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Author/s:

Jovanovski, N

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Feminine hunger: A brief history of women's food restriction practices in the West

Natalie Jovanovski (University of Melbourne)

Abstract

Intentional hunger, or the experience of voluntarily restricting one's food intake, has long been considered a women's issue. From tales of female fasting saints in 13th century Europe to today's Instagram celebrities sharing clean eating tips, the gendered connotations of food restriction and intentional hunger have been a consistent theme throughout Western history. While some sociologist and feminist writers have argued that the meanings ascribed to female food restriction practices should be located within their historical contexts and, thus, cannot be neatly compared, very few writers have situated intentional hunger within a broader feminist framework, citing patriarchy and the role of gender norms in relation to their diverse impact on women's eating behaviours and, subsequently, their health. Indeed, despite largely affecting women, the women's health movement (WHM) has not yet played an active role in challenging these gendered norms in relation to diet culture. This chapter presents a feminist sociological analysis on women's intentional hunger using historical examples from a Western context. In doing so, the chapter shows that gender norms have played a central role in women's harmful and restrictive eating practices, and that contemporary challenges to 'diet culture' must focus on challenging these gender norms in public health and health promotion materials.

Keywords

Intentional Hunger, Weight-Loss Dieting, Diet Culture, Gender Norms, Patriarchy, Women's Health Movement (WHM), Fasting, Hunger Strike, Anorexia Nervosa, Clean Eating

Introduction

In historical accounts and contemporary representations of food and eating, tales of the hungry woman abound. From dark, satirical images of hunger striking suffragists imprisoned and force-fed over their right to vote, to millions of everyday social media posts showcasing women's 'clean eating' tips, one feature that has remained historically consistent is the normalised discourse of women's intentional hunger (Nicholas, 2008). Intentional hunger refers to the practice of voluntary food restriction – which includes the deliberate exclusion of some types of food over others – and differs from hunger experienced as a result of poverty or famine (e.g., Van Esterik, 1999). Some sociologist and feminist writers have argued that the meanings ascribed to female food restriction practices should be located within their historical contexts and, thus, cannot be neatly compared (Brumberg, 1989; Gooldin, 2003; Walker Bynum, 1985). However, very few writers have situated intentional hunger within a broader feminist framework, citing patriarchy and the role of gender norms in relation to their diverse impact on women's eating behaviours and, subsequently, their health, throughout various phases of Western history. This chapter presents a feminist sociological argument that food restriction – and by extension, women's intentional hunger – is a long-standing symbol of women's oppression under patriarchy; a topic that has received some attention in the feminist literature on eating psychopathology (e.g., Bordo, 2004; Morgan, 1977; Orbach, 2005), but remained largely invisible as a feminist issue in women's health research and the women's health movement (WHM) in general. Given that food restriction practices have been associated with a host of adverse physical and psychological health outcomes in women (Omasu et al., 2019; Nordmo et al., 2019; Schilling, 2018; Turner, 2019), the chapter will demonstrate that the choice to engage in these behaviours is a harmful yet historically normalised act; one that reflects broader narratives about women's place in society and their right to nourishment.

Based on a summary of the existing literature, the chapter calls for the contemporary WHM to make visible women's food restriction practices and their intentional hunger. It will present a condensed

history of self-induced food restriction practices, looking at the spiritual, political, and pathological dimensions of women's hunger in the West. By examining the meanings ascribed to these different forms of gendered food restriction practices, the chapter emphasises that contemporary manifestations of self-induced food restriction, often in the form of 'clean eating', are predominantly gendered issues; arguing that the WHM must play an important role in visibilising women's intentional hunger and developing a language of resistance that encourages future generations of women to embrace food and eating.

Food restriction as a harmful gender norm

Food is considered a feminised object, but women have not been socialised to feel entitled to food. As has been argued previously (Jovanovski, 2017; 2018), women's relationships with food are inherently gendered, and norms relating to female food practices (or 'food femininities') tend to reinforce problematic narratives about women's right to eat and be nourished. For example, in popular cultural discourses, when women are depicted in relation to food, they are often shown policing their bodies, or preparing and consuming food for the approval of others (Jovanovski, 2017; 2018); a feature that has managed to prevail across Western historical contexts through the reinforcement of gender norms. According to Weber et al (2019, p. 2455), "gender norms are the spoken and unspoken rules of societies about the acceptable behaviours of girls and boys, women and men – how they should act, look, and even think or feel". Gender norms – either masculine or feminine – are socially constructed categories that create a sex-based hierarchy, with males socialised to be more dominant and females socialised to be submissive.

Gender norms and stereotypes are part of a larger sociocultural backdrop that, according to feminist theorists, are governed by a system of power relations called patriarchy (Bartky, 1990; Weedon,

1997). According to Weedon (1997, pp. 1-2), patriarchy refers to the “power relations in which women’s interests are subordinated to the interests of men”. Gender norms – such as those involved in shaping women’s relationships with food - are, thus, used in patriarchal societies to control, suppress and subordinate women (Jovanovski, 2018). Feminine gender norms can manifest in diverse ways for women. For example, one feminine gender norm may involve cooking selflessly for others and feeding oneself last, while another may involve policing one’s food intake to control one’s weight. While seemingly disparate, these norms fall under the umbrella of ‘femininity’ and are considered by feminist researchers to be forms of female control under patriarchy (Jovanovski, 2017).

Women’s intentional hunger is an important way to demonstrate the many ways that gender norms serve to construct women as passive, other-oriented and self-harming subjects. As sociologist Sigal Gooldin (2003, p. 31) has argued, the meanings ascribed to self-induced hunger “cannot be reduced to any single motivational factor”, such as religion or psychopathology. Rather, as argued in this chapter, intentional hunger in women exists under the broad framework of patriarchy, and manifests in seemingly diverse gendered ways. This chapter will show that women’s food restriction practices throughout history – and their experiences of intentional hunger – have been reinforced by gender norms (or food femininities) that tacitly influence how women should act in relation to food. These norms have played an important role in shaping women’s health behaviours today and must be identified, foregrounded and challenged by the WHM in a contemporary health context.

The WHM and the physical and psychological harms of food restriction

Women’s health researchers and activists – referred to broadly in this chapter as the ‘women’s health movement’ – are well-placed to address intentional hunger as a harmful gendered phenomenon, as they have played a significant role in identifying and challenging gendered norms and institutions that affect

women's health for over five decades (e.g., Boston Women's Health Book Collective, 1973). While key areas of struggle that women have addressed (and continue to address) include the fight for reproductive rights and the prevention of men's violence against women, women's food restriction practices have not featured as prominently in public health and health promotion initiatives. This is despite the work of radical thinkers in the WHM throughout the sixties and seventies, who explicitly addressed the harms of "sex-role stereotyping" (Gray Jamieson, 2012, p. 27) and the importance of nourishing one's body with food and enjoyable movement (Boston Women's Health Book Collective, 1973). Given that rigidly prescribed gender norms have been associated with adverse health outcomes (Weber et al., 2019), especially in relation to weight-loss dieting (Jovanovski, 2017; Nagala et al., 2020), it is important for those within the WHM to challenge intentional hunger and to frame it as a harmful gendered phenomenon.

Food restriction for the purposes of weight loss (i.e., weight-loss dieting) is one of the most common reasons why women experience intentional hunger in the 21st century. Research shows that dieting behaviours have contributed to a host of preventable physical and psychological health problems in girls and women, such as bone density loss, a compromised immune system, and the development of eating disorders (Bombak et al., 2019; Omasu et al., 2019; Nordmo et al., 2019; Schilling, 2018; Turner, 2019). Women are at particular risk of these health problems because they are more likely to engage in food restriction practices than men. Research shows that women engage in food restriction regardless of where they are positioned on the body mass index (Sares-Jaske et al., 2019), whereas males are more likely to engage in food restriction practices once they reach a BMI of 25 and above. While not all examples of intentional hunger involve fasting for the purposes of weight loss, the physical risks associated with prologued and/or episodic phases of food restriction can cause long-lasting harm to one's body. As Turner (2019) explains, the human body's physical response to food restriction is the same, regardless of whether one is participating in a fad diet or in the grips of famine: it decreases its

metabolic rate and increases the production of hormones responsible for hunger. Brief, chronic episodes of food restriction can lead to more prolonged versions of food restriction (such as that experienced by women with eating disorders) or, paradoxically, to binge eating episodes (Bombak et al., 2019). A feminist research perspective looking at dieting (and intentional hunger) is ideal for critically unpacking the gender norms that underlie women's food restriction practices, because it "challenges the structural and social power inequalities within patriarchal societies that produce inequalities and disadvantage women" (Davies et al., 2019, p. 601). Understanding the different types of voluntary food restriction practices experienced by women throughout different phases of Western history helps us trace the way it has been gendered, and how it has continued to manifest in the 21st century.

Anorexia mirabilis: Hunger as a sign of women's piety

One of the earliest forms of intentional hunger recorded in women, documented from as early as the 13th century in Europe, involved fasting for spiritual and ascetic reasons (Russell, 2005; Walker Bynum, 1985). The stereotype of the self-sacrificial fasting woman served as a powerful gendered template for well over 400 years (Russell, 2005), and was used by women to quell sexual urges, express Godly devotion, and even earn a living in some instances. In Judeo-Christian traditions, female saints were most likely to be characterised by their experiences of intentional hunger (Gooldin, 2003; Walker Bynum, 1985), engaging in food restriction practices to achieve self-discipline and to tame sexual (or humanly) desires (Ellmann, 1993; Walker Bynum, 1985). Episodes of fasting that lasted for long periods of time were understood to be miracles of God, and were referred to as 'anorexia mirabilis', or the miraculous cessation of hunger (Gooldin, 2003). The "economy of sacrifice" (Ellmann, 1993, p. 13) involved in fasting served to position women's contributions to spiritual life in self-restrictive terms, and reinforced existing gender norms relating to women's selflessness and supposed other-oriented nature.

Russell (2005) describes historical accounts of medieval fasting in her book *Hunger: An Unnatural History*. She explains that the gendered qualities embedded in saintly fasting could be read as a form of “literally fe[eding] from God”. The “deepen[ing] [of one’s] role as the Bride of Christ”, she explains, is reflected by “becom[ing] a channel through which [one] could serve others... multiply[ing] crumbs into loaves, exud[ing] oil from [one’s] breasts, and cur[ing] disease with [one’s] saliva” (Russell, 2005, p. 46). The archetype of the hungry woman, miraculously feeding others through her piety, served as a persuasive socialising force for women for hundreds of years thereafter. As Walker Bynum (1985, p. 4) explains, much of the writing on women’s spirituality during medieval times discussed female miracles in relation to food motifs, and in doing so, alluded to self-sacrificial acts of fasting as ways of providing “a literary and psychological unity to the woman’s way of seeing the world”. The intentional hunger of female saints was, thus, seen as a normative and widely accepted lens through which women learned to understand the role of their appetites and desires, and as a way of unifying women as a class.

By the early 19th century, tales of anorexia mirabilis – and other forms of intentional hunger – proliferated throughout Europe, capturing the imaginations of both believers and non-believers alike (Nicholas, 2008). As is emphasised in this chapter, these acts of self-starvation served to strengthen existing gender norms around food, eating and the body as a social object, regardless of whether they were being performed by women or men. Masculine depictions of intentional hunger were often active and/or emphasised the suffering of being hungry. Living skeletons, for example, who were mostly male, reinforced their normative gendered status through their famous public performances, and were emboldened by their emaciated bodies. Far from being passive, the ‘Skeleton Dude’ of Ohio, for example, actively “pranced around the stage” wearing a monocle and tight-fitting suit, flirting with women in the audience and telling stories about his life (Gooldin, 2003, p. 42). The male ‘hunger artist’, too, who sat locked in a cage at carnivals, turned his hunger into a public spectacle. Instead of normalising his non-normative body, however, the vision of his emaciated frame served to reinforce the

suffering involved in being hungry and turned what was otherwise a lonely, physical experience into a social one. As argued here, these masculine acts of intentional hunger served to further reinforce men's social prowess and bravery, rather than stifling it; the living skeleton remained an active and vibrant part of the social world despite his hunger, and the hunger artist emphasised the full force of his hunger through his visible suffering. In contrast to these depictions of masculine intentional hunger, fasting women and girls were almost always house-bound (often laying in bed) and depicted as appetite-free, which serve as a reinforcement of women's passive, domestic, and selfless status in society. Ann Moore, also known as the fasting woman of Tutbury, was one such example. Moore, who lived in poverty in a small Midlands village in England, claimed to have gone without food for 5 years due to a lack of desire for nourishment, and regularly welcomed townspeople into her home to observe her lack of appetite as she sat still in a chair or rested in her bed (Gooldin, 2003). As Gooldin (2003, p. 29) explains, Moore's actions fall "within the limitations of a patriarchal social structure", where "food, and its rejection, was an available channel for women to express their religious convictions". By gaining recognition for publicly denying their hunger, women expressed the extent to which their socialisation was predicated on the naturalisation of lack and restriction. This socialisation process was bolstered by both religious and medical figures, often simultaneously.

Ann Moore's performance of intentional hunger, and the performances of many other fasting women during this time, were hailed as both miraculous by religious scholars, and as an illness or act of fraud by medical scientists. As Gooldin (2003, p. 33) explains, these perspectives served as "two paradigmatic frames of explanation", with scientific explanations gradually replacing religious views that naturalised women's self-induced hunger. This paradigmatic shift in understanding women's food restriction led to significant problems for some fasting women, especially when scientific explanations pointed to fraudulent behaviour. As Nicholas (2008) explains, there is evidence to suggest that many women, such as Moore, were burdened by poor financial circumstances, and sought fame and money

for their performance of intentional hunger by playing on existing archetypes of sacrificial and pious femininity. As hunger due to poverty was viewed as an unpalatable reality and seldom reported in newspapers in the early 19th century, many women adopted the performance of intentional hunger for their family's survival. The medical-scientific paradigm, which sought to measure fasting women's urine, sweat and pulse for signs of fraudulence, subsequently affected many women's chances of being recognised as miraculous fasting women. As Nicholas (2008, n.p.) explains,

Surveillance of the miraculous fasters, often women in materially insecure positions who found economic success through the spectacle, was undertaken in the name of a medical science whose explanatory discursive power was rising as religious explanations waned.

Indeed, rather than explaining women's intentional hunger as a miracle of God – and rejecting gendered norms around women's self-sacrificial nature – those who relied on the scientific paradigm to explain women's food restrictive practices either discredited women as frauds, or used the emerging discourses of the Enlightenment to medicalise women's passivity and self-sacrifice in relation to food and their bodies. While problematic for their reinforcement of harmful gender norms, women's performances of intentional hunger were often enacted out of desperation, a theme that continued to resonate all throughout the 19th century.

'The weapon of self-hurt': Hunger as a political mouthpiece

While the practice of voluntary food restriction was already etched into the cultural imaginary in the late 1800s as a sign of women's self-sacrifice and devotion to God, it was also being weaponised by women for political gain. During the 'first-wave' of feminism, the militant branch of the women's suffrage movement, made famous by activist Emmeline Pankhurst and the Women's Social and Political Union

(WSPU), used 'hunger striking' as a way of advancing women's rights (Schlossberg, 2012). Hunger striking refers to the practice of fasting for political purposes, and "forcing [ones] opponent to grant certain demands... without any serious effort to convert [them] or achieve a 'change of heart'" (Scanlan, 2008, p. 2; as cited in Sharp, 1973). First enacted by prisoners in tsarist Russia as a method of political agitation – a method that was taught to the suffragists by many dissenters during their emigration to England in the late 1800s – hunger striking was both popularised and propagandised by the suffragists to draw public attention to the dehumanisation of women in otherwise democratic societies. According to Ziarek (2007), hunger striking in the women's suffrage movement was made particularly famous by Marion Wallace Dunlop, a militant suffragist and prominent member of the WSPU. Dunlop, who was sentenced to one month in prison for graffitiing the English Bill of Rights on the walls of Parliament, was arrested and denied status as a political prisoner. As an act of resistance, she stopped eating and was only released after 91 hours "because prison officials... were afraid she would become a martyr for suffragettes" (Ziarek, 2007, p. 99). Dunlop's version of political fasting was aggressive; sacrificing her own wellbeing to arouse anxiety in her opponents. It was also widely adopted. Since Dunlop's famous political fast, the practice of hunger striking has been used globally by women and other marginalised groups to raise awareness about their oppression and to demand tangible change (Ambruster-Sandoval, 2017; Scanlan, 2008; Ziarek, 2007).

As physically harmful as prolonged and episodic food restriction can be, intentional hunger for the purposes of political gain plays a part in the rich history of the early feminist movement. The image of the defiant, hunger striking suffragist – force-fed by prison guards – has become emblematic of women's struggle for rights and equality, and has been romanticised as a sign of women's bravery in the face of adversity. This is despite the fact that hunger striking was often accompanied by pain and self-sacrifice; features that have been criticised by feminist writers for being gendered acts of self-harm (Starhawk, 2002). As suffragist Lady Constance Lytton describes, hunger striking was indeed a "weapon

of self-hurt” (as cited in Schlossberg, 2012, p. 89), but to the suffragists, it was an acceptable form of self-sacrifice because it “served as a metaphor for the struggle for women’s political equality itself” (Schlossberg, 2012, p. 89). As Ziarek (2007) explains, these acts “exposed... in public the hidden irrational violence of the sovereign state against women’s bodies” (Ziarek, 2007, p. 100) and, thus, served to heighten women’s voices in the public domain. The more women fasted for women’s rights, the more violent men’s actions toward them became; manifesting in force-feedings (by male prison guards) and satirical cartoons produced by male journalists that tacitly eroticised women’s plight (Schlossberg, 2012). Violent responses to women’s intentional hunger eventually caught the attention of politicians and the wider public, and subsequently helped women gain some of the rights they were fighting for.

While acts of political fasting may have been effective at publicly raising awareness about women’s plight, they were also undeniably gendered acts; acts of self-harm that the public were more accustomed to seeing in women rather than men. Ambruster-Sandoval (2017) views the distinction between public reactions to male and female fasting – of women’s ‘hysterical’ fasting and men’s ‘brave’ fasting – as a patriarchal dismissal of women’s bravery. Comparing well-known male hunger strikers with the suffragettes, Ambruster-Sandoval (2017, pp. 21-22) states that: “Sands, Chavez, Gandhi, [and] even Jesus... What do these male bodies communicate – strength, valour, bravery, or courage perhaps? The gendered distinction between male and female bodies is significant because the latter are often seen as hysterical, irrational, insane, and anorexic, thus they do not typically generate much third-party support”. Ambruster-Sandoval’s (2017) assertion that the hungry female body elicits less praise than the hungry male body is an important and insightful observation. However, it also ignores the existence of other, more passive forms of voluntary food restriction that women were engaging in during this time, and the symbolic consequences these gendered acts had on women’s political potency. While struggles to obtain rights in a patriarchal society serve as a strong symbol and powerful reminder of the importance of women’s equality, one reason that women have not been as valorised for their political

efforts is precisely because of the normalisation and cultural acceptance of their physical passivity and gendered acts of self-sacrifice— in this case, through their denial of food. It is argued in this chapter that the long history of women’s intentional hunger that precedes the political agitation of English suffragists weakens the political potency of their message; a message that led to ridicule and pity rather than calls of bravery. To borrow Audre Lorde’s (1984) famous quote, hunger striking for women’s rights can be understood as a form of attempting to use the master’s tools to dismantle the master’s house. Indeed, according to Schlossberg (2012), hunger striking gained the attention of male politicians precisely because it played on infantilising and sexist notions of the “delicate, middle-class female body” (Schlossberg, 2012, p. 89) and its various sensibilities; a stereotype of womanhood that had medicalised and confined women all throughout history. While women attempted to communicate their suffering through hunger striking, and received widespread attention for their plight, their “self-lacerating form of protest” (Ellmann, 1993, p. 2) was loaded with pre-existing gendered connotations of passivity, self-sacrifice and ‘hysteria’; stereotypes of womanhood that were being pathologised at the same time that women protested for their rights.

Anorexia nervosa: Hunger as a psychological condition

While the suffragists grew hungry for equality, and fasting girls sacrificed their nourishment for fame, money and the holy spirit, some women were being pathologised for their intentional hunger. In the second half of the 19th century, physicians Ernst-Charles Lasague and Sir William Gull observed that some of their female patients engaged in what they considered to be the mysterious practice of voluntary food restriction, exhibiting symptoms of “severe weight loss [and] amenorrhea” that could not be explained by “underlying organic pathology” (Vandereycken, 2002, p. 152). In one of his famous public lectures in 1874, Gull coined the term ‘anorexia nervosa’ to describe his patients’ experiences and

separated the condition from other maladies involving self-starvation (Bemporad, 1996), including hysteria (Dittmar & Bates, 1987). Although some preliminary theories suggested physiological causes for women's behaviours (i.e., Simmonds' theory of pituitary dysfunction in women presenting with anorexic symptoms), early explanations about the causes of women's self-starvation and intentional hunger were limited.

Despite these limitations in knowledge, physicians such as Gull and Lasegue continued to look for medical reasons to explain women's behaviour, couching their theories in medical and scientific language that framed women as innately irrational and over-emotional, and therefore, more likely to engage in food restriction than men (Hepworth, 1999). Further interest in women's "prolonged inedia" (Bemporad, 1996, p. 218) was slow for several decades until psychoanalytic theories started to emerge in the 1940s, attributing anorexia nervosa in women to a 'phantasy', resulting from an unconscious fear of oral impregnation (Till, 2011). According to Till (2011), early psychoanalysts argued that women came to associate food with sexuality, and that they refused to eat as a way of rejecting their emerging sexuality. These theories, however, focused predominantly on what was happening 'inside' the minds of women, rather than on the external forces that both defined womanhood and shaped women's behaviour.

It was not until the feminist movement of the seventies, eighties and nineties, however, that criticisms emerged about the medicalisation and psychopathologisation of women's intentional hunger (Hepworth, 1999; Orbach, 2005). These criticisms – from seminal writers such as Susie Orbach, Sandra Lee Bartky, and Susan Bordo – drew explicit links between women's restrictive eating practices (and scientific/medical explanations of women's intentional hunger) and their gendered socialisation under patriarchy, paving the way for a resurgent feminist psychology movement (Bartky, 1990; Hepworth, 1999; Orbach, 2005). Key themes identified in this movement were the sociocultural and gendered factors that informed women's self-starvation practices, and criticisms of the way that women's

behaviours were explained in early medical and psychoanalytic texts. In *The Social Construction of Anorexia Nervosa*, Hepworth (1999, p. 3) highlights some of the sexist undercurrents of Enlightenment-era medical philosophies, and criticises the early theorists of anorexia (such as Gull and Lasegue) for reinforcing the idea that women's 'irrationality' could be explained through medical evaluation. Hepworth (1999) argues that "notions of anorexia nervosa accorded with dominant ideas of science, medicine and women", discourses that coalesced in the late 19th century to define men as rational and women as irrational and over-emotive beings. She identifies anorexia nervosa as a symbol of this ideology, one where ideas of femininity were used to naturalise understandings of women's behaviour and therefore, to subordinate women using the discourse of scientific progress. She argues that the search for organic causes of women's hunger failed to interrogate this existing social and historical backdrop, which ultimately served to "maintain... women's subordination" (p. 27).

Feminist psychological researchers sought to interrogate this social and historical backdrop by understanding women's psychopathologised experiences of intentional hunger through a politicised lens. In *Hunger Strike*, feminist psychotherapist Susie Orbach (2005, p. xx) explains that women's fear of food, and their experience of intentional hunger, can be understood as consequences of patriarchal socialisation. She explains that:

The woman... cannot digest the food she so desires. She cannot absorb it. She cannot let it nourish her. Her needs much be rejected. But before she can wait for rejection by the other, she disclaims the need herself so that her feelings of powerlessness are mitigated through a felt sense of agency.

As Orbach (2005) eloquently explains, women attempt to gain control over their bodies through practices of starvation because they lack control in other aspects of their lives. The rejection of her appetite – both physical and symbolic – is, thus, a direct result of a woman's powerless position in a male-dominated society.

Other feminist writers during this time interrogated patriarchy and gender norms by focusing on the association between women's restrictive food practices and the thin ideal (Bartky, 1990; Bordo, 2004; Orbach, 2005). According to Bartky (1990), women come to internalise men's sexual objectification of their bodies and, through this process, internalise a critical monologue about their appearance. More often than not, this internalised criticism refers to the weight, shape and size of one's body; a phenomenon known as internalised weight stigma (Meadows & Higgs, 2019). Bolstered by multibillion-dollar diet and beauty industries (Bordo, 2004), which capitalise on women's bodily insecurities and anxieties about food, women come to learn what the acceptable female body looks like, and alter their eating habits to ameliorate their internal distress. While the feminist psychological argument explaining women's experiences of intentional hunger was persuasive, and critically interrogated the role of patriarchy and gender norms in instantiating and reproducing sexist beliefs about women's bodies and their right to food, one criticism it has received is in relation to its focus on individual women's experiences and intrapsychic distress, at the expense of discussions looking at changing the sociocultural and structural factors that reinforce intentional hunger in the first place (Jovanovski, 2017). Nevertheless, the feminist psychological analysis of 'anorexia nervosa' as a form of intentional hunger has been one of the most powerful and persuasive critiques of patriarchy in relation to women's food restriction practices that currently exist.

From weight-loss dieting to 'wellness': Hunger as a responsible lifestyle choice

While body weight is not the only reason behind women's restrictive eating practices, it defined many women's relationships with food in the 20th and 21st centuries. Fashion and beauty trends dictating a slim physique were popularised throughout much of the 1900s in Western countries, and criticised persuasively by many feminist writers as a sign of women's physical and psychological subordination

under patriarchy (Bordo, 2004; Orbach, 2005). While the idealised female body shape has changed over the years, from the thin ‘flapper’ look of the 1920s to the current accentuated hourglass body shape made famous by the Kardashians and Instagram fitness models, the mandate of ‘thinness’, and the sexual objectification of the female body, has remained. The ‘fat’ female body has continued to be stigmatised, and been the subject of both moralising and medicalising discourses, which some writers have argued has contributed to a culture of ‘lipoliteracy’, or the process of superficially judging a person’s health on the basis of their weight, shape and size (Murray, 2008). This cultural message has, in turn, contributed to the normalisation of restrictive eating practices through the narrative of weight-loss dieting (Schilling, 2018). Despite the continuing cultural discourse of weight stigma that pervades contemporary society, narratives that are largely directed at women, messages of weight-loss dieting involving calorie-counting and compulsive scale-checking have increasingly grown out of favour (Jovanovski, 2017). Instead, these messages have gradually been replaced by the more palatable and health-oriented language of ‘wellness’, proliferating throughout social media communities that are typically frequented by women (Hanganu-Bresch, 2019). Based on these new ‘public pedagogies’ (Camacho-Minano et al., 2019), a woman’s ability to empower herself to achieve ‘good health’, which often coincides with losing weight through restrictive food practices, is important (Dubriwny, 2012; Jovanovski, 2017; Roy, 2008). As argued in this chapter, this contemporary narrative has reinforced new problematic norms of intentional hunger in women.

The rebranding of the diet industry – from one focused on calorie-counting to one focused on wellness – can be situated under the broader framework of healthism (Hanganu-Bresch, 2019; Jimenez Loaisa et al., 2019). First proposed by Crawford in the early eighties, the term healthism refers to the “preoccupation with personal health as a primary – often the primary – focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles” (1980, p. 368). According to Arguedas (2020, n.p), this preoccupation with health is

considered harmful because of its reduction of wellbeing “to a single dimension... requiring adherence to various prescriptive and proscriptive norms”. Indeed, healthism can be perceived as moralising because of its central focus on individual interventions involving lifestyle choices and behavioural changes; ultimately conforming to a neoliberal ideology (Dieterle, 2020). As Roy (2008) explains in her exploratory critical analysis on health writings in women’s magazines, these discourses are also criticised for the gendered messages they promote. In her discussion of health articles from three English and Canadian women’s magazines, she found that female readers are simultaneously positioned as being responsible for the health and wellbeing of others, and expected to be responsible for their own health in order to protect others. Gender norms associated with the attainment of ‘wellness’, thus, tend to principally frame women as carers; carers that focus on their own wellbeing only in relation to others.

Increasingly, however, discourses of healthism have taken on a markedly postfeminist ethic (Camacho-Minano et al., 2019). According to Camacho-Minano et al (2019, p. 661), postfeminist biopedagogies – or problematic, gender-conforming discourses that “compel girls to work on their bodies and their minds toward a constant improvement of the self” – are disseminated via social media platforms and framed as empowering choices for women; choices that ultimately “reproduce the normative feminine body in restricted and disempowering ways” (p. 661). Through the gendered and neoliberal lens of healthism, new forms of restrictive eating practices have been reinforced in women. In the last decade, ‘clean eating’, for example, has taken over the world of Instagram, and spearheaded a movement of often female social media influencers who “appear empowered and in control, representing the pinnacle of morality, righteousness, and success” (Irvine, 2016, n.p). Defined as the process of increasingly cutting out foods from one’s diet that are considered ‘unhealthy’ (e.g., contain salt, sugar, fat and/or artificial preservatives), clean eating messages have been specifically directed at women via social media platforms (Camacho-Minano et al., 2019) and have been subsumed within a medical narrative (Allen et al., 2018), despite containing much of the same moralising discourses that

once defined the weight-loss diet industry (Hanganu-Bresch, 2019). While little is known about clean eating as it is a relatively new social phenomenon, some have drawn a link between its key features and the intentional hunger experienced by women diagnosed with eating disorders. As Hanganu-Bresch (2019, p. 1) explains, “whereas the ‘classic’ eating disorders such as anorexia and bulimia have established historical precedents and have been thoroughly examined by critical feminist theory and sociologists of medicine, a pathological obsession with the healthfulness of food has not been previously recorded”.

Increasingly, there have been signs to suggest that clean eating discourses contain the same self-restricting gendered narratives that have come to define ‘eating disorders’ for over five decades. As Irvine (2016, n.p.) explains, Instagram fitness messages that reinforce clean eating often rely on body-policing slogans such as “eat clean, get lean” to “encourage women to make the right choices”. From this perspective, many women are:

Caught in a balancing act trying to manage conflicting ideals of femininity.
Often holding themselves accountable to dominant images of ‘fit’ and ‘healthy’
women that are disproportionately white, slender, middle-class, and
(hetero)sexually desirable, while simultaneously being encouraged to be a
‘strong’, ‘empowered’, and active consumer (Irvine, 2016, n.p).

By focusing on the way that corporations, health promotion campaigns, and individuals (especially those with high profile social media platforms) reinforce women’s intentional hunger under the guise of ‘wellness’ in the 21st century, those involved in the WHM should work to counteract these discourses with resistant narratives using both feminist messaging critical of gender norms and narratives of health that promote non-judgemental eating and exercise practices.

Visibilising women's intentional hunger: A feminist research agenda for the WHM

Looking back at women's food restriction practices throughout Western history, it becomes clear that intentional hunger can be characterised by a number of gendered factors that ultimately reinforce regressive stereotypes of what it means to be a woman in relation to food. Understanding women's experiences of intentional hunger from a feminist sociological perspective focused on gender norms – norms that are driven by a patriarchal system of power – is a significant and important contribution to the field of women's health. Indeed, how we understand women's intentional hunger shapes how we tackle it in the 21st century. For much of the time, hunger is merely thought of as a physiological state. As Sharman Russell (2005, p. 26) explains, "to be hungry is to be uncomfortable, and most of us experience hunger in the same way we experience pain, as a signal to do something". However, as this chapter has attempted to demonstrate, hunger is more than just a visceral or embodied experience; it is also a social one (Boyce, 2012; Russell, 2005). As Ellmann (1993, p. 3) explains, hunger is, "a form of speech, and speech is necessarily a dialogue whose meanings do not end with the intention of the speaker but depend upon the understanding of the interlocutor". Women's experiences of intentional hunger, thus, depend on the audiences witnessing their hunger or, indeed, whether anybody is witnessing it at all. As explained earlier in the chapter, the WHM have not yet played a dominant role in identifying intentional hunger as a gendered phenomenon, or tackling it as part of their broader agenda. In this part of the chapter, contemporary methods are suggested for WHM researchers and activists to visibilise and challenge narratives of women's intentional hunger using feminist theory. Specifically, a research agenda is offered for those working in the field of women's health regarding how to address intentional hunger in future health-related initiatives.

1. Recognise women's intentional hunger as a gendered phenomenon requiring gender-transformative health promotion

When women's health researchers and advocates talk about women's food restriction practices – and by extension, their intentional hunger – it is important that they identify these experiences as harmful gendered acts. As explained in this chapter, norms and stereotypes that normalise food restriction practices in women, such as those that paint women unquestionably as body-policing subjects (i.e., weight-loss diet messages) or other-oriented carers (i.e., food is for others), contribute to women's broader social and health inequalities. Rather than seeing these gendered norms and stereotypes as separate, fragmented messages, it is useful to consider them as part of an overarching framework of patriarchal socialisation; one that controls and limits women's relationships with food and their bodies.

In order to dismantle these cultural messages of restrictive eating, women's health researchers and advocates need to explicitly foreground harmful gender norms, and avoid reinforcing them in their health promotion content. This will require a radical transformation (or even abolition) of gender roles, norms and relations. Researchers Ann Pederson, Lorraine Greaves and Nancy Poole advocate for a gender-transformative model of health promotion, one that encourages women's health researchers and advocates to create health content that both problematises and avoids gendered norms and stereotypes (Pederson et al., 2014). Under the gender-transformative model of health promotion, health promotion experts design interventions in “women-centred [ways], embrac[ing] harm reduction principles, build[ing] on women's strengths and be[ing] explicitly equity-oriented” (p. 144). While the gender-transformative model of health promotion has not yet been used to address restrictive eating practices in women, it has been used extensively to address smoking and substance use in women, and acknowledges intersecting oppressions that women face. This approach would be a beneficial way of both challenging gender norms around women's intentional hunger, resisting the promotion of sexually objectifying and weight-stigmatising portrayals of women's bodies (Jovanovski, 2017, 2018; Murray,

2008), and developing new, strength-based messages of health and wellbeing for women in relation to food and their bodies.

2. Shift one's focus from a weight-centric to weight-neutral paradigm

The main driver of women's food restriction practices and intentional hunger in the 21st century is weight-loss, which is increasingly being couched in discourses of 'wellness' (Bombak et al., 2019; Schilling, 2018; Turner, 2019). The health content produced, and advice dispensed, by those working in the WHM must be responsible and recognise the high recidivism rates of weight-loss dieting and the physical and psychological harms of engaging in prolonged dieting behaviours. This means shifting the focus of health messages from a 'weight-centric' to a 'weight-neutral' approach (Tylka et al., 2014). According to Tylka et al (2014, p. 2), the weight-normative (or 'weight-centric') approach "rests on the assumption that weight and disease are related in a linear fashion... [and that] personal responsibility for "healthy lifestyle choices" and the maintenance of "healthy weights"" are important. Some researchers have argued that, due to the focus on weight loss as a health goal, there is some risk in promoting weight-stigmatising advice (Schilling, 2018). This is a particular problem in the context of current norms of intentional hunger, which reinforce 'lifestyle choices' and narratives of 'wellness' to female audiences and, implicitly, promote weight-focused eating behaviours. Approaches to health that do not focus on weight as a marker of wellbeing are increasingly being recommended by researchers (Bombak et al., 2019; Schilling, 2018).

The weight-neutral (or 'weight-inclusive') approach, which is seen as a useful alternative to the weight-normative approach, "rests on the assumption that everybody is capable of achieving health and well-being independent of weight [and] given access to nonstigmatising health care" (Tylka et al., 2014, p. 6). Rather than focusing on the reduction of weight to achieve health, the weight-neutral approach

focuses on “eating nutritious food when hungry, ceasing to eat when full, and engag[ing] in pleasurable (and thus more sustainable) exercise” (p. 6). For this reason, it is considered a conservative approach, reducing the risk of promoting harmful weight-loss dieting messages and body dissatisfaction in women (Bombak et al., 2019). Addressing women’s restrictive relationships with food – and the cultural normalisation of their intentional hunger – will thus require a paradigm shift to a weight-neutral approach by public health experts, women’s health researchers and advocates.

3. Reframe individualised narratives of self-care into acts of feminist resistance

While adopting a weight-neutral paradigm encourages self-care behaviours through intuitive eating and enjoyable exercise, fostering messages of self-care from a feminist, rather than individualist (or health-oriented), perspective are also essential. As discussed throughout the chapter, understanding women’s intentional hunger throughout different periods of Western history requires an awareness of the role that patriarchy has in reinforcing the normalisation of women’s intentional hunger, and in distancing women from their bodies and their own pleasures. Rather than understanding intentional hunger as an individual problem, it is important for WHM researchers and activists to discuss it as a sociocultural one that spans hundreds of years of Western civilisation. Self-care, from this perspective, is more than simply asking women to engage in healthy behaviours as responsible individuals, but rather, requires fostering an awareness that caring for oneself is a feminist act of rebellion; one that ultimately strengthens female solidarity, builds a community of care, and dismantles patriarchy. As radical feminist writer Audre Lorde (1988, p. 132) once described in relation to her feminist ethics of self-care: “caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare”. Conceptualising self-care – through the consumption of food and the nourishing of the body – from a feminist perspective is one way. As Naomi Wolf (1990, p. 187) famously declared in *The Beauty Myth*,

“dieting is the most potent political sedative in women’s history; a quietly made population is a tractable one”. Strengthening women’s political potential as a class and further building on existing communities of resistance – through the promotion of self-care around food and eating – is an important goal for the WHM in the 21st century.

4. Get organised through feminist consciousness-raising

As outlined in this chapter, feminist acts of resistance were sometimes marred by gender norms that valorised food restriction in women (e.g., hunger striking). In an effort to counteract messages of intentional hunger from a gender-transformative and feminist perspective, WHM scholars and activists must contribute to producing and encouraging physical spaces where women can share their experiences of diet culture, which will in turn, help them identify and dismantle the patriarchal industries and structures responsible. The WHM must play an active part in subverting Ellmann’s (1993, p. 2) famous quote about eating disorders – “women get ill instead of getting organised” – helping women to get organised instead of getting ill.

The Western feminist movement of the sixties and seventies gained momentum due to the grassroots organising of women in hundreds of small groups, called consciousness-raising groups. Women’s liberation movement activist and founder of New York Radical Women, Pamela Allen (1970), describes consciousness-raising groups as physical spaces where women could be free to interrogate all gendered aspects of their lives with other women. Based on her own feminist consciousness-raising experiences, she outlines four group processes that help women “become autonomous in thought and behaviour” (p. 272). These processes include: Opening Up, Listening, Analysing, and Abstracting. The first two steps of the consciousness-raising process, opening up and listening, involve sharing one’s own, and listening to other women’s, experiences of misogyny. This process enables women to understand

that their oppression is a shared experience, and in the context of dismantling diet culture, allows women to have a free space to discuss their history of food restriction as a shared female history. Once women have spoken about their concerns and found commonalities with other women, they are required to engage in a process of analysis and abstraction, where they identify the root causes of their oppression and devise strategies to challenge (or overthrow) their oppressors. In the context of challenging the normalisation of women's restrictive eating practices, those participating in consciousness-raising would identify a series of oppressive structures, institutions and systems, and devise tangible strategies to dismantle them. An important note to add here is that feminists such as Allen (1970) emphasise that consciousness-raising groups should not function as group therapy sessions, but rather, focus on politicising one's pain and finding ways to challenge one's oppressors. The creation of face-to-face consciousness-raising sessions, outside of the diet-infused culture of social media, may prove to be beneficial in pushing back against the normalisation of women's hunger.

Conclusion

This chapter has called for the visibility of women's food restriction practices and their intentional hunger in the WHM. Examples of women's practices of food restriction throughout Western history from a feminist sociological perspective were discussed, highlighting the ways in which patriarchy has operated through the reinforcement of gender norms and stereotypes that paint food restriction in women as a sign of virtue, political strength, and health. The feminist research agenda presented in this chapter, which looks at adopting a weight-neutral, and feminist movement-building approach, aims to start a conversation between WHM activists and scholars that challenges the cultural normalisation of women's hunger. The ultimate goal for creating these agenda items is for the WHM to be a responsible,

listening audience to women's intentional hunger, giving meaning to their suffering and finding ways – in collaboration with women collectively – to ameliorate it.

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