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# “People need to be valued because of who they are”: Self-conception and strategies of resistance in women who challenge weight-loss diet culture

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## Abstract

This paper explores how the self-beliefs of women who have rejected weight-loss diet culture inform their strategies of resistance. We conducted a qualitative survey inviting participants to share methods they have used to challenge diet culture. One hundred and twelve women ( $M_{\text{age}} = 37.01$ ,  $SD = 10.54$ ) provided complete responses. Most were heterosexual (72%) and resided in Australia (59%). Our thematic analysis generated two themes: “diet culture is internalised, dismantling it is personal,” which was characterised by participants’ self-beliefs or self-identification, and the personal strategies they used to counter diet culture; and “diet culture is social, relationships are sites of resistance,” which reflected participants’ beliefs about the source of personal worth, as well as relational strategies they enacted in their personal and professional lives, and in their interactions with authority figures. Efforts to assist women in challenging diet culture could be strengthened by recognising the implications of immersion in such a culture for an individual’s relational self and their perceptions of self-worth, and

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by harnessing the power of women's relationships with each other. This paper contributes to the feminist psychological literature on women's inequalities and their relationships with food and their bodies, illuminating connections between activism, healthcare, and everyday experience.

### **Keywords**

Australia, dieting, possible selves, self-discrepancy, silencing the self, thematic analysis

In this paper, we examine the self-beliefs of women who have rejected weight-loss dieting. Weight-loss dieting (or “dieting”) is characterised by a “normative” preoccupation with calorie restriction (Santos et al., 2017), and has been associated with negative self-evaluative beliefs in women (e.g., Blechert et al., 2011). It has received research attention as both a gendered sociocultural phenomenon (Germov & Williams, 1996, 2017) and as an important aspect of self-definition for those who subscribe to it (Polivy & Herman, 2007). Evaluating self-worth as contingent upon one's perceived weight, shape, or size characterises individuals who diet or have an eating disorder (ED; Blechert et al., 2011). For some, dieting contributes to the development of EDs, including bulimia nervosa and binge eating disorder (Stice & van Ryzin, 2019), which carry significantly elevated mortality risks regardless of an individual's weight status (Arcelus et al., 2011). For others, restrictive eating behaviours underline the pervasiveness and normative qualities of dieting messages on women's sense of self. As Hesse-Biber et al. note, “food choice and bodily outcome become a statement of the self and one's self-worth more so for women” (2006, p. 212), and likely in part reflect dominant Western cultural expectations for women to be thin for both aesthetic and health reasons. Despite the relevance of “self” to beliefs about food and the body, to our knowledge, no studies have examined self-conceptions in women who have resisted weight-loss dieting. This paper aims to highlight the implications of self-beliefs for women's sense of community and political engagement against sociocultural messages that promote dieting, and how they can be utilised in future efforts encouraging women to resist such messages. In doing so, this paper builds on the existing body of feminist psychological research on the gendered sociocultural factors that adversely affect women's relationships with food and their bodies by focusing on possible points of resistance in women's, activists', and health professionals' everyday experiences of diet culture.

### ***The politics of dieting: Diet culture as a gendered phenomenon***

The term *diet culture* refers to the structural factors that support and maintain dieting behaviours—principally among women—in their social context. It is viewed as deriving from systems such as patriarchy and capitalism (Jovanovski & Jaeger, 2022a, 2022b), and is characterised by health myths about food and eating, as well as a moral hierarchy

of bodies that gives preference to thinness over other body shapes and sizes (e.g., Faw et al., 2021; Jovanovski & Jaeger, 2022a). Within this system, thinness is seen as a marker of moral superiority, and a normative, healthy physiological state. This is reflected in popular mainstream (e.g., Beijbom et al., 2023) and social media (e.g., Ghaznavi & Taylor, 2015) representations of ideal bodies.

Immersion in diet culture affects how individuals view themselves, particularly in terms of social comparison. Jovanovski and Jaeger (2022a) found that disdain for diet culture can motivate women's rejection of disordered eating and beliefs around food. Such challenges can be understood as fundamentally feminist critiques. Although, in Western cultures, personal responsibility for one's body shape and size is socially sanctioned and encouraged within individuals, as is the adoption of restrictive eating behaviour to alter one's body (Germov & Williams, 1996, 2017; Hesse-Biber et al., 2006); the underlying assumption of many participants in Jovanovski and Jaeger's (2022a) research was that the pathology originates in the culture, rather than the individual. This finding is consistent with the writings of feminist theorists such as Bordo (2005), Orbach (2006), and Wolf (1990). Participants perceived diet culture as encouraging unhealthy physical, psychological, and social practices in those who subscribe to it; as valorising thinness and demonising fatness (Jovanovski & Jaeger, 2022a). A moral hierarchy of bodies, with thinness placed at the top, was seen as predisposing and perpetuating the belief that non-conforming bodies should be manipulated using diet and exercise. Although these findings relate to participants' cultural observations, they bear implications for individual social and psychological functioning. Participants, most of whom were women, used self-care and relational strategies in their professional and personal lives to challenge diet culture (Jovanovski & Jaeger, 2022b). These findings corroborate existing studies on the significance of individual or self-oriented strategies to resist weight stigma and discrimination (Haney et al., 2021; Maor, 2013; Rodgers et al., 2020). These studies, however, did not examine women's self-beliefs in their conceptualisation of diet culture, or in the context of their resistance strategies. The "self" represents an important aspect of these beliefs and behaviours, as it potentially motivates and shapes challenges to diet culture. Deliberate rejection of diet culture also presents the opportunity to redefine one's self-beliefs, but this can come at the expense of interpersonal relationships and social acceptance.

### *Dieting and the self: Psychological perspectives*

Past research on self-beliefs germane to dieting has typically focused on body image, size, or esteem (e.g., Dalley et al., 2013; Dalley & Vidal, 2013), dietary restraint (e.g., Dondzilo et al., 2019; MacLeod et al., 2020), disordered eating (e.g., Shouse & Nilsson, 2011; Strauman et al., 1991), and ED pathology (e.g., Erikson et al., 2012; Geller et al., 2000; Mason et al., 2016). While such literature takes its subject in the self, it is grounded in cultural influences and expectations that shape individual cognition and behaviour. Theoretical perspectives originating in social psychology reflect the role of one's environment in creating as well as defining the self. In this paper, we argue that theories regarding different aspects of self-belief—such as how women define themselves

as they are, and how they would like to be defined (by themselves and others)—may pertain to their resistance toward diet culture. Each of these theories illustrates different dimensions of the individual and social aspects of self-identity.

*Self-discrepancy.* Higgins's (1987, 1989) self-discrepancy theory has informed research concerning eating and the body (e.g., Heron & Smyth, 2013; Mason et al., 2016). This theory posits that the self is comprised of three states that mutually influence one another: (a) the *actual* self is defined by the qualities an individual or others (real or generalised) believe they possess; (b) the *ideal* self is defined by the qualities they or others would ideally like them to possess; and (c) the *ought* self is defined by the qualities an individual or others believe they should, or are expected to, possess. The degree to which these states are discrepant is argued to give rise to particular affective responses (Higgins, 1987). Self-discrepancy theory has been used to understand psychological conditions including depressive and anxiety disorders, as well as EDs (for review and meta-analysis, see Mason et al., 2019). Several studies have found associations between actual–ideal and/or actual–ought self-discrepancies, ED symptomology, related affect, and self-esteem (e.g., Heron & Smyth, 2013; Mason et al., 2016). Women with elevated body image self-discrepancy engage in greater social comparison in response to thin-ideal media advertisements, and display an increased tendency to think about weight-reduction behaviours (Bessenoff, 2006). Self-discrepancy theory may also provide a useful framework for understanding the self-beliefs of women who have rejected diet culture.

*Possible selves.* Markus and Nurius's (1986) theory of possible selves complements Higgins's (1987, 1989) self-discrepancy theory, adding a future-oriented dimension that may be relevant to how women who have challenged diet culture see their potential selves. Possible selves are those to which we aspire, could potentially become, or fear becoming. In their seminal paper on possible selves, these authors identified body image as important to self-beliefs, utilising the examples of a hoped-for thin self versus a feared possible fat self (Markus & Nurius, 1986). The concept of the feared self has since been applied to EDs (for review, see Wilson, 2020). Possible selves are constrained by individual beliefs about what is credible, plausible, or likely. Markus and Nurius (1986, pp. 957–958) offer the following illustration of dieting behaviour as it relates to self-concept:

The working self-concept of the dieting individual who succumbs to a third slice of pizza will include not only some actual representations of self, but also a variety of self-conceptions of negative possibility. Some of these are quite likely to be realized (e.g., tomorrow's self in too-tight pants), whereas others may be quite improbable and relatively impoverished in their specific cognitive elaboration (e.g., the obese self, the out-of-control self).

Few studies have investigated the role of possible selves in relation to body size, esteem, and image (Dalley et al., 2013; Dalley & Vidal, 2013), and dieting behaviour

(Dalley, 2016). However, a discrete body of literature has examined the relationship between the emotional response of fear of fatness and restrained eating behaviour. Quantitative studies have demonstrated a significant relationship between the two (Chow et al., 2019). Fear of fatness is associated with increased eating restraint when avoidance of fatness is elevated (MacLeod et al., 2020). While a drive for thinness and fear of fat are sometimes used interchangeably, it has been suggested that they may be distinct, yet related, constructs that typify approach and avoidance mechanisms in individuals at risk of disordered eating or body image (Levitt, 2003). Quantitative research findings regarding the effects of these constructs on dieting and related phenomena have been mixed. Some studies have found dieting to be primarily motivated by a drive to avoid “undesired fat identities” (i.e., having a larger body) rather than to attain thinness (Dalley & Buunk, 2009, 2011; Dalley et al., 2012). Dondzilo et al. (2019) found drive for thinness to be a more salient motivator for restrictive eating patterns than fear of fatness.

*Relational selves and self-silencing.* While the theories espoused by Higgins (1987, 1989) and Markus and Nurius (1986) account for the development of socially shaped individual identities and are particularly relevant to EDs and disordered eating, they do not provide a framework for conceptualising cultural influences on women’s gendered self-identity in this context. Social psychologists have acknowledged that the dominant perspective of “self” advanced in Western psychological and anthropological research is framed as independent and autonomous (Markus & Kitayama, 1991). As Jack (1991) argues, the psychological notion of a separate (vs. relational) self also exemplifies the personal attributes celebrated within Western individualist and capitalist ideologies. Western women’s selfhood is not typically defined separately, but relationally and through connection with others (Gilligan, 1977, 2003; Jack, 1991; Miller, 2015; Surrey, 1985). Women’s sense of self is framed in opposition to the dominant, masculine culture; it is also subsumed within paternalistic structures that require deference to male authority. The relational self is therefore not only seen as inferior to the separate self, when examined through the lens of Western psychological traditions, it may not be recognised as a “self” at all.

Silencing the self theory (Jack, 1991; Jack & Dill, 1992) suggests that depression in women is associated with cognitive schemata surrounding the development and maintenance of safe intimate relationships. These schemata are expressed in relational strategies that “silence” or negate the self to conform to socially prescribed ideals regarding feminine behaviour. This theory has also been used to examine other women’s mental health issues (for narrative review, see Emran et al., 2020), including EDs. Self-silencing schemata have been positively associated with disordered eating (Ross & Wade, 2004; Shouse & Nilsson, 2011; Smolak & Munstertieger, 2002; Wechsler et al., 2006) and ED (Piran & Cormier, 2005) measures in college and community samples of young women. Young adult women with anorexia nervosa have also been shown to endorse higher levels of self-silencing schemata in comparison to psychiatric and healthy controls (Geller et al., 2000).

Self-discrepancy, possible selves, and self-silencing have served as useful theoretical frameworks for understanding disordered eating and EDs. However, to our knowledge, the current study is the first to examine the self-beliefs and associated behaviours of women who do *not* subscribe to dieting. We aimed to understand the self-beliefs of women who have challenged diet culture by asking, “How do the self-beliefs of women who have rejected weight-loss diet culture inform their strategies of resistance?”

## Method

### *Researcher positionality*

These positionality statements offer brief reflections on the preexisting discipline-specific, methodological, political, and personal perspectives we bring to our analysis.

Author TJ: My research background is in psychology—specifically, negative self-evaluative beliefs associated with obsessive-compulsive disorder (OCD). I joined the project as a novice qualitative researcher, bringing existing knowledge in quantitative methods. My appreciation of the ontological and epistemological differences between quantitative and “Big Q” qualitative research motivated me to interrogate my coding and theme generation, and to critically explore socially produced meanings within the data. I also sought to introspect about my engagement with our participant responses as a feminist woman who rejects diet culture and the valorisation of thinness.

Author NJ: I am a qualitative researcher with a background in health sociology and psychology, focusing specifically on dieting behaviours and the sociocultural reinforcement of restrictive eating practices. I have a radical feminist analysis of women’s relationships with their bodies, and I have been part of feminist communities in Australia for close to 10 years.

### *Participants and recruitment*

We posted flyers advertising our study on relevant weight-inclusive organisations’ social media, websites, and mailing lists (e.g., Health at Every Size® Australia, Women’s Health Victoria), and used snowballing to recruit a purposive sample. People who identified as having challenged diet culture; aged 18 years or above; not currently diagnosed with/receiving treatment for an ED; and residing in Australia, New Zealand, the United Kingdom, United States, or Canada (given English-language fluency was required) were eligible to participate. Most of the complete responses we received were from women ( $n = 112$ ; 95%). As dieting and weight-loss attempts more generally are cultural phenomena that differentially affect women (Santos et al., 2017), we sought to understand the self-beliefs and related behaviours of women in the context of our research question. As such, only female participants were included in the final sample. Ages ranged from 18 to 63 ( $M = 37.01$ ,  $SD = 10.54$ ). Most participants self-identified as heterosexual (72%); 16% identified as bisexual, 4% as lesbian, 4% as queer, and 4% as predominantly heterosexual, pansexual, demisexual, or asexual, respectively. They resided in Australia (59%), the United States (18%), the United Kingdom (11%), Canada (9%), and New

Zealand (4%). Twelve per cent came from a culturally and linguistically diverse (CALD) background; 2% preferred not to specify. Thirteen per cent had a lived experience of disability; 36% had a chronic health condition. Thirty-eight per cent were health professionals: mental health worker (e.g., clinical psychologist, psychologist, counsellor; 14%) and dietitian (13%) were the most common professions specified. Fifty-two per cent of participants identified as nondiet activists.

### *Data collection*

We used a qualitative survey to collect data on participants' personal experiences of diet culture. The qualitative survey method facilitates the collection of larger, more diverse samples compared to those typically feasible in interview or focus-group designs, enabling a "wide-angle lens" as well as the potential for rich data (Braun et al., 2020). The relative anonymity of the online environment can also help participants to feel more comfortable sharing views they may not otherwise express in a face-to-face interaction. This is particularly salient in the context of discussions around weight-loss dieting, in which participants' responses may be influenced by perceptions of the researcher(s)' physical appearance. A balance is struck here, given researchers are unable to elicit elaborations or further reflection in response to questions.

We designed our survey in collaboration with a project advisory group comprised of social and political scientists, health professionals and senior health policy advisors, and antidiet activists. Section 1 contained demographic questions regarding age, sex, sexuality, CALD background, country of residence, lived experience of disability or chronic health condition, and health professional or nondiet activist status. Section 2 included six short-answer questions asking about participants' views on, and responses to, diet culture. This paper focuses on two specific questions: "In what ways have you challenged diet culture?" and "In an ideal world, how would you like to see diet culture being tackled?" These questions were separately included in the data analyses for two earlier papers that sought to define diet culture (Jovanovski & Jaeger, 2022a) and examine strategies of resistance in the antidiet community (Jovanovski & Jaeger, 2022b). These studies are part of our larger qualitative project exploring women's experiences of, and efforts to challenge, diet culture. The University of Melbourne Medicine and Dentistry Human Ethics Sub-Committee (2056849) approved the study. We used Qualtrics (August 2020) to collect our data. A link in the online advertisements directed participants to a plain language statement and consent form where they indicated consent using a checkbox. The survey was launched in August 2020 and was live for 2 weeks.

### *Analytic method*

We used thematic analysis, drawing on the approach of Braun, Clarke, and colleagues (Braun & Clarke, 2006; Braun et al., 2019; Terry et al., 2017) to analyse the data; and utilising Higgins's (1987, 1989) self-discrepancy theory, Markus and Nurius's (1986) theory of possible selves, and Jack's (Jack, 1991; Jack & Dill, 1992) silencing the self theory as guides. We generated primarily deductive, theory-driven themes and applied

a critical realist framework (Bhaskar et al., 2017) to interpreting and understanding the data. This enabled us to consider socially produced meanings within the constraints of participants' material reality(ies). We examined meaning and participants' lived experience at both semantic and latent levels.

We undertook the current study after previous inductive analysis of the data in relation to separate research questions (see Jovanovski & Jaeger, 2022a, 2022b). For this study, we again independently familiarised ourselves with the data through reading and rereading. Author TJ led the data analysis, liaising with Author NJ throughout the process. We first developed primarily deductive codes that drew upon self-discrepancy theory (Higgins, 1987, 1989) and the theory of possible selves (Markus & Nurius, 1986), which focused on the semantic content of participants' responses (e.g., "stigma," "psychopathology," "self"). These codes were quite broad. Upon revisitation of the data, we subsequently refined them to incorporate specific semantic meanings, as well as the more latent, underlying assumptions implied in the data (e.g., self: "self-identification as fat," "self-acceptance"). This was an iterative process, and we reviewed the codes several times to ensure thoroughness and consistency. Once we had finalised the codes, Author TJ grouped these into larger candidate themes (e.g., "diet culture projects pathology on the self," "diet culture invites imagination of oppositional, transcendent possible selves").

We initially generated themes separately for the two survey questions. On review, we agreed there was substantial overlap across participant responses to these. We further refined, split, or merged the candidate themes, where relevant. We applied a silencing the self theory (Jack, 1991; Jack & Dill, 1992) framework to the data in the latter stages of the analysis, as the theories we used to guide earlier iterations did not capture the range of phenomena we observed in the data, or fully reflect the themes we generated. We revisited the data to ensure the finalised themes captured the richness of participant responses and reflected the introspective process we had engaged in throughout the data analysis.

## Results and discussion

### Key themes

Our final analysis consisted of two themes: "diet culture is internalised, dismantling it is personal" and "diet culture is social, relationships are sites of resistance." These are presented below, along with illustrative data extracts. Participants are identified by their response number (the order in which their survey response was logged through Qualtrics; e.g., R1), age, sexuality, and country of residence. If participants identified a CALD background, disability, or chronic health condition, or were a nondiet activist or health professional, this information is also included in the attribution. Wherever this information is absent, participants did not report these demographics.

*Diet culture is internalised, dismantling it is personal.* This theme reflected participants' self-beliefs or self-identification in relation to diet culture, as well as the personal strategies they undertook to challenge it.

On a semantic level, some participants self-identified as being fat, larger bodied, or as a nond Dieter: “I refer to myself as fat ... I eat mindfully, what I want, when I want it” (R7, 32, heterosexual, Australia, nondiet activist, midwife and registered nurse); “I don’t diet any more. I wear whatever I want, even though I’m fat. I don’t hide my body” (R74, 45, bisexual, Australia, CALD, living with a chronic health condition); “I don’t diet now, have not for some time and live life large” (R103, 59, heterosexual, Australia, living with a chronic health condition). In those who expressed it, this marker of identification often implied self-acceptance. This contrasts with Markus and Nurius’s (1986) characterisation of the Dieter’s feared possible “obese self” or “out-of-control self” (p. 958), and with the existing quantitative literature on feared fat selves, which suggests dieting may be primarily motivated by a drive to avoid undesired fat identities (e.g., Dalley et al., 2012). Our participants stated that self-identification as fat, larger bodied, or as a woman who refuses to diet was itself a challenge to diet culture. This potentially strengthens the self-concept, as it creates a dynamic in which a woman’s actual, ought, and ideal selves (Higgins, 1987, 1989) can maintain alignment despite societal pressure to adhere to a thin ideal. References to “mindful” eating practices or giving oneself permission to eat freely also potentially reflect a broader awareness of the psychological concepts discussed in the weight-neutral communities we recruited from.

We observed the use of other psychological terms in responses from both health professionals and others. Some participants underlined their drive toward self-acceptance. In extension to fat acceptance, this sometimes also included body acceptance, body neutrality, or appreciation of body functionality: “For myself I ... challenge my own internalised weight bias, practice intuitive eating and body neutrality” (R19, 27, heterosexual, Australia, nondiet activist, psychologist); “I refuse to diet and consistently work on my own body acceptance” (R40, 30, bisexual, United States, nondiet activist, dietitian). Self-acceptance sometimes extended from recognition of others’ inherent worth. As one participant explained:

I do not participate in diet culture. I try not to place emphasis on body size as an indication of worth, beauty and desirability. Instead, I try to view people through their personality and passion. I also attempt to have this same view in relation to my own body and perceived self worth. (R113, 24, bisexual, Australia, nondiet activist)

Some participants noted that they engage in positive “self-talk,” or actively challenge their own thinking patterns around weight loss, including what they identified as negative self-talk: “I challenge my own self talk” (R117, 40, bisexual, Australia, living with a disability and chronic health condition, nondiet activist); “actively challenging diet culture in my head (e.g., when I feel uncomfortable about my weight, I try to remind myself of the reasons diet culture has contributed to this and why it really doesn’t matter)” (R50, 23, heterosexual, Australia). These can be understood as attempts to bolster self-worth, reaffirming the self-concept. Using strategies to distance oneself from diet culture in part extend from self-evaluative beliefs. Acceptance of one’s body and self as they are suggests that control attempts are not personally relevant and may undermine efforts to

positively redefine the meaning of particular attributes that exemplify women who reject diet culture. As such, self-acceptance may facilitate challenges to the culture on a personal, as well as social, level.

*Diet culture is social, relationships are sites of resistance.* This theme included the widest range of beliefs and strategies of the two themes we generated in this study. While participants most often spoke about strategies, some also explicitly stated the beliefs that underlie their methods of action, or the ways in which they would like to see diet culture being tackled in an ideal world. These were particularly concerned with valuing people for their inherent personal worth, rather than their appearance or perceived health. This theme encompassed the strategies participants used to encourage family, friends, or professional colleagues to question diet culture. It also related to personal advocacy (e.g., in relationships with healthcare or education providers and through public behaviour around food choices and eating). In extension to the personal practices described above, the strategies carried out on a social level can be understood as incremental attempts to define and reinforce the emergent social and political identities of women who have challenged diet culture, and to signify these identity positions to others.

*Personal worth vastly exceeds appearance.* Many participants indicated personal beliefs underpinning a desire for changes in societal beliefs and behaviours. These were exemplified by respect for a diverse range of body shapes and types, and the valuing of all people, including women, for their inner worth, personal attributes, or contributions to interpersonal relationships or society:

I would ... like to see greater respect for human diversity, where body size is no longer viewed as a status symbol or tied to a person's worth in society. People need to be valued because of who they are and what they do to contribute to making the world a better place (in whatever way they can within their life circumstances), rather than what they look like. (R1, 42, heterosexual, Australia, occupational therapist)

If we valued others for who they are and looked deeper than the surface appearance to what is inside a person then we would all feel better about ourselves and others. (R111, 44, heterosexual, Australia, living with a chronic health condition)

These participant quotes exemplify the depth of personal worth when it is imagined beyond surface-level appraisals of physical appearance. People are recognised for their actions to “make the world a better place” and who they are “inside,” which brings social as well as personal enrichment. Others expressed that (Western) societal emphasis on the importance of thinness, and rejection of fat bodies, promotes diet culture: “I would prefer there be an emphasis on food and exercise as nourishment of the mind body and soul rather than a way to further reduce women's self worth [sic]” (R113, 24, bisexual, Australia, nondiet activist); “I'd ... like it to be seen through a lens of self-acceptance and love, where we workout and eat well not to feel our hipbones when we lay down

to sleep, but to have energy and strong hair and feel strong [sic]" (R46, 25, heterosexual, United States, living with a chronic health condition). Mental health professionals tended to highlight the mental health consequences of socially imposed shame and individual responsibility for weight-related appearance: "Until it is 'safe to be fat,' we will continue to see eating disorders increase and people spending money on making their bodies smaller, using 'diets' that will fail them, inducing personal shame and responsibility" (R33, 47, heterosexual, Australia, clinical psychologist).

The semantic meaning imparted through these and other extracts demonstrates that participants view diet culture as having considerable implications for individual self-esteem, worth, and personal identity. Rejecting diet culture presents the opportunity to critically reflect on the ways it affects views of oneself and others, including with respect to self-discrepancy (Higgins, 1987, 1989), and invites the imagination of possible selves (Markus & Nurius, 1986) that are explicitly defined by their opposition to such a culture. While these beliefs tended not to be expressly communicated in the context of desired or enacted relational strategies, we argue that the strategies participants described reflect these beliefs on a latent level.

**Interactions with family, friends, and colleagues are avenues for self-expression.** Some participants gave examples of how they relate to others in their families, friendships, or workplaces to proactively or reactively address diet culture. Family members tended to be identified specifically when the participant responded about their role as a parent or carer: "When my kids talk about 'fat' being a bad thing, we talk about all the different types of bodies in the world and how they are all fine" (R6, 39, heterosexual, Australia, living with a chronic health condition, GP); "As the Mother of 2 young women I have encouraged them to feel positive about their own unique body shape" (R47, 56, heterosexual, United Kingdom); "I talk with my son to untangle what's behind his desire to look a certain way. I challenge my friends when they put pressure on their kids to worry about their appearance" (R74, 45, bisexual, Australia, CALD, living with a chronic health condition). Other responses regarding interpersonal relationships were more general. For example:

[I]f conversations with friends or family turn towards diet culture (e.g., friend saying "oh, I need to lose XXkg to be more like [insert celebrity], or a family member comments that I look like I've put on or lost weight) I will try to calmly (though often end up ranting) challenge them that there is more to people than their weight or appearance. I will try to start a discourse on the negative impacts that diet culture has, particularly in how people view health and worth. (R34, 47, heterosexual, New Zealand, nutritionist)

This quote emphasises the importance of interpersonal relationships as outlets for the expression of self-beliefs. Such conversations are also an opportunity to invite others to consider their beliefs about themselves, and whether these are congruent with diet culture's implicit messages about the source of personal worth.

Participants who were health professionals often noted their relationships with clients/patients or colleagues, and sometimes their personal relationships as well: "Speaking to

GP's [sic] that I work with, discussing with friends and family, awareness-raising with clients I work with in therapeutic settings" (R28, 38, heterosexual, Australia, living with a chronic health condition, nondiet activist, mental health social worker). Participants other than health professionals were not asked to indicate their vocation or profession in the survey demographics. However, some nonhealth professionals described their work: "Taught my son and my students fat activism" (R58, 45, heterosexual, Canada, nondiet activist); "I point out issues I see, particularly with my own children and, to a lesser extent, my students" (R117, 40, bisexual, Australia, living with a disability and chronic health condition, nondiet activist). On a semantic level, these relational strategies signify efforts to protect (vulnerable) others from the harms of diet culture, often in terms of its reductive appearance-based appraisals about people's bodies. On a latent level, they also reflect participants' deeply held beliefs about the definition of personal worth.

**Relationships with authority figures are redefined through personal advocacy.** Some participants described personal advocacy, such as asking not to be weighed (or, if weighing is necessary, requesting that the number not be disclosed to them) when interacting with fitness or health professionals: "refused to be weighed at gym and dr office" (R58, 45, heterosexual, Canada, nondiet activist); "I started weight training at the gym and explicitly advised my trainer I was not there for weight loss (notwithstanding I am overweight)" (R66, 55, queer, Australia); "I ask my health care provider not to tell me my weight if I am not in the headspace to manage" (R49, 48, heterosexual, Canada). Others specified how they wanted to receive treatment: "I have asked to be treated in a weight neutral way by all my medical professionals" (R67, 48, heterosexual, Australia, living with a disability). One participant described assertively responding to her doctor's assumptions about the factors presumed to contribute to her health condition:

I challenged my doctor when his first response to my hip pain was weight-related – I asked if we could please explore health-related behaviours rather than just jumping to the automatic assumption my weight was causing my problem. I asked him to read "Health at Every Size" by Dr. Linda/Lindo Bacon. (R14, 49, heterosexual, Australia, living with a chronic health condition)

On a latent level, this quote reflects the strong personal conviction that enables challenges to authority figures' views and subversion of ingrained power dynamics. Such interactions may contribute incrementally to the refinement and reinforcement of a person's self-beliefs (e.g., about health and worth) in relation to diet culture; they in turn demand a response from the authority figure being addressed.

While participants typically enacted personal advocacy in relation to their own health or physical well-being, some reported advocating for their child or children at their school: "At my kids [sic] school they wanted to do research on their weight before and after exercise – I complained and the program was withdrawn" (R6, 39, heterosexual, Australia, living with a chronic health condition, GP); "spoke to my children's teachers"

(R96, 35, heterosexual, Australia, nondiet activist, mental health clinician). This type of advocacy implicitly confers the opportunity to protect the self-worth of vulnerable others, though participants did not explore this on a semantic level.

The relational strategies participants enacted in their personal and professional lives, and through their interactions with authority figures, challenge dominant Western understandings of the “self.” Women’s self-beliefs were informed and reinforced by their generative relationships with others. Rather than self-silencing, women (re)defined themselves relationally (Jack, 1991; Jack & Dill, 1992). The findings from this study suggest that, although women tend to enact strategies of resistance on an individual rather than collective level, these strategies and accompanying beliefs may represent the beginnings of a group identity defined by a rejection of stigma and desire for social change.

**Social and public behaviour as personal advocacy.** Participant descriptions of their behaviour in social settings or public spaces also reflected their self-beliefs. Some participants refused to let their size determine their actions in public: “I eat mindfully, what I want, when I want it, and do not fall into the habit many women do of ordering a salad for fear of public shaming” (R7, 32, heterosexual, Australia, nondiet activist, midwife and registered nurse). Others described permitting the people around them to eat as they like: “[I] give [people] permission to eat what they want. (i.e.,: ‘if you’re hungry, you can eat that.’ Or: ‘It’s not bad to eat a donut.’ Or: ‘You should eat what you want, when you want.’) [sic]” (R105, 41, bisexual, United States). Eating for pleasure, socialisation, or for religious celebrations also featured in some responses:

I speak with pride when I gain weight. I openly speak about wanting high calorie foods. I talk about the importance of fat in a healthy diet and do not lie about my junk food intake.... I encourage feasting at holidays. I’m a fitness instructor and speak of these things in my exercise classes, when there’s no pandemic. (R116, 35, lesbian, United States, living with a chronic health condition)

This quote subverts the typical practice of diet talk by emphasising the importance of weight gain and dietary fat intake to health, and of the cultural significance of food. These personal strategies reflect self-identity, which is reinforced relationally through the participant’s vocation.

Other participants made general statements around not engaging in diet talk. This included not commenting on their own or others’ physical appearance: “Refused to accept ‘losing weight’ as a compliment nor give out a ‘size related’ compliment ... Taken a long time to accept that I’m me size :)” (R87, 49, heterosexual, Australia, living with a disability, nondiet activist); “I do my best to not give appearance based comments, rather to compliment people for their efforts, actions, choices and character” (R95, 47, heterosexual, Australia, nondiet activist). One participant detailed their significant weight loss, explicitly defining this as an indirect result of health behaviour changes and not a reflection of their worth as a person:

In the last several years I have lost over 110 lbs in a quest to be healthier. I think that establishing healthy habits is so important, and that's what I've always been aiming for. Weight loss has been a byproduct [sic] of that for me, and it might not be for everyone; but diet culture has twisted it, telling us that weight loss is the goal and the methods don't matter. I have tried to challenge this by focusing on my health when I talk about this process, and by NEVER telling people how much I've lost or how much I weigh now. I also refuse to post a "before and after" style photo; I am not a better person for having lost this weight. (R53, 30, heterosexual, Canada, living with a chronic health condition)

On a latent level, this also reflects the immense cultural pressure to consider women's appearance-as-self, and weight loss as a marker of self-improvement. For this participant, "before and after" visual comparisons are entrenched as a trope of weight-loss narratives, whereby the inadequate former self is compared to its thinner, "better" version.

Several participants also described not engaging in conversations about diets or weight loss: "I refuse to participate in weight loss conversations about myself or anyone else" (R77, 38, heterosexual, Australia, living with a disability); "I try not to allow diet culture talk in my household with my husband and 2 children" (R67, 48, heterosexual, Australia, living with a disability). These social behaviours imply a rejection of self-evaluative beliefs that an individual's weight, weight loss, or weight-loss attempts reflect their personal worth or value to others. They emphasise the relational aspects of self-definition; reject the social prescription to self-silence (Jack, 1991; Jack & Dill, 1992); and potentially unify ought, actual, and ideal selves (Higgins, 1987, 1989).

Taken together, the participant responses that informed this theme acknowledged the wider social and cultural antecedents of diet culture but understood the relational self as the primary site of resistance.

## **Conclusions and implications**

To our knowledge, this is the first study to explore the self-beliefs of women who have challenged diet culture. Our findings reflect that these women advocate self-acceptance and recognition of individuals' inherent self-worth, without reference to weight or physical appearance. This presents the possibility of a self-concept in which the actual, ought, and ideal selves may be aligned. It also reflects a rejection of the social prescription to self-silence, which is exemplified in the relational strategies women use to challenge diet culture. These findings provide important insights that are relevant to effecting wider cultural change, especially in the context of feminist psychology's long history of associating women's personal experiences with their political contexts. Efforts to assist women in challenging diet culture could be strengthened by recognising the implications of immersion in such a culture for an individual's perceptions of self-worth and identity, and by harnessing the power of women's relationships with each other. This may enable further community building and engagement with feminist and other political aspects of the cause. Future research would benefit from inclusion of participants from

diverse backgrounds to enable a richer analysis of the self-beliefs and associated behaviours of women who have challenged diet culture.

### Author note

The data analysed in this study were included in the analyses of two earlier papers (Jovanovski & Jaeger, 2022a, 2022b). These studies are part of a larger qualitative project exploring women's experiences of, and efforts to challenge, weight-loss diet culture.


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