You are NOT what you eat.

WSGS | FEMINIST LECTURE SERIES 2024
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About me

- Registered dietitian nutritionist - experience in clinical settings, fitness settings, and community settings

- Part of the Wellness Center team @ LSC (also virtual options)
  - nutrition appointments (one on one counseling)
  - staff advisor
  - ad-hoc programming

- Nutrition Philosophy:
  - Health at Every Size aligned
  - Intuitive Eating aligned
  - Practice with an “all foods fit” lens

Alexa Ross, MS, RDN, LDN

adequacy  variety  balance
Agenda

- Objectives
- Self-reflection questions
- Definitions
- History of dieting/diet culture
- Body mass index
- Introduction to Health at Every Size (HAES); Intuitive Eating; Anti-Diet perspectives
- Action opportunities
- Recommended resources/References
Objectives

After attending today’s lecture, attendees should be able to:

- Summarize weight stigma/bias, diet culture and HAES framework
- Examine dieting history as it relates to present day trends and norms
- Cultivate curiosity around own beliefs about food and bodies and begin taking action steps when applicable
Reflection questions

Do you refer to foods as “good” or “bad”, “clean” or “junk”? If so, what are some examples? Where did you learn these food labels?

Have you felt badly or guilty for eating a food? Why?

Are there any health conditions (or risks) you associate with body size/weight?
What is your personal experience in attempting to change your weight? Does your personal experience influence your attitudes toward people who are fatter than you?

Do you compliment others' weight loss? Why or why not?

How do you feel when you say the word "fat?" What, if anything, does that word bring up for you?

Questions selected from You Just Need to Lose Weight and 19 Other Myths About Fat People by Aubrey Gordon
Definitions/Context

- **Weight stigma** - beliefs about body size; a form of discrimination based on a person’s body size/weight
  - ex. belief that a smaller body is better than a larger body

- **Weight bias** - action of treating people differently based on beliefs of body size/weight
  - Rooted in racism and anti-Blackness (more to come later on this and resources/recommended reads)

- How bias shows up - forms of harm (external, internal, structural, systemic, etc.)
  - Considerations of research (aka how we arrived at medicine’s best practices)
    - who are the participants? who does this leave out?
      - ex. medication efficacy based on weight-dosages
Definitions/Context

- **Diet culture** - “The system of beliefs that equates thinness, muscularity, and particular body shapes with health and moral virtue; promotes weight loss and body reshaping as a means of attaining higher status; demonizes certain foods and food groups while elevating others....” - Christy Harrison, MPH, RD, in her book “Anti-Diet”

- Where and how does this show up?
  - labeling foods - good/bad/clean/junk
  - body size in movies/TV shows - which character roles do fatter or larger bodies play?
  - products/foods being marketed for weight loss/cleanses/detoxes for “wellness” or as “super foods”
  - natural reaction to compliment people’s weight loss
  - natural reaction to justify eating certain foods
Diet Culture

TikTok

Netflix

Instagram

YouTube

Facebook
Diet Culture
3150 B.C.

“Ancient World” Larger bodies were symbols of fertility, divinity, status, and prestige (Venus of Willendorf)
Brief Diet Culture History

3150 B.C.  ~1200-9 B.C.

Ancient Greece and Rome: Food seen as fuel; ideas that overindulgence is a moral failing.

*Contradiction from Hippocrates writings “in all maladies those who are fat about the belly do best.”
Brief Diet Culture History

Fall of Ancient Rome: Fat as a notion of something needing to be cured went underground for a while

3150 B.C.  ~1200-9 B.C.  753 B.C.
Brief Diet Culture History

3150 B.C.  

~1200-9 B.C.  

1300-1600s

Renaissance Period: Ideas that larger bodies indicated wealth, morality, status, prestige
Brief Diet Culture History

Moralization of foods and Western History:
Christopher Columbus & Spanish Colonizers - ideas that Europeans were eating the “right foods” to protect them. Quick to blame indigenous foods when sickness struck.

3150 B.C. ~1200-9 B.C. 753 B.C. End of 1400s

Early ideas of “good” and “bad” foods. Ideas of “you are what you eat” and physical transformation arise.
Brief Diet Culture History

- 3150 B.C.
- ~1200-9 B.C.
- 753 B.C.
- End of 1400s
- 1789-1820s

American Industrial Revolution:
Ready made clothing for the first time (clothing sizes) highlighting body sizes/shapes

Lord Byron: First diet “influencer” (Vinegar diet - eating minimally; drenching everything with vinegar)
Brief Diet Culture History

3150 B.C.  ~1200-9 B.C.  End of 1400s  1789-1820s  1830s

Sylvester Graham:
Ideas that eating spices, meats, sugar, caffeine, alcohol, yeasted breads lead to indigestion, illness, and sexual excess.

“Gluttony and not starvation is the greatest of all causes of evil”

Claimed that cutting out foods healed him - essentially creating a weight loss diet and first recorded group of individuals weighing selves.
Brief Diet Culture History

- **3150 B.C.**
- **~1200-9 B.C.**
- **753 B.C.**
- **End of 1400s**
- **1830s**
- **1850s-1900s**

- **Urbanization:**
  - Increased food production
  - Increased immigration
  - White middle class seeking ways to maintain dominant position

- **Theories around race and evolution start:**
  - Categorizing people into hierarchies based on who is “civil” and “evolved”
  - Ideas that fatness = savagery = blackness
Brief Diet Culture History

- 3150 B.C.
- ~1200-9 B.C.
- End of 1400s
- 753 B.C.
- 1830s
- 1850s-1900s
- 1900s - Present day

Modernization:
Thinness = more “evolved”
Implications on gender (larger bodies seen as less masculine/more feminine)

Body trends change decade to decade
Body Mass Index (BMI) - let’s talk about it

- Ratio of height to weight (kg/m²)
- Categorizes people into “underweight”, "normal", "overweight", "obesity class I", "obesity class II" and "obesity class III"
- Quick tool used by many healthcare providers - used as a “proxy” to determine health outcomes/risks
- Several issues with using this “tool”...
Body Mass Index (BMI)

- Developed in 1830s by Belgian polymath Adolphe Quetelet to test laws of probability on the human population level *nothing to do with health or medicine*
  - Created using white, European population only
    - Data was all self reported
  - Looking to identify "the average man" – on a population level
  - Created by someone who was NOT a physician

- Weight was not used as a measure of health until late 19th century
  - BMI tables started to be used by insurance companies to determine what to charge policy holders (think about who was getting life insurance; which groups of people?)
Body Mass Index (BMI)

- There is correlation between higher BMI & negative health outcomes – lots of research to support this – but the question to be asking is why?
  - Correlation does not equal causation* thus we cannot say that larger bodies cause negative health
    - Must control for confounding variables, such as weight stigma (this is hard to do!)
    - Weight stigma = increased stress on all systems of the body (referred to as allostatic load)
- Allostatic load has been shown to be a more robust marker of health outcomes than BMI
  - Having a high allostatic load is not exclusive to larger bodies/higher BMIs
- Researchers have found that weight stigma has a greater risk on health than diet
Racial Origins of Weight Stigma

- Innate racism of BMI - data was only collected on white, European people
  - Much weight/BMI and health research is not diverse

- **Sabrina Strings** - literature findings that suggest fat phobia did not originate from medical findings but from beliefs that fatness was evidence of “savagery” and racial inferiority
  - Mid-18th century French philosophers arguing ideas that Africans were ‘senulists’ - loving sex and loving food - and for these reasons they are too fat vs. Europeans who have ‘self control’
  - Using body size to validate race, class, and gender prejudice
Intersectionality

**definition:** interconnected nature of social categorizations (race, class, gender, etc.) which creates overlapping and interdependent system(s) of discrimination and disadvantage

Thinking about how this affects marginalized groups through the lens of diet culture, the origins, medical practices/research practices, and health outcomes
You are NOT what you eat

- So much information out there
  - CDC, NIH, Influencers - some bad actors

- Nutritional sciences are not perfect (nor is any science for that matter) and are ever changing
  - Calories in vs. calories out - debunked!
  - Set Point Theory - more support for this
    - Some researchers have predicted that ~70% of your weight is based on genetics
  - Dieting is the number one predictor of weight gain - (protection)
  - The body is hard wired to survive - the body will “make up for missed calories”
So where does that leave us?

- Intuitive Eating – 10 principle framework for eating that focuses on hunger cues, fullness cues, satisfaction, and honoring what your body is asking for
- Food = neutral & food is NOT the enemy
- Re-learning and repairing foods/food experiences
- Nutrition is a long game and there is no right or wrong way to eat
  - Start asking yourself “what does my body need? what food sounds good?”
  - Add do not restrict
  - Allowing gray space to exist

- Food is unavoidable – we need it to survive
  - food as more than calories/fuel/points/macronutrients
Health at Every Size (HAES)

- A framework for healthcare that is not weight-centric but rather takes a more holistic, weight inclusive approach to treating patients of all body shapes and sizes
  - Focuses on weight inclusivity, eating for well-being, movement that is life enhancing, and providing respectful care
- Haeshealthsheets.com - resources & research bank
- Association of Size Diversity and Health
- Starts with understanding, acknowledging, and unlearning our own biases about weight
Does this information change your understanding of dieting and weight loss? If so, how?

Does this change your understanding of body sizes?

Are there outdated or inaccurate ideas about fatness/fat people/weight loss that you need to abandon? What could you do to uproot those beliefs and behaviors they may foster?

Interrupt unsolicited health/weight loss advice when you see it or hear it. Practice ahead of time to feel more comfortable.

Notice if you comment on people’s bodies and stop. Focus on complimenting other characteristics or size-neutral affirmations.

Assess your own biases and confront them.

Practice hearing and saying the word fat neutrally. Our language needs to reflect the neutrality of body size.

Seek out and lift up voices of those that have been marginalized so we can learn from them.

Adapted from You Just Need to Lose Weight and 19 Other Myths About Fat People by Aubrey Gordon
# Recommended Resources

## Books
- *Fearing the Black Body* by Sabrina Strings
- *Belly of the Beast* by Da'Shaun L. Harrison
- *You Just Need to Lose Weight* by Aubrey Gordon
- *What We Don’t Talk About When We Talk About Fat* by Aubrey Gordon
- *Intuitive Eating* by Evelyn Tribole & Elyse Resch
- *The Intuitive Eating Workbook* by Evelyn Tribole & Elyse Resch
- *Anti-Diet* by Christy Harrison
- *Wellness Trap* by Christy Harrison

## Podcasts (Spotify & Apple)
- Maintenance Phase
- Food Psych
- Intuitively You
- Rethinking Wellness
- Wellness Check Podcast
- What the Actual Fork

## Websites & More
- HAES Health Sheets - (peer reviewed articles galore!)
- Regan Chastain’s Weight and Healthcare Newsletter
- Association for Size Diversity and Health (ASDAH)
- List of Weight Neutral Providers by state
  http://tinyurl.com/mrxzedn8
References


References


Nutrition appointments at the Wellness Center (book online or call dial-a-nurse 773-508-8883)

- Email: aross15@luc.edu
- Instagram: @loyolawellnesscenter
- Nutrition Resource Page