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Unpacking the ‘Anti-diet movement’: Domination and resistance in the broad anti-diet community

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Abstract: This paper explores how those who adopt an ‘anti-diet’ stance use strategies to challenge weight-loss dieting norms. We used a qualitative survey to examine how a heterogeneous collective of feminists, fat activists and health professionals (and those at the margins of these groups) define the source(s) of power underlying diet culture and discuss the strategies they use to challenge it. One hundred and eighteen people ($M_{age} = 36.67$, $SD = 10/50$) took part. Most were female ($n = 112$), heterosexual (69%), and residing in Australia (59%). Thirty-seven percent were health professionals, and over half identified as non-diet activists (52%). We found three themes in our thematic analysis: ‘Explaining the vulnerable-empowered dieter: Unpacking cultural and material forms of power,’ ‘Self-care as a political strategy: Refusals and ambivalence in the anti-diet community,’ and ‘Relational strategies: Challenging diet culture in work and everyday interactions.’ Our study showed that those who adopt an ‘anti-diet’ stance challenge cultural norms and institutions that reinforce diet culture by being critical of gender norms and rejecting consumerist dieting practices. We argue that the self-care and relational strategies used by participants across communities signifies an awkward but unified ‘anti-diet movement.’ Future research should recruit a more culturally and ethnically diverse sample of participants.

Keywords: weight-loss dieting; dieting; anti-diet; social movements; oppositional practices

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Notes on Contributors

Dr Natalie Jovanovski is Raewyn Connell prize-winning author and health sociologist, whose research focus is on identifying and critiquing the gendered (e.g., structural and institutional) factors that affect women’s relationships with food and their bodies. Natalie’s research has focused specifically on how cultural messages about food are marketed to women, and the way that these messages normalise disordered and restrictive eating behaviours.

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This paper explores how those who adopt an ‘anti-diet’ stance use strategies to challenge weight-loss dieting norms. We used a qualitative survey to examine how a heterogenous collective of feminists, fat activists and health professionals (and those on the margins of these groups) define the source(s) of power underlying diet culture and discuss the strategies they use to challenge it. One hundred and eighteen people ($M_{age} = 36.67$, $SD = 10.50$) took part. Most were female ($n = 112$), heterosexual (69%), and residing in Australia (59%). A small proportion (13%) had a culturally and linguistically diverse (CALD) background. Thirty-seven per cent were health professionals, and over half identified as non-diet activists (52%). We generated three themes in our thematic analysis: ‘Describing diet culture: Unpacking cultural and material forms of power,’ ‘Self-care as a political strategy: Refusals and ambivalence in the anti-diet community,’ and ‘Relational strategies: Challenging diet culture in work and everyday interactions.’ Participants viewed diet culture as being reinforced through internalized multi-institutional patriarchal, Eurocentric and capitalist systems. They challenged cultural norms and institutions that reinforce diet culture by being critical of gender norms and rejecting consumerist dieting practices. We argue that the self-care and relational strategies used by participants across communities signify an awkward but unified ‘anti-diet movement.’ Future research should recruit a more culturally and ethnically diverse sample and examine the ‘anti-diet’ movement beyond the Global North context.

Keywords: diet culture; anti-diet movement; multi-institutional politics approach; awkward social movements

Introduction

In this paper, we examine how individuals from online feminist, fat activist, and health professional communities interpret the source(s) of power underlying ‘diet culture’ (i.e., the cultural normalization of weight-loss dieting in women), and the strategies they use to challenge its pervasiveness. Over the last five decades, social movements have emerged questioning the misconception that dieting is simply a health behavior or lifestyle choice

(Harrison, 2019). These movements have variously advanced fat-acceptance through normalizing being ‘fat’ and challenging size discrimination (e.g., Cooper, 2008; Haney et al., 2021; Saguy & Ward, 2011), through body-positivity and diversifying images of bodies, often on social media platforms (e.g., Ando et al., 2021; Johansson, 2021), or through advancing weight-neutral approaches to health, such as the Health at Every Size® (HAES) approach (Bacon, 2011; Harrison, 2019).ⁱ Researchers have often focused separately on these communities, critiquing the individualist methods that some corners of the broad ‘anti-diet’ movementⁱⁱ adopt to tackle diet culture (Cwynar-Horta, 2016). Indeed, it has been argued that people in these movements – predominantly women - occasionally reify elements of diet culture in their attempts to challenge it, through reinforcing messages of consumerism (Frazier & Mehdi, 2021), objectification (Jovanovski, 2015; Cwynar-Horta, 2016), and healthism (Gibson, 2021). We argue that examining the shared strategies of individuals within these disparate communities may uncover more nuanced understandings of their unified role(s) in challenging diet culture and its multi-institutional sources of power. This may also benefit researchers studying ‘awkward social movements,’ which are decentralized and prioritize both cultural and material sources of resistance (Armstrong & Bernstein, 2008; Polletta, 2006).

Diet Culture and Individualism

Dieting – both as practice and cultural norm – is a significant issue for women in contemporary Western cultures and, increasingly, in countries outside of the West (Ando et al., 2021; Cwynar-Horta, 2016). Women are more likely to engage in weight-loss practices than men regardless of body mass index, and weight cycling is associated with the development of preventable physical health problems (Calogero et al., 2016) and eating

disorders (e.g., anorexia nervosa; Orbach, 2010). Researchers have focused on the ways dieting is normalized through various Western institutions, such as mainstream and social media (Cwynar-Horta, 2016), biomedicine and public health policy (McPhail & Orsini, 2021), and the resulting effects on individual women.

It has been argued that diet culture valorizes women's engagement with self-surveillant 'health' practices and elusive 'beauty' ideals (Jovanovski, 2017). The focus on body-policing can obscure the role institutions play in reinforcing these practices, or the structural inequities that inform such choices (Jovanovski, 2015, 2017; Parker, 2020). Some feminist writers argue that mainstream Western media depictions of food, eating and women's bodies normalize self-surveillant practices in women by alluding to the 'naughty' and 'sinful' nature of food and reinforcing the thin-ideal, which promotes sexual and self-objectification (Jovanovski, 2017; Bordo, 2005; Wolf, 1990). Contemporary health discourses, which have evolved to focus on health rather than weight-loss, are also argued to increasingly espouse these ideals (Cairns & Johnston, 2015; Parker, 2020). Drawing on interviews and focus groups with 100 women in Toronto, Canada, Cairns and Johnston (2015) found that women expressed responsibility for their health (and often weight) through discourses of choice and control, while distancing themselves from 'body-obsessed' versions of feminine subjectivity. Parker (2020) adds that women are positioned as feminine-citizen-subjects within a neoliberal diet culture; they are compelled to make the 'right' decisions about food and eating to maintain health and conform to the thin-ideal. Many existing discussions about the harms of diet culture involve criticizing the moral imperative for women to choose 'health' and 'beauty.' This literature, however, often disregards the role the individual plays in challenging the cultures and institutions behind dieting.

Challenges to Diet Culture through Anti-Diet Movement(s)

Over the last five decades, social movements have emerged challenging the cultural normalization of dieting, through tackling weight discrimination and developing ‘fat’ subcultures (Cooper, 2008; Haney et al., 2021; Simic, 2015), rejecting beauty ideals and diversifying representations of bodies (Cwynar-Horta, 2016; Johansson, 2021), and platforming weight-neutral approaches in the health sciences (Bacon, 2011; Brady et al., 2013; Tylka et al., 2014). Tensions have emerged about the strategies used within these movements to challenge diet culture. Criticisms often highlight the valorization of individual change at the expense of structural interventions (e.g., Jovanovski, 2015; Cwynar-Horta, 2016; Haney et al., 2021), such as the inadvertent reinforcement of diet culture through healthism (Gibson, 2021), and women’s sexual and self-objectification (Jovanovski, 2015).

Feminist and fat-acceptance scholars have strongly criticized contemporary manifestations of the ‘body-positivity’ movement, which emerged in the United States as an offshoot of fat-acceptance “to promote the radical acceptance of marginalized bodies” (Frazier & Mehdi, 2021, p. 14). Researchers examining the body-positivity movement’s promising strategies have focused on its diverse representations of women’s bodies. In their analysis of the subreddit r/BodyAcceptance, Rodgers et al. (2020) found that members of the body-positivity movement use online spaces relationally to support each other through their body-image struggles and provide alternatives to the thin-ideal. This includes discussing feminist texts and ideas, which the authors argue has the potential to counterbalance harmful messages that dominate social media (see also Ando et al., 2021). Others have argued that in Western contexts, body-positivity can also be a useful way for women of color to visually challenge fatphobia and white health and beauty ideals. In their discourse analysis of American performance artist Lizzo, Pickett Miller and Platenberg (2021) found that Lizzo promotes self-love, social and political advocacy, and resistance to fat hate through

Instagram. She does this by sharing vulnerable personal narratives about fat-phobia accompanied by photographs, “reject[ing] politics of respectability for fat Black women” through “suggestive, seductive” (p. 52) images of her larger body.

While Lizzo has amassed millions of followers worldwide and the body-positivity movement has gained mainstream traction, its proponents’ strategies have been criticized (Johansson, 2021; Haney et al., 2021). According to Cwynar-Horta (2016, p. 37), body-positivity via social media tends to commoditize the body, with corporations “capitalizing off the movement” by pushing diet and beauty products through influencers. Those who have studied the constructive qualities of body-positive communities have acknowledged these criticisms (e.g., Rodgers et al., 2020). Jovanovski (2015) argues that the movement itself promotes the sexualization and commoditization of the female body, rather than raising awareness about the structures and systems (e.g., patriarchy) that fuel women’s body dissatisfaction. This is evidenced in the adoption of body-positivity messaging by large beauty corporations, such as Unilever (e.g., Dove’s Campaign for Real Beauty). The lack of diversity in the individualist, selfie-oriented body-positivity movement has also been criticized (Johansson, 2021). In a study on representations of the body-positivity movement in the online Swedish context, Johansson (2021) argues that, despite having the potential to transform people’s relationships with their bodies, Eurocentric, white standards of beauty feature prominently in social media imagery which tacitly exclude larger-bodied women of color from the movement.

Perhaps one of the most notable criticisms of the body-positivity movement has come from the fat-acceptance movement, which focuses on raising awareness about the structural discrimination of ‘fat’ people. For some fat liberationists, self-love alone will not sustain a collective movement to end the oppression of ‘fat’ people. Empirical research on fat-acceptance has typically aimed to strengthen and interrogate ‘fat’ communities. From an

American fat activist perspective, Haney et al. (2021) adopt a movement ecology approach to describe their online fat liberation group ‘Fat Rose,’ implementing three strategies for social change: personal transformation (e.g., self-love), building alternatives (e.g., fostering ‘fat’ communities), and changing dominant institutions (e.g., lobbying to change social policy). They stress that fat-acceptance will not gain momentum if the focus is strictly on personal change. Maor’s (2013) discussion of an online Israeli ‘fat-acceptance’ community, however, suggests that even mundane tasks (e.g., wearing a bathing suit at the beach) are important actions that foster a fat-acceptance culture. In contrast to many US examples that draw rigid boundaries around group membership, Maor argues that the Israeli fat-acceptance community is more inclusive; women are connected through shared experiences of body shame and ambivalence about diet culture. For many fat-acceptance scholars, strategies used to challenge diet culture often contain both individual features (e.g., personal transformation) as well as relationship- and community-building activities (e.g., collaborating with adjacent social movements), with a primary focus on collectivity.

The weight-neutral health movement, which foregrounds health-promoting behaviors, has fostered collectivity through professional status and challenges to weight stigma, extending on the gains of the fat-acceptance movement (e.g., Bacon, 2011). Health professionals engaged in anti-diet advocacy and activism have used their position(s) of authority to insert weight-neutral content into health lectures and materials. For example, Ward et al. (2016, p. 81) enact ‘anti-diet’ advocacy in their role as health educators by “working within the very structures that produce ... dominant discourses of health.” They adopt Boler and Zembylas’ notion of ‘pedagogy of discomfort,’ which encourages students in the health sciences to reflect on their own weight-related biases. Similarly, health researchers from Canadian Indigenous communities have utilized a Health at Every Size® approach in keeping with Indigenous ways of knowing. As public health researchers advancing

Indigenous methodologies, Cyr and Riediger (2021, p. 495) refuse to center weight in their work: “for Indigenous peoples, losing weight [is] symptomatic of numerous starvation tactics deployed through colonization.” While strategies to advance weight-neutrality have received praise, the movement has been criticized for its tacit promotion of healthism and lack of focus on the practitioner–client relationship. Weight-neutral approaches can demarcate ‘good’ and ‘bad’ fat people by foregrounding individual health behavior (Gibson, 2021). This is often exacerbated by the magnification of client behavior and minimization of the therapeutic relationship (Brady et al., 2013).

While we generally agree with the aforementioned criticisms of certain ‘anti-diet’ communities, we also argue that representations of the individual within these communities may obscure micro-level interventions that potentially unify the movement and magnify its ability to challenge the multiple sources of power underlying diet culture. Individuals play an important part in challenging sources of power at the cultural level (Armstrong & Bernstein, 2008; Fung, 2020; O’Shaughnessy & Kennedy, 2010), and in unifying groups based on their shared oppression (Allen, 1970; Gosse, 2005). Understanding how individuals within the ‘anti-diet’ movement conceptualize power and strategize to counter dieting norms may provide insights into how different anti-diet communities coalesce to challenge it.

An Awkward Social Movement: Understanding the Strategies of Anti-Diet Communities

We propose that fat-acceptance, body-positivity and weight-neutral collectives are part of a larger ‘anti-diet’ movement, or a decentralized cluster of existing movements opposed to diet culture. Some refer to these types of collectives as ‘awkward’ social movements, “whose composition, goals, or tactics make them difficult to study or theorize” (Polletta, 2006, p. 475; Armstrong & Bernstein, 2008; Haenfler et al., 2012). Armstrong and Bernstein (2008)

explain that ‘awkward’ movements are often comprised of disparate voices, and can be best understood through a multi-institutional politics approach that sees “domination as organized around multiple sources of power, each of which is simultaneously material and symbolic.” In this approach, the line between public (e.g., protest) and private sources of change (e.g., individual strategies such as rejecting beauty ideals), as well as personal and political forms of oppression, is often blurred. It is perhaps unsurprising that some corners of the ‘anti-diet’ movement emerged from other ‘awkward’ social movements that blurred the boundaries between the personal and political, such as the Women’s Liberation and Gay and Lesbian Rights Movements of the 1960s and 1970s (Simic, 2015).

Many ‘awkward’ movements have advanced understandings of cultural forms of power and marginalization, and the significance of individual actions in blurring public and private forms of resistance. As Fung (2020, p. 49) explains “some of the most significant forms of domination occur at the level of micro-decisions,” such as housework and beauty practices, and that resistance often begins with individual actions. For many women in the broad Women’s Liberation Movement, for example, part of the struggle against institutions of male domination included raising one’s own consciousness and participating in personal and relational activities that challenged the status quo (Gosse, 2005; e.g., Allen, 1970). While the ‘anti-diet’ literature has problematized the role of individualization through critiques of objectification, healthism and consumerism, there has been a less concerted focus on the potential for individuals to enact significant cultural and material change. Maor’s (2013, p. 236) aforementioned analysis of an online Israeli fat-acceptance group is an exception. She argues that “political action and individual empowerment are not mutually exclusive goals,” and that engaging in mundane activities can be transformative for women who have been excluded from social practices due to societal judgements about their body. In this example,

and others like it, women find personal strategies that challenge their internalization of diet culture within a broader network of dissenting voices.

Similarly, research examining the relational strategies of individuals within decentralized social movements (e.g., Women's Rights, Environmental Justice) points to the significance of individual actions in challenging systems of oppression. O'Shaughnessy and Kennedy (2010, p. 552) argue that relational activism – or the “behind-the-scenes, private sphere, and community-building work performed primarily by women” – fuels social movement building and subsequent long-term cultural and material change. Individual relational strategies have been relevant to the ‘anti-diet’ movement. Most notably, Brady et al. (2013, p. 348) adopt a relational-cultural theoretical approach that attempts to “increas[e] client individualism and autonomy as the goal of counselling” in dietetics. They argue that this approach shifts the focus from individualistic traditions (e.g., the centrality of health behaviors) in Health at Every Size[®] and other non-diet approaches, and refocuses on the importance of the therapeutic relationship.

There are examples in the literature that view individual strategies as useful ways to challenge diet culture. These examples, however, are channeled into discussions about specific communities (e.g., fat-acceptance) and minimize the cultural significance of the ‘awkward,’ fragmented and multi-faceted ‘anti-diet’ movement; one that challenges the multi-institutional culture of dieting. To address this issue, we adopt Armstrong and Bernstein's (2008) multi-institutional politics approach to examine the intersecting actions of individuals within the online ‘anti-diet’ movement. Specifically, we ask:

(1) How do individuals who adopt an ‘anti-diet’ stance identify, interpret and understand the source(s) of power that underlie(s) diet culture? and,

(2) How do these individuals deploy strategies to challenge diet culture and the source(s) of power underlying it?

Method

Participants

This study was part of a larger project examining the ways individuals who adopt ‘anti-diet’ sentiments – a diverse group of feminists (mostly recruited through online feminist pages, e.g., Collective Shout), activists (e.g., fat activists), and health professionals (mostly recruited through online weight-inclusive health pages, e.g., HAES Australia) – subjectively challenge ‘diet culture.’ We used purposive and snowball sampling to recruit participants aged 18 or above, not currently diagnosed with or receiving treatment for an eating disorder, and residing in Australia, New Zealand, Canada, the United Kingdom or United States. We distributed flyers inviting those who have challenged diet culture to answer a brief online survey.

We received 118 complete responses. Participant ages ranged from 18 to 63 years ($M = 36.67$, $SD = 10.50$). Most were female ($n = 112$), two were male, and others were genderqueer ($n = 1$) or non-binary ($n = 1$). Two participants preferred not to specify their sex or gender. Participants predominantly identified as heterosexual (69%), or bisexual (19%). The majority resided in Australia (59%), followed by the United States (20%), United Kingdom (10%), Canada (9%), and New Zealand (3%). Thirty-seven percent were health professionals (mental health workers: $n = 16$; dietitians: $n = 15$), and over half identified as non-diet activists (52%). Fifteen (13%) participants stated that they had a culturally and linguistically diverse [CALD] background. Sixteen (14%) identified that they were living with a disability, and 43 (36%) indicated that they have a chronic health condition.

Data Collection

We used an online qualitative survey, which enabled diverse sampling, as well as rich data collection and analysis (Braun et al., 2020). Both authors consulted with a project advisory group comprising social scientists, public health and health promotion experts, health professionals and anti-diet activists prior to finalizing the survey. It included three sections: (i) demographics (e.g., sex, sexuality, CALD background); (ii) five short-answer questions asking about participants' experiences with challenging 'diet culture' (e.g., Question 2: 'What do you believe is behind diet culture?'; Question 3: 'In what ways have you challenged diet culture?'); and (iii) a question asking if participants wanted to take part in further iterations of the project (e.g., focus groups, individual interviews). The survey was disseminated through Qualtrics and was live for two weeks (August 2020; Qualtrics, Provo, UT, 2020). The current study focused on analysis of short-answer questions 2 and 3 only. The Medicine and Dentistry Human Ethics Sub-Committee at the University of Melbourne (Ethics ID: 2056849) approved the project.

Analysis

We used Braun and Clarke's (Braun & Clarke, 2006; Braun et al., 2019; Terry et al., 2017) guidelines for conducting reflexive thematic analysis, and adopted a primarily inductive approach to generate data-driven codes, subthemes and themes. We applied a critical realist framework (Bhaskar et al., 2017) that enabled discussion of both socially produced meanings surrounding diet culture, and their relation to participants' experiential or material reality. While a proportion of participants identified as activists, others may be considered as at the margins of the 'anti-diet' movement.

We familiarized ourselves with the data through close reading, noting preliminary codes. For Question 2, some responses were more frequent than others (e.g., patriarchy,

racism, and capitalism) and, within these codes, participants identified a pattern of cultural and material sources of domination. Our discussion of how domination takes shape within a diet culture looked broadly at the cultural and material interaction between patriarchy, racism and capitalism. For Question 3, data were either negative in focus (e.g., rejections) or suggested active participation (e.g., behaving in a particular way, responding to an individual reinforcing dieting norms). We developed preliminary themes based on this coding, looking specifically at whether participants' actions were 'personal' or 'relational' (e.g., 'individual,' 'interpersonal,' 'career-oriented,' etc.) and whether responses were 'negative' or 'active.'

Results

Our analysis generated three themes: 'Describing diet culture: Unpacking cultural and material forms of power,' 'Self-care as a political strategy: Refusals and ambivalence in the anti-diet community,' and 'Relational strategies: Challenging diet culture in work and everyday interactions.'

Describing Diet Culture: Unpacking Cultural and Material Forms of Power

Diet culture was reinforced by a combination of cultural and material forms of domination, reflected mostly in discussions of women's internalized *vulnerabilities* about their health and beauty. Participants identified patriarchy, racism and capitalism as forming power structures within diet culture, citing cultural (e.g., gender) norms, industry practices (e.g., advertising), educational institutions (e.g., dietetics curricula), and health policy measures (e.g., dietary guidelines) in their responses. Our findings show that women are vulnerable to structural forms of inequality that affect their health, but expected to 'empower' themselves to attain good health through consumption (e.g., of 'health foods'; Cairns & Johnston, 2015) and surveillance (e.g., through health-seeking behaviors; Parker, 2020).

Participants often identified industries that purportedly exploit women's *pre-existing* vulnerabilities but did not always mention these by name. Vulnerabilities were often also left unexamined. One participant explained that diet culture is "a huge, relentless, insidious corporate money spinner, trading on insecurities" (Response 82; female, age 59, heterosexual, United Kingdom). Another stated that "[l]ots of companies profit off keeping people feeling as though they are unhealthy or their bodies are not correct" (Response 57; female, age 29, queer, Australia, living with a chronic health condition). In these and other descriptions, industries were seen to profit from people's vulnerabilities by "pushing products and taking advantage of people who feel they are not good enough as they are and that they always need to be dieting to be thinner so that they will be happier, healthier and more beautiful" [sic] (Response 10; female, age 45, heterosexual, New Zealand).

Some participants further explored vulnerability by identifying the power of patriarchy and other intersecting forms of structural oppression (e.g., racism) informing women's relationships with their bodies. Patriarchal power was often described as both a cultural and material form of oppression, and expressed through gendered ideals about women's physical, psychological and social submission, as well as industries and institutions that normalize women's objectification. The normalization of women's submission to men was viewed as an enactment of patriarchal power. Participants stated that diet culture relies on:

Patriarchal norms that promote women being weak/dainty/non-threatening/in need of protection (Response 5; female, age 33, bisexual, Australia)

Misogyny and a belief that the role of women is to please men
(Response 15; female, age 49, heterosexual, Australia, living with a
chronic health condition, psychologist)

Men expecting women to be perfect (but men can rock the dad bod
and that's perfectly ok), although sometimes I think men don't care
as much what we look like, it more the women being horrible to each
other around bodies (often more critical than men) that are the issue
[sic] (Response 10; female, age 45, heterosexual, New Zealand)

In these and other excerpts, participants interpreted patriarchal power as a set of cultural ideals that construct women as 'weak' and 'dainty' and men as larger-bodied, 'protective' and occupying a 'gaze' over women's bodies. These findings correspond with existing feminist sources that describe men's scrutiny of women's bodies as a form of psychological oppression, contributing to self-objectification or internalization of the male gaze (Bordo, 2005). These findings also echo the literature on women turning the heterosexual male gaze against themselves and other women's bodies and food choices (Jovanovski, 2017).

This was also closely tied to Eurocentric depictions of health and beauty as uniformly 'white and thin.' As one participant explained, diet culture is underpinned by "a long history of racist and sexist conceptions [...] hidden by a smokescreen of wellness" (Response 116; female, age 24, heterosexual, Australia, living with chronic health condition, anti-diet activist); a view that has been corroborated by researchers looking at racism and beauty/health discourses (Bordo, 2005; Johansson, 2021). In these examples, the thin, white female body represents the culturally idealized beautiful, healthy body of contemporary

Western health discourses. Some, however, reflected on the role of racism and misogyny more broadly by stating that diet culture is:

[Part of] racism – in the US it's clear that a lot of anti-fat/pro-dieting messages grew out of the idea that white people shouldn't look like Black women [the Black woman stereotype in the US is fat]. A lot of it is simply hate: if you look at the worst fatphobic people they are also racists and misogynists. (Response 9; female, age 56, heterosexual, United States, living with disability and a chronic health condition, anti-diet activist)

Racialized discourses of health and beauty, which systematically exclude women of color in white, Western contexts, were said to be a key aspect of diet culture. While our study only contained a small sample of women who identified as CALD and did not specifically look at race as a demographic variable, participants broadly reflected on the cultural idealization of the thin, white, submissive female body as a tacit health ideal, and the fat, black or disabled body as one to be feared in white, Western contexts.

Participants observed that these cultural forms of domination – through patriarchal and racist ideologies – were often reinforced materially in certain industries and institutions. Some argued that these industries and institutions seemed to further instantiate (without necessarily *initiating*) the norms surrounding diet culture. The beauty, sex, and medical industries commonly cited:

Women's beauty industry – fashion mags, beauty products (like your own natural face couldn't possibly be good enough as it is [...])
(Response 10; female, age 45, heterosexual, New Zealand)

I think it is because women (mostly) are fed the belief they need to look and be a certain way to be accepted/loved/valued. I also believe it is because of media, stereotypes, gender roles and cultural expectations. I think women are told by men that they have to be skinny to be pretty or 'sexy'. I think porn culture has a lot to answer for in the roles of women and men in our society (Response 95; female, age 47, heterosexual, Australia, non-diet activist)

Patriarchal beliefs and values, corporations who make money from people wishing to conform to a certain appearance and size [...] This has been ingrained into medical beliefs and the medical institute perpetuates these ideas in the name of 'health' (Response 28; female, age 38, heterosexual, Australia, mental health social worker, non-diet activist)

Feminist researchers have problematized the beauty and sex industries for sexually objectifying women's bodies and thus contributing to psychological and social harms (Bordo, 2005; Jovanovski, 2017). The addition of medical institutions to this list indicates that notions of health and wellness are being influenced by similar appearance ideals to those reinforced by unrelated industries. This reflects the "multisited nature of domination," which "appear[s] so free-floating" (Armstrong & Bernstein, 2008, p. 89). Participants' understandings of how power underlies diet culture reflected that diet culture is simultaneously driven by cultural and material forms of domination, and that cultural forms of domination inextricably influence and instantiate material forms of power to produce the contemporary dieter.

Self-Care as a Political Strategy: Refusals and Ambivalence in the Anti-Diet Community

Many participants described diet culture as a self-lacerating form of domination, reinforced by cultural ideals about gender and race, and industries and institutions influenced by these norms. Because diet culture is often perceived as an internalization of harmful cultural values about food and women's bodies, many of the strategies used to challenge it focused on self-care practices. Much of the writing on diet culture has examined women's actions through the lens of the 'feminine-citizen-subject' (Parker, 2020, p. 55), who is self-surveillant and engages in middle-class, Eurocentric consumption practices that reinforce gender norms. In our study, self-care practices were described as forms of refusal and non-consumption, which appeared to challenge gender norms at the individual level. Women concurred across online feminist, fat activist and health professional communities.

For many participants, refusal was one of the most immediate strategies and forms of self-care used to challenge diet culture:

I don't participate in diet culture. I stopped weight loss dieting over a decade ago (Response 3, female, age 34, heterosexual, Australia, non-diet activist)

I don;t skip meals, and dont go on 'fad' diets [sic] (Response 95, female, age 47, heterosexual, Australia, non-diet activist)

I have challenged diet culture by not weighing myself (Response 1, female, age 42, heterosexual, Australia, occupational therapist)

No Scales in my household (Response 83, female, age 39, heterosexual, Australia, non-diet activist)

In these examples, refusal signified what McGranahan (2016, p. 320) refers to as ‘the point of a limit having been reached’; a practice that has been associated with generative changes and the development of new communities. In stark contrast to Parker’s (2020, p. 55) ‘feminine-citizen-subject’ of contemporary Western diet culture, women in our study described refusing consumption practices that encourage food- and body-surveillance. For some, this enabled their recovery from an eating disorder and greater engagement with alternative (or countercultural) discourses about food and bodies:

I began by beginning to challenge myself in an effort to recover from an eating disorder. Accepting my body was revolutionary for me [sic] (Response 11, female, age 52, heterosexual, United States, non-diet activist)

In order to recover from my own eating disorder [I] embraced anti-diet philosophy (Response 37, female, age 31, bisexual, Australia, counsellor and non-diet activist)

While it could be argued that women’s acts of refusal are part of a broader neoliberal turn in health discourses that require women to engage in preventative health practices (and forms of activism) as individuals, these responses suggest that some women’s refusals to participate in diet culture practices led to self-care through eating disorder recovery and connecting with anti-diet communities. Many other examples involved actively challenging gender norms by disengaging from consumerism associated with diet culture:

I don’t buy magazines that objectify women or contribute to the normalisation of diet culture through stories of the latest diet

(Response 1; female, age 42, heterosexual, Australia, occupational therapist)

I don't read 'beauty' magazines (Response 118; female, age 40, bisexual, Australia, non-diet activist)

Small actions I have taken include unfollowing any social media content pushing diet fads, thin unqualified influencers (Response 10; female, age 45, heterosexual, New Zealand)

Boycotting industries and unfollowing people and organizations on social media signifies a rejection of consumerist products and industries that reify gender norms around appearance and 'health.' While these acts do not challenge the material sources of power that reinforce diet culture in an overt or material sense, they do seek to address the cultural forms of domination that fuel these industries.

Acts of self-care through refusals and non-consumption, however, sometimes elicited ambivalent emotions in women for a variety of reasons:

I'm [...] trying hard not to belittle myself for gaining weight in quarantine. This all sounds great, but of course in real life, I'm failing almost daily and still feel a great deal of shame around my body shape. (Response 46; female, age 25, heterosexual, United States, living with chronic health condition)

This is always a work in progress for me. (Response 48; female, age 32, heterosexual, United Kingdom)

I am a large woman. For much of my life I was 300+ pounds. I have felt powerless to speak out against diet culture as a larger person, because I feel that any statements I make will be seen as self serving and taken less seriously. I suspect many large women feel that way, and that this is why there are so many small-bodied women leading body positive communities. (Response 53; female, age 30, heterosexual, Canada, living with chronic health condition)

Even when openly challenging diet culture, ambivalence was sometimes expressed through continued pressure to engage in weight-loss practices and anxieties about the appearance of one's body. Ambivalence may be an almost inevitable aspect of self-care that emerges within a diet culture, and is accounted for in 'anti-diet' movements that have an inclusive orientation (Maor, 2013). It may be that ambivalence about expressing personal views due to one's body size accompanies living in a weight-centric culture that valorizes dieting in women.

Relational Strategies: Challenging Diet Culture in Work and Everyday Interactions

Participants viewed relational strategies as important to challenging diet culture. According to O'Shaughnessy and Kennedy (2010, p. 566), relational activism sees "the individual as a member of a community," understands that "daily practices [can] change norms," and "uses the private sphere for public purposes." Many participants in our study were recruited from existing online communities that challenge diet culture or related beauty practices. The strategies they used to challenge dieting norms were often enacted relationally, and expressed through interpersonal relationships (e.g., with family and friends), employment (e.g., as health professionals) or in healthcare contexts (e.g., as clients).

Most interactions involved "challenging conversations with friends and family" about weight and health (Response 21; female, age 44, heterosexual, Australia, psychologist, anti-

diet activist), “speak[ing] up when witness[ing] [...] fatphobia” in broader social interactions (Response 18; female, age 36, heterosexual, Australia, living with a chronic health condition, personal trainer, anti-diet activist), and “support[ing] fat women [...] in their personal lives and economic pursuits” (Response 73; female, age 23, lesbian, United States, living with disability, anti-diet activist). Many participants “challeng[ed] [the] thoughts and beliefs of family and friends” (Response 24; female, age 23, heterosexual, Australia, dietitian, anti-diet activist) through educational, myth-busting conversations:

I challenge my friends on the science and effects of their choices to pursue weight loss (when appropriate and warranted) and refuse to talk negatively about anyone’s body or compliment weight loss. I redirect conversations about weight loss to focus on health or change the topic. (Response 40; female, age 30, bisexual, United States, dietitian, anti-diet activist)

I try to challenge my friends and family’s perceptions of food and health, mostly by reading and sharing a lot of research about joyful and intuitive eating. (Response 54; female, age 33, queer, Australia, living with disability and a chronic health condition, anti-diet activist)

Through their own research surrounding alternative ways to understand weight and health, participants talked about demystifying diet culture with those around them, particularly family and friends. Occasionally, participants also used assertive relational strategies with health professionals:

I have asked to be treated in a weight neutral way by all my medical professionals (Response 67; female, age 48, heterosexual, Australia, living with disability)

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 (Response 14; female, age 49, heterosexual, Australia, living with a chronic health condition)

I ask my health care provider not to tell me my weight if I am not in the headspace to manage (Response 49; female, age 48, heterosexual, Canada)

Participants described their interactions with healthcare professionals as opportunities to draw boundaries around weight. Women challenged the power of health professionals – and the institution of medicine itself – through their “ability to make meaning” (Armstrong & Bernstein, 2008, p. 91) about weight and health. In these examples, making weight-neutral suggestions intercepted the authority of the health professional and positioned women as partners in the healthcare – and meaning-making – experience.

Some health professionals used informal educational interactions with clients and colleagues to challenge diet culture. These participants were “members, customers, or clients of the institutions they challenge[d] – individuals structurally linked to the institution in question” (Armstrong and Bernstein, 2008, p. 85). Many of the strategies these participants described were what O’Shaughnessy and Kennedy (2010, p. 552) referred to as “behind-the-scenes, private sphere ... community building,” which is often “undertaken with the intent of

demonstrating, encouraging, or communicating to others the tractability and importance of a behavioural commitment” (pp. 552-553) to a particular cause. Some participants explained:

I am a therapist who actively works to support people in recognising diet culture, reclaiming their relationship with their body and food, and fight back. I provide education to other providers and also educate within my peer and family group (Response 12; female, age 30, queer, United States, psychotherapist, anti-diet activist)

Professionally I invite clients and colleagues to question what they believe is the ‘truth’ and to become curious about where these ideas came from (Response 21; female, age 44, heterosexual, Australia, psychologist, anti-diet activist)

Speaking to GPs that I work with [...] awareness-raising with clients I work with in therapeutic settings (Response 28; female, age 38, heterosexual, Australia, living with a chronic health condition, mental health social worker, anti-diet activist)

[I challenge diet culture] in my work as a non-diet dietitian (Response 23; female, age 26, bisexual, Australia, living with a chronic health condition, dietitian, anti-diet activist)

Participants challenged diet culture using their authority as health professionals, mostly with clients and colleagues. Rather than stifling the professional context, structural factors facilitated consultations with clients and discussions with colleagues that participants ultimately used to challenge diet culture. Some participants cited that these professional

interactions were often easier than interactions with friends and family: “I call [...] out [diet culture] when I see it, though still struggle to do this at times in interpersonal communication (outside of my job) (Response 31; female, age 31, heterosexual, United States, living with a chronic health condition, dietitian, anti-diet activist), indicating that the therapeutic context may help to facilitate the challenging of diet culture through some emotional distance and the use of knowledge (cf. Brady et al., 2013). Indeed, the health professionals in our study who engaged in relational strategies were able to reinforce their views using research evidence and their authority as health professionals.

Discussion

We sought to understand the ‘anti-diet’ movement by considering how individuals from online anti-diet communities define power and strategize to challenge it. Participants across anti-diet communities described multi-institutional sources of power underlying diet culture, identifying patriarchal and Eurocentric understandings of health and beauty in industries that objectify women, and discussing both cultural (e.g., gender norms and racist stereotypes) and material (e.g., beauty, sex, and medical industries) sources of power underlying diet culture. These findings echo existing feminist discussions of weight-loss dieting practices which highlight both cultural and material sources of domination that are often internalized by women to appear as though they are individual vulnerabilities (Jovanovski, 2017; Bordo, 2005; Orbach, 2010; Wolf, 1990).

The strategies of individuals from across communities did not appear to reify elements of diet culture, such as consumerism, sexual objectification or healthism (e.g., Jovanovski, 2015; Cwynar-Horta, 2016; Gibson, 2021). Rather, participants indicated that a strong focus of their activities was to challenge the cultural sources of power underlying diet culture, often at the level of what Fung (2020) refers to as ‘micro-decisions.’ This was characterized by self-care practices (e.g., a rejection of gendered forms of self-surveillance)

and relational forms of advocacy and activism (e.g., critical conversations with friends and family). While strategies between communities overlapped, such as a rejection of dieting and related media, relational strategies pointed to key differences between communities. In line with the feminist literature on women's relational engagement in social movements (e.g., O'Shaughnessy & Kennedy, 2010; Gosse, 2005), feminists and anti-diet activists reported that they used the medical context to challenge healthcare professionals and assert boundaries around treatment. Health professionals, however, used their position(s) of power and authority to educate and gently challenge clients and colleagues. In contrast to Brady et al. (2013), who argued in support of a relational-cultural position in the health professional-client relationship and the future Health at Every Size[®] movement, the health professionals in our study used knowledge and their professional position to challenge the normalization of diet culture in interpersonal interactions. Our findings illustrate what Armstrong and Bernstein (2008, p. 76) refer to as "contradictions [within institutions to] be exploited"; that is, using biomedical knowledge to challenge long-held biomedical ideas about health and weight. Given that participant responses were often brief, it is unclear what kind of knowledge health professionals were advancing. Future research on the role and strategies of health professionals in the 'anti-diet' movement is therefore needed to determine if healthism or social/emotional disconnection is occurring in this interpersonal dynamic.

Despite differences between communities, individual actions within the 'anti-diet' movement seemed to evidence similar analyses of power and challenges to diet culture, primarily involving micro-strategies to combat cultural sources of power. Future research would benefit from further examining the strategies of the individuals in all corners of the 'anti-diet' movement, as together they employ similar tactics to challenge the relevant cultural sources of power. Indeed, future research could focus specifically on whether these

expressive challenges to power also result in material changes to laws, regulations and policies.

The findings of this study are situated within a Global North context, where diet culture is steeped in neoliberal, individualized forms of governance, and predominantly white, heterosexual women populate anti-diet communities (Johansson, 2021; Parker, 2020). While our participants argued that racialized systemic factors underlie diet culture, only 16 of our 118 participants identified as CALD. Our findings should be interpreted with reference to the relative lack of racial and ethnic diversity in our sample. It may be that the feminist, fat activist and health professional communities from which we sampled comprised largely white, Western cultures. Contemporary researchers have been critical of culturally homogenous, Western anti-diet communities and their tendency to exclude the voices and experiences of women of color and other marginalized groups (e.g., Johansson, 2021). Future research is needed to understand how those outside the Global North – and those from more culture and language diverse backgrounds within the Global North – perceive diet culture and strategize against it.

Conclusion

In this study, we sought to examine the ways in which those who challenge diet culture understand the source(s) of power behind it, and the strategies used to challenge it. We found that our 118 participants (95% female) comprised a diverse cohort of feminists, anti-diet activists and health professionals – and those at the margins of these communities – who saw diet culture as being reinforced through internalized multi-institutional patriarchal, Eurocentric and capitalist systems. Challenging diet culture involved a combination of self-care practices and relational strategies that aimed to dispel myths about weight-loss dieting and challenge its internalization. We concluded that the ‘anti-diet’ movement is united

through the actions of individuals within it and at its margins, who adopt similar strategies under the broader backdrop of patriarchy and neoliberalism. Our findings call for future research on ‘awkward’ social movements resisting neoliberal constructions of ‘health,’ and examining the ‘anti-diet’ movement beyond the Global North context.

References

- Allen, P. (1970). Free space. In A. Koedt, E. Levine, & A. Rapone (Eds.), *Radical feminism* (pp. 271-279). Times Books.
- Ando, K., Giorgianni, F. E., & Danthime, E. S. (2021). Beauty ideals, social media, and body positivity: A qualitative investigation of influences on body image among young women in Japan. *Body Image, 38*, 358-369.
- Armstrong, E. A., & Bernstein, M. (2008). Culture, power, and institutions: A multi-institutional politics approach to social movements. *Sociological Theory, 26*(1), 74-99.
- Bacon, L. (2011). *Health at every size: The surprising truth about your weight*. BenBella Books.
- Bordo, S. (2005). *Unbearable weight: Feminism, western culture, and the body*. University of California Press.
- Bhaskar, R., Danermark, B., & Price, L. (2017). *Interdisciplinarity and wellbeing: A critical realist general theory of interdisciplinarity* (1st ed.). Routledge.
<https://doi.org/10.4324/9781315177298>
- Brady, J., Gingras, J., & Aphramor, L. (2013). Theorising health at every size as a relational-cultural endeavour. *Critical Public Health, 23*(3), 345-355.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2020). The online survey as a qualitative research tool. *International Journal of Social Research Methodology, 24*(6), 641-654.

- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic Analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 843–860). Springer Singapore. https://doi.org/10.1007/978-981-10-5251-4_103
- Cairns, K., & Johnston, J. (2015). Choosing health: Embodied neoliberalism, postfeminism, and the “do-diet”. *Theory and Society*, 44, 153-175.
- Calogero, R. M., Tylka, T. L., & Mensinger, J. L. (2016). Scientific weightism: A view of mainstream weight stigma research through a feminist lens. In T-A, Roberts., N. Curtin., L. E. Duncan., & L. M. Cortina (Eds.), *Feminist perspectives on building a better psychological science of gender* (pp. 9–28). Springer.
- Cooper, C. (2008). *What’s fat activism?* (Working Paper WP2008-02). Department of Sociology, University of Limerick. https://ulir.ul.ie/bitstream/handle/10344/3628/Cooper_2008_fat.pdf
- Cwynar-Horta, J. (2016). The commodification of the body positive movement on Instagram. *Stream: Culture/Politics/Technology*, 8, 36-56.
- Cyr, M., & Riediger, N. (2021). (Re)claiming our bodies using a two-eyed seeing approach: Health-At-Every-Size (HAES) and Indigenous knowledge. *Canadian Journal of Public Health*, 112, 493-497.
- Fung, A. (2020). Four levels of power: A conception to enable liberation. *The Journal of Political Philosophy*, 28(2), 131-157.
- Gosse, V. (2005). *Rethinking the new left: An interpretative history*. Palgrave Macmillan.
- Gibson, G. (2021). Health(ism) at every size: The duties of the “good fatty”. *Fat Studies*, <https://doi.org/10.1080/21604851.2021.1906526>
- Harrison, C. (2019). *Anti-diet: Reclaim your time, money, well-being and happiness through intuitive eating*. Yellow Kite.

- Jovanovski, N. (2015). 'Depoliticising the personal: Individualising body image and disordered eating in The Beauty Myth'. In M. Kiraly., & M. Tyler (Eds.), *Freedom fallacy: The limits of liberal feminism* (pp. 25-34). Connor Court Publishing.
- Jovanovski, N. (2017). *Digesting femininities: The feminist politics of contemporary food culture*. Palgrave Macmillan.
- Frazier, C., & Mehdi, N. (2021). Forgetting fatness: The violent co-optation of the body positivity movement. *The British Society of Aesthetics*, 16(1), 13-28.
- Johansson, A. (2021). Fat, black and unapologetic: Body positive activism beyond white, neoliberal rights discourses. In E. Alm, L. Berg, M. Lundahl-Hero, A. Johansson, P. Laskar, L. Martinsson, D. Mulinari, & C. Wasshede (Eds.), *Pluralistic struggles in gender, sexuality and coloniality* (pp. 113-146). Palgrave Macmillan.
- Haenfler, R., Johnson, B., & Jones, E. (2012). Lifestyle movements: Exploring the intersection of lifestyle and social movements. *Social Movement Studies*, 11(1), 1-20.
- Haney, D., Airborne, M., & Stiles, C. (2021) Cultivating new fat liberation movements: Growing a movement ecology with Fat Rose, *Fat Studies*, 10(3), 312-327.
- Maor, M. (2013). 'Do I still belong here?' The body's boundary work in the Israeli fat acceptance movement. *Social Movement Studies*, 12(3), 280-297.
- McGranahan, C. (2016). Theorising refusal: An introduction. *Cultural Anthropology*, 31(3), 319.
- McPhail, D., & Orsini, M. (2021). Fat acceptance as social justice. *CMAJ*, 193(35), E1398-E1399.
- Orbach, S. (2010). *Bodies*. Profile Books.
- O'Shaughnessy, S. O., & Kennedy, E. H. (2010). Relational activism: Reimagining women's environmental work as cultural change. *Canadian Journal of Sociology*, 35(4), 551-572.

- Parker, B. (2020). Consuming health, negotiating risk, eating right: Exploring the limits of choice through a feminist intersectional lens. *Journal of Critical Dietetics*, 5(1), 45-57.
- Pickett Miller, N., & Platenberg, G. N. (2021). *Lizzo's black, female, and fat resistance*. Palgrave Macmillan.
- Polletta, F. (2006). Mobilisation forum: Awkward movements. *Mobilization: An International Journal*, 11(4), 475-478.
- Rodgers, R. F., Meyer, C., & McCaig, D. (2020). Characterising a body positive online forum: Resistance and pursuit of appearance-ideals. *Body Image*, 33, 199-206.
- Saguy, A., & Ward, A. (2011). Coming out as fat: Rethinking stigma. *Social Psychology Quarterly*, 74(1), 53-75.
- Simic Z. (2015). Fat as a feminist issue: A history. In H. Hester and C. Walters (Eds.), *Fat sex: New directions in theory and activism* (1st ed., pp. 15-35). Ashgate.
<https://doi.org/10.4324/9781315581996>
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 17-36). SAGE. <http://dx.doi.org/10.4135/9781526405555.n2>
- Tylka, T. L., Annunziato, R. A., Burgard, D., Danielsdottir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritising well-being over weight loss. *Journal of Obesity*, 2014. <https://doi.org/10.1155/2014/983495>
- Ward, P., Beausoleil, N., & Heath, O. (2016). Creating space for a critical examination of weight-centered approaches in health pedagogy and health professions. In E. Cameron & C. Russell (Eds.), *The fat pedagogy reader: Challenging weight-based oppression through critical education* (pp, 81-90). Peter Lang.

Wolf, N. (1990). *The beauty myth: How images of beauty are used against women*. Vintage.

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- ⁱ The HAES approach is a public health approach that de-emphasises weight loss as a health outcome. Instead, HAES practitioners promote weight-inclusivity (accepting body diversity), health enhancement (through health practices, policies and services), respectful care (avoiding weight stigma and acknowledging systemic oppression), eating for well-being (based on hunger cues rather than external prescriptions), and life-enhancing movement (supporting physical activity based on ability; Bacon, 2011).
- ⁱⁱ The term ‘anti-diet’ movement will be used throughout this paper to refer to the broad collective of fat-acceptance, body-positivity and weight-neutral approaches to health that have challenged weight-loss dieting culture.