions of neoliberal governance. *Sociology of Health & Illness*, 38(6), 839–853. <https://doi.org/10.1111/1467-9566.12408>
- Radley, A., & Taylor, D. (2003). Images of recovery: A photo-elicitation study on the hospital ward. *Qualitative Health Research*, 13(1), 77–99. <https://doi.org/10.1177/1049732302239412>
- Reel, J. J., Lee, J. J., & Bellows, A. (2016). Integrating exercise and mindfulness for an emerging conceptual framework: The intuitive approach to prevention and health promotion (IAPHP). *Eating Disorders*, 24(1), 90–97. <https://doi.org/10.1080/10640266.2015.1118951>
- Richards, P. S., Crowton, S., Berrett, M. E., Smith, M. H., & Passmore, K. (2017). Can patients with eating disorders learn to eat intuitively? A 2-year pilot study. *Eating Disorders*, 25(2), 99–113. <https://doi.org/10.1080/10640266.2017.1279907>
- Rose, G. (2016). *Visual Methodologies: An introduction to researching with visual materials* (4th ed.). SAGE Publications Ltd.
- Ruiz, M. (2023). They rejected diet culture 30 years ago. Then they went mainstream. Retrieved July 17, 2024, from <https://www.nytimes.com/2023/01/18/well/intuitive-eating.html>.
- Sanders, R. (2017). Self-tracking in the digital era: Biopower, patriarchy, and the new biometric body projects. *Body & Society*, 23(1), 36–63. <https://doi.org/10.1177/1357034X16660366>
- Sharon, T., & Zandbergen, D. (2017). From data fetishism to quantifying selves: Self-tracking practices and the other values of data. *New Media & Society*, 19(11), 1695–1709. <https://doi.org/10.1177/1461444816636090>
- Shinebourne, P., & Smith, J. A. (2009). Alcohol and the self: An interpretative phenomenological analysis of the experience of addiction and its impact on the sense of self and identity. *Addiction Research and Theory*, 17(2), 152–167. <https://doi.org/10.1080/16066350802245650>
- Simpson, C. C., & Mazzeo, S. E. (2017). Calorie counting and fitness tracking technology: Associations with eating disorder symptomatology. *Eating Behaviors*, 26, 89–92. <https://doi.org/10.1016/j.eatbeh.2017.02.002>
- Sinclair, M. (2011). *Handbook of intuition research*. Edward Elgar Publishing.
- Smith, G. J. D., & Vonthehoff, B. (2017). Health by numbers? Exploring the practice and experience of datafied health. *Health Sociology Review*, 26(1), 6–21. <https://doi.org/10.1080/14461242.2016.1196600>
- Smith, L. (2022). Intuitive exercise: How to listen to your body. Retrieved July 17, 2024, from <https://womensfitness.co.uk/motivation/intuitive-exercise/>.
- Talbot, C. V., & Branley-Bell, D. (2022). #BetterHealth: A qualitative analysis of reactions to the UK government's better health campaign. *Journal of Health Psychology*, 27(5), 1252–1258. <https://doi.org/10.1177/1359105320985576>
- Voelker, D. K., Galli, N., Miyairi, M., Reel, J. J., & James, K. (2021). Validation of the intuitive exercise scale in patients with eating disorders. *Journal of Clinical Sport Psychology*, 16(2), 165–181. <https://doi.org/10.1123/jcsp.2021-0033>
- Welsh, I., & Lyons, C. M. (2001). Evidence-based care and the case for intuition and tacit knowledge in clinical assessment and decision making in mental health nursing practice: An empirical contribution to the debate. *Journal of Psychiatric and Mental Health Nursing*, 8(4), 299–305. <https://doi.org/10.1046/j.1365-2850.2001.00386.x>
- Whiteside, A. (2022). Collateral damage in a reductionist strategy: The effect of calorie labelling on those with eating disorders. *BMJ*, 377, o1402. <https://doi.org/10.1136/bmj.o1402>
- Williams, S. J., Coveney, C., & Meadows, R. (2015). M-Apping' sleep? Trends and transformations in the digital age. *Sociology of Health & Illness*, 37(7), 1039–1054. <https://doi.org/10.1111/1467-9566.12283>
- Wright, J., & Harwood, V. (2009). *Biopolitics and the obesity epidemic: Governing bodies*. Routledge.

**How to cite this article:** Hockin-Boyers, H., Jamie, K., & Pope, S. (2024). Intuitive tracking: Blending competing approaches to exercise and eating. *Sociology of Health & Illness*, 1–21. <https://doi.org/10.1111/1467-9566.13821>