


# DIET CULTURE AND DISABILITY

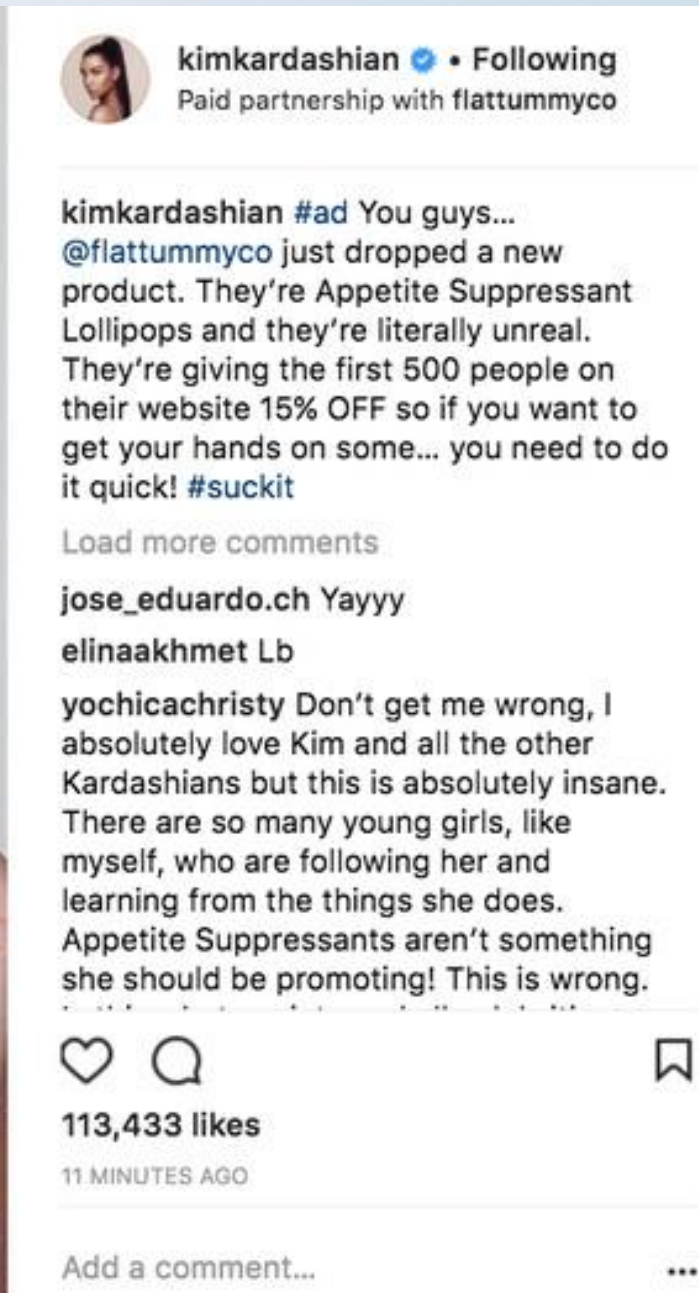
**Erica Mones, Master of Arts in Disability Studies**



# WHAT IS DIET CULTURE?

- According to the Butterfly Foundation, “diet culture refers to a set of ever-changing myths about food and bodies, promoting the idea that one’s body weight automatically equals health and that foods can be simplistically categorised as ‘good’ and ‘bad’. It also comprises a moral hierarchy of bodies that preferences the thin-ideal while masking a fear of fat”
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# WHERE IS DIET CULTURE?



- Everywhere! It permeates our schools (through nutrition education and school lunch discourses), our media, our everyday lives, and even centers for independent living.
- With Halloween around the corner, you may see social media posts about how much you need to exercise in order to “burn off” different types of candy.

# FATPHOBIA & THE THIN IDEAL

- Our fear and disgust of fat bodies has roots in racism.
- Any system that pathologizes bodies/minds also entails ableism.
- Fatphobia arose in the 1800s when white intellectuals characterized black people as “lazy” and “gluttonous” driven by material pursuits instead of pursuits of the mind.
- In contrast white people were expected to be thin to reflect “discipline.”



*FEARING THE*  
**BLACK  
BODY**

The Racial Origins of Fat Phobia


SABRINA STRINGS

# DIET CULTURE IN THE DISABLED COMMUNITY.

- According to registered dietitian Carrie Dennett, “Diet culture supports interpretations of personal health choices as moral character — it’s not just about weight loss. Diet culture does not support the value of all bodies, and diet culture does not exist in a vacuum. Closely related to diet culture is fitness culture, which, not surprisingly, is also healthist and ableist, sending subtle or not-so-subtle messages that exercise should be used to “overcome” or avoid disability, because disabled bodies have less value.”



# DISABILITY & DIET CULTURE

- Belief that diets can prevent or cure chronic illnesses.
  - Diet culture uplifts certain bodies and stigmatizes others. Disabled bodies get stigmatized.
    - Linking mobility with weight
      - “Move it or lose it”
  - Pressure to be small to make transfers easier or make it easier for others to push your chair.
    - With visible disabilities, people cannot attain conventional beauty/attractiveness standards.
      - “Pee math” is a real phenomenon.
  - If a person feels they have no control over their body or life, they may try to control their body by restricting food.
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# BODY IMAGE & DISABILITY



- While disabled people are often excluded from research on body image and eating disorders, the research that exists shows disability (especially visible disability) increases the risk of body dissatisfaction, disordered habits around food and exercise, and the development of eating disorders.
- Disabled bodies are medicalized and objectified in ways that look different than the objectification of other bodies.


# MY STORY



- In second grade, physical therapist tried to put me on a low-carb diet
  - Developed an eating disorder at 14 (anorexia)
    - Developed bulimia at 16
    - Wasn't diagnosed until I was 18
  - Went to treatment and was the only patient with a visible disability
- My disability and internalized ableism played a significant role in the development of my eating disorders




# KINDS OF EATING DISORDERS

- Anorexia nervosa
    - Bulimia nervosa
    - Binge eating disorder
  - OSFED (other specified feeding or eating disorder)
  - ARFID (avoidant/restrictive food intake disorder)
    - Pica
    - Diabulimia
  - Orthorexia nervosa
- 



# FACTS ABOUT EATING DISORDERS

- Someone dies every hour as a direct result of an eating disorder.
  - Less than 6% of people with eating disorders are clinically underweight.
    - Fewer than half of all adults with anorexia or bulimia achieve full recovery.
      - On average, full recovery takes 7 years.
  - More than  $\frac{1}{3}$  of all patients diagnosed with anorexia or bulimia relapse within the first few years of treatment.
    - Behavior swapping is common in people trying to recover.
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# SIGNS OF EATING DISORDERS

Using the  
bathroom after  
meals

Preoccupation  
with food and  
body

Excessive  
exercise

Cuts/callouses on  
hands known as  
Russell's sign

disappearing  
food  
dental issues

Laxative/diuretic  
abuse

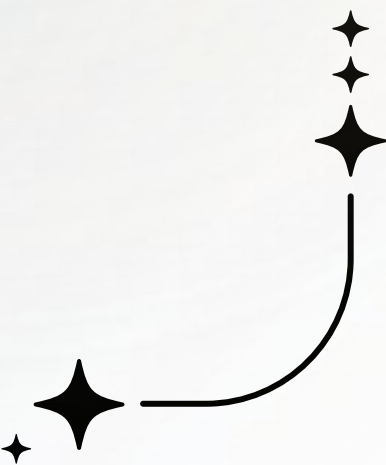
Electrolyte  
imbalances

Lying about food

Agitation around  
mealtimes

Obsessing over nutritional  
content of food

Frequent excuses  
for  
skipping meals



# EATING DISORDERS CAN BE FATAL

01

Suicide is the second leading cause of death in people with anorexia and a leading cause of death in those with bulimia.

02

Other causes of death include cardiovascular issues. Self-induced vomiting can cause esophageal rupture, which if untreated, is fatal.

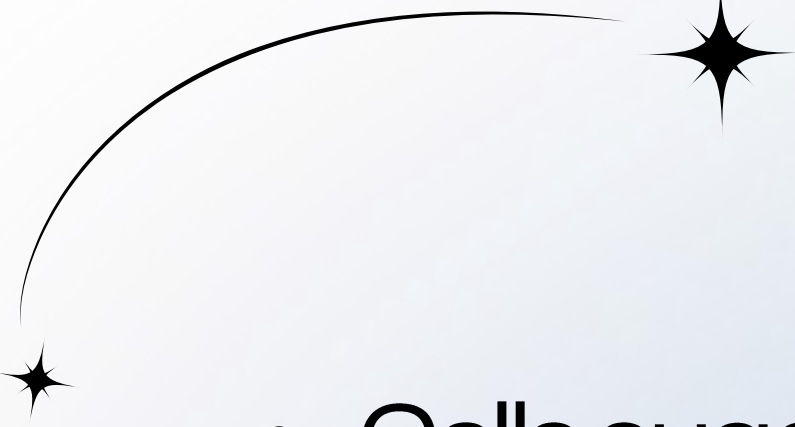
03

Severe hypoglycemia is another leading cause of death in people with eating disorders.


# THE MEDICAL SYSTEM

Doctors will often “prescribe” weight loss and diets without looking at the whole picture or specifying what they want the patient to do. They may say “exercise more” without further clarification.

Doctors assume anyone who does not fit the stereotype of someone with an eating disorder can't develop one. This leads to misdiagnosis and lack of support. Studies indicate that the longer a person has an eating disorder, the less likely they are to achieve full recovery.



# HOW OUR CURRENT CURRICULA CATEGORIZES FOOD

- Calls sugar, fat, and salt “extras.” This can contribute to fear around certain foods.
  - One of the most common causes of death in patients with anorexia is hypoglycemia or low blood sugar.
  - If one’s sodium drops too low, they can have seizures or go into cardiac arrest.
  - We currently do not have any programming around body image.
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# WHAT FOOD NEUTRALITY IS/IS NOT



- A way of looking at food without judgment.
- A way to categorize food through taste, texture, sight, and smell.
  - It still promotes balance.
- It reminds us that different cultures have different traditions around food, and that's okay.

- It is NOT suggesting that all foods have the same nutrients.
- It is NOT encouraging people to only eat potato chips and never broccoli.



# HOW YOU CAN HELP

- Listen to your consumers. Eating disorders thrive in isolation and secrecy.
  - Find resources.
- Eating disorder therapists are also hard to find, but you can help your consumers find someone.
- Medicaid only covers dietitian appointments for people with diabetes (but Project Heal is a nonprofit that provides treatment “scholarships”).
  - Some dietitians offer a sliding scale for those on Medicaid or who are low-income.
  - Don’t make insensitive comments like “I wish I had that problem!” (You don’t).
    - Fight against diet culture and push for food neutral messaging.

# HOW WE TALK ABOUT FOOD MATTERS

*Shift your food language away from diet culture...*

## WORDS TO SKIP:

healthy/unhealthy  
good/bad  
clean  
skinny  
guilt-free  
junk  
empty calories  
naughty

## WORDS TO USE:

nourishing  
energizing  
satisfying  
energy-providing  
nutrient-dense/rich  
delicious  
joy-bringing  
fun

Maria Adams, MS, MPH, RDN  
[halsanutrition.com](http://halsanutrition.com)



## Food Descriptors

### "good"

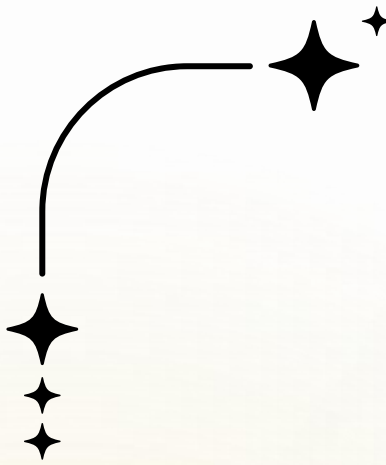
HEALTHY  
NUTRITIOUS  
CLEAN  
GUILT-FREE  
DETOX  
RAW  
WILLPOWER

### "bad"

JUNK FOOD  
CHEAT DAY  
STUFFED  
"TREAT YOURSELF"  
INDULGENT  
PROCESSED  
A "SOMETIMES" FOOD

### neutral

TASTY  
SATISFYING  
FLAVORFUL  
TEXTURED  
CRUNCHY  
CHEWY  
SIZZLING



# WORDS AND PHRASES TO AVOID

“Good/Bad”  
foods

“Junk” food

“You don’t look  
sick.”

“I wish I had that  
problem.”

“Just eat/don’t  
throw  
up/don’t  
binge.”

“Why do you even eat if  
you’re just going to throw  
it up?”

“Clean eating”



# WHEN IN DOUBT, KEEP BODY COMMENTS TO YOURSELF

01

I had a consumer who lost weight after not being able to eat due to severe health issues. All of her doctors and providers praised her weight loss.

02

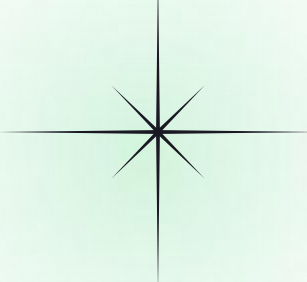
When you praise weight loss that resulted from unhealthy means (whether intentional or from a physical illness), we are telling people they look "better" when they are sick.

03


We can choose to opt out of this strange cultural phenomenon and make our consumers feel valuable as they are.

# A PROPOSAL FOR CTIS.

- Update curricula to be safer for people at risk for or struggling with eating disorders by updating language to reflect food neutrality, remove food and calorie tracking exercises.
  - Focus more on adding nutrients than cutting out food.
- If the center has the funds or connections, bring in a registered dietitian who has knowledge of eating disorder prevention.
- Develop body image curriculum or have open conversations about body image.




WHY WE  
SHOULD  
EMBRACE  
FOOD  
NEUTRALITY AT  
CIIS



- Eating disorders are prevalent in the disability community.
- We likely cannot prevent eating disorders, but we can lower the risk of development and reduce triggers for those in recovery.
- If moralizing food worked, we would all eat what is socially considered “healthy” all the time.
- Some people with intellectual disabilities think concretely. “Good/bad” food dichotomies remove nuanced realities.



# RESOURCES & FURTHER READING/WATCHING

- [What Is Food Neutrality? And Why It Matters for Kids | Beecher's Foundation](#)
    - [Disabilities and Eating Disorders and Their Connection](#)
  - [Special Olympics Washington Eating Disorders and Body Image in the IDD Community – Special Olympics Washington](#)
    - Webinar: Eating Disorders in Women with Physical Disabilities, The NEDIC, YouTube
  - <https://cripplemedia.com/disabled-women-continue-to-be-the-most-forgotten-in-conversations-about-eating-disorders/>
    - <https://nutritionbycarrie.com/2022/09/diet-culture-ableism.html>
    - <https://butterfly.org.au/diet-culture-101/>
  - <https://www.allianceforeatingdisorders.com/what-exactly-is-diabulimia/>
  - Course 3: Barriers When it Comes to Food Equity, Kelly's-Kitchen, YouTube
    - Body Image and Self-Love, University of Michigan-Dearborn, YouTube
      - Body Happy Kids, Molly Forbes
- 



# RESOURCES CONTINUED

- [https://www.researchgate.net/publication/322112317\\_'Move\\_it\\_or\\_lose\\_it'\\_perceptions\\_of\\_the\\_impact\\_of\\_physical\\_activity\\_on\\_multiple\\_sclerosis\\_symptoms\\_relapse\\_and\\_disability\\_identity](https://www.researchgate.net/publication/322112317_'Move_it_or_lose_it'_perceptions_of_the_impact_of_physical_activity_on_multiple_sclerosis_symptoms_relapse_and_disability_identity)
- <https://www.connectability.org.au/promoting-positive-body-image-for-individuals-with-disabilities/>
  - <https://newmobility.com/battle-of-body-image/>
    - <https://www.katygaston.com/blog-2/food-neutrality-food-noise>
    - <https://www.abilities.com/2020/12/07/eating-disorder-recovery>
    - Fearing the Black Body: the racial origins of fat phobia, Sabrina Strings
    - Disability Justice in Eating Disorder Treatments, Longmore Institute, YouTube
  - Food Psych Podcast with Christy Harrison, episode 148, Disability and Diet Culture with Rebekah Taussig, Disability Rights Advocate and Writer
  - Find Your Food Voice Podcast with Julie Duffy Dillon, episode 214, How Does Food Insecurity and Disability Affect Food Peace? (with Veronica Garnett)
  - Food Psych Podcast with Christy Harrison, episode 109, Body Acceptance and Disability with Anna Sweeney