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Demystifying ‘Diet Culture’: Exploring the Meaning of Diet Culture in Online ‘Anti-Diet’ Feminist, Fat Activist, and Health Professional Communities

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Abstract

Social aspects of dieting are discussed in the extant feminist literature. However, despite frequent use of the term 'diet culture' in online communities critical of weight-loss dieting and popular books about the harms of restrictive eating, academic studies have not yet investigated its meaning holistically. We used thematic analysis to examine how those in the broad 'anti-diet movement' have challenged norms representing 'diet culture,' and how the term can be used to unite feminist researchers, activists, and health professionals. One-hundred and eighteen online qualitative survey participants (94.92% female; 37.29% health professionals; 51.70% anti-diet activists; $M_{age} = 36.67$) characterised 'diet culture' as 'health myths about food and eating,' and a 'moral hierarchy of bodies' driven by 'systemic and structural factors.' Feminist researchers, activists, and health professionals can use 'diet culture' to challenge myths and misconceptions about dieting and health, as well as the broader systems and structures that perpetuate these myths.

Keywords: diet culture, dieting, feminism, patriarchy, capitalism, online qualitative survey

Introduction

There is a broad community of feminist researchers, fat activists and health professionals who view weight-loss dieting (or ‘dieting’) as both a harmful and ubiquitous cultural practice among women and girls (Bacon, 2011; Bordo, 2005; Calogero et al., 2019; Orbach, 2010). Some have referred to this community as the overarching ‘anti-diet movement’ (e.g., Carroll, 2020; Cassetty, 2018; Lydon, 2018; Polumbo, 2020; Severson, 2019). The term ‘diet culture’ is often used by those within the broad anti-diet movement to critique the pervasiveness of dieting norms and practices in online blogs (e.g., Clodfelter-Mason, 2019; Dodier, 2020; O’Malley, 2019), and in popular books on the topic (e.g., Harrison, 2019; Turner, 2019). Despite appearing frequently in online communities, some argue that the term “gets thrown around in anti-diet spaces without a lot of unpacking” (Harrison, 2018, n.p.; O’Malley, 2019). While definitions of ‘diet culture’ feature in the grey literature as relating to food, bodies and exercise¹ (e.g., Clodfelter-Mason, 2019; Dodier, 2020; Harrison, 2018; Klower, 2019), and the term exists within a broader history of feminist (e.g., Jovanovski, 2017), fat activist (e.g., Murray, 2020), and health research on dieting as a sociocultural phenomenon (e.g., Kinavey & Cool, 2019), peer-reviewed studies have not holistically explored its meaning or potential simultaneous use to feminist researchers, activists, and health professionals critical of dieting. We contend that an overarching definition of diet culture is important to unify the broad ‘anti-diet movement,’ and can be used collaboratively to inform research that seeks to both prevent harmful eating practices in women and challenge the sociocultural forces that promote and sustain them.

Weight-loss dieting as a contemporary women’s health issue

While dieting is traditionally understood as a form of calorie reduction to induce weight loss, in this paper, we join a long list of feminist researchers who describe dieting as a cultural practice reinforced by harmful norms about food and women’s bodies (Bartky, 1990; Bordo, 2005;

¹ This literature includes online blog posts and non-governmental reports that have not been formally peer-reviewed.

Jovanovski, 2017; Orbach, 2010; Wolf, 1990). Dieting has been associated with negative health outcomes (Tylka et al., 2014), and is a normative practice among women of all shapes and sizes (Sares-Jaske et al., 2019). On a physical level, those who diet are likely to engage in repeated attempts because the success of maintaining weight-loss is low (Nordmo et al., 2019). This process, referred to as weight cycling or ‘yo-yo dieting,’ is associated with significant long-term strain on the body, such as a “loss of muscle tissue, gallstone attacks, weakened bones, hypertension, chronic inflammation, and some forms of cancer” (Calogero et al., 2019, n.p.).

Dieting can also pose significant psychological risks with social consequences. In a recent 30-year longitudinal study, researchers found that dieting is associated with body dissatisfaction, which, across the lifespan, is one of the strongest risk factors for developing an eating disorder in women (Brown et al., 2020). It has also been associated with the normalisation of weight stigma, or “the social rejection and devaluation [of] those who do not comply with prevailing social norms of adequate body weight and shape” (Tomiya et al., 2018, 123). Research shows that feeling judged about one’s weight can also lead to healthcare avoidance (Mensing et al., 2018), which may be exacerbated by dominant weight-centric approaches focusing on weight-loss as an arbiter of health (Tylka et al., 2014). Understanding how and why dieting is socioculturally reinforced has, thus, become a significant issue for a diverse group of feminists, fat activists, and health professionals, otherwise referred to as the ‘anti-diet movement.’

A unified diet culture in a fragmented anti-diet movement?

In this paper, we argue that a definition of ‘diet culture’ by those in the broad ‘anti-diet movement’ may potentially unify the voices of those who challenge weight-loss norms and assist with identifying and addressing tensions when they arise in collaborative anti-diet projects, advocacy and campaigns. Recently, some have referred to the ‘anti-diet movement’ (e.g., Carroll, 2020; Cassetty, 2018; Lydon, 2018; Polumbo, 2020; Severson, 2019) as one that promotes a positive alternative to weight-focused health care (e.g., Carroll, 2020; Severson, 2019), or contrarily, as one

that reinforces potentially ‘unhealthy’ attitudes normalising weight-gain (Polumbo, 2020). It is seldom acknowledged in these discussions that the movement itself is decentralised and comprised of a diverse set of voices, some of which may conflict with one another in their understandings of what diet culture means. Polletta (2006, p. 475) refers to similar social movements as ‘awkward’ movements; those “whose composition, goals, or tactics make them difficult to study or theorise”. The existing literature on the harms of dieting – based on feminist, fat activist, and health professional movements – reflects the potential for conflict and ideological difference in their definitions of the problem itself.

Over the last five decades, sociocultural understandings of dieting – and related topics such as body image, body dissatisfaction, and weight stigma – have been advanced by a diverse community of feminists (e.g., Bartky, 1990; Bordo, 2005; Orbach, 1986; Strings, 2015; Wolf, 1990), fat activists (e.g., Cooper, 2008; Farrell, 2021; Simic, 2015), and health researchers (e.g., Bacon, 2011; O’Hara et al., 2021). The following discussion of the three most dominant factions of the decentralised anti-diet movement highlights where tensions may arise between perspectives, how ‘diet culture’ has been discussed in these communities, and the importance of a more holistic definition of the term from the bottom-up; that is, through the perspectives of individuals who have been affected by diet culture in their personal and professional lives.

Feminist perspectives on the thin-ideal

Feminist writers and activists have been instrumental in framing dieting (and related beauty practices) as a form of women’s subordination under patriarchy (e.g., Bartky, 1990; Bordo, 2005; Orbach, 2010; Wolf, 1990). Throughout the US and other Western countries in the 1970s, writers and activists from the Women’s Liberation Movement foregrounded the harms of sexual objectification – or the process of fragmenting the female body into sexualised parts – arguing that women’s role in the patriarchy is to be ornamental, submissive and, therefore, dehumanised (e.g., Bartky, 1990; Dworkin, 1974; Greer, 1970). While weight-loss dieting was not often the focus of their

writing, literature on the harms of sexual objectification later informed a strong body of literature in feminist psychology (e.g., Fredrickson & Roberts, 1997; McKinley & Hyde, 1996), associating self-objectification – or the process of internalising the heterosexual male gaze – with restrictive eating, body dissatisfaction, and the development of eating disorders (e.g., Ausmus et al., 2021; Tiggemann & Slater, 2015; for a review of the literature, see Daniels et al., 2020).

Some of the more overt critiques of dieting have emerged from discussions about eating disorders, such as anorexia nervosa, which entered the public imaginary in the late 1970s and early 1980s (Bordo, 2005). Feminist psychotherapist Susie Orbach (1986) unpacked the phenomenon of ‘self-starvation’ in her book *Hunger Strike*, arguing that anorexic symptoms were inextricably connected to a broader sociocultural context that gives meaning to women’s food restriction practices; that the cessation of eating is a form of ‘hunger strike’ that women experiencing anorexia nervosa engage in to express broader inequalities in their lives. Other writers (Bartky, 1990; Bordo, 2005) combined feminist and post-structural understandings of power to argue that notions of female hunger as expressions of psychopathology were crystallisations of a diet-obsessed culture. They achieved this by drawing on Foucauldian notions of ‘docile bodies’ and ‘panopticism’ to describe how patriarchy functions as a diffuse system of power – one that is ultimately internalised and reinforced by women. One of the most mainstream and influential critiques of dieting came from writer Naomi Wolf (1990), whose iconic book *The Beauty Myth* served to emphasise the broader political silencing of women through self-restrictive eating practices, or what Wolf (1990, p. 187) referred to as a “potent political sedative.” While the authors of these texts did not suggest that socialisation is a *cause* of anorexia nervosa *per se*, a condition which has complex aetiological pathways, they cited the sociocultural context as an important consideration in understanding the broader normalisation of food restriction in women and girls. The topic of much feminist analysis and critique was focused on the tyranny of the thin ideal, and the cultural meaning behind women’s restrictive eating practices and shrinking size (Bordo, 2005).

Some feminist writers have explicitly used the term 'diet culture' in their analyses, especially feminist researchers focusing on weight (e.g., Jovanovski, 2017; Gagliardi, 2018; Kinavey & Cool, 2019; Murray, 2020). For example, Jovanovski (2017) describes 'diet culture' as a gendered form of surveillance, instantiated and reproduced by patriarchy to divorce women from their bodies and their appetites. Others, such as Gagliardi (2018), briefly reference the term 'diet culture' in relation to the marketing of weight-loss dieting products using the language of the Women's Liberation Movement and, specifically, the notion of female solidarity. Merson's (2021) paper also uses the term 'diet culture' to advance an intersectional perspective on weight and food restriction, citing the combined influences of patriarchy and anti-blackness in stigmatising larger-bodied women of colour. In these sources and others like them (e.g., O'Shea, 2020), diet culture is generally referenced to signify a harmful veneration for thin, or related, appearance ideals that results in women's subjugation.

Fat scholarship and activism

As an important point of distinction, some feminists, including women of colour, lesbian and queer writers, have discussed the harms of dieting by foregrounding fat embodiment, discrimination, and subversion in their shift away from preferencing an analysis of the 'thin-ideal.' Emerging from both the feminist 'second-wave' and adjacent social movements (e.g., New Left) in the late 1960s, fat activists and scholars developed analyses of dieting as a sociocultural phenomenon that focused on the discrimination of larger bodied people (i.e., mostly women) and the subversion of negative ideas about fatness (Cooper, 2008; Farrell, 2021; Simic, 2015; Strings, 2015). Early fat activists and writers emerged from the women's movement, frustrated by feminists who sipped "diet soda" in consciousness-raising groups "to avoid being fat" (Mayer 1983; cited in Morris, 2019, 151), as well as heteronormative fat acceptance communities that were often hosted by male fat admirers (Cooper, 2008). The goal of many fat activists and scholars was to emphasise the discrimination – both structural (e.g., discrimination in the workplace) and interpersonal (e.g., in

romantic relationships; Cote & Begin, 2020) – that people experience for having larger bodies, and to gain representation for ‘non-normative’ or ‘fat’ bodies in the media outside of a ‘health-focused’ lens (Sivic, 2015). Some actions were considered less assimilationist and more ‘subversive,’ such as ‘coming out’ as fat (Saguy & Ward, 2011); developing fat subcultures, such as Charlotte Cooper’s girl gang ‘The Chubsters’ (White, 2013); and platforming the sexualised ‘fat’ body (McAllister, 2009). Fat activist criticisms of dieting also focused on intersecting structural inequalities that contribute to weight stigma, arguing that biases against women with larger bodies originate from broader racial inequalities that have even been left unchallenged in feminist and body-positive communities (Johansson, 2021). Sabrina Strings (2015, p. 122) explains “the notion that ‘deviant’ black cultural ideals serve as an ill-conceived reinforcement of black female sensualism and their ‘unhealthy’ bodies,” and these discourses feature regularly in the medical literature on weight and health.

Much of the fat activist and liberation literature perceives dieting as the oppression of people with larger bodies and, at times, presents arguments about how to challenge it that are in sharp contrast to feminist critiques of sexual objectification and the disavowal of beauty practices during the feminist second wave (e.g., through self-sexualisation; McAllister, 2009). The use of the term ‘diet culture’ in fat activist and scholarly literature, however, has focused predominantly on women’s experiences of living in a fat body (e.g., Rashatwar, 2021), and the harms associated with cultural attitudes that marginalise those whose bodies do not conform to thin appearance ideals. Recent publications (Bromberg & Bromberg, 2021; Gerson, 2021) have also focused on the role of Jewish American women in the fat liberation movement of the 1970s and 1980s.

Weight-neutral health professionals and researchers

Influenced by both discussions of harms of the thin ideal and weight stigma, health professionals and researchers have argued for the merits of weight-inclusive approaches to health, or the “emphasis on viewing health and well-being as multifaceted while directing efforts toward improving health access and reducing weight stigma” (Tylka et al., 2014, p. 1; O’Hara & Taylor,

2014). Nutritionist Lindo Bacon's (2010) book *Health at Every Size* draws heavily on the work of fat activists in the 1960s and 1970s to advocate non-stigmatising healthcare for people with larger bodies. Central to the tenets of the Health at Every Size® approach is a focus on health rather than weight; one that "supports policies, processes and environments that enhance the holistic health and wellbeing of people of all shapes and sizes. This approach does not claim that people are automatically healthy at any size across the weight spectrum (small, medium, or large), but rather that all people deserve to be treated with dignity and respect" (O'Hara et al., 2021, p. 226). The approach has gained some traction in health research but remains at the periphery of traditional biomedical discussions of weight (O'Hara et al., 2021). Other health approaches, such as intuitive eating and the promotion of a positive body image (Tylka & Homan, 2015), are also examples of health researcher perspectives critical of dieting practices. One of the most cited definitions of 'diet culture' within the grey literature, a term which incorporates blog posts and non-governmental reports, comes from anti-diet registered dietitian and nutritionist Christy Harrison (2019), who underlines the worship of thinness as a signifier of status and moral virtue, the castigation of those whose bodies fail to comply, and the demonisation of certain food choices in comparison to others. Weight-inclusive health professionals also use the term 'diet culture' to reinforce poor physical and psychological health outcomes in women who restrict their food practices (e.g., Faw et al., 2020; Kinavey & Cool, 2019). Some fat activists, however, have criticised the framing of diet culture through discussions about health and weight – even from a weight-neutral perspective – arguing that they tacitly promote healthism, or the moral imperative for all people to be focused on their health (e.g., Gibson, 2021).

While these three broad movements have informed dominant academic understandings of dieting as a sociocultural phenomenon (i.e., as a harmful 'culture'), and there have been intersections between movements and bodies of literature, an overarching or holistic definition of the term 'diet culture' from all three movements has not yet been investigated. We argue that characterising 'diet culture' may serve as a reminder of the multiplicity of voices in the broad 'anti-

diet' community and the ideological and disciplinary diversity of feminist positions on the topic. It may also open discussions about magnifying the similarities across all three movements and encourage ways to challenge and interrogate their key differences. As researchers have not yet questioned the precise meaning of 'diet culture' in a holistic way, despite its flourishing use in online communities critical of dieting, this paper seeks to examine the ways in which diet culture is understood by those who have been adversely affected by it; people from diverse 'anti-diet' online communities (e.g., feminist, fat activist, and health professional communities).

This study aims to explore the meaning of the term 'diet culture' and its potential utility to the broad 'anti-diet movement.' Specifically, we are interested in understanding the overlaps as well as the tensions between perspectives, and how they can converge in a unified definition of diet culture. We ask: (i) How do those from a diverse online community of feminists, fat activists, and weight-neutral health professionals, who have challenged 'diet culture,' define the term?

Method

Positionality

Both authors of this paper are young women from Melbourne, Australia. The lead author, a feminist researcher who comes from a first-generation Eastern European background, has focused on women's food restriction practices for over a decade and has been particularly interested in the social movements that challenge the normalisation of dieting. The co-author is a PhD candidate in psychology whose research focuses on the self-beliefs of those with a lived experience of obsessive-compulsive disorder.

Participants

To gain a greater understanding of what the term means for those who challenge it outside of academia, we collected the responses of people who self-identified as having actively challenged 'diet culture.' We used purposive and snowball sampling techniques, posting flyers to relevant social

media communities (e.g., Moderation Movement, Collective Shout, etc.), through individuals (e.g., fat activists), and mailing lists (e.g., Health at Every Size Australia). Individuals aged 18 years or over and not currently diagnosed with or receiving treatment for an eating disorder were invited to participate. We included the latter exclusion criterion primarily because of the potential for the survey content to cause distress to those with an eating disorder. The potential for disordered thinking about food, eating and/or exercise to influence our findings was also relevant to this exclusion criterion. In line with a critical realist framework (Bhaskar et al., 2017), we deferred to participant self-selection rather than screening for eligibility criteria.

A total of 118 participants aged 18 to 63 ($M = 36.67$, $SD = 10.50$) provided complete responses. Braun et al. (2020) refer to samples over 100 as large qualitative samples. One-hundred and twelve (94.92%) participants were female, two (1.70%) were male, one was genderqueer, one was nonbinary, and two (1.70%) preferred not to specify. Most participants identified as heterosexual (68.64%) or bisexual (18.64%). Participants resided in Australia (58.47%), the United States (19.49%), United Kingdom (10.17%), Canada (8.48%), and New Zealand (3.40%). Fifteen (12.71%) came from a culturally and linguistically diverse (CALD) background. Sixteen (13.56%) identified that they were living with a disability, and 43 (36.44%) indicated that they have a chronic health condition. Forty-four (37.29%) were health professionals; the most common affiliations were mental health worker (e.g., clinical psychologist, psychologist, counsellor, $n = 16$; 36.36%) and dietitian ($n = 15$; 34.09%). Just over half (51.70%) of all participants identified as anti-diet activists; a broad term that encapsulates feminist and fat activism, as well as health professional activism and advocacy (Harrison, 2019).

Data Collection

We used a qualitative survey method to collect our data. Qualitative surveys are affordable and relatively simple to implement, offering researchers the ability to capture a range of perspectives on diverse research questions (Braun et al., 2020). This is of particular importance

when investigating under-researched areas, such as the use and meaning of the term ‘diet culture.’ Using an online qualitative survey also enabled us to collect a relatively large sample of participants across multiple countries, and afforded a level of anonymity that may have helped participants to feel more comfortable sharing views they might not otherwise express in a face-to-face interaction.

Our survey was designed in collaboration with a project advisory group (academics, activists, and health policy experts), and was comprised of three sections: Section 1 contained a series of demographic questions (e.g., age; sex; sexuality). Section 2 included six short answer questions asking about participants’ views on, and responses to, diet culture. The current paper focuses on the analysis of three specific questions: “What does diet culture mean to you?”, “What do you believe is behind diet culture?”, and “In an ideal world, how would you like to see diet culture being tackled?” This study is part of a larger qualitative project exploring women’s efforts to challenge weight-loss dieting culture. As such, Section 3 contained one question asking participants if they would be interested in sharing their views in a follow-up, one-on-one interview or focus group. The Medicine and Dentistry Human Ethics Sub-Committee of the University of Melbourne provided approval for the study (Ethics ID: 2056849).

We collected our data using Qualtrics (August 2020; Qualtrics Provo UT 2020). Upon clicking the survey link, participants were provided with a plain language statement and consent form. Consent to participate was indicated by selecting a check box. Those who did not consent were automatically directed to an end-of-survey message. A comprehensive list of support services was provided in the event participants became distressed at any point during, or following, participation. The survey was launched in August 2020 and was live for two weeks. Following survey closure, complete responses were downloaded to Microsoft Excel and transferred into a Word document for coding. Data were initially collated and coded by question.

Analytic Method

We analysed the data using Braun and Clarke's approach to reflexive thematic analysis (Braun & Clarke, 2006; Braun et al., 2019; Terry et al., 2017), applying a primarily inductive approach to generate data-driven themes and subthemes. This is particularly suited to understudied areas of research. The rationale for such an approach was based upon our observation that the extant scholarly literature has not offered a complete definition of the term 'diet culture.' We aimed to develop a nuanced understanding of how participants define 'diet culture' through a holistic analysis of responses to the relevant survey questions, rather than discrete analyses of responses to each separate question. 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.

Both authors reviewed and coded the data separately, discussing any discrepancies throughout this process. Firstly, we developed a series of inductive codes, identifying common semantic references throughout the data (e.g., 'Body Image,' 'Thinness,' 'Fat,' etc). We then compared our findings and found a high level of agreement. Once all preliminary codes were decided, we grouped them into greater 'themes' based on their relevance to the research questions. Codes that referenced the 'thin-ideal' and the stigmatisation of the 'fat' body were combined to discuss the moralisation of body weight. Participants either tacitly or explicitly referred to this binary as a hierarchy of bodies, each possessing different cultural markers of acceptability and deviance. Some of the preliminary codes also signified 'food' and 'body weight' as important markers of 'diet culture.' A thematic grouping of these codes revealed that participants often spoke of the 'demonisation' of food and bodies based on inaccurate information that was being disseminated through various cultural channels. Through this theme, we found some narratives opposed these myths but also tacitly reinforced them by addressing one myth (e.g., food myths) at the expense of others (e.g., body weight myths). Codes referencing the causes of diet culture were clustered into the theme 'structural and systemic factors,' which cited the combined role of patriarchal, racist, and capitalist systems in instantiating and reproducing dieting norms.

In the below results section, we have used exemplary block quotes to illustrate key aspects of the story participants communicated about their understandings of ‘diet culture.’ The quotes are attributed to each participant according to their response number (i.e., order in which their survey response was logged through Qualtrics), sex, age, sexuality, and country of residence. If participants indicated a CALD background, disability or chronic health condition, or were an anti-diet activist or health professional, this information is also included in the attribution. Wherever this information is absent, participants did not indicate these demographics. In our data analysis, we have quoted aspects of the preceding block quotes to highlight specific features within the data.

Results

The final three major themes we identified as characterising ‘diet culture’ were ‘Diet culture as health myths’ (Theme 1); ‘Diet culture as a moral hierarchy of bodies’ (Theme 2); and ‘Diet culture as a systemic and structural problem’ (Theme 3). A thematic map is depicted in Figure 1. In accordance with our qualitative analytic approach, we have not reported frequency data for the number of participants endorsing each theme.² However, in all instances the responses of at least 44 individuals supported the identification of the theme.

Diet culture as health myths

Diet culture was strongly characterised by moralising, medicalised discourses about what constitutes “healthy” bodies and eating behaviours. This was reinforced through the notion that ‘weight = health’ and specific food-related myths.

The ‘weight = health’ myth

Some participants argued that diet culture is the idea that a person’s weight, shape, or size accurately determines their health and wellbeing, and that weight-loss is a strategy to attain good

² See Pyett (2003) for a discussion of validity in qualitative research.

health. In this paper, we refer to this idea as the ‘weight = health’ myth; a weight-focused extension of Crawford’s (1980, p. 368) concept of ‘healthism,’ or “the preoccupation with personal health as a primary ... focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles.” Participants explained that the ‘weight = health’ myth fuels dieting and body surveillance practices, and masquerades as health advice through popular cultural, medical, and health policy discourses. Some described the ‘weight = health’ myth as a pervasive, “unhealthy” norm:

Encouraging people (especially women) to have an unhealthy relationship with food and their bodies in order to fulfil societal expectation of what they “should” eat or “should” look like
(Response 80; female, age 21, heterosexual, Australia, anti-diet activist)

It targets (mainly) women and girls to make them believe they are somehow not good enough if they are not slimmer and gym-bodied. This undermines female body-confidence and self-esteem, makes them miserable, and promotes an unhealthy relationship with food. It places a person’s presentation front and centre, devaluing more worthy attributes such as funny, smart, creative, nurturing, feisty (...all the good stuff) (Response 82; female, age 59, heterosexual, United Kingdom)

Unhealthy and antisocial behaviour with and around food (Response 112; female, age 54, heterosexual, Australia, secondary school nurse, anti-diet activist)

Using the word “unhealthy” to describe the ‘weight = health’ myth subverts the more common discourse of “unhealthy” bodies found in dominant weight-centric discussions that cast larger bodies and certain food choices as “unhealthy” (Tylka et al. 2014). Participants in this study described diet culture as “unhealthy” in a holistic way; acknowledging that it reinforces unhealthy physical (“promotes an unhealthy relationship with food”), psychological (“undermines female body-confidence and self-esteem”), and social (encompasses “antisocial behaviour”) behaviours in those affected by it.

Sometimes, however, participants – especially health professionals – unwittingly reinforced this myth. contending that diet culture involves “the culture of pseudoscience nutrition fads [...] marketed to those who want to lose weight” and simultaneously pitching alternatives such as “an affective and nourishing weight loss plan” in their solutions for change (Response 39; male, age 30, gay, United States, dietetic technician). Others emphasised that diet culture has nothing to do with health but, rather, “skin[niness]” and argued that they spent their time “encourag[ing] friends who are *normal weight* not to diet” (italics added) (Response 85; female, age 31, heterosexual, Australia, registered nurse). These mixed messages may amount to conflict between different factions of the anti-diet community; those that see the broad culture as harmful but continue to focus on weight as an arbiter of health, and those who adopt a more weight-neutral approach (e.g., Tylka et al., 2014). Acknowledging the similarities and differences between these groups is important in collaborative efforts to challenge diet culture.

Food and eating myths

The ‘weight = health myth’ that pervades contemporary health discourses about bodies is also said to inform our understandings about “healthy” food and eating behaviours. Some participants described food – and the proliferation of weight-loss diets and health foods – as characterising and reinforcing diet culture. Participants argued that within a diet culture, eating becomes a form of surveillance, invoking “feelings of guilt if we dare to eat something ‘bad’ as how awful would it be if we were to become fat, and as a result of being larger, therefore less healthy” [sic] (Response 10; female, 45 years old, heterosexual, New Zealand). Others mentioned similar social pressures:

My understanding of diet culture is the perceived social norm of following external rules - usually based on restriction Of certain foods/nutrients/portion sizes or the time of eating - to guide food choices [sic] (Response 30; female, 28 years old, heterosexual, Australia, living with a chronic condition, dietitian, anti-diet activist)

[Diet culture is] all the little ways that social pressures about food – especially on women – manifest themselves in human behavior. (e.g. feeling guilty after eating certain foods, categorizing foods as “good” or “cheat,” counting calories (Response 116; female, age 35, lesbian, United States, living with a chronic health condition)

Participants argued that diet culture reinforces the idea that appetites should be informed by restrictive “external rules” rather than internal physical cues. In this context, “healthy” eating behaviours are those that elicit “guilt” over the consumption of morally suspect or “bad” foods; a narrative steeped in deficit rather than strength. Some identified how external rules about food and eating are marketed in Western countries, arguing that food is associated with diet culture in:

all those dumb ways people try and sell you to loose weight which inevitably just make you miserable and probably more fat than you were to begin with, e.g. 5:2 fasting diet, paleo [sic] (Response 51; female, 28 years old, sexuality unspecified, United Kingdom, nurse and psychologist)

Keto, vegan, sugar free, protein diet It's not about being healthy, it's about being skinnier or body building [sic] (Response 85; female, 31 years old, heterosexual, Australia, registered nurse)

Participants described that the endless choices marketed to them merely reinforced the thin ideal and ways to externalise women’s locus of hunger. Externalised perceptions of ‘healthy’ and ‘unhealthy’ were also directed toward the body and, specifically, through the moralisation of different body weights, shapes and sizes.

Diet culture as a moral hierarchy of bodies

Diet culture was also characterised in relation to cultural scrutiny of the body through the often-simultaneous promotion of the thin ideal and weight-stigma. Our findings suggest that a discussion of the thin-ideal – without a simultaneous focus on weight stigma – may unintentionally

mask that diet culture is inextricably comprised of both elements and, indeed, that one element (e.g., weight stigma) informs the existence of the other (e.g., thin-ideal).

Thinness and the thin ideal

Many participants argued that this privileges people with ‘thin’ or ‘toned’ bodies over those with larger bodies, and focuses on weight-loss as a method of attaining thinness. These participants tended to perceive the thin-ideal as being of central importance:

[Diet culture] means the pursuit of thinness above all. It means sacrificing social events, body signals, hunger cues, your own better judgement, and mental health for thinness [...] It glorifies outside beauty at sometimes the expense of inside beauty and mental stability (Response 46; female, age 25, heterosexual, United States, living with a chronic health condition)

It’s the idea that we should always be aspiring towards thinness, that what we are right now isn’t where we should be, and that it’s got to be achieved through self-deprivation (Response 74; female, age 45, CALD background, Australia, living with a chronic health condition)

Expectations to be slim, thin - self control and behaviour modification to maintain a certain weight.

Or making an effort to loose said weight gain, real or imagined [sic] (Response 87; female, age 49, heterosexual, Australia, living with disability, anti-diet activist)

Thinness was discussed as an aspirational and elusive ideal; one that is supposed to be achieved through “sacrific[e]” and ignoring one’s hunger. The overvaluation of thinness is integral to defining diet culture: there is a strong focus on weight loss or “behaviour modification” practices “at the expense of [...] mental stability.” Some participants argued that this cultural mindset applies to both “real or imagined” weight gain, indicating that the valorisation of thinness and attendant dieting is partly based on the ever-shifting pursuit of an ‘ideal’ body.

Fear of the ‘fat’ body

Participants' definitions were less focused on the role of larger bodies in the cultural normalisation of dieting, with references to weight stigma often obscured in more neutral discussions of weight-loss. Some respondents explicitly discussed the significance of – and stigma associated with – 'fat,' attributing diet culture to a fear of the 'fat' body:

[Diet culture] means having multiple classes in school and university where I've had to calculate my BMI and share it publicly with the class as a learning exercise. It means my public health degree being full of insidious fatphobia and dehumanising cartoons and images of fat people (Response 2; genderqueer, age 33, bisexual, Australia, living with disability, living with a chronic health condition)

Fat is demonized, and fatness or unattractive body types are attributed to personal choices, particularly choices about what and how much to eat, and whether one exercises. It is a culture because it is pervasive in society and unchallenged by many (Response 45; female, age 27, heterosexual, United Kingdom)

[Diet culture] is oppressive, it leads to discrimination and stigma by others (including many medical and health professionals) towards people in bigger bodies (Response 67; female, age 48, heterosexual, Australia, living with disability)

Fat was perceived as an important part of diet culture. It represented the feared, "demonised" body, and was routinely stigmatised, even by health professionals and educators. While many participants fixated on the 'thin' cultural ideal or provided more neutral descriptions of bodies in their definitions of diet culture, they did not foreground the way that 'fat' bodies are utilised in popular cultural and health-related narratives to reinforce the importance of weight-loss. These findings may reflect the need for those studying diet culture, or challenging its effects in healthcare or public health, to acknowledge that weight stigmatising attitudes can hide behind the ubiquity of the thin ideal.

Some participants, however, observed that the delineation between 'thinness' and 'fatness' was not a binary but, rather, a moral hierarchy of bodies, drawing both tacit and explicit references to the perceived power of certain bodies over others:

Diet culture is made up of the pervasive messages that convince the general public that there is a hierarchy of acceptable bodies with thinner bodies given the top position (Response 11; female, age 52, heterosexual, United States, living with a chronic health condition, anti-diet activist)

The idea that body weight, shape and size can and should be manipulated via diet and exercise, and that a moral hierarchy of body weight, shape and sizes exists (Response 18; female, age 36, heterosexual, Australia, living with a chronic health condition, personal trainer, anti-diet activist)

[Diet culture is] any institution, culture or group of people that conflates thinness with health, beauty and moral superiority (Response 68; female, age 29, asexual, United States, living with disability, anti-diet activist)

By focusing on bodies as being part of a hierarchy, rather than a binary, participants indicated that diet culture reinforces a power differential between ‘thin’ and ‘fat’ bodies. “Thinner, “health[ier]” bodies are entitled to social and financial capital, whereas others “should be manipulated via diet and exercise.” These findings are in line with feminist and fat activist accounts of weight stigma and its harms (O’Hara et al. 2021).

Diet culture as a systemic and structural problem

In addition to identifying the key features of diet culture, participants also strongly identified that it is a product of combined systemic and structural inequalities, such as patriarchy, racism, and capitalism. These systems were often perceived as working in unison to spread myths about body weight, shape, and size, and encouraging weight-loss for health reasons.

Patriarchy

Patriarchy was perceived as a strong reinforcer of diet culture. Many participants identified the systematic, cultural devaluation of women through gender norms, roles, relations, and

stereotypes (Jovanovski, 2017) as either the direct cause, or key feature, of diet culture. Participants argued that the sexual objectification of, and cultural valorisation of men's physical dominance over, women contributed strongly to the popularity of diet culture among women. Some argued that diet culture is driven by "male dominance and patriarchal culture, intersecting with sexualisation and objectification of women," promoting the "idea that women are not good enough unless they fix their bodies because 'essentially' we are taught that we are 'to be pleasing to look at by the eyes of men' (Response 92; female, age 30, heterosexual, Australia, dietitian, anti-diet activist). Other participants argued that patriarchal socialisation works "because women (mostly) a 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 [sic] (Response 95; female, age 47, heterosexual, Australia, anti-diet activist).

These quotes illustrate the belief that the pressures women experience about their bodies come both directly from men's sexualisation of the female body and the heterosexual 'male gaze,' as reinforced by certain industries (Bartky 1990; Bordo 1997; 2005; Wolf 1990). Many participants argued that the sexualisation of the female body is a harmful part of diet culture, a notion that is supported by a significant body of literature spanning over three decades (Bartky, 1990; Bordo, 2005; Fredrickson & Roberts, 1997). However, one participant described wishing she could have "taken more photos of myself naked to keep for when I'm older" (Response 110; female, age 26, heterosexual, Australia). It is difficult to infer self-objectification/subjectification from this quote without further context. However, this counternarrative in our data may signal broader and often unspoken conflicts in the anti-diet movement between feminist researchers (e.g., Fredrickson & Roberts, 1997) and women who enact sexualised performances to represent the 'fat' female body (e.g., McAllister, 2009). Indeed, it may point to broader tensions in the feminist movement about the role of sexual objectification and subjectification in women's lives (Jovanovski, 2017).

One finding that united many participants was the notion that gender norms explicitly paint women as literally and metaphorically submissive in comparison to men. This became apparent when cultural idealisations and expectations of male and female bodies were compared:

Within the patriarchal framework women should be delicate, in look and demeanor. Men are deemed dominant physically and in social stature. Women should not be larger than men, so we must strive to keep our bodies small and unoffensive [sic] (Response 34; female, age 47, heterosexual, New Zealand, nutritionist)

Men want women weak and pliable; this has spilled over to affect men but the primary target is women (see the much more favorable outcomes experienced by fat men vs women). In general men prefer women to be more similar to weak children, ie easily physically overpowered and rendered cognitively underpowered by hunger (Response 73; female, age 24, lesbian, United States, living with disability, anti-diet activist)

The sharp contrast between social expectations of men's and women's bodies points to broader discussions about women's physical and psychological freedom in contemporary Western society (Wolf 1990). According to these participants, diet culture stems from the idea that women should be unquestionably "small," "unoffensive," and "underpowered." This – like oppressive beauty practices (e.g., Dworkin, 1974) – has broader implications for their freedoms in society.

Racism

Some participants discussed the intersection of patriarchy and racist systems that reinforce diet culture by stigmatising the black female body. While this theme appeared less frequently in the data, participants identified "interacting systems of patriarchy, racism, capitalism and oppression" (Response 19; female, age 27, heterosexual, Australia, psychologist, anti-diet activist) in their responses, and the "lack of [racial] diversity in media and higher-level medical health roles" as actively excluding women of colour from broader conversations about health (Response 37; female, age 31, bisexual, Australia, living with chronic health condition, counsellor, anti-diet activist). Some

participants explained that racism fuelled diet culture through historically denigrating representations of people of colour and their bodies:

The ideally slim (female) body or toned (male) body originated among European and American whites as a way of distinguishng ourselves from allegedly “less-civilized” groups whose bodies were categorized as “unruly” (Response 56; male, age 22, gay, United States, living with chronic health condition).

For women of colour, diet culture was said to be reinforced through intersecting systems of patriarchy and racism, and further fuelled by capitalist systems that marketed the thin, white female body as a universal ideal.

Capitalism

Many participants identified capitalism and certain industries as the material sources of evidence of patriarchal and racist cultural norms surrounding diet culture, but also one of the primary catalysts of diet culture on its own. Participants drew references to the “multi-billion-dollar diet industry,” which they argued was largely fuelled by advertising and media (including social media, through the reinforcement of ‘wellness’), in industries that have been associated with women’s oppression (e.g., fashion, beauty, and pornography industries), and medical, health, and fitness industries. Some participants suggested that diet culture is about directly profiting from women’s pre-existing insecurities:

Companies wanting to make money from preying on peoples vulnerabilities, attractive wellness warriors /social media personalities selling products (that they probably don’t even use) just to make a quick buck without thinking about the underlying messages of “eat this and look like me” [sic] (Response 25; female, age 27, heterosexual, Australia, nutritionist and PhD candidate)

Capitalism, patriarchy [...] women are forced to feel insecure about their bodies, which makes them buy into the latest fad diet & “wellness” products (e.g., detox teas, fitness regimes).

(Response 50; female, age 23, heterosexual, Australia)

Participants argued that ‘wellness,’ a strong focus on appearance, and the profitability of both, are key reinforcers of diet culture. Online personalities’ focus on ‘wellness’ – through promotion of “detox teas” and “fitness regimes” on social media – was seen to further distance women from their bodies. Given their cultural ubiquity and personalised way of selling products that conflate health with appearance, social media personalities were viewed as especially powerful in reinforcing diet culture.

Participants expressed frustration over *representations* of women in the media in general and identified specific industries they considered most conducive to reinforcing diet culture, either explicitly or tacitly implying that some industries promote these representations reinforce patriarchal constructions of women as sexually available and constantly in a state of self-improvement. Participants specifically identified the fashion, beauty, and pornography industries. Some, for example, argued that “fashion mags [and] beauty products” encourage women to “plaster [their faces] with 10 differnt products to look good enough to leave the house” [sic] (Response 10; female, age 45, heterosexual, New Zealand), and that diet culture is “PROMOTED by the sex industry, especially pornography” as a way to strengthen existing feelings of body dissatisfaction (Response 80; female, age 21, heterosexual, Australia, anti-diet activist). Despite neither the beauty, fashion, or sex industries having any explicit focus on weight-loss dieting, participants indicated that these industries play a strong part in contributing to and exacerbating body dissatisfaction in women through their sexualised representations of women’s bodies. These findings add to existing literature on the harms of sexual objectification (Fredrickson & Roberts, 1997) through the addition of wellness or ‘health’ in reinforcing the thin, sexualised ideal.

Some participants argued that capitalism also intersects with the medicalisation of larger bodies, often interacting with patriarchy and colonialism:

I believe corporate interests are behind diet culture, which are ultimately shaped by capitalism and patriarchy [...] At the moment, pharmaceutical companies are pushing an agenda to classify

higher body weight as a disease so that governments subsidise weight loss medications and surgical procedures (Response 1; female, age 42, heterosexual, Australia, occupational therapist)

Participants argued that capitalist systems in medicine (e.g., pharmaceutical companies) intersect with cultural appearance-related norms to both foster and fortify diet culture; infiltrating government policies and surgeons' decisions to perform body-altering procedures. Our findings – particularly in this sub-section of the results – underscore the importance of seeing diet culture as a simultaneously patriarchal, racist, and capitalist-driven culture; one that utilises seemingly disparate systemic and structural factors to reinforce its messages but ultimately contributes to the conflation of health- and appearance-related ideals in women and girls.

Discussion

In this paper, we sought to understand the meaning of the term 'diet culture' by qualitatively surveying those who oppose dieting norms and practices in their work and everyday lives. Participants identified that diet culture refers to (i) ever-changing myths about food that revolve around an external locus of hunger and conflicting health messages; (ii) a moral hierarchy of bodies, which preferences an elusive thin-ideal that often masks a fear of fatness; and (iii) a culture that is driven by intersecting patriarchal, racist, and capitalist systems and structures, through industries that reinforce dieting, beauty, sexualisation, and ideas of 'health.' Despite coming from different factions of the 'anti-diet' movement, there were many overlaps in participants' characterisations of 'diet culture' as a multifaceted system of myths and misconceptions about health, driven by broad systems of power, that normalise weight-loss practices in women and girls.

Our findings support much of the existing literature on the sociocultural reinforcement of dieting and weight-loss norms, intersecting across broad ideological and disciplinary traditions. Specifically, participants identified characteristics of diet culture that mirror feminist critiques of sexual objectification and the promotion of the thin ideal (Bartky, 1990; Bordo, 2005; Wolf, 1990), as well as feminist and fat activist perspectives emphasising the stigma experienced by people (mostly

women and, more specifically, women of colour) with larger bodies (Cooper, 2008; Simic, 2015; Strings, 2015). Participants – both health professionals and others – also expressed views that align with those of weight-inclusive health professionals, who argue that associating weight with health in the absence of other indicators ultimately reinforces health myths (O’Hara et al., 2021).

The overarching definition of diet culture discussed in this study corroborates existing research on the sociocultural origins of dieting norms and practices. However, the potential for tensions between perspectives and definitions may provide feminist researchers, activists, and health professionals an opportunity to reflect on ways to collaborate with those whose views differ to address an overarching concern. For example, our findings indicate that understandings of diet culture may differ between weight-neutral health professionals and those who adopt weight-centric elements in their practice (e.g., ‘weight-management’) but remain critical of other health myths perpetuated by diet culture (e.g., the arbitrary distinction between ‘healthy’ and ‘unhealthy’ foods). In these contexts, collaborations between health professionals may focus specifically on the moralisation of food while acknowledging the differences between weight paradigms (e.g., Tylka et al., 2014) and their implications for future work.

Likewise, although most women in our study defined diet culture as part of a broader culture of female sexual objectification, a notion that is supported by the literature (e.g., Bartky, 1990; Bordo, 2005; Dworkin, 1974), some women’s definitions of diet culture contained references to self-sexualisation (e.g., McAllister, 2009). These findings reflect broader tensions in the feminist movement and require dialogue between groups to advance the larger goals of the anti-diet movement. Given that sexuality and sexualisation have been topics of heated discussion in feminist circles for over 50 years (e.g., Bartky, 1990), this process is likely to elicit conflict, but is important to acknowledge in anti-diet collaborations addressing patriarchal structures, especially those associated with industries that reinforce sexualising narratives about women and girls. Ultimately, the definition of diet culture generated by participants in this study has the potential to highlight

tensions between perspectives as well as strengthen discussions around commonalities and the shared goal of challenging weight-loss dieting norms.

We argue that, rather than being seen as separate and conflicting positions on dieting as a sociocultural phenomenon, the perspectives that contribute to defining 'diet culture' in this study may serve to unify the broad 'anti-diet movement' (e.g., feminist researchers, activists, and health professionals). Armstrong and Bernstein (2008) argue that some contemporary social movements are fragmented and decentralised, describing power and domination over groups as both culturally and materially expressed. The diverse cohort of feminists, fat activists, and health professionals involved in this study defined diet culture as issuing from both cultural and material sources of oppression, which were identified through health myths, a moral hierarchy of bodies, and structural and systemic factors. Allowing for and living with potential contradictions between perspectives implicitly shines a spotlight on aspects of the broad movement that all groups can agree on.

Our findings indicate that a broader collaborative effort between these groups – which emphasises structural and systemic factors alongside diet myths (i.e., the intersections of the cultural and material sources of power underlying diet culture) – is needed to effectively challenge the social antecedents of dieting. A focus on patriarchy, racism, and capitalism is often prevalent in the work of feminist and fat activists (e.g., Cooper, 2008; Orbach, 2010), but the active inclusion of health professionals and researchers in these discussions may also be useful in unpacking rigid gender norms and industries that reinforce women's unhealthy relationships with food and their bodies, and unite otherwise disparate or 'awkward' alliances (e.g., Polletta, 2006) between factions of the decentralised anti-diet movement.

Limitations and Future Directions

This study is part of a larger project looking at how women define and challenge diet culture. While an online qualitative survey was a useful method to collect preliminary data on the topic, and

participant responses were generally lengthy, some participants mentioned important themes using only one-word responses (e.g., “racism”). The current findings are intended to be considered alongside those from other phases of the overall project, which incorporate focus group discussions and interviews to further unpack briefly mentioned concepts. While the vast majority of participants in this study were women from non-CALD backgrounds, it may also be useful to see how those from CALD backgrounds in both the Global North and Global South conceptualise diet culture. It may be similarly useful to further unpack the experiences of women living with disability or chronic illness, as many of our participants identified as such, especially in relation to the intersections between simultaneously embodying a larger body, and one with chronic illness. Lastly, a limitation of the present study is that it only investigates the perspectives of a non-clinical sample of participants. Future research may benefit from investigating a holistic definition of ‘diet culture’ expressed by a sample of people clinically diagnosed with an eating disorder. Given that people with diagnosed eating disorders experience significant adverse and often life-threatening complications from their relationships with food, it may be useful to focus on whether participants with these disorders would emphasise certain aspects of the definition presented in this paper (e.g., moralisation around food and eating) over other aspects (e.g., structural and systemic factors underlying diet culture), or contribute to a new definition altogether. This would likely be of significant relevance to clinicians and those working on prevention and treatment measures for those experiencing eating disorders, as it would connect their efforts to broader ‘anti-diet’ communities and initiatives.

Conclusion

We sought to demystify the term ‘diet culture’ by qualitatively surveying 118 participants who have challenged its narratives. We found that diet culture is characterised by a conflation of weight and health including myths about food and eating, and a moral hierarchy of bodies derived from patriarchal, racist, and capitalist forms of domination. While feminists, fat activists, and health professionals have typically discussed dieting from different ideological and disciplinary positions, in

this paper, we present 'diet culture' as a polysemic yet unified construct; one that has the potential to unite disparate facets of the broad and decentralised 'anti-diet movement.' Future research looking at defining diet culture should focus on a more diverse cohort of participants to see if the definition of diet culture proposed in this study also corresponds to the experiences of women from CALD backgrounds, and those living with disability or chronic illness.

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