EATING AS A SELF-SHAPING ACTIVITY

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ABSTRACT

My dissertation offers a new account of eating as a self-shaping activity. I argue that the ways we understand and practice eating shape our agency, affects, capacities, values, temporality, and other important aspects of the self. Moreover, eating can shape the self in good or bad ways. To develop this account, I analyze and critique the view that good eating is healthy eating, and good eaters eat for health above all else. I contend that current bioethical critiques of such ‘healthism’ do not account for the self-shaping effects of eating and so lack a complete analysis of healthism’s ethical import. Through an extended critique of diet research on eating disorders and vegetarianism, I also show how understanding eating as a self-shaping activity helps us make ethically-informed choices about how to understand and characterize eating. This work draws attention to overlooked aspects of the ethical importance of eating, and develops conceptual tools for analyzing the effects of eating on the self that can be deployed in a variety of contexts including food ethics, clinical ethics, diet research, and public conversations about eating.
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Chapter One: Introduction and Healthism about Eating

This dissertation argues that eating is a self-shaping activity. By “self-shaping” I do not mean that eating is simply a way to change or maintain the shape of our bodies. While it is true that eating has some causal relationship to body weight—albeit a more complex relation than is generally acknowledged—eating shapes much more than that. I contend that our understandings of eating and eaters along with our practices of eating constitute, reinforce, and undermine important aspects of the self, including agency, capacities, values, affects, temporality, and self-understandings. Moreover, eating not only shapes selves, but can shape selves in good or bad, better or worse ways. For example, eating may damage and constrain agency, cultivate anxiety, self-absorption, and an overwhelming feeling of failure. It may also support and enable agency, cultivate calm, an attentiveness to the wellbeing of others, and an openness to food pleasures. Therefore, the way that eating shapes selves is an important normative feature of eating.

It is clear that eating is ethically important for many reasons: food production and consumption can harm the environment, workers, or non-human animals; eating and food choice can be an expression of freedom, agency, or identity; eating can contribute to health or undermine it; it can constitute, reinforce, or undermine cultural and social connections; and it may offer valuable aesthetic experiences. But eating is also ethically important because it shapes the self. For this reason, it is a problem that most philosophical work on food and eating, and specifically work within the subdiscipline of food ethics, fails to acknowledge the ways eating can shape the self. Traditionally, much of the work within philosophical food ethics focuses on the effects or implications of certain foods, diets, and food systems on and for the environment,

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1 Substantial parts of Chapter Two have been previously published in “Eating Identities, “Unhealthy” Eaters, and Damaged Agency,” in Feminist Philosophy Quarterly (Dean 2018) under a CC 4.0 License.
non-human animals, and food workers and producers (Barnhill, Budolfson, and Doggett 2018; Kaplan 2017; P. B. Thompson 2016). At the intersection of public health and food ethics, the literature tends to focus on the challenges of respecting individual autonomy in a context where diet-related illnesses like diabetes and the so-called “Obesity Crisis” are foci for public health policies and interventions (Resnik 2010; J. Wilson and Dawson 2010; Gostin 2010; Gostin and Gostin 2009; Conly 2013, 2018; Pugh 2014; Barnhill et al. 2014). There is little consideration of how eating might affect the self beyond its potentially salubrious impact on health or how food policies or interventions may impinge upon our autonomy by changing the way we eat.

There are a few exceptions to this trend. Some feminist philosophers criticize weight-loss dieting for its politically and ethically bad effects on women (Bartky 1990; Bordo 2003; Isaacs 2018; Heyes 2007; Welsh 2011). And some phenomenologists criticize the consumption of fast food and eating “on the go” for reinforcing problematic forms of lived experience, including the lived experience of time (Borgmann 2009; Boisvert 2014). As I read them, these arguments imply the more general claim that eating can shape selves in good or bad and so ethically-important ways, though this implication is unacknowledged and its consequences unexplored. In a similar vein, Daniel Kelly and Nicolae Morar argue that eating and personal identity are constitutively linked, and that this link may have important ethical implications for food policy and interventions (Kelly and Morar 2018). Identity is a central aspect of the self, so this is a promising step; but there is much more to the self than identity, and much more to what eating can do to the self than constituting, reinforcing, or undermining identity. Or so I will argue in this dissertation.

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2 In his work on food sovereignty, Kyle Whyte (2018) argues that certain ways of eating—including producing, procuring, and preparing foods—can contribute to and reinforce the resilience and adaptivity of a group of people. I
One contemporary philosopher who explicitly acknowledges the self-shaping power of eating is Chloë Taylor (2010). Working in the Foucauldian tradition, Taylor offers an account of eating as self-shaping, and considers its implications for animal activists aiming to promote vegan diets. She shows how constitutive links between eating and the self create potential barriers to dietary change, but also open up possibilities for effective interventions. I find Taylor’s work valuable, and will return to it later in the dissertation. But Taylor’s goals are quite specific, and the scope of her considerations is therefore limited. The claim that eating shapes the self deserves broader consideration, and, as I will show, its ethical implications go far beyond potential barriers to or opportunities for dietary change.

My goals for this dissertation are multiple. I aim to articulate and argue for the claim that eating shapes the self, and illustrate some of the ways eating shapes selves. I will explore some of the implications of this claim for food ethics, and show how ethical analyses of eating that fail to acknowledge its self-shaping power are ethically impoverished and undermine our ability to act, and eat, well. I will do this through an analysis and critique of “healthism” about eating, a paradigm that defines good eating as healthy eating, and good eaters as those who eat for health above all else. The rest of this chapter offers an account of healthism about eating and sketches several existing critiques of healthism in order to set up my own. Before I turn to that, I will briefly explain my methodology and approach to this project.

In this dissertation, I use what I call a “toolbox” methodology. This methodology draws conceptual tools from a variety of philosophical traditions and subdisciplines to answer a question or analyze a problem. My main tools include the work of relational autonomy theorists take it that this also implies the general claim that eating shapes selves in good or bad ways, but with a more communal focus.
and feminist theorists concerned with the role of narratives in the construction of agency, as well as Foucauldian work on practices of the self. I also draw on feminist critiques of dieting and phenomenological resources, specifically work in the Heideggerian tradition. The problems and questions I seek to address are squarely within food ethics. Is healthism about eating a good or bad way to understand eating? Are practices, policies, and understandings based on healthism about eating good or bad? I aim to show that we cannot answer these questions well without considering the effects of eating on selves.

I will not give an exhaustive account of the ways eating can shape selves. Rather, my aim is to articulate and make plausible an account of eating as a self-shaping activity by highlighting a few key mechanisms for self-shaping. I will also model how this account can be used to analyze ways of understanding and practicing eating. I believe that this account of eating is relevant to and useful for conversations about food and eating in many different disciplines and contexts. The work I do in this dissertation offers just a few examples of its promise.

I will not argue that caring about health is bad, or that healthy eating is bad. My position on healthism about eating is that reducing the ethical importance of eating to health is a conceptual and ethical error. I contend that we should be pluralists about the normative importance of eating, and that we should consider eating’s effects on the self alongside other ethically important effects or implications of eating. How we weigh these effects and implications depends on our values, and I will not argue that we should weight them in any particular way. I am not opposed to prioritizing health in our eating or in the eating we encourage or require of others through food policies and interventions, but the decision to do so should be
an informed one, rather than a default. And we should include the effects on eating on the self among our considerations.

The rest of the dissertation proceeds as follows. As already mentioned, the rest of this chapter will explore the concept of healthism about eating and consider some existing critiques. In Chapter Two, I begin to elaborate my view of eating as a self-shaping activity through consideration of the ways that narratives about eaters shape agency, an ethically significant part of the self. I argue that healthist narratives about unhealthy eaters not only shape but can damage the agency of people identified as unhealthy eaters, and that these narratives may be particularly harmful to fat people as presumed unhealthy eaters. In Chapter Three, I turn to the ways that practices of eating shape aspects of the self beyond agency, including affects, capacities, values, and self-understandings. I draw on feminist and Foucauldian work to show how women’s weight-loss dieting can shape the self in negative ways, and then argue that many of the self-shaping effects of healthist eating are also negative.

In Chapter Four, I draw attention to the ways that healthist eating practices can vary in terms of their effects on the self. I argue that different healthist eating practices can shape different forms of temporality, which is the lived experience of time. I show that in this context, certain healthist ways of eating can have different, and in certain respects less bad, effects than others. This chapter emphasizes the need for ethical analyses that attend to specific forms of healthist eating and their specific effects on the self. In the final chapter of the dissertation, I deploy the analytic tools developed throughout the earlier chapters in the context of diet research. Through an extended critique of research suggesting that young women and girls’

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3 Here and throughout the dissertation, I use “fat” as a neutral descriptor, following scholars in Fat Studies and other fields who wish to avoid inherently pathologizing terms like “obesity.”
vegetarianism is linked to eating disorders and disordered eating, I show how understanding eating as a self-shaping activity helps us make ethically informed choices about how to understand and characterize eating.

Introducing Healthism About Eating

What is good eating? It is not a simple question. Is it everything in moderation? Fair trade, free range, vegan, local? Savouring every bite of rich, freshly prepared foods served on beautiful china at a beautifully set table, as the nearly-mythical French woman is said to do? The dominant story in American contexts is that good eating is eating that promotes and maintains health. While there is debate about what kind of eating best accomplishes this—perhaps it is a Paleo diet, perhaps it is a vegan one—the central point is that good eating is healthy eating.

Given arguments that the United States is “healthist,” this may be unsurprising. The term healthism has been used in a variety of ways, but is generally understood as a normative framework for eating that has two key components: first, the assumption that health is a “monolithic, universal good” (Metzl 2010, 9) or a “pan-value” (Turrini 2015, 18), and second, the assumption that individuals should be “actively engaged” in promoting their own health (Turrini 2015, 18; Welsh 2011; Cheek 2008). As Talia Welsh (2011) explains it, the central way for individuals to actively engage in promoting health involves directing their “modifiable behaviors” toward health, above all else. Eating, along with bodily movement or exercise, is one of our central modifiable behaviors. Given the predominance of this general framework, then, it

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4 Scholars in many nations, including Australia (Coveney 2006), the United Kingdom (Greenhalgh and Wessely 2004), and France (Turrini 2015), have asserted (and critiqued) the prominence of healthism, sometimes without much geographical specificity. My arguments may apply in other contexts where healthism is prominent, but I will focus on the narrower U.S. context here.

5 Compare to the way “healthism” is used in a law review article to refer to discrimination on the basis of health status (J. L. Roberts and Leonard 2015), or how it is used by Greenhalgh and Wessely (2004) to refer to a property of patients, albeit one that is produced by the structural features I describe here.
makes sense that good eating would be widely understood as healthy eating, or eating aimed at health.\footnote{Eating \textit{aimed} at health is not necessarily the same as healthy eating, or eating that does promote health. The former requires some goal held by the eater, and leaves room for error (maybe I aim at health but fail to actually eat in a health-promoting way); the latter is just a descriptive fact about some ways of eating. I suggest it is the former that is required by healthism.}

But healthism about eating may be an inaccurate, and even harmful, understanding of good eating. In order to understand why, it is necessary to explore healthism about eating in more detail. In the next section, I will explain that healthism employs a contested concept of health, involving both medicalized and non- and anti-medicalized aspects. I will then argue that the dominance of healthism does not mean that everyone does eat healthily, or even tries to, but that it is a paradigm that colours the actions and attitudes of everyone, even those who reject or ignore it. To make this case, I discuss how healthism supersedes two alternative ways of eating: ethical vegetarianism and eating for pleasure. In the final sections of the chapter, I introduce two lines of criticism of healthism about eating from the public-health and food-ethics literature. Though I will later argue that these critiques are incomplete because they fail to account for eating’s self-shaping effects, they will get us moving in the critical, values pluralist direction that I want to go.

\textit{What is Health?}

Healthism about eating insists that good eating is eating aimed at health. But what is health? The concept of health implicit in healthism is, as many scholars have pointed out, much more than the absence of disease (Rose 2007; Cheek 2008; Scrinis 2013; Crawford 1980; Kirkland 2014). Health is widely understood as a highly medicalized and technologically-
mediated state requiring the achievement and maintenance of appropriate levels (or, increasingly, optimal levels (Rose 2007)) of certain biomarkers, including blood sugar, cholesterol, and Body Mass Index (BMI) (Scrinis 2013, 41). Health in this sense is less about how one feels, or one’s capacities or abilities, and more about the achievement of certain biomarkers as measured by various diagnostic technologies. In general, the idea is not only to prevent or treat disease, but to minimize or eliminate risk factors for disease. Since many risk factors are unavoidable (they include gender, race, and age), health requires ongoing risk management (Crawford 1994, 1357). As medical science continues to link new factors with the development of disease, down to the level of our genes and the things our mothers did while pregnant, health becomes an ever more elusive state (Cheek 2008, 976).

While some scholars write as if the “health” implied by healthism is limited to this medicalized understanding (Scrinis 2013; Fitzgerald 1994), this is a mistake. As Mauro Turrini writes: “healthism grasps the expansion of medicine beyond and, in some cases, against medical professions and institutions” (2015, 17). Healthism extends beyond the purview of medical professionals and institutions in the sense that non-medical professionals are empowered to embody the “medical gaze”; everyone is deputized to monitor, judge, and police our own and others’ everyday behaviors in the service of health. This deputization places epistemic responsibility onto lay-persons, who are expected to become informed consumers of health treatments, behaviors, and procedures. How active is a healthy sex life, exactly? How much sleep and what quality should we be aiming for, and what apps or mattresses or sound machines can help us achieve it? What drugs should we ask our doctor about at the next visit? The proliferation
of health advice in newspapers, in magazines, on television, and online enable and respond to this need for knowledge (Henwood et al. 2003).

None of this necessarily challenges the medicalized, technologically-mediated understanding of health. But healthism also goes against the views of medical professionals and institutions insofar as within the healthist paradigm there is a streak of profound skepticism about the ability of medicine to truly promote and secure health. This trend is prominent in “natural” or “alternative” health literature and communities, where popular health treatments and practices may be unsupported by medical science or even condemned by it. For example, alternative treatments that have been roundly rejected as ineffective by western medical science, like homeopathy, are commonly used (C. J. Thompson and Troester 2002, 564). There is also a distrust of scientific claims about the safety of products like dental amalgams (Greenhalgh and Wessely 2004, 210), genetically modified organisms (GMOs) (C. J. Thompson and Troester 2002, 564), and vaccines. Thompson and Troester identify a common belief held by natural-health aficionados that medical knowledge and practice are grounded in a limited, “technocratic” world view that prevents medical professionals from embracing effective, holistic, health-promoting practices (2002, 563). From this perspective, medical knowledge and treatment may have its place, but it is a limited one.

This anti-medical streak includes a skepticism not only about “allopathic” or mainstream medicine’s recommendations for achieving health, but also about the medicalized, technologically-mediated understanding of health posited by Western medical science. Alternative conceptions of health, playing on ideas of naturalness, holism, and purity, ground

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7 There is a lot more to be said about the healthism of the anti-vaccination movement, but it is outside the scope of this chapter. For some discussion, see Peretti-Watel and colleagues (2015).
many natural and alternative health practices. For example, in their study of “alternative health consumers,” Thompson and Troester identify a conception of health as “harmonious balance,” understood as the natural state of the body which is compromised by “unnatural” factors like air pollution, stress, and “toxins.” This understanding grounds a logic by which removal of these factors—by removing oneself from exposure to them (e.g., by drinking only filtered water or moving to a less polluted area), or removing them from one’s body (e.g., by getting dental amalgams removed)—will contribute to health. On this view, “becoming well is a process of gradually eliminating layer after layer of illness-inducing toxins and life stresses” (C. J. Thompson and Troester 2002, 557).

In practice, these medical, non-medical, and anti-(Western) medical threads are woven together in complex ways as individuals draw from a variety of sources to address their health issues. Individuals diagnosed with cancer may get traditional treatments but also engage in crystal therapy or take herbs (Richardson et al. 2000). Similarly, Turrini describes the “bricolage” of people with sleep conditions, who “combine, adapt and mix all the available means, and do not pay too much attention to distinguishing between strictly medical and non-medical therapies” (Turrini 2015, 19). Individuals often pursue goals related to a medical definition of health, such as remission from cancer or achieving immunity from a contagious illness, but aim to achieve them through natural treatments rather than medicalized ones.

This bricolage of medical and anti-medical, or scientific and anti-scientific, understandings of health and health-promoting practices is quite apparent in eating. Gyorgy

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8 This is not to deny that there are comprehensive and well-articulated theories of health behind alternative health practices and modalities like Chinese medicine or Ayurveda. The suggestion is that it is this vaguer concept of health that motivates American consumers to use Chinese or Ayurvedic medicine, along with other natural and alternative health treatments.
Scrinis argues that the most prominent understanding of a healthy diet in the U.S. is a “nutritionist” one: broadly understood, a diet grounded in nutritional science, requiring nutritional expertise, and promoted by medical and governmental institutions (and often corporations (Scrinis 2013, 9)). The aim of nutritionist eating is achieving proper levels of macronutrients, like protein, calories, and vitamins, which are taken to be necessary to achieve appropriate cholesterol or iron levels, BMI, and whatever other numbers are needed for good health (Scrinis 2013, 41). On a strictly nutritionist view of good eating, all foods are permitted (Scrinis 2013, 26). It is simply a question of ensuring the proper balance of nutrients. Hence the prevalence of vitamin pills, enriched beverages, claims that sugary cereals are “part of a balanced breakfast,” and the support of some corporations for a nutritionist view.

According to Greenhalgh and Wessely, many people concerned with their health do aim to satisfy nutritional requirements (Greenhalgh and Wessely 2004, 200). But “fad diets,” supplements, diet pills, and detoxes are also widely popular. These products and ways of eating may resonate more with alternative conceptions of health rather than a medicalized one. These diets often make scientifically unsubstantiated claims about what they will accomplish, like detox diets that claim to “flush out” fat or “detox” your organs (Klein and Kiat 2015; Mohammadi 2014; Zeratsky 2015). Many people think that natural foods are healthier than “unnatural” foods—a label often associated with GMOs—despite scientific claims that there is no real difference with regard to health understood nutritionally (Siipi 2013, 798).9

Like the practice of healthism in general, healthist eating is a messy mix of practices that involve medical knowledge, technology, and “natural” or “alternative” treatments that are, at

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9 Though it is difficult to avoid reading normative force into the terms “scientific” and “non-scientific,” I use these terms to describe the anti- or non-scientific streak within healthism and do not intend any value judgment.
times, at odds with medical science and authority. People may aim to achieve medically-sanctioned nutritional goals like low cholesterol or (ostensibly) diet-related health goals like weight loss, but do so by adopting eating practices like detox diets, which have no support from medical science. The overall aim is still health, and the focus remains on altering individual behaviors to achieve this goal, but in practice, the understanding of health and how best to achieve it is a sometimes contradictory mishmash.

*The Dominance of Healthism About Eating*

As I have characterized it, healthism involves two key features: health as a universal goal, and the active involvement of individuals in the pursuit of health. Eating is a central modifiable practice that can and should be aimed at health. But what health means and the proper way to eat healthily are contested; there is a prominent medicalized nutritional story (which, by the way, contains its own controversies (Scrinis 2013; Welsh 2011; Nestle 2013)), but there are also non- and anti-medical ones.

Acknowledging that these disputes take place within healthist constraints rather than focusing only on the medicalized strands of healthism is key to understanding the dominance of healthism about eating. Rather than challenging the assumptions on which healthism relies, these disagreements take place within a healthist framework, effectively reinforcing the “taken-for-grantedness” of that framework. That is, they do not challenge the way that eating “offers itself to be...thought” as for and about health, above all else (Foucault 1985, 11). Instead, they take this way of thinking about eating to be obvious, uncontentroversial, and unquestionable. The only real questions are: how should we understand health? And, how best can we eat in its service?
Arguing about the answers to these questions rather than questioning healthism itself enables the fact that healthism is merely a paradigm, and not the only way good eating has or could be understood, to recede into the background. To be clear, this is not to say that different conceptions of health or different ways of eating within healthist constraints are effectively identical; as I will argue later on, there may be significant ethical differences between them. The central point is that they nonetheless are healthist and enable healthism to continue to be taken for granted. The possibility that eating could be about or for something else is pushed aside.

That said, there are ways of thinking about good eating which seem to be unrelated to health, however health is understood. One could be a hedonist, or an environmentalist or animal rights activist, and so aim one’s eating at maximizing pleasures or minimizing environmental impacts or harms to animals. Someone might object that the existence of these other ways of understanding good eating suggest that healthism about eating is not really that dominant or taken for granted in U.S. contexts. Perhaps healthism is just one paradigm of good eating among many, albeit one that happens to be quite popular right now.10 Someone might also point to the oft-repeated fact that most or at least many people do not eat healthily, in any sense of the term. If healthism was truly the dominant way of thinking about good eating, wouldn’t more people eat healthily?

To say that healthism about eating is dominant does not entail that everyone *does* eat healthily or even tries to. Certainly there are people who do eat for pleasure, or animal welfare, or some other reason, and do not care at all that their diets are unhealthy by any criteria.

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10 While many scholars claim or at least imply that healthism is dominant or highly prevalent in U.S. and other Western contexts (Turrini 2015; Cheek 2008; Welsh 2011; Scrinis 2013; Fitzgerald 1994; Niva 2007), I have found no sources who consider this potential objection to that claim.
Nonetheless, healthism about eating is dominant in the sense that everyone’s eating behavior is open to judgement and interpretation by its criteria. There is no escaping healthism, even if you do not pay much attention to it or reject it outright. The question “is it healthy?” hangs over all our eating practices, in more and less explicit ways, and has a good deal of social power behind it.

To support this claim, I will now consider two ostensible alternatives to healthism about eating, and argue that while in theory they are not healthist, in practice they remain responsive to and fail to meaningfully challenge healthism about eating. First, consider ethical vegetarianism or veganism (I will use the phrase “ethical veg*nism” to indicate both, as is conventional in writing on this subject). Ethical veg*ns often report that their diets are centrally motivated by animal welfare and/or environmental concerns, not health (Jabs, Devine, and Sobal 1998, 199; Hoffman et al. 2013; Fox and Ward 2008). The aim of an ethical-veg*n diet is often understood as doing something for others—usually non-human animals or the environment—rather than sustaining and promoting one’s own health (Fox and Ward 2008, 425). Since ethical veg*nism aims at something other than health, it seems to offer a substantive alternative to healthism about eating, a different paradigm of what counts as good eating.

But there are a few reasons to think that ethical veg*nism—at least in practice—fails to truly challenge healthism about eating, and instead often ends up reinforcing it. For one, the fact that many ethical veg*ns report that their diets are not primarily motivated by health is entirely compatible with healthism about eating. Concern for animals and the environment must be understood as motivating the choice between healthy diets. Healthist criteria are taken for granted, limiting any good diet to a healthy one, and only then do we use ethical criteria to
determine which diet is best. As many people do not believe that health criteria alone mandate a veg*n diet, ethical criteria are needed to promote a veg*n diet over others. As a participant in Fox and Ward’s study of ethical vegetarians explained: “There’s nothing wrong with wanting to stay healthy. Obviously, that goes without saying. But there are lots and lots of healthy people who eat meat and/or fish every day of their lives and they live till they’re 100” (Fox and Ward 2008, 425). So, the claim that ethical veg*ns are motivated by a concern for non-human animals and/or the environment does not preclude healthism at all; these ethical criteria just give eaters a reason to choose veg*n diet over other equally healthy ones. The need for diets to be healthy in the first place remains in force.

While many nutritionists and dieticians confirm that veg*nism can be nutritionally adequate, they often emphasize the “riskiness” of the diet due to the possibility of nutritional deficiencies (Melina, Craig, and Levin 2016). Some diet research suggests that veg*n diets may be a risk for, sign of, or cover for eating disorders (Bardone-Cone et al. 2012; Cloud 2009; Gilbody, Kirk, and Hill 1999), as we will explore in Chapter Five. In this context, it is unsurprising that some people who give up veg*n diets claim to do so for health reasons (Williams 2012; Andersen 2014). Online articles “confessing” that the authors gave up their ethically motivated veg*n diets for health reasons (A. M. Roberts 2016; Tasha 2010; Ebelthite 2015) indicate that even ethically-motivated eaters feel the need to respond to health concerns and often view health as the overriding concern, or at least the most socially-acceptable overriding concern, when selecting their diets.

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11 Some people do argue that veganism is the healthiest diet we could have (Campbell and Campbell 2006; “Forks Over Knives” 2019). This argument obviously works within a healthist framework and so is not a form of the ethical veg*nism I am interested in here.
Interestingly, the discourse around veg*n diets and health offers a healthist response to this situation. We can simply individualize the failed veg*n’s problem: she had low energy or poor nutrient levels or insatiable hunger because she was not paying close enough attention to her diet. It is repeated again and again by nutritionists and veg*n activists alike: a veg*n diet needs to be “well-planned” in order to be healthy (Lynch 2014). If a veg*n diet makes someone unwell, the problem is not the diet itself, it is the person and her behaviors. If a veg*n gets sick from her diet, she could not have been “actively involved” in her eating to the proper degree. This reasoning reinforces healthism no matter which way it goes: either the veg*n diet itself is not healthy, which constitutes a good reason to abandon it, or it is healthy, and the individual in question simply needs to be more “actively involved” in her diet so as to secure her health. The imperative that the diet be healthy remains unquestioned.12

Another indication of the failure of ethical veg*nism to challenge healthism is the fat discrimination that occurs within ethical veg*n communities. Animal rights groups like People for the Ethical Treatment of Animals (PETA) associate being fat with eating omnivorously as a recruitment tactic, and promise weight loss as a side benefit of veg*n diets (Layne 2015; PETA 2015; D. Wilson n.d.; Fetters 2013). Fat veg*ns have been excluded from and marginalized within veg*n communities for their fatness. As we will discuss throughout the dissertation, health is often conflated with thinness, and fat with being unhealthy. So fat veg*ns’ “unhealthy” bodies put the lie to the claim that veg*nism is a healthy diet (Wrenn 2017). Excluding fat

12 There certainly are those who condemn lapsed veg*ns on ethical grounds. I suspect this is a rather unpersuasive line of attack, though it does seem effective in making people feel guilty and defensive about their return to meat-eating. Those who do claim that they are so devoted to animals they would sacrifice their health for them may ironically reinforce the high value placed on health by healthism about eating. The invocation of a sacrifice narrative requires the thing being sacrificed (or put at risk) to be very valuable, so health must be very valuable or else the sacrifice is not worth much.
veg*ns would make some sense if these were health-focused veg*n communities (and if we accepted the conflation between size and health, which we should not). But it would not make sense if these communities were purely ethically motivated. This indicates that the requirement that the diet be healthy is at the very least seen as a rhetorical necessity to recruit new veg*ns. Whatever our ethical commitments, if the diet is not healthy then it is not a viable option.

For these reasons, I suggest that ethical veg*nism does not challenge healthism about eating, and in fact often serves to reinforce a healthist framework. Veg*nism simply adds on requirements for a good diet after healthist criteria make the first cut. It fails to contest the idea that healthiness is a necessary component of any good diet or that individuals should be actively involved in promoting their own health through their eating practices. To be clear, this is not to say that ethical veg*nism could not be a real alternative to healthism. Neither is it to say that it is identical to other healthist ways of eating, ethically-speaking. I do not deny that there is a coherent way to think about eating as primarily about ethics. However, that is not the way that ethical veg*nism generally functions within U.S. contexts.

Another ostensible alternative to healthism about eating is hedonism: good eating as pleasurable eating. Within this framework, what matters most about eating is taste and other pleasures that can be offered by an eating experience, including pleasant aromas, beautiful table settings and presentation of dishes, and good dinner conversation. Health is not a relevant consideration, or is at least not at the top of the list of concerns. French dining might be considered a paradigm (or a stereotype) of this sort of approach.

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13 It is worth noting here the robust ways that being healthy is itself associated with forms of ethical goodness. As I will discuss later in the dissertation, the pursuit of health is often understood as a social, civic, and economic responsibility.
While it is possible to conceive of a wholly hedonistic paradigm for eating, in practice, it is difficult to separate out the idea of eating for pleasure from the imperative to eat for health. In the U.S., pleasure is coded as the antithesis of health when it comes to eating; apparently, you cannot have both in one meal (Bisogni et al. 2002, 134; Darcel and Tomé 2016; Mela 2006). (And when health is conflated with size, being thin is also seen as inconsistent with eating for pleasure: “Nothing tastes as good as skinny feels,” as the model Kate Moss once said, though apparently now regrets (BBC News 2018).) The choice between pleasure and health is something of a central, persistent dilemma for eaters. It is assumed that most people desire pleasurable experiences and are constantly tempted by them, while at the same time it is assumed that everyone does and should value health.

In this context, healthy choices are read as self-denial and the triumph of discipline over problematic desires (Kukla 2018). As we will discuss in more detail in Chapter Two, eating for pleasure is framed as something we usually “give in” to, not something we purposefully choose. This is one way in which healthy eating is associated with ethically good eating; it is taken as an expression of good character traits like self-control and discipline, whereas unhealthy eating is a sign of lack of control and weakness. Hence the social imperative to express shame or guilt when eating unhealthy food, and the marketing of “guilt-free” foods that are allegedly pleasurable and so “paradoxically” healthy.

If we do actively choose to eat for pleasure, this choice is coded as choosing pleasure over health. It is a rejection or repudiation of health. Consider the sinful desserts that play on the pleasure not only of the food in itself but the pleasure of doing something bad, i.e., eating unhealthily. This assumption pervades marketing as well as decades of research on eating and
health. For instance, David Mela claims that over 50 years of scientific research has been premised on the idea that “obese” people must get more pleasure out of food than “non-obese” people do, which explains why they (allegedly) eat so much even to the (alleged) detriment of their health (Mela 2006). The idea is that taking great pleasure in eating must lead to ill health and/or that eating in a way that risks one’s health must be the result of great enjoyment; the possibility that enjoyment and health could be compatible is off the table (so to speak).\textsuperscript{14}

So, eating for pleasure is framed as either a failure to stick to one’s health goals, or a rejection of the imperative to eat for health. Understanding eating for pleasure as a failure to pursue health fits within a healthist framework, and I think we must understand even the rejection of the imperative to eat healthily as reflecting the dominance of healthism. The fact that it is read as a rejection suggests that the imperative stands, in some sense, “prior” to the choice to eat for pleasure. We can understand this through the concept of interpellation: the idea that eating is for health “calls” to everyone, the healthy and the unhealthy, and demands they respond (Turrini 2015, 22; Kukla 2018). Everyone’s actions are unavoidably interpreted in light of this call, and there is no neutral way to act once you have been called; your eating is always interpreted in light of the demand that you eat for health. You can ignore or reject this call, but your eating is always already in relation to it. So, if you eat for pleasure (which is considered to be antithetical to health), you are seen as rejecting the call to health.

Someone might object that the same goes for pleasure: if you are eating for health, you are seen as rejecting pleasure. Rebecca Kukla’s recent work (2018) suggests that there may be an

\textsuperscript{14} Peter Singer and Jim Mason reveal these sorts of assumptions in their book \textit{The Ethics of What We Eat: Why our Food Choices Matter}: “If you enjoy unhealthy food so much that you are prepared to accept the risk of disease and premature death, then, like a decision to smoke or climb Himalayan peaks, that is primarily your own business” (Singer and Mason 2007, 4).
ambivalence about the priority of health over pleasure. In her discussion of food messaging, she argues that those who prioritize health in their eating are often characterized as insensitive to pleasure, just as those who eat for pleasure are characterized as ignoring health: “those who are disciplined, who do not ‘indulge’ or who regulate their diets, are portrayed as uptight, unattractive, rigid, and incapable of pleasure. Conversely, we valorize unhealthy and excessive eating as bold, as indicating a love of pleasure and a rejection of pointless social norms, while simultaneously demanding self-regulation and asceticism” (Kukla 2018, 598–99).

Kukla’s characterization of these competing and contradictory narratives in food messaging reveals an interesting point of instability for healthism about eating. Healthism is to some extent challenged by the possibility that eating should be about pleasure (as are other ways of eating: a common objection to veg*n diets is a love of bacon). And because most people who eat have experienced pleasurable eating, it appears that eating does “offer itself to be thought” (as Foucault would put it) as pleasurable. Healthism insists that eating is for health, but experiences of the pleasures of eating might throw doubt on the accuracy, or at least comprehensiveness, of this picture. We might take these pleasurable experiences to be “counter-memories,” in Ladelle McWhorter’s sense: experiences that fit uncomfortably within dominant narratives, and which could be used to challenge and destabilize these narratives (McWhorter 1999, 199).15

That said, I do not think this means that eating for health and eating for pleasure are on par here. Healthism about eating has the support of various influential institutions, including the state and medical professions, as well as ideological support through the association of the

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15 Along these lines, Elspeth Probyn (2000) suggests that the pleasures of eating could be a resource for political resistance.
pursuit of health with good character, good citizenship, and so on; eating for pleasure has less institutional support (some corporate interests support it, to be sure, but many corporate interests support healthism too) and is often associated with selfishness and other “bad” character traits.

In addition, healthism has found ways to assimilate eating for pleasure and incorporate it into a healthist framework, effectively undermining its destabilizing potential. One such strategy is to acknowledge that eating can be pleasurable but, because pleasure is antithetical to health, and health is obviously more valuable, we should simply not eat for pleasure. The editors of a special issue of the journal *Appetite* note that this approach has long informed diet research and clinical work, and that while “this conception has led to several advances in the treatment of eating disorders, its heuristic value with respect to designing foods and dietary interventions for healthy and sustainable diets appears to be limited” (Darcel and Tomé 2016, 1).

Other, potentially more effective, strategies include what might be called “totalizing” narratives, which acknowledge the possibility of eating for pleasure and subsume it to eating for health. Pleasure in eating is good *because* it serves (or can serve) health. This line of thought maintains the dichotomy between healthy eating and pleasurable eating, but admits that some pleasurable eating is necessary or recommended in the name of health.\(^\text{16}\) Consistently denying oneself eating pleasure can be threatening to health and the discipline required to maintain it: “a rigid adherence to natural health ideals is often portrayed as creating illness-inducing stresses…a more flexible approach allows individuals to enjoy life's little pleasures, which are seen as offering their own kind of health benefits (though only in limited indulgences)” (C. J. Thompson

\(^{16}\) This view resonates with a classic sort of moral psychology: we might think that our rational selves call us to pursue health, and our “animal” selves call us to pursue pleasure. It is not a good idea to entirely ignore our animal selves, particularly if it threatens to usurp our rationality if continuously denied, but we should prioritize the angels of our better (i.e., rational) nature whenever possible.
and Troester 2002, 565). It is good to be flexible in the sense that you allow yourself to indulge from time to time in order to prevent yourself from indulging more often; the flexibility is really just an extended form of discipline. Constantly ignoring or rejecting pleasure might in itself be morally bad, irrational, or even pathological. Eating disorders like orthorexia re-code highly disciplined (understood as highly unpleasant) eating as potentially pathological (Van Dyke 2018, 555–60; Taylor 2012). In other words, its unhealthy to ignore or deny your desires all the time. You should be able to indulge occasionally in pleasurable eating, so long as it is part of an overall plan of control in the ultimate service of health.

Another set of totalizing narratives deny the dichotomy between healthy eating and pleasure, and insist that healthy eating can be pleasurable. Perhaps not all pleasurable foods are healthy, but at least some are, and clinicians and public health officials might emphasize foods that have both characteristics in order to motivate healthy eating (Darcel and Tomé 2016). Another version of this narrative suggests that if we just eat what our bodies truly “want,” what our bodies find true pleasure in eating, our desires will naturally lead us to a healthy diet. This is one of the central claims of intuitive eating (Tribole and Resch 2012), which we will discuss in detail in Chapter Four. Another narrative asserts that while people do take pleasure in eating unhealthy foods and may not find healthy foods pleasurable at all, pleasure is learned. We can retrain our tastes to find healthy eating pleasurable instead, which will enable us to overcome the false dichotomy between health and pleasure (B. Wilson 2016).\footnote{This seems close to what a healthist virtue ethicist might say. Our pleasures may be misshapen by our lack of virtuous eating. If we learn to eat virtuously then we would take pleasure in the correct foods.}

I have suggested that the valorization of unhealthy eaters as rebels against pointless social norms (Kukla 2018) presumes that healthism is in fact the norm (albeit one that should be
rejected). And further healthist assumptions may influence who, in fact, is valorized for this behavior. The assumed-to-be gorgeous and healthy (i.e., thin) French woman may be admired for her “stereotypically carb-centric, wine-soaked, no f*cks given lifestyle” (Schott 2015), but fat American women, and especially fat women of colour, who might eat in the same way are less likely to be admired. When someone’s health is perceived to be at stake, as is the assumption with fat people, I suspect that derision about highly disciplined eating is tempered.

Again, I do not claim that hedonism about eating cannot be a plausible alternative to healthism. However, in practice, the power of pleasurable eating to challenge healthism about eating is limited. Eating for pleasure may be a point of instability for healthism, but healthism about eating has more institutional and ideological purchase, and a variety of strategies for incorporating this instability into its own narratives.

What is wrong with healthism about eating?

I have suggested that healthism about eating involves two main features: the assumption that health is a universal value and the assumption that individuals should be actively involved in promoting their own health, in part through directing modifiable behaviors like eating toward health. I claimed that the understanding of health is contested, and involves both medicalized and non- and anti-medicalized components. I then suggested that healthism about eating is a dominant paradigm, one that takes precedence over other ways of thinking about “good eating.” As such, it demands that eaters ask of any diet or food choice: is it healthy? And it offers a

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18 There are also class implications here; a “carb-centric” French diet is presumably centered on baguettes and croissants, while American carbs are more like Wonder Bread and French fries.

19 Or, as we will discuss in Chapter Two, no one will be derisive about a fat person’s disciplined eating because they will not believe that a fat person eats a highly disciplined diet in the first place.
stubborn objection to any so-called good eating that fails to meet its standards: if it is not healthy, it cannot really be good. There are alternative normative frameworks out there, to be sure, but I have suggested that prevalent alternatives—ethical veg*nism and hedonism about eating—do not effectively challenge or undermine healthism about eating.

Much of what I have said so far can be understood as descriptive of healthism about eating. But most of those writing about healthism do so critically (Cheek 2008; Crawford 1980; LeBesco 2011; Nistor 2015; Welsh 2011; Turrini 2015; Skrabanek 1994; Scrinis 2013; Bonotti 2015). I also take a critical perspective on healthism. In the remainder of this chapter, I will sketch out some critiques of healthism that I believe point us in the right direction, but, as I argue in Chapter Three, ultimately offer an incomplete picture of what is wrong with healthism about eating. These critiques come from the public-health and food-ethics literature, and their explicit focus is on healthist food policies and interventions. They critique these policies and interventions by rejecting healthist assumptions about the normative importance of eating, and putting forward their own accounts—more and less explicitly—about what is ethically important in eating. The critiques share the ultimate conclusion that eating’s normative importance should not be reduced to, nor automatically subsumed to, health.

_Eating Autonomy Critiques_

Eating Autonomy critiques of healthism about eating posit that healthism wrongly assumes that people do, or should, value and prioritize health in their eating. Proponents of these critiques argue that there are many values in eating, not just health, and multiple legitimate ways
of ranking those values. At the very least, it is not obvious that health must be number one; this ranking needs to be argued for, rather than assumed.

By making the unjustified assumption that health is or should be the ultimate aim in eating, healthist policies and interventions may infringe on individual autonomy. That is, they may prevent people from autonomously pursuing their own values through eating, perhaps especially those values that are unrelated to, or may be understood as antagonistic to, health (like pleasure). Impinging on autonomy in this way is ethically wrong. Individuals should be able to autonomously pursue their values—however they are ranked—through eating, without unjustified interference from the government, institutions, or anyone else.

David Resnik offers one example of such a view. Resnik asserts that food is important to quality of life not only because of health, but because it can provide pleasure and “has considerable ethnic, cultural, and religious significance” (Resnik 2010, 29). We not only have different wants and aims in terms of what we eat, but also we have a second-order desire to be able to pursue those wants and aims; we do not want others (and specifically, the government) to interfere in our ability to do that. He explains: “Few people would want to live in a world in which government health experts dictate what is on the menu or how it should be prepared” (Resnik 2010, 30). Therefore, Resnik’s main concern is to preserve the “freedom to choose what we eat” against healthist food policies and interventions. In Rebecca Kukla’s terms, Resnik is focused on the aspect of autonomy called “liberty,” or negative freedom: the ability to do as we wish without being impeded or prevented by others (The Kennedy Institute of Ethics 2014b).20

20 Some of Resnik’s critics have objected specifically to this narrow understanding of freedom or autonomy (Rubel 2010; Gostin 2010).
Healthist policies like the New York City Soda Ban or, Resnik’s specific target, a trans-fats ban, threaten to violate our liberty by removing food options.

Another version of an Eating Autonomy objection can be found in the work of “nudge” proponents Richard Thaler and Cass Sunstein. Like Resnik, they are committed to preserving freedom of choice in eating; however, they offer a more sophisticated account of how food choices come about. We will discuss their view further in Chapter Two, but as a first gloss, our food choices are inevitably shaped by the environment and our psychologies. Because of the way our minds work, the environment is always already influencing our choices, often in ways that we do not notice. Thaler and Sunstein suggest that policymakers and interveners can use this fact to their advantage, and shape environments that encourage ways of eating in line with what most people value, such as healthy eating (Thaler and Sunstein 2009, 5, 7). But Thaler and Sunstein do not assume that everyone does in fact value health, or will choose to value it in every context. For them, autonomy understood as liberty or negative freedom remains the ethical trump card when it comes to eating: “people should be free to do what they like—and to opt out of undesirable arrangements if they want to do so” (Thaler and Sunstein 2009, 5). Healthist policies and interventions that do not allow for this opting out therefore risk violating autonomy.

In sum, Eating Autonomy objections to healthism reject the assumption that eating should be aimed at health. The position is based on recognition that eating and food can be valuable in many ways. However, what is most important about eating, ethically-speaking, is that it offers individuals the opportunity to autonomously pursue these values as they see fit. These

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21 For Thaler and Sunstein and others like Sarah Conly (2013), eating in line with one’s values and goals is a good thing, even if it is not entirely autonomous in the sense of self-determination.
critics worry about the ways that healthist food policies and interventions may infringe upon autonomy, mainly in the form of liberty or negative freedom.

**Valuable Food Experiences Critique**

In response to Eating Autonomy critiques, Anne Barnhill and colleagues (2014) argue that autonomy does not, on its own, exhaust what is ethically valuable about eating: “While we place value on being able to make our own choices about food, autonomous choice is not a proxy for much of what is valuable when it comes to food experience” (Barnhill et al. 2014, 196). Some eating may be autonomous—which can be broadly characterized as eating that is informed, voluntary, and expressive of stable preferences (Barnhill et al. 2014, 189)—and this may make that eating valuable, but eating can also be valuable for other reasons, independent of autonomy. Specifically, eating is or should be a way for us to produce and grasp valuable experiences, including experiences with cultural, social, hedonic, and other sorts of value. These experiences are ethically important whether the eating through which they are produced is autonomous or not. Some eating may even be *more* valuable when it is not autonomous; for instance, certain pleasurable food experiences may be in part constituted by the fact they are “mindless,” or otherwise lacking in the criteria generally assumed to be necessary for autonomy (Barnhill et al. 2014, 197).

Barnhill and colleagues’ analysis constitutes what I call the “Valuable Food Experiences” objection to healthism. By assuming that health is our top priority in eating, healthist policies and interventions may not only impinge on our autonomy, but prevent us from having highly valuable food experiences. Policies and interventions that try to respect autonomy while
promoting health may do the same. Non-autonomous eating may provide experiences of great value, which could be lost if targeted by an autonomy-respecting healthy-eating policy. On the other hand, some autonomous eating may offer experiences of low value in addition to being innutritious (Barnhill et al. 2014, 203–4).22 In short, according to the Valuable Eating Experiences view, what is at stake in healthist policies and interventions is both the exercise of autonomy through eating and the value individuals can get from food experiences, regardless of the autonomous nature of those experiences. The value of eating experiences and the autonomous nature of eating both need to be recognized and weighed in relation to one another in order to inform ethically-sound eating interventions.

Both the Eating Autonomy and Valuable Food Experiences positions suggest that healthism about eating gets eating—or at least what is ethically important about eating—wrong: eating is not something that is or should be just about health, it is more than that. Furthermore, this error leads to bad ethical consequences: it can inform policies and interventions that impinge on autonomy and/or deprive us of valuable eating experiences.

I agree with both these critiques that eating has ethical value far beyond its ability to promote, secure, and maintain health. I agree that our capacity to eat autonomously is ethically valuable and is part of eating’s ethical importance, though, as I will explain further in Chapter Two, liberty or negative freedom is only part of what is at stake. I am also sympathetic to Barnhill and colleagues’ critique and expansion of our ethical concern beyond autonomy and health, and I agree that autonomy should not be given automatic priority over the other ethically-valuable aspects of eating. However, I do not think that the idea of valuable eating experiences

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22 The authors suggest that such low value, autonomous eating may be an ethically appropriate target for public health interventions.
captures all of what is ethically relevant about eating or, more specifically, ethically troubling about healthism about eating. Neither autonomous choice nor the value of eating experiences offer good proxies for all that matters about eating, ethically-speaking. We also need to account for the ways that eating shapes the self.

In the next chapter, I begin to articulate my view of eating as a self-shaping activity. I will focus on one way that healthism about eating affects agency—a central aspect of autonomy—which goes far beyond a threat to the exercise of free choice, and demonstrate some of the ways that narratives about eating and eaters can shape the self.
Chapter Two: Eating Identities, “Unhealthy” Eaters, and Damaged Agency

I have argued that in the United States, the dominant paradigm for good eating is a healthist one. One of the implications of this dominance is that one of the central and most fundamental ways we categorize food and eating is as “healthy” or “unhealthy.” Though they may not always be salient, these categories present themselves as applying to all food and eating, underlying all other possible designations. These are not simply descriptive categories but normative ones. Healthy foods and healthy eating are good, responsible, and virtuous, while unhealthy foods and eating are bad, irresponsible, “guilty pleasures.”

Healthism about eating also offers a normative framework for eaters themselves. Healthist narratives about the kinds of people who eat healthily and unhealthily are pervasive and can carry significant normative weight. I contend that one of the ways that eating shapes selves is through narratives of this sort: our stories about and understandings of eating and eaters can shape and even damage agency. By “agency” I mean someone’s capacity and ability to be the author of and take responsibility for her actions and plans (The Kennedy Institute of Ethics 2014a). Agency is an important (but not all-encompassing) component of autonomy, and therefore an important aspect of the self.

In this chapter, I identify and analyze a common narrative about the kind of person who eats unhealthily: an unhealthy eater. This narrative combines a pervasive view of the eater qua agent—what I call a “control model” of eating agency—with the healthist assumption that health is or should be the ultimate end of eating. Within this narrative, unhealthy eating shows up as a sign that something has gone awry with the eater’s agency: perhaps her ability to be in command of and take responsibility for her eating is undermined by ignorance, lack of self-control, or a
pathology of some sort. Whatever the case, a good agent, properly functioning, would simply not eat unhealthily.

Drawing from work by Hilde Lindemann and Alisa Bierrria, I argue that this narrative can damage the agency of those identified as unhealthy eaters by producing and enabling four types of harm: deprivation of opportunity, infiltrated consciousness, distorted action, and blocked identities. This potential damage should be especially concerning for those concerned with inequality and injustice because there is uncertainty about what counts as healthy eating—and therefore who should be properly categorized as an unhealthy eater—and also because what does get counted as unhealthy eating is influenced by classism and racism. The “unhealthy eater” label, and its harms to agency, are therefore more likely to stick to some people than others and may reinforce patterns of oppression. In some cases, interactions between the control narrative and other common narratives can make the label particularly sticky and difficult to challenge. I argue that fat people are especially vulnerable to this identification and the damage it can do.

In my view, the agency-related harms produced by the dominant narrative about unhealthy eaters, and the particularly pronounced way in which this narrative affects vulnerable populations, present powerful reasons to reject it. I am not suggesting that these effects on the self should be our only consideration when deciding how best to characterize good eating or eaters, but they should factor in to our decision along with other ethical and epistemic considerations.

In the final sections of this chapter I consider possible “counterstories” about unhealthy eating: alternative narratives that might be less damaging to agency than the control narrative and could be productively deployed as a form of moral repair (Lindemann Nelson 2001b). I begin
with two alternative accounts of the eater *qua* agent and suggest that, while these accounts offer some benefits, they remain damaging insofar as they maintain the assumption that health should be the ultimate aim of eating. I then suggest that the situationist account of the eater combined with an Eating Autonomy view produces a promising counterstory in several respects. However, this narrative too is limited, and may be particularly unhelpful when it comes to repairing damage done to the agency of fat people, who are particularly vulnerable to the harms of the control narrative. This demonstrates some of the challenges of deploying counterstories as a means for moral repair, and the necessity of taking an intersectional approach to such projects.

In addition to offering a novel critique of healthism, this chapter aims to illustrate some of the complex ways that healthism about eating affects agency and thereby shapes selves. While I agree with proponents of the Valuable Eating Experiences view that our ethical considerations about eating should extend far beyond concerns with individual autonomy, this chapter shows that healthism about eating can affect autonomy, and specifically agency, in more ways than are often acknowledged. This chapter also emphasizes the ethical importance of the ways we think about and discuss eating and eaters. Narratives about eating and eaters, including the stories we tell about eating agency itself, are more than just descriptive: they can shape and even damage agency, and thereby the self.

The Control Model

A common assumption behind a good deal of media, “common sense,” policy, and health research and writing, is that individuals are in control of and personally responsible for their eating (Saguy 2012; Kukla 2018; Coveney 2006; Crawford 1994; Brownell et al. 2010; Schwartzman 2015; Isaacs 2018). This presupposes a certain model of the eater, an eater who

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makes food choices based on the information she has and her goals, values, and desires. This eater “receives advice about what to eat (a diet plan) or it gathers information (for instance, about calories) that will allow it to make its own plans. In addition, it must somehow muster the motivation to act on these plans” (Vogel and Mol 2014, 308). Motivation most readily comes from desire. But when the eater’s desires do not lead her in the direction of her goals, she must use will power and self-restraint to act rationally, that is, in the service of her own goals.

A variety of factors, including advertising, social pressure, and desires, can undermine the eater’s self-control and her ability to eat rationally, but it is ultimately her own responsibility to minimize the impact of these bad influences on her behavior. Her ability to secure and maintain self-control in the face of “temptation” is taken to reveal good character, especially strength of will. As Rebecca Kukla explains, according to this sort of view, “good people with the right character make good [food] choices. Any other determinants of eating are marginal pressures that can be overcome by sufficiently virtuous eaters” (2018, 593). Eating well—which, within healthist contexts means eating healthily—signals self-mastery, a characteristic assumed to be central not only to moral worth (Gilson 2015, 30) but also civic responsibility (Crawford 1994).

Because the eater ultimately is, or at least should be, in control of her eating, she is responsible for its consequences. Indeed, it is part of this control model narrative that the eater is in some way responsible for her ability to act autonomously. You need to take responsibility for yourself, and if you are unable to do that on your own, then you need to seek out and accept help. You need to put in place external controls—in the form of a diet plan, app, or gadget, perhaps—to compensate for the lack of self-control (Isaacs 2018, 583). In healthist contexts, this enables
the moralization of both eating and health. Bad health (and being fat, a common proxy for bad health) is blameworthy because it is the result of one’s poor agency, as revealed by bad eating. And this is, or should be, under your control.

The narrative produced by the control model and healthism about eating suggests that anyone not eating healthily is one of the following: ignorant, misinformed, weak-willed, mindless, or pathological. Perhaps the unhealthy eater is confused about whether butter or margarine is healthier, or if red wine is good for her. She may have undeniable cravings for cheese fries, or her will power may fail in the face of the office bowl of candy. She might mindlessly snack on entire bags of chips while binge-watching tv, failing to make any conscious choice at all. She might also be struggling with some pathology—addicted to food, or living with an eating disorder—in which case her eating agency is deeply compromised, or perhaps (temporarily?) non-existent. In any case, when an eater does not eat in accordance with her own goals (i.e., health), it must be because she does not have, or is not using, what good agency requires: adequate knowledge, adequate will-power or self-control, or adequate intention and awareness.

In short, the control narrative—the control model of eating agency plus healthism about eating—characterizes unhealthy eaters as failed or flawed agents. Unhealthy eating is a sign that something has gone wrong with the eater’s agency, her ability to be in command of and responsible for her eating, and that she needs help. She should either help herself, or acknowledge that she needs help, seek it out, and welcome it from others. Contrary to narratives that connect ways of eating with personal commitments, social roles, or values (e.g., “real men” eat meat, adventurous white people eat “ethnic” foods, ethical veg*ns avoid meat), then, this
narrative posits that unhealthy eaters are not positively expressing their identities or selves through eating. Rather, unhealthy eating reflects the eater’s inability or failure to express herself through eating.23 She fails to eat in accordance with her values, her goals, her preferences, and so her eating cannot be understood as reflecting her self.24 Unhealthy eating represents some failure or flaw that prevents the eater’s true self from shining through. To repair this, an unhealthy eater needs to educate herself, “pull up her socks,” pay closer attention to eating well, or admit she needs professional help to regain or repair her eating agency. She may need to submit to paternalistic measures to force her to eat well, like going to a clinic, spa, or a “camp” where others could control her diet for her.25

**Damaged Identities, Identity Damage**

I contend that the control narrative about unhealthy eaters can do significant damage to the agency of unhealthy eaters. To understand how this happens we need to understand the relationship between narratives and agency. According to Hilde Lindemann’s theory of identity, socially-shared narratives about what it means to be this or that sort of person, what such persons typically do, and how those persons should be treated, play an important role in constructing

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23 Someone could say that this eating is revealing oneself, and that self is simply a flawed agent. But given a general societal narrative that we have “true” inner selves that need to be realized or achieved through self-control and work (Heyes 2007), I doubt that being a flawed or failed agent is often considered a “true self.” Instead, it is something that is getting in the way of discovering and realizing that self.

24 There are multiple senses in which someone’s eating could fail to reflect their true self. For instance, I might have a momentary lapse in my vegetarianism and eat some chicken wings. That particular choice and action may not reflect my considered values and who I take myself to be. But the kind of failure I am concerned with here is more of a global failure; the eater’s eating generally and regularly fails to reflect who they are, what they value, or who they want to be. It is not a momentary or occasional lapse.

25 Note that my argument discusses the control model *qua* narrative, and has not explicitly considered the accuracy of it as a way of describing the world. How true the account is (however one understands truth) is something that lends a narrative power, but it is not the only thing relevant to a narratives’ success and staying power. For the purposes of my argument here, I remain agnostic about which account of the eater is true or not.
identities. And a person’s identity—roughly, the kind of person she takes herself to be and others take her to be—has a significant impact on her agency. As Lindemann characterizes it, agency is centered in “capacities, competencies, and intentions that lie within the individual” (Lindemann Nelson 2001b, 51). She argues that the exercise and development of these capacities, competencies, and intentions is shaped by what the agent thinks is appropriate, expected, or available to her as a certain “kind” of person, how others expect and allow her to act, and how they understand her actions. And all of this is informed by social narratives.

Agency is not unidirectionally influenced by identity, however; according to this view, identity and agency interact in more of a loop. Agents “assess the accuracy” of their self-conceptions in light of their actions (Lindemann 2014, 6), and may adjust their self-identifications accordingly. Likewise, others may confer an identity on an agent because of how she acts, or de-confer an identity that she previously held because her actions do not line up with that identity. These self-identifications and conferrals inform the agent’s actions and intentions, and influence what capacities and competencies she develops. In this way, identity and agency, informed by social narratives linking identities with actions, shape each other.

Note that the concept of agency being used here is a relational one. More broadly, the concept of autonomy within which agency fits is also relational. The basic idea of relational autonomy, which can be roughly understood as self-government (Mackenzie and Stoljar 2000, 5), is that autonomy is developed in and depends on certain relationships and social conditions. Autonomy requires certain capacities, including “at the very least, the capacity for reflection on one’s motivational structure and the capacity to change it in response to reflection” (Mackenzie

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26 I take social narratives to be narratives that are socially-shared, current, and circulating within a given context. They can be contrasted with narratives that are private, out of date, or unavailable within a given context.
and Stoljar 2000, 13). The development and exercise of these capacities depends on certain relationships and relations, including that others perceive you as a competent agent—as a responsible and capable author of one’s own life—and treat you as such, creating space, opportunities, and offering necessary support for self-government. It also depends on a sense of oneself as a competent and worthy agent (Mackenzie and Stoljar 2000, 20–21), which can be supported or undermined by social narratives and treatment from others in light of those narratives.  

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Many social narratives link different ways of eating to different kinds of people. Anthropologists, sociologists, and Food Studies scholars have done a great deal of work cataloguing and interpreting the many ways food and eating are connected to racial, gender, ethnic, class, and other social identities. For example, for many white people, eating so called “ethnic” foods is a way to show that you are adventurous or cosmopolitan (Heldke 2003). And in many communities, if you are a “real man” you eat a lot of red meat and not a lot of “rabbit food” (as my uncle calls vegetables) (Rothgerber 2013; Ruby and Heine 2011). Who we understand ourselves to be, and whom others understand us to be, affects how and what we eat; how and what we eat, in turn, influences who we understand ourselves to be and whom others understand us to be.  

According to this account, identity shapes agency through social narratives. I have suggested that social narratives about eaters, including narratives about eating agency, are part of what constructs an identity. But identities can shape agency in more and less enabling ways. Lindemann introduces the idea of a “damaged identity” as an identity composed of social  

27 Thanks to Kayla Wiebe for laying out these points about relational autonomy so clearly in her presentation at Canadian Bioethics Society 2018.
narratives that “constrict” or “diminish” agency (Lindemann Nelson 2001b, 45). A damaged identity blocks recognition of someone as having full moral standing, as being worthy of respect as an agent, and so blocks possibilities for action and interaction that depend on that standing (Lindemann Nelson 2001a, xii). In other words, it undermines some of the conditions central to the development, maintenance, and exercise of agency.

For example, “woman” is a damaged identity in a society where social narratives about the hysterical nature of women lead others to take women as less than fully rational agents. These narratives enable others to dismiss women’s actions as irrational, and women’s statements as the incoherent or inconsequential ramblings of someone overtaken by hormones. When we think of women this way we tend not to trust them with certain socially valuable and important roles, such as being the president of the United States. Even more perniciously, these narratives may lead women to think of themselves, *qua* women, as unreliable or incompetent agents, and therefore the possibility of, for example, being a politician, is closed off to them from the inside. In this way, a damaged identity can limit what actions are available to you, which capacities you develop, and how others take up your actions and what they allow you to do—which affects what you can accomplish, and what you even consider possible for you and others like you.

One problem with Lindemann’s analysis is that the language of “damaged identity” suggests that there are “undamaged” identities which enable the free exercise of agency (Lindemann Nelson 2001a, 45). If so, our aim should be to ensure that everyone has one of those. But all identities constrict and constrain agency in certain ways, even when those identities are relatively privileged. For instance, the development of various capacities—including morally important ones, like emotional intelligence and empathy—is constrained by narratives about
masculinity. Even generous and flexible narratives push us toward some actions more than others; indeed, this is one of the ways that identities enable agency, by making certain actions, capacities, and goals seem well within our grasp. But this effectively closes off or at least makes less attractive or achievable certain actions, the development of certain capacities, and certain projects. In this way, narratives can shape our values, capacities, and affects in ways that make it difficult to abandon them or do differently even if we wanted to, and thus they act as constraints on our self-determination.

Recognizing this, the interesting ethical question is not which identities are damaged and which are not, but in what ways a given identity—constituted as it is from dominant social narratives—constrains and constricts agency, and to what degree? How sticky or stubborn and narrow or wide are these constraints? How difficult is it to challenge the narratives that construct this identity? When the constraints and constrictions are significant, narrow, stubborn, and/or difficult to challenge or resist, they may be understood as forms of identity damage. And I contend that the control narrative produces and enables forms of deprivation of opportunity and infiltrated consciousness, categories of damage identified by Lindemann, as well as distorted action and blocked identities, categories inspired by Alisa Bierria’s work on agency.

Four Types of Damage to Agency

In contexts dominated by the control narrative, unhealthy eaters may be treated as incompetent eaters. An unhealthy eater may not be trusted to make eating decisions for herself.

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28 Alisa Bierria (2014) also criticizes this tendency to conceptualize agency as either there or not there, damaged or undamaged. She recommends thinking of different types of agency, some of which may be available to an individual and some of which may not.
Others may try to paternalistically control her eating, for example, by restricting what she buys, watching her when she eats, or requiring her to report her eating to them. This surveillance and control can prevent people from eating what they desire, exploring new cuisines, acquiring the skills and knowledge necessary to select and prepare foods, experiencing certain eating pleasures (Welsh 2011; Schwartzman 2015), and gaining the sorts of social goods that come along with sharing meals with each other. Lindemann calls this type of constriction of agency “deprivation of opportunity” (Lindemann Nelson 2001b, 51). While in many contexts it is difficult to fully control others’ eating, those whose food is prepared or provided by others, like children, teens, people in institutions (schools, hospitals, nursing homes), and people with certain disabilities (Williams-Forson and Wilkerson 2011), are particularly vulnerable to this type of constraint.29

The more that an “unhealthy eater” is treated as incompetent, especially by people in positions of power and authority over her, the more likely she is to internalize that narrative, leading to the second sort of agency damage, “infiltrated consciousness” (Lindemann Nelson 2001b, 51). She may come to believe that her eating is out of control and that she is unable to make herself eat appropriately. She might, in other words, “lose confidence in [her] worthiness to be the author of [her] own conduct” (Lindemann) (2001b, 56) vis-à-vis eating. This self-understanding, caused, in part, by the way others perceive and treat her, ends up justifying the limits, constraints, and controls that others place on her. It can make an eater vulnerable to those who offer to control her eating for her, and to the exploitative and often dangerous diet industry which will sell her the technologies and tools she “needs” in order to eat in an acceptable way.

29 There are also contexts where eaters may not be directly deprived of opportunities for food choice, but their choices are highly constrained by surveillance and social policing. For instance, pre-teens may have some choice about what to eat for lunch at the cafeteria, but if it is uncool to “eat healthy” then choosing any foods perceived as healthy may not be a live option (Stead et al. 2011).
Someone might object here that surely some people who eat unhealthily are in fact flawed, failed, or non-agents. Many people have had the experience of wanting to eat more healthily, setting that as a goal, and failing. Recognizing that one’s agency is limited or flawed and admitting the need for help may thus be a positive and necessary step. In some cases, being treated paternalistically may be appropriate and useful in the service of achieving one’s own goals—in which case, it is not quite paternalism. In other words, being treated as incompetent or believing oneself to be in need of help might in some cases help people become more agential, as they become a way to regain command of one’s life with a little help.30

To be sure, this may sometimes be the case. Some people are indeed ignorant about which ways of eating would help them achieve their eating goals (whether they want to eat healthier or something else) and could use some education, while others may benefit from more self-awareness and self-control. Certain eating disorders may undermine the agency of eaters in ways that can be fatal, and certain ways of eating may be fully agential but still harmful, which could justify paternalistic intervention as well as a self-conception as someone who needs such help. In such cases, self-understandings and paternalistic interventions may not be properly characterized as agency damage at all.

But even if there are some such cases, the problem is that this narrative characterizes unhealthy eating in general as a sign of flawed, failed, or non-agency. It leaves very little space for unhealthy eating to mean anything else. This is a problem. Precisely what counts as healthy eating is not always clear, meaning that identifying unhealthy eating and eaters is not a

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30 A version of this argument is put forward in Sarah Conly’s (2014) work, where she argues that paternalistic food policy and interventions actually help people be more autonomous, because as the flawed sorts of agents we are, we are often unable to actually achieve the goals and ends we set for ourselves (i.e., eating healthily) without such interventions.
straightforward task. This opens the possibility that what gets counted as unhealthy eating may not be unhealthy eating in any meaningful sense of the term—and so some eaters will have their agency unjustifiably disparaged and thereby damaged.

Given ambiguities in the concept of health (Van Dyke 2018), and financial incentives for corporations and producers to have their diet or food product appear healthy, it may not be surprising that wildly different and sometimes incompatible ways of eating are lauded as healthy. As discussed in Chapter One, healthy eating could mean counting calories, eating organic, following a Mediterranean diet, avoiding GMOs, or partaking in foods that “flush out” fat or “detox” your organs (Klein and Kiat 2015; Mohammadi 2014; Zeratsky 2015).

Even when the definition of healthy eating is narrowly circumscribed, uncertainty about what foods or diets meet its criteria persists. As we have discussed, one dominant understanding of healthy eating is as nutritious eating: eating in accordance with nutritional guidelines and recommendations for certain amounts of vitamins, macronutrients (protein, carbs, fats), or calories (Scrinis 2013). Despite the fact that certain claims about nutritious eating have remained constant for decades (e.g., fruit and veggies are good: eat a lot of them) (Nestle 2013), there is a widespread perception that nutritionists’ knowledge about what is healthy is in constant flux. We are told margarine is healthier than butter, then the opposite is true; red wine and chocolate are bad for you one day, then they are full of cancer-fighting antioxidants; carbohydrates are an essential part of a daily diet, but then are accused of contributing to the so-called obesity crisis. This produces uncertainty (as well as anxiety) about what counts as healthy eating, which—as Marion Nestle argues—is encouraged by and benefits certain food corporations, producers, and lobbyists (Nestle 2013). These ambiguities and uncertainties about what counts as healthy eating
raise the possibility that some people who are taken to be unhealthy eaters might not be so in any meaningful sense.\textsuperscript{31}

In addition, what gets counted as healthy food and eating is often inflected by race and class prejudice. For instance, fresh, local, organic vegetables are often held up as exemplars of healthy foods, while more affordable options like frozen or canned vegetables are ignored (Kirkland 2011, 474; Guthman 2008). White bread is derided as unhealthy, but baguettes are not subject to the same condemnation (Kirkland 2011, 474). Milk and other dairy products are promoted as an essential part of a healthy diet by the U.S. government, though many African Americans and Latinxs—indeed, most people whose heritage is not northern European—lose the ability to process dairy in adolescence (Freeman 2013).\textsuperscript{32} This means that in some cases, people may be perceived as unhealthy eaters, and even understand themselves as such, because of prejudice rather than any legitimate criteria for determining the healthfulness of a diet.

In addition to these concerns about false positives, we might also worry that some unhealthy eating is not accurately explained as a failure of agency. As we will discuss in more detail shortly, perhaps someone eats unhealthily, but is doing their best in a food context shaped by poverty and systemic racism. In that case, the unhealthy eating reflects a bad environment, not a bad agent. Blaming the unhealthy eating on the agent’s failures rather than the oppressive environment individualizes systemic problems in a way that can re-entrench those problems and

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\item To be clear, what matters here is what gets perceived as healthy and unhealthy eating, and who gets identified and treated as an unhealthy eater. This may be related, but is not identical to, what should count as healthy and unhealthy eating, or who is “really” an unhealthy eater.
\item Nailing down accurate definitions of “healthy” and “unhealthy” eating, and figuring out whether and how these concepts might rid themselves of racism, classism, and other forms of prejudice, is outside the scope of this dissertation. Though it seems a worthwhile project to identify and articulate concepts of health that might be less problematic than others, my project here is to explore the consequences of dominant narratives about unhealthy eating (that is, what generally gets counted as such) and the “kind” of people these narratives describe and, in part, produce.
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make them all but impossible to adequately address (Reiheld 2015). Another possibility is that someone who eats unhealthily simply does not prioritize health in their eating. We eat for many different reasons, not just health, and, we might reject the assumption that health should be prioritized over other values. I will return to these alternative explanations for unhealthy eating shortly. For now, the key point is that it is not obvious that eating unhealthily is incompatible with good agency, but this is precisely what the control narrative suggests.

The possibility that someone could be incorrectly identified as an unhealthy eater, or that unhealthy eaters could be incorrectly identified as flawed or failed agents is important because infiltrated consciousness and deprivation of opportunity can affect anyone identified as an unhealthy eater, regardless of their actual status as an agent, and regardless of whether they eat unhealthily in any meaningful sense of the term. Deprivation of opportunity requires only that others take me to be an unhealthy eater and therefore an incompetent agent in need of help. But others could get it wrong. My ‘unhealthy’ eating may be fully informed, intentional, and in service of my values and goals, or, as I will discuss momentarily, I may not eat unhealthily at all, even by mainstream standards. Nonetheless, as Lindemann writes: “We will be treated according to who we seem to be, even if that’s not who we are” (2014, 82). And if others regularly treat me as an incompetent agent, even if I am not, I may come to believe that I am. And thus, my agency is damaged.

The possibility of a mismatch between the way people perceive you and the way you are brings me to the third and fourth categories of damage that the control narrative about unhealthy eaters can do. According to Alisa Bierria (2014), an important part of agency is having our actions make sense to others. Most of the time, we want our intentions, as expressed by our
actions, to be clear to those around us. But what my actions mean in social space—and so, which actions they are—is partially determined by others. I do not have sole “authorship” of them; others play an irreducible role in this authoring. As Bierria explains, “even if an agent develops her intentions and acts accordingly, others who observe the agent’s action also construct narratives of meaning about her actions, empowering them as social authors of her autonomous action” (Bierria 2014, 131).

This process of social authoring does not always go smoothly. The way my actions are understood by others (or if they are) depends on what interpretive resources observers have available to them. When these resources are dominated by incomplete, prejudiced, or misleading narratives about a certain “kind” of actor or action, they can systematically distort the way observers understand an actor’s intentions and actions. Bierria gives the example of stereotypes and prejudices about black criminality in the United States systematically distorting the interpretation of black people’s actions (Bierria 2014, 131). She describes the way that white people taking food from stores post-Hurricane Katrina were described by media as “finding” food, while a black person doing the same thing was labelled a “looter” (Bierria 2014, 132). This characterization of the black person’s actions is informed by racist social narratives, which enabled the media to project “phantom intentions” of criminality onto the black person in question. Through the social authorship of action, black people may end up “acting” in ways they never meant to act—that is, what they do, as it is understood in social space, is made criminal—and what they actually meant to do and understood themselves as doing, like finding food to survive, is erased (Bierria 2014, 133).
In a similar way, the dominant control narrative can distort how observers interpret unhealthy eaters’ eating. Unhealthy eating is viewed as a sign that the eater’s agency is flawed or non-existent, rather than as a reflection of her identities, values, preferences, and the like. Because the categories of healthy and unhealthy eating can be understood as superseding all other categorizations and characterizations of eating, they have the power to undermine all other interpretations of that eating. But, again, if people can eat unhealthily in an agential way, or, if what gets counted as unhealthy eating is a product of prejudice rather than some legitimate criteria, this is a problem. It means that categorizing an instance of eating as unhealthy is, in at least some cases, a distortion of the eater’s action. Characterizing said eating as a sign of flawed or failed agency is therefore also a distortion. This is a third way that the control narrative constricts agency: it can distort unhealthy eaters’ attempts to eat as they intend, or to have their eating mean what they want it to. Unhealthy eaters’ intentions and their own understandings of their actions are displaced or erased, and their eating is reconstructed into evidence of failed, flawed, or non-agency (Bierria 2014, 134).

The fourth form of damage to agency arises from the relationship between agency and identity. The distortion of unhealthy eaters’ eating has significant consequences for identity, which, as we have discussed, is deeply intertwined with agency. Recall that others confer identities on us in virtue of our actions, including our eating. But if others continually fail to take my eating as I mean it, then they will not take it to reflect the identities I am attempting to live out through my eating, and will not confer them on me. I will be unable, in a significant sense, not only to act in the way I intend, but to be who I am trying to be. In this way, the unhealthy-
eater label may not only be incorrectly imposed upon some individuals, but it may block the conferral of other identities.

It is true that we can take on identities first-personally, by self-identifying in ways that others do not acknowledge. But identities also have what Lindemann calls a third-personal component; they require social recognition (Lindemann 2014, 4). Without this recognition, our ability to inhabit or at least maintain most identities is limited. By distorting interpretations of eating, the control narrative can obstruct unhealthy eaters from taking on certain identities. But deprivation of opportunity and infiltrated consciousness can also obstruct identities. Depriving eaters of opportunities to eat can literally prevent them from eating in ways that would enable them to inhabit, or be recognized as inhabiting, certain identities. And infiltrated consciousness can take the possibility of certain actions, and therefore certain identities, off the table “from the inside.”

As mentioned earlier, there are many different racial, gender, ethnic, and other sorts of identities linked to ways of eating. Those identified as unhealthy eaters could be precluded from inhabiting these identities if the eating associated with the identity is blocked, precluded, or interpreted as a sign of failed, flawed, or non-agency rather than the identity in question. But the central identity obstructed by the control narrative is “healthy eater.” Being a healthy eater is associated with being a responsible citizen and a good person overall, not to mention a good agent (Coveney 2006; Crawford 1994; Kukla 2018). By blocking this identity and thereby these associations, the control narrative deeply constrains the agency of those identified as unhealthy eaters. This can affect an eater’s actions, intentions, and the cultivation of her capacities in many
areas of life, not just with regard to eating. This might be one of the most significant ways that the control narrative about unhealthy eaters can damage agency.

**Fat People as Presumed Unhealthy Eaters**

Deprivation of opportunity, infiltrated consciousness, distorted action, and obstructed identities can affect anyone identified as an unhealthy eater. However, because what gets counted as health and healthy behavior is inflected with classism, racism, and other forms of prejudice, being identified as an unhealthy eater is likely to stick to some people more than others. In addition, the effects of the control narrative can be modulated by interactions with other social narratives, meaning it may stick in more or less harmful ways.

For example, the label may be less likely to stick to men than women because of stereotypes associating masculinity with indifference, and even antagonism, toward health (Springer and Mouzon 2011; Courtenay 2000). If men eat unhealthily, their eating may be understood as expressive of their masculinity, or their preoccupation with more masculine concerns than eating, rather than reflective of their damaged agency. At the very least, this narrative opens up space to reinterpret men’s eating so that it is not automatically or permanently understood as a failure of agency. Women, however, are often expected to be responsible not only for their own eating and health, but for the eating and health of their families (Reiheld 2015). The label of unhealthy eater may not only be more likely to stick to women than men, but a woman may be subject to the assumption that she is a flawed or failed agent because of the way her family eats, not just because of her own eating.
I suggest that the label “unhealthy eater” sticks to and affects fat people in particularly stubborn and harmful ways. Despite the fact that the connection between eating and body size is deeply complex (Bombak 2014; Campos et al. 2006), it is widely assumed that a fat body is the result of unhealthy eating. This assumption appears in almost all the academic and mainstream literature on fat, whether the authors think that unhealthy eating is caused by lack of willpower, ignorance, the eater’s proximity to convenience stores and fast food outlets, or the fact that more people have not read the latest diet book. While these authors may come to different conclusions about what ultimately explains unhealthy eating, they share the common and pervasive assumption that a fat body is almost always caused by unhealthy eating. Given this narrative, it is highly likely that a fat person will be taken as an unhealthy eater, regardless of her actual eating practices. Whether the person eats healthily or not, others will confer on her the identity of unhealthy eater simply because of the size of her body.

Moreover, attempts to correct this conferral are likely futile because the association of fat bodies with unhealthy eating is so pervasive, and alternative explanations for fatness are so rarely considered and even more rarely given serious consideration. Bierrria explains what when there is a misreading of an agent’s intention, reparative strategies can often be used to re-author the action in a more accurate way. For example, say I hand you a book, and you think I have given it to you to read. You say “I do not want this book,” but I really want you to hold it so I can answer my phone. To correct this misreading, I can explain my intentions to you, a third

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33 As Alison Reiheld writes, “with rare exceptions, to discuss obesity as it has been framed [by the medical establishment] is to discuss a disease that is related to food. Here…the old saying applies: it is the exceptions that prove the rule” (2015, 231). Some exceptions include most work in the field of Fat Studies, Julie Guthman’s work on toxins as possible contributors to “obesity” (2013), and folks working in the Health at Every Size movement (Bacon 2010).
party can explain it to you (“she just needs to answer her phone”), or you may be prompted to use your imagination and re-think what I’m doing, perhaps when I meet your comment with a blank stare and proceed to answer my phone.

These methods could be used to correct misreadings of unhealthy eating (“I do not usually eat entire pies in one sitting but today is March 14, Pi day!”). But when there are systematic misinterpretations of the actions of “disenfranchised agents” due to widespread prejudice, these agents often do not have recourse to reparative strategies (Bierria 2014, 132). Attempts to explain or prompt reinterpretation might be preempted, ignored, or dismissed as lies. Others are unlikely to step in and explain, since they are likely drawing from the same set of prejudiced narratives. In such cases, the interpreter is unlikely to see a need for reinterpretation, even if the actor or a third-party does protest.

This is often the case with fat people’s eating. There is widespread cultural and institutional enforcement of the idea that fat people get fat because they eat unhealthily. It is simply “common sense,” backed up by government and medical institutions, not to mention media and diet companies, that fat people get fat by eating poorly.34 As Samantha Murray writes: “we exist in a culture of a negative collective ‘knowingness’ about fatness…we presume we know the histories of all fat bodies, particularly those of fat women; we believe we know their desires (which must be out of control) and their will (which must be weak)” (2005, 154).

34 Empirical research catalogs some of these “common sense” beliefs. Review articles looking at prejudice and discrimination against fat people found widespread perceptions of fat people as lacking in self-discipline, and that medical professionals found “obese” people to be non-compliant, “indulgent,” and lacking “willpower” (R. Puhl and Brownell 2001; R. M. Puhl and Heuer 2009). Studies have shown that educating people about the complex causes of fatness can reduce “obesity bias” (Pearl and Lebowitz 2014; Hilbert 2016), while educating people about alleged “controllable” contributors to fatness has been found to increase it (Teachman et al. 2003).
Alternative explanations of fatness are few and far between, so many observers cannot draw on them to inform their interpretations or produce the “productive self-doubt” (Bierra 2014, 132) that would prompt reinterpretation. When alternative explanations are raised, they are likely to be characterized as excuses rather than legitimate explanations, undercutting their power to force or inform reinterpretation. The hegemony of the “unhealthy eating causes fat” story means that when the testimony of fat people about their own eating does not concur with that narrative, it is dismissed as obviously false or deluded.\footnote{Ragen Chastain calls this phenomenon the “but but but syndrome” (2011). Assumptions about fat people’s eating, exercise behaviors, or health status may be challenged with evidence (such as testimony, athletic achievements, or medical test results) but this evidence is discounted or rejected because it does not fit the assumptions.} As the blogger “Your Fat Friend” writes:

Being called a liar—openly—has become a regular feature of my life as a fat person. Any answer I offer about my body, the food I eat, the way I feel, or the regularity with which I move is answered with a dismissal… These questions—about diet, exercise, worth and will—have no answers that will satisfy their askers. My words have already been betrayed by the believed brokenness of my body…There is nothing I can say to counter the assumptions attached to my wide, soft frame. (Your Fat Friend 2017).

And even when a well-established medical authority provides an alternative explanation that will be accepted within the control narrative—say the fatness is understood to be out of the person’s control because of a thyroid condition and she is seeing a doctor about it—the presumption that
the individual is fat because she eats too much will need to be cancelled out again and again and again.\textsuperscript{36}

For these reasons, fat people as a group are particularly likely to be identified as unhealthy eaters and subjected to the forms of damaged agency that I have described. To be clear, this is not to say that fat people do not have agency at all, or that their agency is necessarily damaged. Rather, the combination of the control narrative about unhealthy eaters and the assumed link between fatness and unhealthy eating makes fat people particularly susceptible to the damage that may accompany being labeled as an unhealthy eater, and leaves them with few effective means of avoiding those harms.

This situation may contribute to and reinforce the oppression that fat people experience in North American society (Eller 2014; Farrell 2011).\textsuperscript{37} It may also compound other forms of oppression and inequality. Fat people are a diverse group, and interactions between the control narrative, the “fat is caused by unhealthy eating” narrative, and narratives about race, gender, class, ethnicity, ability, and the like may amplify damaging effects on agency. For example, sexist narratives about women as emotional, irrational, and lacking in self-control, and sexist and

\textsuperscript{36} Fat people who have “medical” reasons for being fat may be perceived as objects of pity and/or victims of circumstance, which is another way of undermining full agency.

\textsuperscript{37} It should be noted while being fat might make you particularly vulnerable to the harms associated with being identified as an “unhealthy eater,” given the racism and classism involved in identifying health and healthy eating, being “thin” does not in itself get you off the hook. Being thin does, for some people, offer protection from identification as an unhealthy eater. Thin people may be better able to force reinterpretation of their unhealthy eating, or that eating may be taken as a momentary lapse in agency, rather than a chronic condition. As Julie Guthman writes in her discussion of Kathleen LeBesco’s work, “fat people are imbued with little subjectivity no matter what they do, while thin people are imbued with heightened subjectivity no matter what they do” (Guthman 2007, 78). Though I have not found any empirical research on the subject, I suspect that class and race come into play with who gets off the hook here; for instance, low income white folks may be less likely to be seen as healthy eaters no matter how “normal” their BMI. Their thinness may be attributed to smoking or drug use rather than good eating practices, regardless of their actual engagement in any of those activities. Also, if those promoting the idea of “skinny fat” (Castañón 2016; Jung 2017) or “normal-weight central obesity” (Sahakyan et al. 2015) get their way, the assumption that thinness equals health will be broken (while, at the same time, the link between fat and ill-health is reinforced).
racist narratives about black women as irresponsible (Collins 2000), may reinforce interpretations of women’s apparent unhealthy eating as failures of agency. This may make it even more difficult for fat women and fat black women in particular to shake off the unhealthy-eater label or force reinterpretations of their eating, even if there are alternative interpretations available. As we will discuss shortly, such interactions between narratives not only make some people particularly vulnerable to the damaging effects of the control narrative but present challenges for projects of moral repair.

Counterstories: Alternative Models of the Eater

I have argued that the control narrative about unhealthy eaters can damage agency by informing how others perceive and treat “unhealthy eaters,” and how these individuals understand themselves. This illustrates one powerful way in which narratives about eating and eaters shape one important aspect of the self. This damage combined with the particularly pronounced way in which this narrative affects vulnerable populations like fat people, present powerful reasons to reject the narrative and seek alternatives. This is not to suggest that damage to agency should be our only consideration when deciding between accounts of eating agency or of what counts as good eating, just that it should be included.

In any case, there are other good reasons to abandon the control narrative. For example, feminists have criticized the dualism and antagonism toward the body inherent in the control model (Bordo 2003, 144–46), and the way it undervalues or completely ignores how relationships and context shape, constrain, and enable agency (Mackenzie and Stoljar 2000; Reiheld 2015; Gilson 2015). With regard to eating in particular, Schwartzman explains,
“Through the emphasis on choice and individual responsibility, this analysis obscures the effects of race, class, culture, geography, and many other variables that affect the availability and affordability of healthy food and opportunities for exercise” (Schwartzman 2015, 89). Food and health scholars have also criticized the control model because it is apparently unable to produce effective eating interventions, and fails to adequately explain the apparently massive shifts in eating habits over recent decades in the U.S. (Brownell et al. 2010).

In light of these issues, alternative accounts of the eater have begun to gain traction in eating and health research and in the media. These accounts might be useful as “counterstories,” narratives that challenge and potentially replace dominant, damaging narratives (Lindemann Nelson 2001b, 45). As Jackie Leach Scully explains, counterstories “encourage self-understandings and the outsider’s perceptions of members of a marginalized group to shift…counterstories are potential channels for redefinition and moral transformation” (Scully 2008, 115). Counterstories aim to redefine and reframe what it means to be such and such a sort of person, and to establish the possibility that those with that identity are or at least can be full moral agents, responsible for and in control of their actions and lives. Since there is no such thing as an undamaged identity, we are not seeking narratives that do not constrain or constrict agency in any way. Rather, we want a counterstory that is, at least, less damaging than the dominant narrative. To this end, I will consider two alternative accounts of the eater and the effects of their characterizations of unhealthy eaters on agency.

Before that, though, I want to flag that even if we do identify a less damaging counterstory about unhealthy eaters, we must address the question of efficacy. As Scully puts it, “the efficacy of a counterstory…comes from its ability to disrupt the consensus around the
dominant narratives and to suggest other possible lives” (Scully 2008, 115). But what features make a counterstory and its telling effective in disrupting, undermining, contesting, and, ideally, replacing a deeply damaging narrative about an identity? What enables a counterstory to empower those it re-describes?

While a full theory of what makes a counterstory effective is beyond the scope of this chapter, I see two key features as central to a story’s success. As discussed earlier, identity narratives affect an individual’s agency not only because they are internalized but also because they shape the actions of others. To be effective, then, a counterstory must catch on both with the people it describes, who can then adopt it into their own self-understandings, as well as those who interact with them, especially those who have authority over the people described (Lindemann Nelson 2001b, 50). This may be more likely if the people who tell the story, or from whom the story originates, have some epistemic authority within the context in which the story is told and received. If the tellers, or those to whom the story is attributed, have little or no epistemic authority, that is, no authority as knowers, the counterstory may not be taken seriously or may be dismissed as false. Who has epistemic authority in which contexts and when is, of course, a complicated question.

Another factor that may contribute to the efficacy of a counterstory is the resonance of that story with the experiences of those whom it purports to describe. Counterstories may offer a reframing, retelling, or revaluation of experiences, or may highlight experiences that damaging narratives overlook, fail to acknowledge, or obscure such that these experiences support the counterstory rather than damaging narratives (Lindemann Nelson 2001b, 50). An effective counterstory might ground itself in counter-memories, which, as I explained in Chapter One, are
lived experiences that fit uncomfortably within dominant narratives (McWhorter 1999, 199). Even authoritative counterstories seem unlikely to gain purchase on individuals’ self-understandings if they do not match up with any of their lived experiences.

With these two features in mind, let us now turn to some possible counterstories and their capacity as narratives to empower and enable “unhealthy eaters.”

*The Environmental Model*

In response to the failures of traditional approaches to solving the “obesity crisis” (Hill and Peters 1998; Egger and Swinburn 1997), researchers proposed an environmental model of eating agency. This model has become popular amongst some public health researchers as a corrective to a nearly exclusive focus on individual-level factors as determining eating (and other) behavior (Brug et al. 2008; Larson and Story 2009; Glanz and Mullis 1988). Broadly speaking, the environmental approach draws attention to features of the environment that influence what are considered the two main areas of behavior contributing to fatness: eating (energy input) and exercise (energy output). The environmental features affecting eating include food policy and regulations, subsidies, the types of stores and restaurants near one’s school, work, or home, one’s income, cultural norms, and family traditions.

While the control model allows that the environment can influence eating (framing it as something that a virtuous eater will overcome, if need be), the environmental model emphasizes the way that environmental influences preclude or compromise individual control over eating. Proponents of the environmental model argue that contemporary environments—often called

38 This presumes an “energy-balance model” of obesity. Guthman questions the validity of this model (2013), but it is widely taken for granted.
“obesogenic” or “toxic” environments (Brownell and Horgen 2004, 7)—undermine individuals’ ability to exercise their eating agency. These environments are broadly characterized as abundant in easily-accessible, tasty, inexpensive, intensely marketed, energy-dense, but innutritious foods, with a variety of social and cultural forces that encourage or at least fail to discourage regular consumption of large portions of these foods.

There are two key ways that contemporary environments compromise eating agency. First, they limit which foods are available for people to choose from. In “food deserts”—residential areas where healthy items are not readily available or affordable and fast foods and convenience foods are—choosing healthy foods is practically and economically difficult because they simply are not *there* to choose from.39 Second, the environment “hijacks” human biology and physiology (Brownell et al. 2010, 381–82). The story here is that humans evolved to survive in conditions of scarcity, which means that we are predisposed to eat large amounts of energy-dense foods when they are available and to store this energy in the form of fat (Brownell and Horgen 2004, 25). In the toxic contemporary environment, energy-dense foods are plentiful and constantly available, and we rarely encounter periods of scarcity. Since our biology “naturally” makes it nearly impossible for us to resist these ubiquitous sweets and junk food (Contento et al. 2007, 180), it is no surprise that we eat so much of it. In addition to the ever-presence of palatable innutritious foods that satisfy our “innate biological predispositions” (Contento et al. 2007, 180), certain forms of marketing may also bypass our agency and “tap directly” into our bodies (Brownell et al. 2010, 385).

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39 “Food desert” is defined differently by different researchers (Walker, Keane, and Burke 2010), but generally refers to neighbourhoods with fewer supermarkets, which are assumed to have a better selection of healthy foods at reasonable prices, and more fast food outlets and/or convenience stores.
While it is logically possible to conceive of an environmental account of eating agency that does not make healthist assumptions about eating, the environmental model was developed and continues to be widely promoted and deployed within a healthist framework. A healthist environmental narrative about unhealthy eating attributes unhealthy eating to an unfortunate combination of practical limitations, our natural predilection for certain foods, and the toxic environment. One important implication of this model is that unhealthy eaters should not be blamed for their poor eating. Personal responsibility is (at least ostensibly) not the focus. Rather, it is the environment that is primarily to blame, and it is the task of governments, corporations, public health organizations, and other collective bodies who have the capacity and resources to do so, to alter that environment so people eat better.40

One benefit of shifting responsibility away from the individual is that it undermines the moralization of unhealthy eating. Given that many of the targets of anti-obesity programs are low-income women of color (Guthman 2013, 143), some feminists and anti-racists have found this feature particularly appealing (Yancey, Leslie, and Abel 2006). In terms of agency, shifting responsibility to the environment interrupts the association between being an unhealthy eater and being a flawed or failed agent. Instead, it makes unhealthy eating not really agential at all—which, as I will argue momentarily, is not really an improvement.

That said, personal responsibility for eating is not entirely absent from this account. Feminist critics have argued that it shows up in implicit explanations of how some people manage to eat well despite living in a toxic environment (Guthman 2007; Kirkland 2011). If we

40 Within this narrative, personal responsibility for eating is simply postponed until the environmental conditions are ameliorated. The promise is that without the corrupting influence of an obesogenic environment, people will be better able to exercise their eating agency, which (given healthist assumptions) means they will eat healthier; or, at least, they will be properly personally responsible for their own unhealthy eating (Brownell et al. 2010, 383–84).
assume that obesogenic environments are ubiquitous, healthy eaters in such environments must be especially good agents in something like a control model way, able to fend off the encroachment of the environment, while unhealthy eaters cannot. As Guthman writes: “if junk food is everywhere and people are all naturally drawn to it, those who resist it must have heightened powers” (2007, 78). This is troubling since most of those assumed to eat unhealthily are members of low-income minority populations. We thus end up with a narrative in which wealthier, thinner, white people have good eating agency while poorer people of colour do not have eating agency at all: “Members of one group move powerfully through the world determining their body sizes and health statuses; others are pitiably stuck within and determined by the environment” (Kirkland 2011, 467–77).

Alternatively, if we restrict the scope of toxic environments to food deserts, say, then only certain people live in obesogenic environments, while others enjoy environments that are more supportive of healthy eating and eating agency. But food deserts are generally understood to be low-income areas, so this produces a similar story about agency. Poor people’s eating agency is negated by their environment, while wealthy people, living in non-toxic (clean?) environments, can exercise their eating agency unimpeded by environmental factors.41

An environmental narrative about unhealthy eaters does undercut some of the damage done by the control narrative. Rather than taking unhealthy eating as a sign of a flawed or failed agency, we can attribute it to the environment. But understanding unhealthy eating as something

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41 It is possible that one could take an environmental model that denies anyone really has eating agency, and that eating is generally determined by the environment. Perhaps those who do eat healthily despite “junk food” being “everywhere” are in different “micro-environments” than those who do not. (This explanation raises problems with defining the limits of an environment, since there will be people in the same household who, on this explanation, must live in different micro-environments). This would mean that no one is really a better eating agent than anyone else, which would undercut some of the harm. But unhealthy eaters would still be singled out for intervention because their eating is problematic; they would still need help from others, whereas healthy eaters would not.
that is not agential can lead to its own forms of deprivation of opportunity and infiltrated consciousness. Given this understanding, institutions can easily justify interventions into unhealthy eaters’ lives because they are clearly unable to help themselves eat better. And if I come to understand my own eating in this way, why would I bother to try to change it myself?

This interpretation leads to distorted actions and blocked identities in much the same way as the control narrative. No matter what someone might intend or aim at with their eating, unhealthy eating cannot show up as reflective of an identity or values because it will be interpreted as a product of a toxic environment. As a real or presumed unhealthy eater, then, I cannot construct an identity other than unhealthy eater in and through my eating.

Because an environmental account is not a general theory of agency but only of eating (and sometimes exercise), this denial of agency and identity may not bleed into other areas of life. But this is a significant constriction on agency, even if confined to eating. In these respects, the environmental narrative about unhealthy eaters is not much better than the control narrative, undermining its value as a potential counterstory. Indeed, we might think it is worse in the sense that it deprives whole groups of people of eating agency—groups likely to be vulnerable in other ways—rather than simply characterizing them as compromised agents.

The Situationist Model

Another alternative model of the eater is the “situationist model,” which draws on situationist psychology and has been popularized through the work of Brian Wansink and Richard Thaler and Cass Sunstein. Implicit in this work is an account of an eater who has some control over their eating, but this control is attenuated by unavoidable openness to environmental cues and the use of non-conscious cognitive shortcuts. For example, how much we eat at a given
meal is rarely determined by careful calculation or measurement. Instead, we tend to use informal “consumption norms,” which are influenced by a variety of factors including how many people you eat with, who those people are (e.g., strangers or friends and family), how much they eat, the size of the plate or bowl you use, and the size of the portion served (Hermans et al. 2012; Herman, Roth, and Polivy 2003). Though we may think that so-called internal factors like hunger and satiety are the most important determinants of how much we eat, these factors are often overridden by the environmental cues shaping the consumption norms in a particular context. We generally do not notice the influence that these features have on our judgments about how much to eat and how much we ate (Spanos et al. 2014, 1487). For instance, in a study by Hermans and colleagues, most of the participants claimed to have eaten an amount typical for them when the study showed that the amount they ate was altered by both portion size and how much their eating companion ate (2012, 593).

Simply knowing that the environment affects your behavior in this way does little to stop it from determining the way in which you eat. Happily, however, individuals can take steps to manipulate their environments to help them eat in accordance with their goals. Rather than insisting we just use our knowledge and willpower to overcome temptation and the influence of our environments, we can strategically use our openness to the environment to make ourselves eat in accordance with our values. Wansink offers many tips and strategies for how to do this: use smaller plates, decide how much to eat before your meal rather than during it, keep healthy snacks like fruit visible and hide unhealthy foods in cupboards, and so on (Wansink 2004, 471–72).
It is this focus on the possibility of individual control that distinguishes the situationist account from an environmental one.\textsuperscript{42} Whereas the environmental model deemphasizes personal responsibility while emphasizing the need for broad, structural changes, the situationist model suggests that individuals can and should take personal responsibility for their eating, at least to an extent. We may not be able to block the environment from influencing us, but we can and should shape that environment so it influences us in ways we approve of. In this way, we are less personally responsible for eating a whole bag of chips once it is opened (consumption norms make it difficult for us to stop), and more personally responsible for failing to arrange our environment in ways conducive to eating we endorse (not getting our hands on that bag in the first place).

When combined with healthism about eating, the situationist narrative avoids the problematic suggestion that healthy eaters are superior agents with “heightened powers,” while others have no eating agency at all. Instead, it requires only the claim that humans use cognitive shortcuts. That is just how we are; it is not a feature that belongs to some and not others. Moreover, the narrative is optimistic about agency; there is room for eaters to take control of their eating, just in a roundabout way. Individuals can employ a variety of tactics to modify their eating by modifying their environments, though there may be limits to what an individual can accomplish given that no one can fully control their own environment.

The situationist narrative does not rule out that some people may eat unhealthily due to flaws in agency, like lack of will power or self-control. It simply offers a variety of alternative

\textsuperscript{42} The models may be compatible (Kelly Brownell and colleagues (2010) draw on both, for instance). A situationist model could be understood as a fleshing out of the ways micro-environmental features affect individuals, and proponents of the environmental account might welcome this development, given that environmental accounts lack a theoretical explanation for why certain features affect behavior in the way they are assumed to (Brug et al. 2008).
explanations. Unhealthy eating may be attributable to a lack of understanding about what needs to be done (perhaps one is stuck thinking that willpower alone will do the trick), a lack of good strategy to make the desired change, or environmental factors outside of one’s control. Those who have proper strategies may have difficulties implementing them due to time, ability, or resource constraints. It may not be physically difficult for many people to move things around in our cupboards, but if we do not have time to do it or the money to pay someone else to, it may not get done. And in some cases, the changes required to eat better are outside of any individual’s control, as with food deserts or even with cafeterias structured to induce overeating. Here, institutions, collectives, and others who have the power to make these broader changes will need to step in.

There are some clear benefits to this narrative vis-à-vis agency. For one, it offers a variety of possible explanations for unhealthy eating, opening up space for contestation and reinterpretation. While eating unhealthily could be due to lack of self-control or ignorance, it might be due to a poorly organized kitchen, say, or plates that are very large. Many of these factors are things that the individual might change, so she is less likely to internalize the idea that she has no hope of controlling her own eating. And even if the changes needed are out of an individual’s reach, at least the blame can be displaced from the agent and onto the environment. The narrative also defends against certain forms of deprivation of opportunity. I may be better enabled to reject another’s control if I think I can make the necessary tweaks on my own, or

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43 It is important to note that for those with certain disabilities or chronic pain, reorganizing the cupboards may be well out of the realm of physical possibility.
44 That said, neo-liberal individualizing and responsibilizing narratives may make people feel it is their fault for not having the time or money or energy to “take care of themselves” by altering their environments in the necessary way.

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believe that the problem is with the environment and not with me, especially if others are offering tools that focus more on my own self-control rather than my environment.

In these respects, the situationist approach produces a less constraining narrative about unhealthy eaters than the control or the environmental accounts. And it is also promising in terms of potential efficacy. The model has gained traction in media and other mainstream discussions about eating, and until very recently, it also enjoyed prominent scientific credibility. Its most prominent scientific proponent has been Brian Wansink, formerly of Cornell University Lab, who has published many studies and a popular book based on this view (Wansink n.d.; Rosenberg and Wong 2018). Wansink has recently been disgraced for shoddy research practices and has had to retract multiple papers (Lee 2018). Nonetheless, there is a good deal of science using the model that is not out of Wansink’s lab, and so may stand on its own. In terms of resonance with the experience of those described, the situationist model plausibly captures some of the experiences of eaters, including unhealthy eaters. The narrative acknowledges experiences that fit with the control narrative, such as feeling out of control or mindless with regard to eating, but re-locates the cause of those experiences outside of one’s will. The narrative helpfully reframes these experiences in an empowering way: it is not your fault, go get yourself some smaller plates.

The situationist narrative may helpfully widen the range of possible explanations of unhealthy eating, but insofar as it fails to challenge the assumption that eating should be for health it maintains one crucial and harmful constraint on agency: unhealthy eating cannot show up as an expression of good agency or one’s identity or values. Any account that precludes the possibility that unhealthy eating may express an individual’s identity or values can lead to
distorted eating and blocked identities. But not all deployments of the situationist account make this healthist assumption. As mentioned in Chapter One, Richard Thaler and Cass Sunstein are careful to reject the idea that good eating must be healthy eating. They insist that people should be free to prioritize other values in their eating (2009, 5). This produces what I call a “Situationist Eating Autonomy” narrative about unhealthy eaters. In the next and final section of the paper, I consider how such a narrative might function as a counterstory.

Counterstories: Situationist Eating Autonomy

While, as I have argued, healthism is quite prominent, many people seem to have pluralist intuitions about eating. For example, many people think that pleasure is an important eating value, in addition to health (Kukla 2018; Welsh 2011; Noë 2012). And empirical research suggests that people also see eating as related to taste, ethics, cost, convenience, identity, and social relationships (Connors et al. 2001; Bisogni et al. 2002; Devine et al. 1999). Building on these intuitions, some philosophers have pushed back on healthism by suggesting that what really matters for eating is that individuals are able to autonomously pursue their own values, which may or may not include health (Noë 2012; Bonotti 2015). As discussed in Chapter One, I call this the “Eating Autonomy” view.

If we subscribe to the Eating Autonomy view, then we do not assume that someone is a flawed or failed agent when they eat unhealthily. Rather, we ask whether they have chosen autonomously to pursue some value other than health. Pursuing values other than health is a legitimate thing to do. Eating deep fried Oreos on a regular basis may indeed be good agency at work, if the eater prioritizes pleasure and finds that dish intensely pleasurable (Noë 2012).
While Eating Autonomy arguments like Resnik’s seem to, at least implicitly, rely on something like a control model of the agent, Thaler and Sunstein combine their commitment to autonomy with a situationist model of agency. As we have already discussed, the situationist model increases the number of possible explanations for unhealthy eating as well as avenues for addressing unwanted unhealthy eating. If we add to this the possibility that unhealthy eating could be good agency at work, we undercut the major limitation I identified with the healthist situationist narrative: unhealthy eating could show up as a reflection of identity and values. A Situationist Eating Autonomy narrative would thereby not only increase the number of possible explanations of unhealthy eating, but also enable unhealthy eaters to understand their unhealthy eating as agential, making them less vulnerable to those who would take advantage of them or try to control their eating. It may also make people more open to interpreting others’ unhealthy eating as reflective of their identity, character, and values, rather than their ignorance, lack of willpower, or non-existent eating agency. In these respects, this narrative about unhealthy eaters seems a quite promising counterstory.

While Brian Wansink’s recent disgrace may undermine the scientific cachet of a Situationist Eating Autonomy narrative, the way that the inherent values pluralism within this model latches onto lived experiences gives it a good deal of purchase. Eating experiences that sit uncomfortably within the framework of good and bad eating healthism sets out for us can serve as counter-memories, offering support for these counterstories and making space for new ways of understanding ourselves and others. Healthism about eating may taint taking pleasure in food with guilt or shame, but even so, most people have enjoyed eating food. And many people have also experienced the ways that food plays an important cultural or social role in their lives. An
Eating Autonomy view reframes that pleasure and cultural and social value as things potentially worthy of pursuit, regardless of their relationship to health.

For these reasons, a Situationist Eating Autonomy narrative about eaters is a promising counternarrative. The Eating Autonomy aspect enables unhealthy eating to show up as reflective of identity, character, and choice, while the situationism undercuts the disempowering individualism and lack of agency in the control and environmental accounts. That said, I have some significant reservations about the power of this narrative as a means of moral repair. In particular, I suspect that it is limited in its ability to repair the agency of fat people, who, as I have argued, are especially vulnerable to the harms of the control narrative. Recognizing that the effects of a narrative on agency are modulated by interactions with other narratives, I suggest that fat people will be unlikely to benefit from this narrative for at least two reasons.

First, ableism may prevent fat people from being recognized as (or recognizing themselves as) agential unhealthy eaters.⁴⁵ Even if we agree that individuals may legitimately prioritize values other than health, ableist assumptions about the value of ablebodiedness may lead us to believe that when someone’s health is at risk or already compromised, the rational thing to do is prioritize health. In other words, intuitive sympathy for the Eating Autonomy view may dissolve when the eater in question is sick, disabled, or perceived to be at high risk of illness or disability.

This affects fat people because according to the American Medical Association, obesity is a disease (Pollack 2013). It is repeatedly and often urgently proclaimed that being fat “causes” or at least (and somewhat more accurately) is associated with serious illness, disability, and early

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⁴⁵ For discussion of ableism and its links to other forms of oppression see Robert McRuer (2013).
death. According to an ableist narrative, then, even if some people can legitimately prioritize non-health values in their eating, fat people—some of whom are by definition diseased and all of whom are widely assumed to be at risk for bad health if not already unhealthy—should prioritize health. Otherwise they are irrational, which pushes them into the flawed or failed agent category.

Second, even if fat people do get counted as agential unhealthy eaters, their eating may be taken to reflect substantively bad values or identities. As mentioned in Chapter One, David Mela claims that over 50 years of scientific research has been premised on the idea that “obese” people must get more pleasure out of food than “non-obese” people do, which explains why they (allegedly) eat so much even to the (alleged) detriment of their health (2006). This suggests that if fat people’s unhealthy eating is taken as agential, it is likely to be attributed to a pursuit of pleasure.

As discussed earlier, our ethical evaluations of pleasure-seeking through food are complicated at best (Kukla 2018). Who gets to be hedonistic without being judged a morally corrupt or irresponsible person is deeply coloured by classism, racism, and other forms of prejudice. For instance, thin, beautiful French women seem welcome to be hedonists, perhaps in part because their food pleasures presumably revolve around copious amounts of brie and wine and they are assumed to remain beautiful despite (or even because of) their eating practices. On the other hand, low-income, fat Americans, whose tastes are presumed to fall more into the junk-food and fast-food range, seem more likely to be judged as irresponsible or gluttonous. In this case, a Situationist Eating Autonomy narrative may simply push the object of criticism from an unhealthy eater’s failed, flawed, or non-existent eating agency to her bad character or values.
And being understood as a substantively bad person can have its own damaging effects on agency.

Conclusion

As noted in the introduction to this chapter, conversations about autonomy and the ethics of eating often focus on the ways policies and interventions can impinge on the exercise of autonomy through food choice. But I have suggested that healthist narratives can also affect autonomy, and specifically agency, in significant ways. I have argued that the common “control narrative” about unhealthy eaters may damage the agency of those identified as such in four different ways. And I suggested that two prominent alternative accounts of eating agency—the environmental model and the situationist model—are not much better, at least on their own. A Situationist Eating Autonomy narrative holds some promise, but I have suggested that it is limited in its ability to repair the agency of some of those most vulnerable to the harms of the control narrative, namely fat people.

In a broad sense, this discussion illustrates how narratives about eating and eaters can shape agency. This is one of the ways in which eating shapes selves. This discussion also emphasizes that any project of repair featuring counterstories needs to be responsive to the dynamic nature of social narratives and their intersectional effects on identity and agency. It highlights that a single counterstory is unlikely to be sufficient to repair the agency of those whose identities are constructed out of, or at least in relation to, multiple damaging narratives. Despite these challenges, I hope to have shown that resisting harmful healthist narratives about eaters is an important and worthwhile project.
In the next chapter, I take up Valuable Eating Experience advocates’ call to move beyond autonomy and consider the ways that eating shapes other aspects of the self.
Chapter Three: Beyond Agency: Eating as a Self-Shaping Activity

In the last chapter, I argued that healthist narratives about unhealthy eaters can damage the agency of those identified as unhealthy eaters, and can be particularly damaging to the agency of fat people. If we value agency and believe it should be protected and promoted, as most do, then this is an ethically significant effect of healthism about eating. More broadly, the last chapter demonstrated how understandings and characterizations of eating can shape agency as an aspect of the self. But my position is that eating shapes more than agency. Eating also shapes other ethically-significant aspects of the self like capacities, affects, self-understandings, and values. And our capacities, affects, self-understandings, and values, can be shaped in good and bad, better and worse, ways.

In this chapter, I show how eating can shape these other aspects of the self by drawing on the Foucauldian concept of a “practice of the self.” I take up Chloë Taylor’s suggestion that eating is a central contemporary practice of the self, and argue that this means that in contexts like the United States, we take eating to be an appropriate venue for work on the self and interpret our own and others’ eating in that light. Crucially, it also means that eating can and does have significant effects on the self. I use the analytic framework of practices of the self to demonstrate how a specific way of eating—women’s weight-loss dieting—can shape selves, and argue that the self-shaping effects of women’s weight-loss dieting are largely bad.

I then argue that healthist ways of eating can also shape the self in significant, and largely negative, ways. I contend that healthist eating has many similar effects to weight-loss dieting, in part because of the conflation between thinness and health. Once we recognize these effects, it
becomes clear that healthist policies and interventions may encourage, discourage, require, or prevent ways of eating that can have ethically significant effects on the self.

In the final section of the chapter, I argue that the critiques of healthism about eating introduced in Chapter One fail to acknowledge or accommodate the possible effects of eating on the self, and are therefore incomplete. The critiques imply that the only way healthism about eating can affect autonomy is by threatening liberty, or that the only way it can affect valuable experiences is by blocking them. But my arguments in Chapter Two demonstrated that eating also shapes agency, an important component of autonomy, and my arguments in this chapter reveal that eating can shape our values, thereby structuring which experiences have value for us. Therefore, even when we restrict our concern to autonomy and valuable experiences—which would be leaving out many of the ways eating can shape selves—these critiques are inadequate. As a whole, then, this chapter offers support for my claim that we cannot understand the full ethical implications of healthist eating interventions, policies, practices, or understandings—and so cannot make informed ethical judgments about them—without accounting for the effects of eating on agency and other important aspects of the self.

Practices of the Self

One way to understand the claim that activities of eating shape selves is through Michel Foucault’s concept of a “practice of the self.” As Foucault describes it, practices of the self are activities people take up “on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault 1997a, 225). In other words, a practice of the self is an
activity in which a person takes herself, or aspects of herself, as an object, and works on that object with the aim of creating or realizing a particular sort of self: a pure self, a happy self, or a morally good self, for instance.

Practices of the self are premised on a relationship to oneself, which Foucault calls the ethical relation (Foucault 1997c, 263). Foucault claims that this relationship is a crucial part of morality, but it is often overlooked in work on ethics due to a focus on moral codes and prescriptions. There are many different forms this relation can take: many ways of understanding the kind of thing we are and what work needs to be done to make us into the kind of thing we aim to be. We could relate to ourselves as a creative project, for instance (as Foucault suggests we do (Foucault 1997c, 262)), or as an essentially imperfect being that needs to mitigate or repress our bad nature and cultivate what is good in us.

While individuals take up and live out ethical relationships with themselves, the forms these relationships and the practices informed by them take are culturally and socially provided (Foucault 1997e, 291). Individuals are enculturated into certain ways of relating to themselves, and the ethical relation they develop constrains which practices of the self are appropriate or necessary for them to engage in. For example, Cressida Heyes argues that the currently dominant form of ethical relation is to relate ourselves as beings with some inner, innate, true, authentic self that we must work to know and make visible through our actions and our bodily appearance (Heyes 2007). This sort of self-relation informs certain practices of self-knowledge, like

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46 “If I am now interested in how the subject constitutes itself in an active fashion through practices of the self, these practices are nevertheless not something invented by the individual himself. They are models that he finds in his culture and are proposed, suggested, imposed upon him by his culture, his society, and his social group” (Foucault 1997e, 291).
psychotherapy, and certain types of self-help, and practices of shaping and ornamenting the body to let the “true self” show through, including dieting, exercise, and cosmetic surgery.

Foucault articulates the importance of the ethical relation through historical work tracing practices of the self relating to sex. He suggests that the differences between Ancient Greek, Roman, and Christian sexual ethics were less about moral codes or prescriptions, and more about changes in the relation to oneself (Foucault 1997c, 266). We can analyze these changes by breaking down the ethical relation into four parts: 1) the ethical substance, or the part of the self which one aims to improve or transform; 2) the “mode of subjection,” or the reasons or justification to engage in the work of self-transformation; 3) the ethical work, or the actions one undertakes to bring the desired transformation about; 4) and the telos or end, or the sort of being one aims to become through engagement in the practice (Foucault 1997b). For example, Foucault argues that the Stoics were concerned with the aesthetics of their lives and sought to “live a beautiful life, and to leave others memories of a beautiful existence,” by working on themselves through the regulation of sex, among other things (Foucault 1997c, 254). Later, Christians sought salvation in the next life, in part, by working on themselves through the regulation of sex. Although the ethical work of abstinence was the same in both cases, the telos (and other parts of the ethical relation) had changed (Foucault 1997e, 289).

One of the most important features of practices of the self is that they not only aim at shaping the self, but do, in fact, shape selves. While a full account of Foucauldian theory of the self is beyond the scope of this project, roughly speaking, the idea is that the self, or more specifically, the particular kind of self one is, is constituted through practices.\(^47\) These practices

\(^{47}\) Except when discussing practices of the self, Foucault uses the term “subject” to refer to what I mean by self. “Subject” has certain connotations that are helpful for understanding Foucault’s theory of how subjects are
include practices of the self (Foucault 1997e, 290). Practices of the self may not always have the constitutive effects that are intended by those who engage in them—we may not actually become pure through practices of abstinence, for instance—but they nonetheless shape the self in significant ways. And as I discuss later, the effects of practices of the self vary according to the ethical relation that structures them.

Although we often find ourselves engaged in practices of the self without much intention or reflection, we can critically identify and evaluate our practices, and if we do not like the ways they shape us, we can take up new practices to shape ourselves in different and hopefully better ways. Exploring this aspect of practices of the self has been important thread in feminist and other critical work on Foucault (Heyes 2007; Taylor 2010; McWhorter 1999). The key point for us at this juncture, however, is that practices of the self do shape the self, whether our practices are mindless or critically and strategically chosen. And as we will now discuss, eating can be a practice of the self in just this way.

Though Foucault’s analysis centers on sex, he notes that some Ancient Greeks and Romans focused on eating as an arena for practices of the self. He suggests that they were, in fact, more concerned with eating than with sex, and traces a gradual shift through early Western Christianity and the Middle Ages away from eating to an emphasis on sex (Foucault 1997c, [253]). Contemporary philosopher Chloë Taylor claims that eating has once again gained prominence as a site for work on the self.48 She writes: “the manner in which we regulate our

produced, but for the purposes of this project, I will stick to my own terminology. Cressida Heyes explains that for Foucault, the term “subject” refers to the possibility of being a certain sort or ”kind of person” (Heyes 2010, 159), which is what I mean by self.

48 Taylor does not offer an account of why this might be the case, though we might think that material conditions (abundance of food and food options in many U.S. and other contexts) and economic, social, and cultural conditions (global capitalism, consumerism) play some role

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food consumption has been revived as a means of ethical and aesthetic self-constitution in the West” (Taylor 2010, 73).

To say that eating is once again a central site for practices of the self does not mean that we use eating *qua* practice of the self in the same way that the Ancient Greeks and Romans did.\(^\text{49}\) Nor does it mean that eating wholly determines the self, as we engage in multiple practices of self and other practices that shape us as well. But it does mean that like some men in the ancient world, we take eating to be an area of activity in which transformative work on oneself is appropriate and expected.\(^\text{50}\) It also suggests that eating does or at least can have significant effects on the self, and that eating in different ways, within different ethical relations, can produce different sorts of selves.

Taking eating to be a contemporary practice of the self raises some important questions. What sorts of “alimentary” practices of the self—that is, practices of the self involving or grounded in eating—are common now? What sort of ethical relation is presupposed in these ways of eating? What are the actual effects of that eating on selves? In the next section, I begin to answer some of these questions through an analysis of women’s weight-loss dieting. I draw from Sandra Bartky’s classic analysis as well as more recent feminist work to argue that weight-

\(^{49}\) According to Foucault, Ancient Greek and Romans were mainly concerned with eating as a site for managing pleasures in a way appropriate to being a good citizen (Coveney 2006, ix–x; see also McWhorter 1999, 114–17; Foucault 1997d, 89–90).

\(^{50}\) One implication of this is that we may interpret someone’s eating as reflecting their understanding of and relationship to themselves as a “work in progress.” We may take eating to reflect the relation a person has to themselves, their self-understanding, and their ability to enact their self-making goals and projects through their eating. This point echoes my claims in Chapter Two that narratives about eating and eaters are closely tied to identity and therefore to agency. It is because we take eating to reflect something important about who we are, who we take ourselves to be, our character, and the like, that narratives about eating and eaters can have such effects on agency. Another implication is that accounts that suggest a straightforward relationship between identity and eating are over-simple; it is not just identities that you may hold, but identities are assumed to want to have, or should be pursuing, and a recognition of the gap between your identity and that one, that are reflected in the way you eat.
loss dieting can function as a practice of the self for women *qua* women: that is, dieting is a way for women to realize their femininity. It is something many women find themselves engaged in, but also something many women take up thoughtfully and intentionally. Whatever the particular flavor of engagement, this way of eating can have significant and insidious effects on the self far beyond what it promises. This analysis will highlight some of the ways that eating as a practice of the self can shape selves, and reveal that the effects of particular ways of eating on selves can be quite bad.

*Dietering and the Feminine Self*

In “Foucault, Femininity, and the Modernization of Patriarchal Power” (1990), Sandra Bartky contends that weight-loss dieting is one of the central practices producing the contemporary feminine self. For Bartky, the production of a feminine self requires more than just a way of eating—certain forms of bodily comportment and ornamentation are also key components of her analysis—but dieting to lose weight is a central, and for most women, essential, part of the project.

Within a heteronormative society like our own, femininity is understood to be natural and innate, an essential feature of half of humanity. And yet many women do not have bodies that are appropriately feminine in size and composition. The standards for a feminine body at the time Bartky was writing involved being very thin, with low body fat and proportions closer to those of some adolescents than adults, and it remains generally true that “feminine appearance ideals

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51 It is worth noting that this analysis does not imply that all weight-loss dieting done by women works within this framework, or has these effects on the self. It simply suggests that this is a common way of practicing dieting for women and that, if practiced this way, dieting is likely to have these effects.
valorize thinness” (Isaacs 2018, 575). Because such a body is not a natural state for most women, achieving this body, and so being properly feminine, requires most women to engage in weight-loss dieting.53

According to this analysis, the telos of women’s weight-loss dieting is to have a “feminine body,” that is, a thin body, or, more broadly, to be feminine, which ostensibly requires such a body.54 The way that femininity is understood to be natural, innate, and essential makes it a normalizing telos (McWhorter 1999, 156; Heyes 2007, 73). Rather than a telos that someone could voluntarily take up or leave behind if no longer interested (say, like, becoming an accomplished musician or gourmet), normalizing teloi are understood to be inherent to the population in question. Striving for and achieving such teloi is therefore non-optional for anyone who falls under its purview. Embodying and achieving this telos is literally who you are, who you were born to be; it is in your nature.

The link between weight-loss dieting and femininity as a normalizing telos makes the stakes of dieting very high. Failure at dieting (or to diet at all) may threaten a woman’s gender identity, or at least perceived success at being a “good” woman. Bartky points out that since heteronormativity frames human beings as either female or male, feminine or masculine, failure to properly achieve or strive for femininity through practices like dieting can also threaten one’s ability to show up as anything at all. (This is, she suggests, one reason why so many women reject feminist critiques of dieting and beauty culture: “any political project which aims to

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52 Note that the language of “ideals” may be misleading here. It is not just an ideal that is held in esteem but women could choose to pursue or not, but something women are held to and socially pressured to conform to.

53 A central assumption here is that dieting can change the shape and composition of the body in the desired ways, something that is not obviously true.

54 Bartky does not use the language or framework of practices of the self. Heyes does use this language in her discussion of Bartky (2007, 63–87), but this analysis is my own.
dismantle the machinery that turns a female body into a feminine one may well be apprehended by a woman as something that threatens her with desexualization, if not outright annihilation” (Bartky 1990, 77).

The “mode of subjection,” or justification, for engaging in weight-loss dieting is that the dieter in question is a woman, and yet does not have a body that appropriately reflects that. In other words, the dieter deviates from the feminine norm and must therefore work to remediate this deviation. Individual women will deviate in different ways, or to different degrees from the norm, and so the type and amount of work needed may differ, but the justification remains the same: deviation from the norm requires correction. In this way, a woman’s weight-loss dieting does not directly reflect her femininity. Instead, it reflects her recognition of herself as in need of work to achieve or maintain her femininity, and a willingness to engage in that project.

The ethical substance, or the parts of the self, a weight-loss diet works on are, indirectly, body fat and weight, and more directly, appetite and desires. As we discussed in Chapter Two, dominant social narratives characterize the main obstacles to eating well as desire and appetite, which can be overcome with enough will-power and self-control (Schwartzman 2015; Isaacs 2018; Bordo 2003; Bartky 1990). The main challenge to realizing one’s femininity on the body via weight-loss dieting is thus generally characterized as desire and appetite, and the lack of will-power or self-control needed to manage desire and appetite appropriately. Women’s engagement in dieting, and success at dieting, therefore takes the general character of what

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55 The idea that we need to work to realize “who we really are” on our bodies echoes the ethical relation identified by Cressida Heyes, as mentioned earlier. This is not to say that this is the only way to relate to oneself today, or that it is the only form of self-relation underlying eating.

56 Bartky writes: “appetite must be monitored at all times and governed by an iron will. Since the innocent need of the organism for food will not be denied, the body becomes one’s enemy, an alien being bent on thwarting the disciplinary project” (1990, 66).

Recall that, as mentioned in Chapter Two, social narratives associate self-control and will-power with being a rational, responsible person, a good citizen, and a good agent in general (Biltekoff 2013; Crawford 1994). This means that failure at dieting, supposedly caused by lack of self-control and willpower, is a failure not only to achieve femininity, but also to be a responsible person, good citizen, and good agent. Women who fail at dieting—which is most women because diets overwhelmingly fail—may thus be understood and come to understand themselves as failed or flawed agents, bad citizens, and irrational, irresponsible people. Women who refuse to diet may also be subject to such characterization, as well as those who are merely perceived as failing at dieting or to diet, whatever their actual eating practices. It is easy to imagine how these understandings might lead to forms of damage to agency as described in the last chapter.

This leaves us to discuss the ethical work of this alimentary practice of the self. There are many different ways to diet to lose weight, but Bartky argues that many of the activities involved in women’s weight-loss dieting are disciplinary in the Foucauldian sense, which means that particular strategies are employed and that these practices have particular effects on the self, shared by other disciplinary practices. In general, disciplinary practices are a set of techniques or strategies of power, where power is understood relationally, as the ways we influence (or try to influence) each other’s “possible or actual future or present actions” (Foucault 2000, 340). As Bartky explains, disciplinary practices aim to “increase the utility of the body, to augment its forces” (Bartky 1990, 63), and to direct these forces toward particular ends. The general aim of
disciplinary practices is to create “docile bodies”: bodies that are highly capable in ways that can be funneled toward the ends set by those doing the disciplining. Disciplinary techniques are, generally speaking, quite effective in achieving this end.

Common weight-loss diets deploy several classic disciplinary techniques or strategies (1990, 63–65). One strategy involves breaking down the movements of the body and retraining them to maximize efficiency in achieving a goal. Weight-loss dieting requires that eating—broadly construed to include planning, preparation, and the physical act of putting food in your mouth, chewing, swallowing, and digesting—be highly regulated (1990, 66). Many diets require that food be carefully selected, combined, measured, and meted out at particular times of day, sometimes determined in relation to certain activities: not two hours before bed, no longer than thirty minutes after working out, etc. Some diets even require specific ways of chewing. Other activities must be carefully regulated to enable correct eating and to ensure that the dieter stays on track. Because appetites, cravings, emotions, and environmental influences may all threaten to upset the dieter’s self-control, vigilance and defense tactics are required: drinking water or chewing gum to assuage hunger, distracting oneself from hunger with baths or exercise, bringing one’s own food to parties, and so on.

Another disciplinary technique involves rewards for compliance and punishment for deviance from prescribed behaviors. Punishment and reward for (real or perceived) adherence or deviation from the correct techniques of dieting can be material, social, or psychological. In the case of women’s dieting, punishment and reward often come from others. Women who are taken to be disobedient, failed, or recalcitrant dieters (especially fat women) may be ridiculed, shamed
or admonished by family, friends, and even strangers (Bartky 1990, 74). Women who succeed at dieting may be rewarded with compliments, attention, and other social accolades.57

Bartky argues that due to the heteronormativity and patriarchal nature of our society, failure to diet can mean severe punishments including loss of romantic or sexual companionship and economic loss. The failed dieter “faces a very severe sanction indeed in a world dominated by men: the refusal of male patronage. For a heterosexual woman, this may mean the loss of a badly needed intimacy; for both heterosexual women and lesbians, it may well mean the refusal of a decent livelihood” (Bartky 1990, 76). Dieters can also sign up or pay to have people punish or reward them for compliance with or deviance from a diet, by joining groups like Weight Watchers (Heyes 2007, 74), or publicizing their behavior through apps or blogs.

Another disciplinary technique deployed in women’s weight-loss dieting is perpetual surveillance, or the threat of it. Like punishment and reward, this surveillance is often done by others. Women’s eating, in addition to other aspects of their behavior and appearance, is surveilled by “everyone and yet no one in particular” (Bartky 1990, 74). Parents, family members, and even strangers watch women’s eating to see if they are eating properly. The media also plays an important role here. Even prior to social media, media closely watched and commented on women’s eating and the bodies allegedly created through that eating, noting with interest and judgment when women celebrities gained or lost weight.

But engagement in dieting also requires women learn to surveil themselves. A major risk to successful dieting is “mindlessness” (Kristeller and Epel 2014; Laino 2011; Marshall 2014;

57 As Kukla argues (2018), though, this is more complicated than Bartky claims. Today, eating healthily or dieting is not unequivocally socially rewarded; people are expected to engage in a certain level of hedonism as well, or at least partake in shared forms of “cheating,” followed by forms of public self-flagellation.
McCreery 2015), and so attention must be paid not only to eating itself but also to any other factors that might influence eating.\textsuperscript{58} Women must watch their appetites, emotions, and energy levels throughout the day, and be attentive to environmental and other factors that might affect their eating. This constant self-surveillance is enabled by tracking technologies like fitbits and phone apps (Isaacs 2018, 582),\textsuperscript{59} and is supposed to help the dieter note and respond appropriately to hunger, cravings, temptations, and emotions like boredom, anxiety, or sadness that threaten her ability to stay on track.

So what are the effects of this alimentary practice of the self on the self? One of the central effects of disciplinary techniques is the internalization of the disciplinary project. Believing yourself to be watched at all times, under threat of punishment for failure to comply or the promise of reward for careful compliance, you learn to watch yourself and ensure that you comply with the prescribed techniques. You become your own disciplinarian; you do not need any one else to surveil or punish you to keep you in line. You do it to yourself. Bartky’s analysis suggests that women are quite effectively encouraged into dieting by surveillance and punishment and rewards from others. It is in this context, where some of the work of dieting is done by “everyone and no one in particular” that women take up the dieting project and learn to do the surveillance and to punishment and reward themselves. In this way, women are thrown into adopting this particular self-making project as their own.\textsuperscript{60}

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\textsuperscript{58} As discussed earlier, some diets suggest that environmental factors are more of a worry than hunger or other “internal” factors. Attention must then be paid to the size of one’s plates, food packages, and dining companions. \textsuperscript{59} “We live in a social system wherein women are both policed and police themselves so much that it is not noticed, appearing normal and unremarkable instead of extraordinary and oppressive. Tracking is just like that. People who do it defend it with enthusiasm and devotion as a necessary method of keeping themselves ‘in check.’ But like the panopticon, it constricts, restricts, and oppresses” (Isaacs 2018, 583). \textsuperscript{60} This, combined with an oversimplified understanding of autonomy, can explain why some people think that the fact that women diet “for themselves” settles any ethical issues with the practice.
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Another effect (and aim) of discipline is the development of capacities aimed at disciplinary goals. Dieting encourages and requires the development of certain capacities, such as the capacity to attend to oneself in the required ways, to note and respond appropriately to cues like hunger or boredom, to accurately measure and balance eating in relation to exercise, and so on. It is labour-intensive, ongoing work. The time, attention, money, and energy that the development and exercise of dieting capacities takes can preclude dieters from developing other capacities and “divert women’s energy away from participating equally in their private, social, and public lives” (Isaacs 2018, 576). In addition, the development of certain dieting capacities may prevent the acquisition of other capacities. For example, learning to ignore or respond with antagonism toward hunger may make dieters lose (or never gain) the ability to perceive and respond to hunger and other bodily desires in less antagonistic ways (Schwartzman 2015).

Weight-loss dieting also shapes dieters’ affects and values. The constant self-surveillance and attention required by most diets can cultivate a form of self-centeredness and self-preoccupation (Bartky 1990, 73), and “encourages obsession with food, weight, [and] exercise” (Isaacs 2018, 581). Spending so much time and energy attending in this way can lead dieters to center their self-worth in their eating (Schwartzman 2015, 93–94). This intense valuing of eating correctly is reinforced through the development of dieting-related capacities. As Bartky points out, our self-understanding as valuable and competent individuals is caught up in our skills (1990, 77). We become invested in the capacities we have developed, and attached to their

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61 According to intuitive-eating proponents, the inability to perceive and respond appropriately to hunger is one of the central reasons that mainstream diets do not work (Tribole and Resch 2012). As I discuss in detail in Chapter Four, learning to accurately perceive hunger and respond to it with less antagonism is one of the central goals of intuitive-eating practice.
continued use and development, even if we would have been better off not acquiring them in the first place.  

When self-worth is caught up in dieting in this way, failure at dieting becomes a high-stakes and painful prospect. This is added to the pain of being punished, shamed, or socially rejected for failing at dieting, and the already high stakes set out by the normalizing telos of femininity and association between success at dieting and good agency, rationality, and good citizenship. As Tracy Isaacs describes, it is no wonder that dieting creates a sense of “bodily anxiety” about eating, produced by the constant threat of falling off the wagon (2018, 576).

Narratives about eating and self-control mean that the nearly inevitable and repeated failure to stay on a diet is blamed on the dieter herself, rather than on the impossibility or questionability of the weight-loss project itself. And, in terms of the mode of subjection, for women the project of dieting is premised on a shameful failure to begin with: the deviance of their bodies from the feminine ideal. Combining these aspects of the ethical relation with the Sisyphean nature of the project to correct these deviances produces the overall experience of the self as a failure (Bartky 1990, 71–72).

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62 It should be noted here that some weight-loss practices will require and cultivate more self-preoccupation and more self-antagonism than others. Calorie counting as a way of managing one’s diet and appetite (i.e., by regulating food by calories rather than responding directly to appetite) is a particularly all-consuming, attention grabbing sort of activity, whereas doing something like the “Buddha’s diet,” which involves restricting eating to certain hours of the day (Cottrell and Zigmond 2016), may be less so. I also think that eating different foods, or different combinations of foods, can create new interests, capacities, and affects which exceed the ethical relation within which the eating was originally taken up and lead to a shift. For instance, someone might start eating vegetarian or vegan to lose weight. Because they are already abstaining from meat, they may be more open to learning about factory farming and come to be concerned about animal welfare. This could lead to a shift away from the goals and justifications of a weight-loss project and toward something more like ethical vegetarianism (Dean 2014).

63 As Schwartzman puts it, almost all diets fail, but “nonetheless, many people—and particularly women—continue to use dieting to control their weight, health, and appearance. Failing to achieve these goals can leave dieters with a sense of inadequacy that is exacerbated by the ideology of personal choice” (2015, 92).
Discipline is quite effective at ensuring that disciplinary subjects remain engaged and invested in the disciplinary project. The cultivation of pain at the prospect of failure is one way in which discipline ensures ongoing compliance. But discipline also uses pleasure, or the promise of pleasure, to keep people engaged. There can be pleasure in losing weight, in receiving social recognition for doing so, and in mastering and exercising the skills and capacities built up through dieting (Heyes 2007). Insofar as dieting may produce better health or more energy, those things can be pleasurable, too. And in the case of dieting as a practice of the self, there are also the pleasures of focusing on oneself in a sexist society where weight-loss dieting is one of the few socially acceptable ways a woman can take time for herself (Heyes 2007, 78). However, as Heyes argues, the pleasures of dieting are largely restricted to those that promote continued engagement in dieting; it is only through continued engagement in dieting that the pleasures will continue (2007, 79).

In sum, this analysis suggests that women’s weight-loss dieting is structured by the goal of realizing one’s innate femininity on one’s body, made necessary by the fact that one’s body fails to conform to feminine standards without the work of dieting. Dieting takes the size and composition of the body as its object, works on the body’s desires and appetites, and deploys a variety of disciplinary techniques to this end. Social forms of surveillance and punishment and reward encourage women to take up dieting as a practice of the self. Dieting, in turn, can produce selves that are self-centered, pre-occupied with eating, body size, and weight; selves that are antagonistic toward their own bodies and appetites; selves that often feel like failures, whose affective lives are filled with anxiety, shame and guilt, and whose pleasures are largely restricted to those that motivate continued engagement in dieting. Dieting creates certain capacities which
distractions and even preclude the development of others, locates self-worth in an exhausting and self-defeating project, and shapes selves attached to disciplinary goals and practices in a way that prevents them from shaking them off without significant damage to self-understandings as gendered, rational agents.

Though I have not yet explicitly said so, it should be clear that the effects of women’s weight-loss dieting on selves are overwhelmingly bad. At the very least, we might hope for ways of eating that cultivate more positive or neutral affects, and that do not inscribe people in impossible, never-ending projects, the inevitable failure of which is blamed on the individual.

For Foucauldians, normalizing practices of the self are always bad because of the way they limit freedom, understood as the scope of possibilities for action (McWhorter 1999, 194–95). As I mentioned briefly earlier, Foucault thinks we should relate to ourselves creatively, as a work of art. This requires us to reject any practices of the self structured around a necessary, natural, inevitable telos. Such practices narrow our possibilities for self-making, self-understanding, and action. Thus this kind of weight-loss dieting, premised on a supposedly natural and innate femininity, should be rejected.

Even if we are not compelled by this Foucauldian concern with freedom, we may be concerned with the broader effects of the kinds of selves produced by women’s weight-loss dieting. As mentioned earlier, the general aim of discipline is to produce a docile body: a capable subject who reliably and efficiently acts in the ways she is trained to, and directs her abilities toward the ends set by the disciplinarian(s). In the factory, army, and school, this means the capacities of the worker, soldier and student are directed toward the ends of those institutions. In the case of dieting, Bartky argues that the docile bodies produced by dieting are directed toward
something institutionally “unbound”: patriarchal power. Bartky (1990) argues that dieting enables and reinforces patriarchy by keeping women distracted, preoccupied, and invested in projects that can do little to disrupt inegalitarian social arrangements.

Other forms of injustice and inequality may also benefit from the dieting self. Tracy Isaacs argues that weight-loss dieting distracts dieters from global food systems that create the localized abundance that makes dieting seem necessary, while other people starve (2018, 592). In addition, the shame and self-blaming produced by dieting can be isolating, precluding the kind of consciousness-raising projects that might be helpful in recognizing and combatting patriarchy and other forms of oppression (Bartky 1990).

Before moving on, a note on the limits of this analysis. As we will discuss further, the narratives Bartky identifies about weight-loss and femininity have been largely superseded by narratives justifying weight-loss in terms of health, and health is something that everyone, regardless of gender, is supposed to aim for. This means that the ethical relation underlying much weight-loss dieting has changed, and the effects on the self have likely changed as well.

Nonetheless, aspects of this analysis remain relevant. The imperative to eat for health is widely conflated with the imperative to lose weight, and may be disproportionately directed toward women. Alison Reiheld (Reiheld 2015) argues that women are disproportionately expected to take responsibility for their own health and the health of their families, especially children. For this reason, it may still be the case that to be a “good woman,” you need to be healthy, and so need to be thin. Overall, though, analyzing the effects of weight-loss dieting on women without any reference to health is limited in its ability to shed light on the effects of contemporary ways of eating on the self.
Furthermore, this analysis works at a fairly general level of description. Though Bartky does make a few gestures toward intersectional concerns—for instance, noting the difference in consequences for straight and lesbian women—differences in the eating practices of women of different classes, races, ethnicities, sexualities, and the like, require deeper consideration. The feminine ideal is not only thin, but raced and classed: it is a middle-class, white ideal. Even if women of other classes, races, and ethnicities are held to the same norm, they will relate to it in different ways from middle class white women, and may engage in different practices in relation to it. This may have significantly different effects on the self. For similar reasons, a more complete analysis would require specific consideration of the effects of weight-loss dieting on people of different genders, even if the same weight-loss techniques are deployed regardless of gender.

Healthist Eating, Healthist Selves

I have argued that we can understand the claim that eating shapes selves by thinking of eating as a Foucauldian practice of the self. I have offered the example of women’s weight-loss dieting as an alimentary practice of the self that has significant, and overwhelmingly negative, self-shaping effects. Though this discussion has some limitations, it nonetheless demonstrates that eating can and does shape aspects of the self, and that these effects can be bad. It also makes clear that grasping the self-shaping effects of eating requires us to consider much more than what goes in an eater’s mouth and is chewed and swallowed. Looking at what someone eats or does not eat can only tell us so much, as that is only one aspect of this practice of the self.64

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64 As one example, the same ethical work can be deployed within different ethical relations to have different effects on the self. Someone might eat veg*an as a straightforward weight-loss practice: see, for example, Skinny Bitch
I will now turn to healthist eating and consider its potential self-shaping effects. My aim is to show that common forms of healthist eating are likely to have significant and generally negative effects on the self, many of which are similar to weight-loss dieting. I acknowledge that my analysis here is rather general: there are many different ways to practice healthist eating, and the social location and identities of those engaged in the practice will affect how these practices actually shape selves. Nonetheless, this analysis supports my claim that healthist eating can have ethically important effects on aspects of the self beyond agency, and will set the stage for more detailed analyses in later chapters.

Healthist eating’s telos is to be healthy, to maintain and secure health. As we have discussed, there are two prominent ways to understand health: a medicalized view of health, and a more holistic perspective. Which understanding of health an eater aims at will affect other aspects of the ethical relation, such as which ethical substances an eater works on. A more medicalized understanding may lead to a focus on cholesterol numbers, for instance, while a more holistic one may focus on bodily toxins or energy levels. But whether one adopts a more holistic or medicalized understanding, one important feature of health as a telos is that, like femininity in Bartky’s analysis, it is normalizing. Health is naturalized: it is taken to be the natural state of the body, or its ideal state, or the state that we have evolved, as biological beings, (Freedman and Barnouin 2005). This would likely have similar effects to those noted above. But Chloë Taylor argues that choosing to eat vegetarian can also be a way to intentionally cultivate a self that resists the speciesism and sexism that are reproduced and reinforced through omnivorous diets (2010). Eating veg*an in this way implies an ethical relation motivated by a recognition of ethical responsibility to non-human animals and a telos of becoming a morally good person by resisting the forms of oppression and harm that omnivorous diets support. Abstaining from animal foods within this framework is likely to have quite different effects on the self than those who do so to cultivate a “skinny bitch” sort of self. For example, eating veg*an as a form of resistance can cultivate new affects, like disgust at eating animals. Also, in some contexts, eating for ethical reasons rather than more commonly accepted ones, like taste preferences or health, is likely to require constant defense, which can cultivate forms of affect like defensiveness or self-righteousness, or a sense of shame or ambivalence about making others uncomfortable or defensive about their eating.
to achieve. The naturalization of health means the pursuit of health is non-optional. It is what we were born to be, it is in our genes to be healthy (or, if your genes are “unhealthy,” this is a flaw that needs to be corrected or at least managed). This framing of health explains the wide scope of the “call” to health—health calls to everyone as a living human being, not just as a person of a particular gender, race, class, or with certain interests or values (this is the “homogenizing” function of normalization (McWhorter 1999, 156)). This makes health an unquestionable telos, producing the expectation that everyone should be aiming for health, and that not doing so is necessarily a rejection or failure.

Though humans as a group are called to health, we are measured and ranked as individuals in relation that norm. We can deviate from it in different ways, and be closer or further from the norm. The measuring and ranking of individuals, (constituting and) rendering deviations visible, happens in a literal way in medical settings. Your BMI, cholesterol, and other biometrics are measured and compared to relevant norms, adjusted for age, sex/gender, and so on. We may also measure and rank ourselves in relation to non-medical health norms, diagnosing ourselves (or being diagnosed by natural health professionals) as, for instance, “low energy.”

Deviations from health show up as problems that require remediation (Fitzgerald 1994, 197). This brings us to the mode of subjection for healthist eating: everyone must eat healthily because they are either currently unhealthy, or at risk of becoming unhealthy. Few people do not deviate in any way from health, especially if you consider that risk is considered a form of deviation and risk factors include gender, race, and age. Either the only way to achieve health is through engagement in healthy practices, including eating, or, if you are so blessed as be healthy,
the only way to maintain health is through healthy eating. Health is sure to slip away with
enough time engaged in unhealthy eating and other unhealthy practices.65

Because there are so many ways to deviate from health norms, healthist eating can target
many different ethical substances. These substances may include specific health measures like
cholesterol or nutrient levels, or something more vague like energy levels or stroke or cancer
risk. But because of the common use of weight as a proxy for health status, and the conflation of
thinness with health, the ethical substance targeted by healthist eating is often body fat and
weight. And because of the dominance of the control narrative about eating agency, appetite,
desires, willpower, and self-control are also common targets for healthist eating.

Much of the ethical work deployed in healthist eating is similar to women’s weight-loss
dieting. The activity of eating must be highly regulated, requiring careful meal planning and
preparation, measuring and recording food intake, and so on. Reward and punishment also play
an important role: there are tangible social rewards for eating healthily or at least being perceived
as a healthy eater in the form of approving comments, looks, and actions from strangers, friends,
family, co-workers, health-care professionals, and the media. And there are punishments for
eating unhealthily, or being perceived as such (i.e., being fat), often in the form of public
shaming. People engage in support groups, diet programs, and online communities to
intentionally cultivate forms of reward and punishment to help them stick to their healthy eating
“lifestyles” or diets. Surveillance is also an important part of the work of healthist eating. There
is social surveillance of one’s eating by health-care professionals, friends, family, co-workers,

65 Thus, whether our biomarkers deviate from the norm or not, we are called by medical professionals, magazines,
television programs, advertisements, families, friends, community members, and so on to eat healthily. Failing to
engage in health-promoting behaviors itself becomes form of deviance that requires correction.
strangers, which enables forms of punishment and reward. Self-surveillance is also an integral part of success at healthy eating; mindless eating is understood as a major threat to achieving one’s diet goals whether one aims at achieving an appropriately feminine body or a normal BMI.

Healthist eating can lead to similar self-shaping effects as weight-loss dieting, even though there are differences in the ethical relations underlying the practices. The constant self-monitoring and attentiveness required for healthist eating can produce eaters who are preoccupied with themselves, their weight, their own health status, and food. Self-worth may be caught up in eating, health status, and weight. Narratives associating eating healthily with being a responsible, rational, morally good person and citizen reinforce locating self-worth in eating and health, and raise the stakes of eating healthily. Even when aimed at health, weight-loss diets are nearly impossible to maintain, which—combined with the control narrative—can produce a sense of personal failure and shame.

Healthist eating can also produce antagonism toward one’s desires and appetites, and anxiety about eating correctly. Given the common assumption that pleasure and healthiness are mutually exclusive, there is a constant risk of “falling off the wagon” due to cravings for good-tasting (and therefore unhealthy) foods (Coveney 2006). Even if we take a less Manichean perspective, something like “nutritionism” (Scrinis 2013), wherein all foods are just collections of nutrients and can be part of a healthy diet, anxiety about eating healthily may remain high.66 While no food is technically off limits, eaters are nonetheless personally responsible for ensuring

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66 Scrinis’ analysis (2013) suggests that this nutritionist form of healthism is supplanting the “good” vs. “bad” food model Coveney describes, in part because of its usefulness to food manufacturers who can claim their products are “part of a balanced diet.”
they have properly *balanced* diets, something that requires careful planning and monitoring and can be thrown off by cravings or circumstances.

Anxiety about eating healthily can make people vulnerable to those who offer to assuage these worries, whether they be nutritionists or diet gurus of questionable intent. Diet scams can be dangerous as well as a waste of money. Moreover, the way healthism reinforces the authority of nutritional experts may be problematic in itself (Scrinis 2013; Coveney 2006). For one, nutritional science may preclude other ways of knowing about and evaluating foods and diets, including aesthetic approaches or various cultural traditions. For another, American nutritional science is caught up with agribusiness and governmental interests (Nestle 2013), so we might worry that reinforcing nutritional authority enables institutions and corporations that have terrible effects on the environment, animals, food producers, and, ironically, health.67 We might also worry that the self-centeredness and preoccupation with the healthiness of food cultivated by healthist eating can distract from other important ethical issues like the effects of ways of eating on the environment, animals, and food producers.68

As with weight-loss dieting, the capacities and skills needed to eat healthily can be developed to the exclusion of others. We will discuss this in more detail in the next chapter, but the ability to perceive hunger and respond without antagonism may be just as compromised by healthist eating as by women’s weight-loss dieting. Our ability to perceive and evaluate foods according to non-health criteria may also be undermined. For example, Coveney (2006) argues

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67 We might also worry about the ways that those who fully embody a healthist self (middle class people for whom it is actually a possibility, structurally speaking) may use up health-care resources that might be better directed toward more pressing issues, including the time and attention of health-care professionals (Greenhalgh and Wessely 2004).

68 This may explain the intense focus on the safety and healthfulness of food technologies like GMOs and organic versus conventional foods (Hicks and Millstein 2016), rather than a broader ethical discussion.
that our capacity to take aesthetic pleasure in food may be undermined by the guilt and shame that healthism attaches to eating unhealthy foods.\(^6^9\)

In sum, healthist eating is structured by the telos of health, whether that is understood in a medicalized or holistic way. Healthy eating is required because the eater deviates in some way from health, whether her BMI, cholesterol, or risk of stroke is too high, or her energy-levels too low. The ethical substance may include cholesterol or nutrient levels, but because of the conflation between thinness and health, it will often be body weight and size. Because of the prevalence of the control model of eating agency, appetites, desires, and self-control and willpower are central ethical substances as well. The ethical work required for healthist eating is often quite similar to weight-loss dieting, and in some cases identical.

I have suggested that many of the effects of healthist eating are also similar to those of weight-loss dieting: self-preoccupation; self-absorption; location of self-worth in eating, size, body, and health status; and the development of capacities to the exclusion of others, like the ability to perceive food in terms other than health, or to take aesthetic pleasure in food. Healthist eating may also cultivate antagonism toward desires and appetite, anxiety about eating well, and a sense of failure. A Foucauldian would reject healthist eating because of its essentially normalizing character, but even non-Foucauldians should acknowledge that these effects on the self are largely negative. This is particularly the case when the eating is aimed at weight-loss.

As I mentioned before, the self-shaping effects of a particular way of healthist eating will depend upon the particularities of the practice, as well as the person who is engaged in it. But the

\(^6^9\) If the pleasures available to someone are mainly food pleasures, but those pleasures are tainted by healthism, then the person’s life may be significantly impoverished by this. Welsh (2011) argues that this particularly affects the lives of people who cannot afford “healthy” pleasures like taking a yoga class or getting a massage.
general point is that healthist eating can shape the self and that the effects are ethically significant. In the next and final section, I turn to the implications of these points for the critiques of healthism I introduced at the beginning of the dissertation.

**What’s Wrong with Healthism, Again?**

In Chapter One, I introduced several critiques of healthism about eating, each of which put forward a view of what is ethically important about eating. Eating Autonomy critics characterize eating as a way for an eater to exercise her autonomy, while the Valuable Food Experiences critics emphasize that eating is also a way to produce and secure valuable experiences. The former are concerned that healthist eating policies and interventions may impinge on individual autonomy (understood as liberty), while the latter are concerned not only with autonomy but also with the valuable food experiences that may be precluded by healthist eating policies and interventions.⁷⁰

If we recognize that eating is a self-shaping activity in the way I have suggested here, then there is more at stake in healthist food policies and interventions—and indeed in eating in general—than either of those critiques suggest or can accommodate. It is not just that particular policies and interventions may infringe on our autonomy or preclude valuable eating experiences, it is that the eating that is encouraged, required, discouraged, or blocked by those policies and interventions may have profound effects on the self. By shaping our eating in a

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⁷⁰ In Foucauldian terms, the Eating Autonomy folks object to the ways these policies and interventions assume a telos for us, and prescribe, encourage, or require eating practices on that basis. But these critics do not consider nor object to the effects that said eating (or prescriptions, encouragements, or requirements) might have on the self.
healthist way, these policies and interventions may shape us, too. And these effects on the self can be good or bad.

By leaving out the effects of eating on the self, the Eating Autonomy and Valuable Food Experiences critiques are incomplete. Indeed, they are incomplete even if we focus exclusively on autonomy and valuable food experiences, and ignore the other aspects of the self that are shaped through eating. Eating Autonomy critics characterize eating as a way to exercise autonomy, and therefore a site where our liberty is vulnerable, but, as explained in Chapter Two, they do not recognize the ways that eating can shape and potentially damage agency, another important aspect of autonomy. Barnhill and colleagues hold that eating can create valuable food experiences, but do not acknowledge that the value we find in eating experiences is shaped, in part, by the way we eat. For instance, the fact that weight-loss dieters find dieting success so valuable—whether they diet for health or femininity—is, in part, because of how that dieting has shaped the self.

This discussion reveals that these criticisms of healthism have an impoverished view of eating and of the self. We need to think of selves as more than just autonomous actors, and more than just subjects who can experience value. Insofar as we are autonomous actors and valuers, we participate in shaping that autonomy and those values through our eating. Acknowledging that eating is self-shaping means that we find ourselves with selves that have been produced, at least in part, through our eating. This does not mean that eating does not also cultivate health, exercise agency, or create valuable experiences. But at the same time, eating shapes the self.

Taking the self-shaping aspect of eating seriously means the ethical terrain around eating interventions is much more complex than these critics suggest. It has the important implication
that if our eating changes—whether because of individual choice, a policy or intervention, or social, cultural, political or environmental change—then our selves may also change. This means that a lot more can “go wrong” with our eating than eating unhealthily, having our autonomy impinged upon, or valuable eating experiences kept from us.

Thus, in addition to asking about whether or not a policy or intervention impinges on autonomy or valuable eating experiences, we have to ask: What sorts of eating are being encouraged, discouraged, required, or blocked? What effect will this eating have on selves? What cares, values, capacities, experiences, affects, and investments will be cultivated, and which will be undermined or precluded? Given our normative commitments—such as bioethical commitments to avoiding undue harm, promoting autonomy, and the like—can we endorse these effects on selves? And what broader systems of power might these selves enable, reinforce, or undermine? Can those systems be endorsed? Without incorporating this perspective and these questions, ethical analyses of healthist eating, or any way of eating, are going to be significantly incomplete.

As I have acknowledged, the analysis of healthist eating in this chapter is in no way exhaustive. In the next chapter, I offer a more detailed analysis of particular forms of healthist eating, and focus on the ways that eating can shape a particular aspect of the self, namely temporality or the lived experience of time. I will show that even within a generally healthist framework, eating can have better and worse effects on the self. In our ethical analyses then, it is not enough to say that a way of eating is healthist and therefore must have bad effects on the self; the particular effects of that particular way of eating must be considered.
Chapter Four: Eating and Time

In the last chapter, I argued that eating shapes aspects of the self beyond agency, and that healthist eating can have ethically significant (and negative) effects on the self. In this chapter, I offer a detailed consideration of the way eating shapes one particular aspect of the self: our first-personal lived experience of time, or temporality. Drawing on the work of phenomenologists Raymond Boisvert and Albert Borgmann, I argue that temporality is an aspect of the self shaped in part by eating and that if our eating changes, so may our temporality. Consequently, food policies and interventions may promote, encourage, discourage, or prevent ways of eating that produce different forms of temporality. Further, I argue that temporalities can be good or bad, or at least better or worse, meaning that eating’s effects on temporality are ethically important.

The chapter will focus on the form of temporality produced by healthist eating. I contend that some healthist eating cultivates a temporality similar to what Boisvert calls “clock time.” This “healthist clock time” is subject to the general critiques of clock time raised by Boisvert and Borgmann, as well as further critique on its own accord. However, as we have discussed throughout the dissertation, healthism encompasses a wide range of eating practices. In the final section of the chapter, I argue that some of these practices can reflect and construct something different from healthist clock time. I suggest that “intuitive eating” is a healthist alimentary practice of the self that aims to cultivate a form of temporality similar to what Boisvert calls “stomach time.” Though stomach time has its own drawbacks, it avoids some of the problems

71 This chapter’s focus on temporality should not be taken to suggest that temporality is more important than other aspects of the self, like agency, or capacities, or affects. I do not have a view on which aspects of the self are more important than others.

72 Boisvert also calls it “yuzu fruit time,” “tempus,” and seasonal time. The latter makes the most sense as a general characterization of that form of temporality, but since we are talking about temporality in relation to eating I will use the “stomach time” terminology.
of healthist clock-time. With respect to its effects on temporality, then, intuitive eating may be a better—or at least less bad—way of eating than eating that shapes healthist clock time temporality.

I want to be clear that even if intuitive eating has better effects on temporality than other forms of healthist eating, this does not make intuitive eating a better way of eating all things considered. Temporality is only one aspect of the self, and there are other ethical considerations that can make one way of eating better than another, all things considered. My aim in this chapter is simply to highlight the ways that different eating practices can have significantly different effects on the self, and demonstrate that these differences emerge even among eating practices grounded in a healthist ethical relation. I also want to underline the possibility that some forms of healthist eating can have better or worse effects on the self than others.

This final point should not be taken to undermine my general critique of healthism about eating. Every variation of healthist eating fails to acknowledge the plurality of value that eating does and can have for humans, and I believe it would be best if we could do away with healthist eating entirely (though this would not mean doing away with healthy eating). However, in contexts where our resources are limited or our ability to change our own or others’ eating is constrained—which are most if not all contexts—attending to ethical distinctions between forms of healthist eating will enable us to focus our attention and work on what is most damaging.\textsuperscript{73}

\textsuperscript{73} Some critics of healthism paint all healthist practices with the same brush, implying that they are all equally bad. Talia Welsh’s critique of healthist weight-loss dieting and Health at Every Size (HAES) (2011) is one example of this approach. But it seems clear to me that healthist weight-loss dieting has much worse effects on the self than HAES, even if HAES does have some bad effects deriving from its healthism. I think it is both practically and ethically important to acknowledge the ethically-relevant distinctions between healthist eating practices. Many people are likely to find it easier to shift their eating from a healthist weight-loss diet to a HAES approach, because it will not require that they question the value of health. And this shift would likely have beneficial effects on the self, even if HAES produces some bad effects as well. While I do think it would be better if we all adopted a values
Clock-Time Temporality

Temporality is the first personal, lived experience of time. Temporality is not an entity in the world, one thing out there among many, but an aspect of the self that structures and shapes how entities appear to the self. There are other ways of understanding time—time as something objective that exists independently of anyone to experience it, for instance, or time as a measure of change—but it is only time *qua* lived experience of time that I am interested in here. It may be that temporality has certain constant features for human beings or creatures like us; for instance, it may be centrally oriented toward the future as Martin Heidegger suggests (Blattner and Brough 2006). However, I take it that the lived experience of time is generally contingent, historical, and subject to change. Therefore, we can ask questions about how temporality is experienced here and now, what sorts of conditions and practices produce a given temporality, how different forms of temporality compare to each other, and we can consider the possibility that we can alter our own and others’ temporalities, purposefully or not so purposefully.

In his book *I Eat, Therefore I Think* (2014), Raymond Boisvert claims that the dominant form of contemporary temporality is “clock time.” This way of experiencing time is informed by and resonates with a Newtonian understanding of time as absolute, and not dependent on change, the movements of planets, human action, or anything at all for its existence (Boisvert 2014, 94). Clock time is therefore experienced as separate from space, flowing without regard to anything that happens, and in the same way everywhere, always (2014, 100). Clocks may measure the forward march of time, but we do not experience time as dependent on this measurement. We

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pluralist approach to eating, practically-speaking, I think we should take something akin to a harm-reduction approach here. Acknowledging the ethically-relevant differences between healthist practices will enable us to do so.
experience time *qua* clock time as flowing linearly, moving forward in uniform, empty, fungible units that can be measured and counted.  

Bjorn Nansen (2008) claims that industrial capitalist or “Fordist” temporality, which is different from and presumably older than clock-time temporality, divided the day into discrete portions: work, leisure, and sleep. Time was experienced as properly *for* those activities. But within clock-time temporality, we experience time as essentially empty, not intrinsically *for* anything in particular. Instead, individuals experience time as a resource, our resource, which can be spent well or poorly, wasted, or saved. Each person has a limited amount of time, and it is up to each person to use their time well.

Boisvert explains this latter aspect of clock time in terms of autonomy. We experience time as used well when it is used autonomously, in a self-directed and freely chosen way. Time that is taken up by activities and obligations that come from “outside” oneself is wasted, lost, or stolen. Boisvert explains: “each string of instants, optimally, would be set aside for self-originating and self-directed activities. Pesky externally generated demands, however, keep interfering. Strings of ever-perishing instants then become a battleground. They can be set free by autonomy, or they can be ‘lost’ in servitude to heteronomy and obligation” (Boisvert 2014, 101). These external requirements, including the requirements of work, bureaucracy,

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74 Though Boisvert does not cite Heidegger, he is clearly drawing on Heidegger’s analysis of time. Heidegger describes the experience of time as a series of nows that is countable and which constantly flows by in *Being and Time* II.6 (Heidegger 1962, 474).

75 Drawing from the work of Paul Virilo, Nansen describes contemporary temporality as “characterized by the interspersing, coinciding, overlapping or blurring of activities and interactions, this is often a more flexible and individually variable scheduling or organization of time that moves away from sequential ordering as well as collectively maintained or synchronized rhythms” (2008, 799–800). He calls this “chronoscopic time.”

76 This way of experiencing time seems to depend on control-type narratives about good agency, in addition to an understanding of time as inherently empty. Given this connection, it would be interesting to explore the implications of clock-time temporality on agency itself, but this is beyond the scope of this chapter.
relationships, and (as we will discuss further) our need to eat, are experienced as demands and impositions on our time, rather than, say, opportunities.

Experiencing time as clock time has clear normative implications. Each person’s aim should be to eliminate or reduce the amount of time spent on heteronomous demands so as to free up more time for autonomous use. To use time well is first and foremost to use it autonomously, but because we all have obligations of various kinds, that is not always possible. We may also use time well—at least indirectly—by minimizing our obligations and increasing our efficiency with what is left to be done. Whatever we can do to make more time for ourselves is a good use of our time.

Clock-Time Eating

My view is that eating is part of what shapes the way we experience time. Boisvert highlights some features of what I will call “clock-time eating,” the activities of eating that constitute and reinforce clock-time temporality. Boisvert claims that within clock-time temporality, hunger is experienced as an heteronomous demand (Boisvert 2014, 102–3). I suggest more broadly that the need for sustenance, whether it is experienced as hunger or not, would be experienced as a heteronomous demand: I must eat, but this imperative interferes with my ability to use my time autonomously. The need to eat can interrupt and distract from how I want to spend my time, and eating can take up precious time that I could be doing other things, whether discharging other obligations or engaging in some “me-time.” Note that I might want to spend my “me-time” on eating; this possibility is not precluded by clock-time temporality. I could set the development of my palate as an autonomous goal, for instance, which would make
taking time and care to eat part of my autonomous use of time. Paradigmatically, however, clock-time eating will be aimed at minimizing the amount of time it takes to satisfy the requirement for sustenance, in order to free up time that I can use however I see fit.

Within the Fordist temporality Nansen describes, we can imagine that in addition to periods for work, leisure, and sleep, there were set meal times: time meant for and dedicated to eating, when everyone ate, often while gathered with others. Today, we may still set meal times—lunch is around noon, dinner at six—but clock-time temporality frames these times as optional: something that can be skipped or altered in order to save time. Foregoing set meal times means eating may be “shattered” and “scattered” throughout the day. As Albert Borgmann describes: “the gathering of the meal is shattered and disintegrates into snacks, T.V. dinners, bites that are grabbed to be eaten; and eating itself is scattered around television shows, late and early meetings, activities, overtime work, and other business” (Borgmann 2009, 204). Grabbing a bite, snacking, and multitasking while eating are all strategies for minimizing the amount of time and, relatedly, the amount of attention and work that eating takes.

Clock-time eating makes use of various food technologies to increase the efficiency of eating. Some of these technologies make it easy to acquire and prepare food quickly. For example, preservation and storage techniques allow for food that does not require refrigeration, can be bought in bulk, stored in the cupboard or the freezer, and opened and consumed within seconds or minutes. Other technologies make it easy to consume food in between or during other activities; some food can be eaten without utensils, without plates, without sitting down or even being still, enabling clock time eaters to work, commute, read, workout, watch a show, or catch

77 There is research indicating that a common reason families with children in the United States skip meals together is for the sake of time (Harrison et al. 2015, e104).
up on emails, and fulfill their need for sustenance at the same time. Examples include fast food, fast-casual food, meal-replacement shakes or bars, smoothies, frozen dinners, and many other prepared foods, like Campbell’s Soup At Hand (Horwitz 2009), a disposable handheld soup container that enables you to eat soup anytime, anywhere.  

According to Boisvert, the other central, and related, feature of clock-time eating is that it is disconnected eating. This disconnection can take many forms. Clock-time eating may be disconnected from others, as we forego communal meals to save time. It may be disconnected from place, as we eat on the go rather than at a kitchen or dining room table, and as we eat whatever foods are convenient rather than foods local to where we live. It may be disconnected from time, as we eat foods that have no connection to the season, and that we eat at whatever time of day we can fit it in, whether that’s the middle of the night or during a commute. Clock-time eating may also be disconnected from community, as we eat foods that are not traditional to our families, cultures, or locales, as well as disconnected from embodiment: food does not need to taste good, or make your body feel good, and you do not need to eat in response to a feeling of hunger. You can eat whatever is convenient, whenever is convenient, and however it makes you feel, so long as it fulfills your need for sustenance in an efficient manner. Where our food comes from, how it is produced, the history or cultural context of the food, whether it is consumed alone

78 Compare this to eating that requires time-intensive procurement (daily or weekly shopping, seasonal growing), preparation (daily or weekly preparation, or seasonal preservation), and consumption (requiring a plate or bowl, utensils, and sitting at a table, perhaps requiring coordination with others).

79 Boisvert uses the painting “Nighthawks” by Edward Hopper to illustrate clock-time eating. The painting depicts a few individuals in a largely empty café at night, large carafes of coffee sitting on the counter, illuminated by electric light. Boisvert characterizes the situation in dark terms: “isolated individuals, severed from the earth, from their communities, from transcendence, and from each other. Division and divorce dominate” (Boisvert 2014, 101). One problem with this example is that while the café patrons are drinking coffee at night, reflecting a disconnection with time of day, there are at least two of them together, and they have to interact with the man behind the counter to get their coffee. In these ways, at least, the painting does not seem to reflect the thoroughgoing disconnection that Boisvert seems to want to capture.
or with others, and even how it tastes matter little, except insofar as they affect our ability to acquire, prepare, serve, and consume with efficiency.

_Evaluating Clock Time_

I have suggested that clock-time temporality is cultivated through eating practices aimed at reducing the amount of time it takes to satisfy our need for sustenance. Clock-time eating is enabled by food technologies that minimize the amount of time and effort and attention required to fulfill our need to eat, to free us up from having to respond to our bodies’ needs on their own schedule. This eating is disconnected in various ways, including from place, community, the body, and time.

Both Boisvert and Borgmann give us reasons to think that the temporality cultivated by these ways of eating is not good. Some of these reasons pertain to the affects produced by clock-time temporality. For instance, Boisvert’s central concern is that experiencing time as clock time may produce significant anxiety and “constant fretfulness” (Boisvert 2014, 103) about spending time well. Boisvert calls this anxiety “chronomania” (Boisvert 2014, 96). Clock time produces the sense that one _should_ try to free up as much time as possible to spend it autonomously, but in contexts where there are many demands on one’s time, freeing up time for oneself is a difficult task. Since using one’s time well is framed as an individual responsibility, it is all on the individual to accomplish the goal of using her time autonomously, and her fault if she cannot manage it. Even if we manage to get some free time, then there is pressure to spend it properly; if we are so burnt out or exhausted from dispensing with our obligations that we do not dedicate our free time toward our autonomous ends, we can even waste our free time.
Experiencing time in this way does seem likely to produce anxiety, as well as other kinds of emotional distress like shame and guilt when we fail to spend our time well. We might worry that such negative effects are distributed unevenly, with those less able to free up time for themselves or to have the energy to spend free time “well”—perhaps due to lack of economic privilege or greater familial responsibilities—all the more anxious and distressed.

Nansen’s work on contemporary temporality echoes this concern about anxiety. He highlights the ways that technologies meant to help us free up time for ourselves and so relieve anxiety, may actually increase that anxiety. Technologies like those used to make fast food or Campbell’s Soup at Hand “reconfigur[e] the temporal through extending possibilities (you can do more) and imperatives (you must do more)” (Nansen 2008, 800). In the context of eating, the more that technologies enable us to reduce the amount of time and attention that eating takes, the more we feel the pressure to employ all these technologies to save time. The more ways there are to eat efficiently, the more ways we can fail to eat as efficiently as possible. This can contribute to a greater sense that we are wasting or losing time that need not be lost.

Boisvert also suggests that the emptiness of clock time contributes to a general sense of meaninglessness (Boisvert 2014, 103). We will discuss this further later on, but Boisvert contrasts clock time to a form of temporality called “stomach time,” where time is experienced as full of meaning and purpose. This is in part because stomach time is inherently relational and connected, structured around activities and events: now it is harvest time, now it is planting time, and so on (Boisvert 2014, 100). Boisvert seems to suggest that if we could experience time as relational rather than empty and disconnected, we would experience it as meaningful, which would contribute to a more general experience of meaningfulness as well.
Borgmann’s critique of clock-time eating, and, implicitly, the temporality linked to it, has a broader scope than Boisvert’s, but resonates with Boisvert’s concern about meaning. Borgmann is concerned with the way that, in the contemporary era, all entities appear as commodity or resource, including, but not limited to, time and food.\textsuperscript{80} The reduction of all entities to commodity and resource is due to the “technological character” of our time, in Martin Heidegger’s sense. Within this form of world-disclosure, entities are insofar as they are resources for humans to order, store, use, or control. As Borgmann puts it, technology or “enframing” is “the unquestionable conviction that everything there is exists for human machination” (Borgmann 2005, 424). While all world-disclosures offer a fundamental characterization of entities, enframing is unique in its universal and totalizing ambitions: it has only one metric and promises to reduce everything, even humans, to it (Dreyfus 1989, 87).

It is not just time and food, then, that get reduced to resources for humans to use however they see fit, but all entities. Borgmann, following Heidegger, finds the scope of this reduction intensely worrying. Borgmann explains: “the peril of technology lies not in this or that of its manifestations but in the pervasiveness and consistency of its pattern” (Borgmann 2009, 208). As resource gains dominance as the “sole criterion of man’s world sojourn” (Heidegger 1993a, 437), it becomes more and more inevitable, necessary, and taken for granted. Its legitimacy as the fundamental determination of all entities becomes less and less “questionable” (Heidegger 1993a, 434), or subject to contestation. Any non-technological meanings that persist may be razed. Also worrying is the possibility that the flattening of entities into mere commodities will

\textsuperscript{80} Boisvert’s work seems entirely compatible with this broader critique of technology, though he does not acknowledge the connection.
extend into the future, precluding or “foreclosing” any non-technological world-disclosures that might otherwise appear (Borgmann 2005, 429).

If clock-time eating does produce clock-time temporality, these critiques give us reason to critique clock-time eating as well. Following Borgmann, we might worry that clock-time eating shapes a form of temporality that is part of a deeply problematic way of experiencing the world. This way of eating contributes to and reinforces an impoverished form of world-disclosure that could preclude our ability to perceive entities in any other way. But even if we are not convinced by this profound phenomenological critique, we may still worry that clock-time eating shapes a form of temporality that produces negative affects like anxiety, shame, and guilt.

We may also have other concerns about clock-time temporality and the eating that shapes it. Experiencing time as clock time may encourage us to cultivate disconnection of various kinds in our eating (and in other areas of life) and to ignore or neglect connections and relations that do exist, all in the interest of saving time. The fewer connections we have or recognize or take seriously, the fewer obligations and demands pull on us, and the better able we are to spend our time as we see fit. For instance, if we ignore or do not take seriously the way that eating connects us to our local and global environments, then we do not have to consider how far our food travelled to get to us, the conditions under which it was produced, the environmental impact of its production or preparation, or what will happen to its packaging after we are done with it. Acknowledging and taking the connections between our eating and the environment seriously would give us more criteria to consider when choosing how to eat, which could require more time to deliberate about what to eat, more time to seek out, prepare, and consume acceptable food. It might mean we can only eat well at home, not by grabbing something quickly while we
are out. If we could just ignore or be indifferent to these connections, then we might save a lot of time.

There are at least two problems with this urge to cultivate disconnection and ignore or neglect existing connections. The first is that we risk making an ontological error. Following feminist theorists, we might think that relationality, interconnection, and interdependence are our essential condition as human beings, and should be recognized as such. As Alexis Shotwell puts it, “we are inescapably entwined and entangled with others, even when we cannot track or directly perceive this entanglement” (Shotwell 2016, 8). Therefore, if we perceive ourselves as disconnected from our environments, our communities, and so on, we are just getting the world wrong. It is true that we can actively avoid cultivating certain relationships—I may avoid making friends with coworkers so I do not feel obligated to talk to them, join them for drinks after work, or eat lunch with them—but however much we try to limit our connections and relations to others, we remain fundamentally linked to others in certain ways.

We make a particular error if we perceive our eating as disconnected. As Lisa Heldke argues, food is a locus of connection and interrelation of many kinds (Heldke 2012; Shotwell 2016, 122). This is true even if the food in question is a meal replacement shake or a Campbell’s Soup to Go. The ingredients in the soup were produced somewhere, by someone whose labour conditions were more or less favourable; the ingredients likely include plants, the tending of which impacted the local environment; someone shipped the vegetables to the factory where the soup was produced, which had effects on the environment along the way, and so on. By buying and consuming that food, however radically disconnected it may be from the seasons, locale, or

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81 This sort of insight is at play behind Boisvert and Borgmann’s critiques as well.
cultural context, an eater is connected to others and the environment. To perceive food as if it were entirely disconnected is just to get the world wrong.

The second problem is an ethical one. Failing to acknowledge and take seriously the connections that do exist in and through our food and eating, or more generally, sets us up to make ethical errors. We are not just connected to others and to our environments but are affected by, and affect others, through those connections. As Erinn Gilson highlights in her work on feminist food ethics, relations and connections can be a source of vulnerability that enables exploitation and injustice (Gilson 2015). Through our connections with others, we can contribute to exploitation, injustice, and other sorts of harm whether we acknowledge those connections or not. If we do not acknowledge or take seriously those connections, then it will be difficult for us to acknowledge and take responsibility for these harms.

For example, many conventional forms of food production cause great harm to the environment, and by purchasing and consuming foods produced in that way, we contribute to that harm, even if only in some small way. Although recognizing that we are connected to and affect the environment through our eating is not enough to stop or repair the harm, it is an important step toward taking responsibility for it. If clock-time temporality encourages us to ignore existing connections for the sake of time—to buy the quick and easy single serve, plastic-wrapped, factory-farmed-meat-filled meal without a second thought—it may not only lead us to misapprehend the world and our place in it, but could prevent us from taking ethical responsibility for the ways we affect and potentially harm others.
Healthist Clock Time

I have suggested that clock-time temporality is shaped through particular forms of eating and drawn out some ways that clock-time temporality might be bad. If we agree with these critiques, then we might think that clock-time eating has bad effects on the self insofar as it cultivates this sort of temporality. But this dissertation is not a critique of clock-time eating; it is a critique of healthist eating. So, what sort of temporality does healthist eating cultivate? What is “healthist time,” if there is such a thing, and is it good or bad?

If clock-time temporality is as pervasive as Boisvert suggests, perhaps healthist time is just clock time. There are healthist eating practices that support such an assumption. Consider a meal-replacement product like Soylent. There is “a complete meal in every bottle of Ready-to-Drink Soylent and each scoop of Soylent Powder” (Soylent n.d.). As one article describes it, the product is understood by its creators and many of its users as a “life hack”: a trick “to streamline the obligations of daily life, thereby freeing yourself up for whatever you’d rather be doing” (Widdicombe 2014). Soylent aims to make eating as efficient as possible, replacing inefficient food production and consumption practices (Soylent n.d.; Gamble 2016; Widdicombe 2014); it even promises to be more efficient than other grab-and-go foods: “Soylent Powder gives you a complete meal — no questions asked — all in less time than it takes to microwave a burrito, let alone boil water. Just scoop, shake, and go” (Soylent 2019).

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82 For what it is worth, I suspect that clock-time temporality has some good features in addition to the bad ones I have considered—for instance, in certain contexts, it could be empowering to experience your time as your own to do with what you wish.

83 Soylent was originally designed and marketed in Silicon Valley. As one author put it, “It’s fast, hacked food for hackers who value efficiency above all else” (Merchant 2013). However, it is now marketed to a much wider range of consumers (Filloon 2018). It was also originally designed to remove the need to eat any other kind of food ever, though it is now marketed as a meal replacement that can be used on a regular, but not exclusive, basis (Gamble 2016; Soylent n.d.).
Soylent not only embodies the clock time urge to minimize the time and effort needed to meet the need for sustenance, but also the disconnectedness that characterizes clock-time eating. Like many other prepared, packaged foods, Soylent is disconnected from place and from time in the sense of seasons and times of day: it is the same everywhere it can be shipped, and is the same for each meal, each day, each season of the year. There is no link between it and the place it is consumed or the season in which it is prepared. It can be consumed at any time of the day or night, while engaged in most any activity. It does not require utensils, and so can be consumed on the go. Consuming Soylent is not a social activity; it pre-empts the need to share a meal with others or even briefly interact with strangers at a restaurant or store, or with those who prepared the food, as at a fast food restaurant. You do not even have to interact with a delivery person, as you can get the boxes shipped to you and left at your door. While you may choose to share a meal with others as a form of socializing—which for some, would be a good autonomous use of time—Soylent removes any obligation to engage in such inefficient means of getting sustenance.

In these ways, the consumption of Soylent exemplifies clock-time eating. But it is also healthist. The rationale behind Soylent is to optimize one’s health by meeting nutritional requirements for optimum functioning. Soylent is premised on a nutritionist understanding of health (Scrinis 2013). Nutritionism is agnostic about how to get the necessary nutrients; in this respect, a pill or a shake is just as good as a local, ethically-sourced, lovingly-prepared meal.

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84 They do recommend that you discard the product after a year, though, as the optimized “vitamin blend” in the Soylent will “lose its potency” after this time (Rosa Labs 2019).
85 I do not mean to suggest that the consumption of Soylent is necessarily healthist, but rather that the product is designed and intended to be consumed within a healthist framework. It is entirely possible that some people consume it simply because they like the taste or they find it an easy way to fill themselves up, without much regard for its ostensible health benefits.
Soylent promises to make it as quick and easy as possible to satisfy nutritional needs and thereby optimize one’s health, simply by buying and consuming their products.  

As I will discuss in the next section, not all healthist eating is as focused on efficiency or as thoroughly disconnected as Soylent. As I have characterized healthism about eating, there is certainly no inherent need to value efficiency alongside health. However, there are other examples of healthist eating that share the clock-time eating characteristics of disconnection and the aim of efficiency, including the use of meal-replacement shakes and bars, as well as vitamins and supplements. But the fact that these healthist ways of eating resonate with clock-time eating does not entail that they produce clock-time temporality. I suggest that there are differences between the ethical relation underlying this sort of healthist eating and the relation underlying clock-time eating, and that these differences are likely to shape different sorts of temporalities.

Let us call the temporality produced by a Soylent sort of healthist eating “healthist clock time.” The primary difference between clock-time eating and healthist clock-time eating is in the telos. Where the telos of the former is to fulfil the need for sustenance as efficiently as possible, the latter aims at producing or securing health in the most efficient way possible. Health is an essential constraint on the efficiency of eating. I suggest that taking health as a telos in addition to efficiency has several significant effects on the temporality produced by the eating.

First, healthist clock time is not experienced as a series of empty, fungible units. Time is still experienced as a resource that each individual must use wisely, but it is more than that. Each

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86 Apparently the Canadian government does not agree that Soylent meets human nutritional needs, as it has banned the product from the country on nutritional grounds (Forster 2017; Filloon 2018).

87 If I am right that healthism about eating is dominant, we might doubt that many people eat in a purely clock-time way. But if Boisvert and Borgmann are right that clock-time temporality (or something very like it) is so prevalent, perhaps most people eat in a healthist clock-time way.
unit that an individual has is meaningful in relation to their health. Whether I spend this present moment well or not depends in part on my health. In terms of eating, whether I make a good food selection or decision to spend more or less time on eating is partially determined by what I have already eaten today, last week, last month, even years ago, and the effects this eating has had on my health. A food choice is healthy in relation to the ways our body presently deviates from health, whether in the form of illness, disorder, disability, or risk factors, and this is understood to be in large part determined by how we have eaten in the past. Through health, each moment of the present is connected to and meaningful in relation to the past.

A present moment of healthist clock time is also meaningful in relation to the future. In terms of eating, we project ourselves into the future through our eating. The way I should eat right now, and how much time I should take to do that, must be considered in relation to my future health and longevity. The healthier you eat now, the healthier you will be, the longer you live, the more time you will have to spend. To spend time well now is to spend enough time on eating (and other health behaviors) to secure a long, healthy future. If you are healthy, you will have more time to spend at the end of your life, which means spending time on your health today will pay off in the end.

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88 This is not to say that certain forms of clock-time eating do not make time meaningful in a similar way. Within clock time we could adopt teloi that have similar effects. The difference is that within clock time, as an autonomous agent, you get to choose what your projects and values are and you can change them. These projects and goals can give time meaning for you, but ultimately, time is not meaningful in itself except as a resource. Whatever meaning your projects provide is only meaningful because you chose it. (I take it that this kind of view is what is underlying the concerns with meaninglessness mentioned earlier; it is not that we cannot give things meaning, it is that things are not meaningful in themselves.) In contrast, healthism offers meaning grounded in something it presents as natural and non-negotiable. Your health matters and is valuable whether you care about it or not, and it makes your time and how you spend it meaningful whether you care about it or not.

89 In the case of those who grow fetuses and are responsible for feeding children—mostly women—not only is their own future health at stake, but so is their children’s health, at every moment of food choice.
Second, healthist clock time does not encourage disconnection to the same extent that clock time does. When we experience time as healthist clock time, it does not make sense to dispense with all forms of connection in an attempt to save time, because that might compromise your health. Eating well and so spending our time well requires us to acknowledge and appreciate certain connections between food, eating, our bodies, and our health, as well as aspects of our pasts, presents, and futures. If responding to the health-related obligations that these connections generate requires more time than simply fulfilling our need for sustenance, then so be it. We can and should still aim for efficiency, but these constraints must be respected.\(^9\) In this way, healthist clock time affords some expansion and recognition of relation and connection beyond clock time.

That said, healthist clock time is not immune to the ontological and ethical critiques that attend clock time more generally. The connections highlighted by healthist clock time are limited and individualizing: it is only the relation between other entities and your health (and perhaps your kids’ health) that matters. Relations with your community, traditions, the seasons, the environment, non-human animals, and even one’s body remain occluded except insofar as they pertain to health. For example, you might care about the environment insofar as you worry about the effect of pollution on your health, or you might care about GMOs if you think they are bad for you, but not insofar as they have detrimental economic effects on farmers. Indeed, healthist clock time may encourage eaters to cultivate disconnection and ignore existing connections if

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\(^9\) I suspect that many people think healthy eating is incompatible with efficient eating, hence the common refrain “I don’t have time to eat healthily.” This reflects a clock-time orientation which acknowledges the value of health but ultimately prioritizes efficiency over health. Products like Soylent, healthy fast food or fast casual food, and healthy frozen dinners seem to be aimed at overcoming this tension (or what from a healthist perspective would show up as an “excuse”).
they make eating take more time than is necessary for health, or might compromise the healthiness of that eating. We might think that it is better to cultivate a form of temporality that encourages us to recognize health in addition to commodity relations, but having those options is quite limited given all the sorts of relationships we do or could have in and through our eating.

Third, the constraint of health may make healthist clock time even more anxiety-provoking than clock time. In prior chapters, we discussed how healthism about eating can cultivate anxiety about eating because of its high stakes, the difficulties involved in maintaining healthy diets (especially when healthy diets are conflated with weight-loss diets), and so on. I suggest that the temporality cultivated by healthist clock-time eating adds new layers onto this anxiety.

For one, against the background of eating for mere sustenance (you have to eat to stay alive, you should eat for health), the obligation to promote health adds a constraint to our eating that can make eating well take more time or feel like it takes more time than absolutely necessary. Many quick and easy food options are not healthy by most or any standards: fast food is the obvious example here. Procuring, selecting, preparing, and even consuming healthy food may require more attention, self-education, and knowledge than fulfilling our need for sustenance. Eating healthily may undermine our ability to multitask (because, e.g., it is difficult to eat a salad while driving). As I mentioned in Chapter One, there is also a widespread uncertainty about what foods are truly healthy. In this context, knowing how to eat healthily may require (or feel like it requires) ongoing education and the ability to parse confusing and ever-changing nutritional research (Nestle 2013, 29). All this additional time needed for eating well may leave us with less time for autonomous pursuits, which can exacerbate whatever
“chronomania” we may already have (even though the additional time is supposedly justified by the promise of more free time later on). Even if eating healthily does not actually take more time than eating for sustenance, the perception that it does may increase anxiety.

Another anxiety-provoking aspect of healthist clock time is that it can create a particular sense that the more we fail to promote our own health, the quicker we are running out of time. It is not simply that time is passing and so there is less and less of our allotment to spend; the general sense that our time is limited and growing ever shorter is an experience that clock time proper creates as well. But healthist clock time suggests that the more time passes that is not used to promote and secure health, the less time we will have to spend later on. Being healthy means living longer, so wasting time on unhealthy behaviors means less time to spend overall. In addition, if we have not done what we can to promote our health thus far, there is the risk that whatever time we do have left may be lost to obligation in the form of illness, disease, or disability.

A related, and particularly pernicious effect of healthist clock time is that it may lead us to experience the sense that it is already too late for us or others in terms of their health. For some, their pasts—including what their parents fed them, or what their mother did while they were in utero—might be so determinative that it becomes nearly impossible for them to make a truly good, healthy food choice in the moment or at any point in the future. Whatever they do, however they use their time now, they are doomed to a short life, lost in obligation to disease and disability. This sort of narrative is often used to describe fat people, even those who do not have any chronic diseases or conditions, but are expected to develop them in the future because of their fatness. One example can be found in bioethicist Daniel Callahan’s suggestion that
“stigmatization lite” be deployed against people who are becoming fat, including children, in order to prevent them from gaining more weight. He explains, ostensibly regretfully, that this shaming “will not much help most of those who are already overweight or obese. But beyond marginal improvements, most of them are already lost. They should surely not be neglected, but the important work is to be done with those not yet in that condition” (Callahan 2013, 39) [my emphasis]. Critiquing the work of Lauren Berlant, Tracy Tidgwell and colleagues describe a similar idea: “today, fat bodies are often maligned of as having no future at all. In this paradigm, a fat life is a miserably failed one, if not a fast track toward death itself” (Tidgwell et al. 2018, 116). No matter what such people do with their time, it is too late for them to become healthy, and—thanks to narratives about the meaning of health—morally good, responsible people.

In addition to the emotional distress of experiencing oneself or loved ones as too far gone to bother with, this perception could mean that fat people might not get the resources or help they need to eat in agential ways, or, indeed, in healthy ways. As Callahan says, it is already too late for them. Although he states that we should not “neglect” these individuals, what is the worth of using resources, including our time, on people who are already lost? Experiencing oneself as already lost can make people desperate and vulnerable to dangerous diets or “miracle cures.” It might also lead people to abandon their eating or health goals entirely; why even bother?

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91 Though it is beyond the scope of this chapter, the idea that fat children’s time is already running out has some really troubling ethical implications. For some discussion of this see Evans (2010).
92 It is interesting how this temporal narrative is at odds with the narratives promoted by weight-loss diets. Weight-loss diets often rely on the idea that it is never too late, you can always start again, and the promise that this time, with this diet, it will really stick. This temporal narrative is relatively empowering in the sense that it does not write anyone off, though ultimately disempowering insofar as it encourages engagement in weight-loss schemes that are overwhelmingly likely to fail. It is particularly useful for selling weight-loss diets, though.
93 This perception is something HAES does a decent job of combatting. HAES insists we separate health from weight, and so even if it is “too late” to change one’s weight, there are nonetheless concrete steps one can take to improve health. This is one reason why I think HAES is likely to have less bad effects on the self than other forms of healthist eating.
Healthist Stomach Time

I have suggested that while healthist clock time shares certain features with clock-time temporality, it is not identical. Not only do these forms of temporality differ, but healthist clock time seems better than clock time in certain respects, and in others worse. In terms of the perception that it is “too late” for certain people (particularly fat people) to become healthy, healthist clock time seems particularly bad. That being said, as discussed in Chapter One, healthism about eating encompasses myriad and sometimes contradictory practices. And as mentioned in the last chapter, different ways of eating have different effects on the self, even when they share aspects of an ethical framework. Perhaps, then, there are healthist ways of eating that cultivate a different, and in some ways better, experience of time.

I suggest that “intuitive eating” is such a practice. I will argue that intuitive eating is a healthist alimentary practice of the self that specifically seeks to cultivate a temporality akin to what Boisvert calls “stomach time.” This form of temporality not only differs from healthist clock time, but, I will suggest, avoids some of the significant problems of healthist clock time. Again, this is not to say that intuitive eating is a good way to eat all things considered, or even in terms of its overall effects on the self. My aim is simply to show that insofar as intuitive eating succeeds at cultivating what I call “healthist stomach time,” some of its temporality-related effects on the self are better, or at least less bad, than those of healthist clock time eating. This serves as evidence for my more general claim that some forms of healthist eating will have worse effects on the self than others.
Intuitive Eating

Intuitive eating was developed in the 1990s by two American nutritionists, Evelyn Tribole and Elyse Resch (Dupler and Alic 2013). It rejects traditional, rule-based diets and “meal plans” as ineffective, but insists that eating in certain ways is important and necessary for health (Tribole and Resch 2012, xx–xxi; Dupler and Alic 2013). Tribole and Resch contend that conventional weight-loss dieting is not only ineffective but actually bad for health. To use my terminology, some of weight-loss dieting’s bad effects are attributable to the way diets frame eating agency: because those diets deploy the control model, when the diet starts to go off the rails, the eater blames herself. The resulting guilt and shame is bad for emotional and psychological health—which Tribole and Resch consider important—but these diets are also bad for physical health because they do not “work.” People are unable to stay on the diets and therefore are unable to achieve or maintain health.

While Tribole and Resch are careful to avoid frequent use of the term “weight loss” in their book, they are clearly committed to the notion that having a “normal” weight is an essential component of health. While explicitly aiming for weight loss is actually considered a barrier to good eating (Tribole and Resch 2012, 33), intuitive eaters are called to “trust” that their weight will “normalize” over time through the practice of intuitive eating (2012, 57).

The principles of intuitive eating include unconditional permission to eat, emphasis on eating in response to “biological” cues like hunger and satiety rather than situational (i.e.,

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94 While the original form of intuitive eating was developed by Tribole and Resch, there are currently a wide range of variations of intuitive eating (Dupler and Alic 2013). For example, HAES recommends a form of intuitive eating while rejecting the link between large body size and poor health (“Health at Every Size” n.d.). This analysis focuses on the “classic” version of intuitive eating only.
environmental) or emotional ones, and body acceptance. Learning to take pleasure and satisfaction in eating is a central aspect of intuitive eating as well. A foundational premise of the method is that the body knows how to eat healthfully, we simply need to learn to perceive the body’s signals—including pleasure—and respond to them appropriately in order to achieve a truly healthy diet (Dupler and Alic 2013; Tribole and Resch 2012).

Although pleasure is central to intuitive eating, it is not a hedonistic or even values pluralist practice. Intuitive eating deploys one of the totalizing healthist narratives described in Chapter One, subsuming pleasure to health. As Vogel and Mol explain: “bodies are taken to have an internal feedback system that keeps them in balance. Pleasure is a crucial part of this feedback system because it signals ‘enough’. Thus, when there is no pleasure—as a consequence of guilt, or haste or a list of other intervening factors—the feedback system does not get its crucial feedback. Hence no balance” (2014, 307). Once eaters are properly attuned to their bodies, pleasure functions as a cue to what to eat and when to start and stop eating, and if one listens to this cue, one’s overall health and wellbeing will be supported. Within an intuitive eating framework, acceptable pleasures might include eating things widely considered to be unhealthy: you can have the cake, you can have the chips, you can put real mayonnaise on your sandwich. But these pleasures are justified by the inherent wisdom of the body: if one truly listens to one’s body, and your body wants cake, then that is part of a healthy diet. Your body will lead you to

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95 The principle of body acceptance—“respect your body” (Tribole and Resch 2012, 28)—is ultimately in the service of losing weight. Eaters must not make weight loss their “primary goal” or take it to be an indicator of success (2012, 57) because that would “interfere with your ability to make choices based on your intuitive signals” (2012, 33), and ultimately undermine the eaters’ ability to “normalize” her weight.

96 “Intuitive Eating is truly about trusting that you will be able to access all of the information you need to have, by using all of the aspects of your brain—your reptilian instincts, your limbic connection with your emotions, and your rational thoughts” (Tribole and Resch 2012, xv).
eat in a way that meets all your nutritional needs and contributes to good health, including a normalized weight.

Similar to the situationist account of eating discussed back in Chapter Two, intuitive eating proponents contend that most people have deeply misunderstood how to effectively control and direct their own eating, have repeatedly engaged in practices doomed to failure, and then are inaccurately blamed that failure on a lack of self-control or willpower. Where the situationist account locates the blame on interactions between our psychologies and environment (and our ignorance and lack of appropriate strategies to manage our environments), intuitive eating locates the failure to eat well in our ignorance about how to eat properly—you need to listen to and respond to your body, not be antagonistic toward it and ignore it—and a lack of skill—you probably cannot effectively listen to and respond to your body because you have ignored it or shoved it aside for so long.

Once an eater does know the “truth” about intuitive eating, failure to eat healthily can be attributed to an unwillingness to learn or to try to eat properly, inadequate attentiveness, or flawed listening skills. It is assumed that your body will not tell you to “overeat” or eat innutritious foods on a regular basis. If you are regularly eating foods outside the realm of generally accepted nutritional advice, and perhaps especially if your weight is not normalizing, there is call to doubt that your body really wants what you are eating, or that you are listening to it properly (Tribole and Resch 2012, xiv). You may not be paying proper attention to yourself, or perhaps you have not fully cultivated the skills necessary to “hear” what your body is telling you.

Although a full critique of intuitive eating is beyond the scope of this chapter, it is worth noting that my account of eating gives us reason to be skeptical about the provenance of these
supposedly natural and biological bodily cues. If eating can shape pleasure, desires, and affects in the ways I have suggested, the bodily cues on which intuitive eating relies may be produced by the eater’s (prior) engagement in weight-loss dieting. They may not be natural at all.

Intuitive eating proponents might admit this and claim that while some bodily cues are shaped by dieting, the task of intuitive eating is to break through that conditioning and “uncover” the truly natural cues underneath. This point deserves further consideration than I can give it here, but I would suggest that the practice of intuitive eating actually constructs certain pleasures and desires as natural and biological in accordance with its healthist commitments. Pleasures and desires that lead to generally nutritionally-sound eating and a “normalized” weight are awarded the status of natural, biological, and good, while those that do not lead to these outcomes must be attributed to something else, and rejected.

One of the implications of this understanding of pleasure and desires is that it makes failures of eaters who try to eat intuitively but whose weight continues to fluctuate, as well as eaters whose bodies tell them to eat Hot Cheetos or Poptarts on a regular basis. According to an intuitive eating framework, these eaters cannot be really listening to their body’s cues; the body could not possibly be finding these foods, or that amount of food, pleasurable. Even if we do accept that our bodies have natural preferences for certain foods or amounts of food and that it is possible to know and respond accurately to these preferences, it is possible that our bodies would want to eat as much high-calorie food as possible (as some environmental model proponents suggest), or that responding to these preferences could result in a weight much higher than is considered healthy. These possibilities are precluded by the intuitive eating framework, and instead show up as failures of the individual to properly attend, listen, and respond to her
body. There is more to be said about the way this narrative could affect the agency of eaters, especially for those considered failures, but as my focus here is on intuitive eating’s effects on temporality, this will have to wait for another time.

Calm and Ease

Intuitive eating is clearly healthist: it aims to improve emotional and psychological health—including self-esteem, self-confidence, and positive thinking (Tribole and Resch 2012, xvi)—as well as physical health by enabling sustainable healthy eating and by normalizing weight. Its aims are broader than healthist diets aiming for weight-loss or nutritional optimization, but these broader goals are understood as components of good health.

That said, intuitive eating is quite different from the healthist clock-time eating I described earlier. In fact, it identifies aspects of healthist clock time as barriers to eating well. For intuitive eating proponents, anxiety, rushing, and the urge to minimize how long we take to eat are serious problems because they block perception of the body’s cues. Though Tribole and Resch do not use the language of temporality, from an intuitive eating perspective it is clear that a temporality characterized by anxiety and the push to maximize the efficiency of eating is bad for health, and actively prevents healthy eating.

I suggest that intuitive eating aims to cultivate an alternative temporality to clock time, one which will enable eaters to perceive bodily cues and thereby eat healthily. This temporality is characterized by “ease and calm,” in contrast to the “haste” and “busyness” of clock time and healthist clock time (Vogel and Mol 2014). I will highlight two forms of ethical work the
practice of intuitive eating employs to cultivate this temporality. The first is a practice of attending to and asking questions of oneself prior to and during eating.

Intuitive eating requires eaters to cultivate a practice of call and response with their bodily sensations, most importantly, hunger, satiety, and pleasure. These internal signals should cue stopping and starting of eating, and inform the choice of whether and what to eat. The idea is that once you establish the practice of intuitive eating, you will not only be able to perceive and respond to the body’s signals, but your body’s signals will accurately track what it needs. What is crucial—and a key reason why traditional weight-loss diets are bad for health—is that the body’s needs cannot be captured or replicated by rules about food intake (except, maybe, the rule “listen to your body”). What is appropriate to eat, and how much, is going to vary over time (Tribole and Resch 2012, xxii). This variability requires that one pause, reflect, and attend to oneself each time the opportunity or occasion to eat arises.

Tribole and Resch describe the practice of deciding whether and what to eat in detail:

You will evaluate how hungry you feel and then think about what foods might satisfy your hunger and your taste buds. You might even go through a series of sensual imaginings of the taste and texture and temperature of different foods. You also may open the file to reflect on past eating experiences. You might ask yourself whether your present eating choice has worked out for you when you’ve eaten it in

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97 As Vogel and Mol explain, according to intuitive eating, the issue with most weight-loss diets is that dieters try to regulate their food intake through self-imposed rules and regulations (Vogel and Mol 2014, 310). This almost always requires dieters to ignore bodily cues in favour of sticking to the rules, which will ultimately and inevitably result in bad eating.

98 “What becomes them today may well do so again tomorrow and in this way one’s past experiences may come to inform one’s future eating patterns. But patterns should not crystallise into fixed rules. Bodily needs may vary from one day to another. While rules seem to offer a stable kind of control, there is no end to the tinkering self-care that involves feeling” (Vogel and Mol 2014, 311).
the past… Your emotions may also come into play when you have the desire to eat. Might you be upset and are craving food to comfort and soothe yourself? Or are you bored and thinking about eating as a distraction? Considering these possibilities might inform your decision of what to eat, or even whether to eat at all. (xiv-xv)

Through this practice of attending to and questioning oneself, the eater aims to create the mental space and time to listen to the body and respond to it appropriately. Rather than experiencing the need or urge to eat as something that needs to be quickly and efficiently dealt with, Vogel and Mol explain that this practice will eventually allow the eater to experience food or the occasion to eat as “invitations” that she has the power to accept or reject: “This body is not caught in a causal chain: the food on offer does not cause your body to eat. Instead this food is, or is not, inviting. You may either respond to this invitation, or not. Such responses are not fixed, they may change over time, they may be tinkered with” (Vogel and Mol 2014, 312).

The second ethical practice requires attentiveness to the location of eating. Eaters must ensure that the place they eat is free of distraction (Tribole and Resch 2012, 127). You cannot be multitasking or eating on the run and eat intuitively. To do it well, you must cultivate surroundings that are supportive of the difficult task of hearing and responding appropriately to the body. 99 This may require eating alone, as conversation with others or social pressure to eat certain foods can be a distraction. No watching TV or scrolling through social media or

99 Tribole and Resch note that in light of their “suggestion” to eat without distraction, some of their clients feel guilty when they watch TV or read the paper while eating. They respond: “As in every other aspect of Intuitive Eating, you are the one who has the internal wisdom about what works for you. You also know what doesn’t work. Whatever the ‘other’ activity may be, be honest with yourself about whether you are able to get the most satisfaction in your eating, while engaging in this activity or whether you’re being distracted by it” (Tribole and Resch 2012, 127). This is another way in which intuitive eating individualizes responsibility for eating well in a potentially problematic way. There may be many structural reasons why people cannot eat alone or take the time to eat without multitasking: some jobs do not allow for lunch breaks, there may be cultural or social prohibitions to eating alone, or obligations that must be dispensed with during mealtimes (such as feeding others).
daydreaming. Scattered, shattered eating does not enable intuitive eating. By eating somewhere free from distraction, the eater may attend to her bodily cues in a way that will not only guide her in what to eat but when to stop eating.

It is likely that for many eaters, these practices will be anxiety-producing at first, as taking the time out of one’s day to pause and reflect on food choice, and to eat slowly, attentively, without multitasking or even daydreaming, contravene a clock-time push for efficiency. The promise is that repeated engagement in these practices will help the eater shape a new sort of temporality that—at least while eating—will be characterized by ease and calm rather than anxiety and rushing. This ease and calm will enable the eater to better attend to, hear, and respond to her body, leading to healthy eating. In this way, these practices are a sort of bootstrapping into a new form of temporality and thereby into health: the practices shape a temporality characterized by ease and calm, this temporality supports continued engagement in the practices, and this combination is what is necessary for healthy eating.

*Healthist Stomach Time*

The temporality intuitive eating aims to cultivate (at least during eating and when deciding to eat) resonates with a form of temporality that Boisvert highlights in his work. Because of the many practices that cultivate and reinforce our experience of clock time, Boisvert claims that clock time “will not and need not go away” (Boisvert 2014, 103). However, he hints toward the possibility that we could cultivate pockets of what he calls “stomach time” (Boisvert 2014, 103).

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100 Vogel and Mol explain that feeling one’s body in the way required by intuitive eating “is a demanding local achievement. It is not something that ‘the’ body does, but rather something that some people may learn to do under some circumstances” (Vogel and Mol 2014, 314). In other words, it is a skill that needs to be developed over time and through a great deal of practice.
2014, 99), and suggests that we would benefit from doing so. He suggests we learn to think “from our stomachs” in order to accomplish this, but does not detail how we might do that. Given similarities between stomach time and the “calm and ease” intuitive eating aims for, perhaps intuitive eating offers us just such a strategy.

According to Boisvert, stomach time is characterized by relation, interconnection, and dependency. It has no basic units but expands and contracts depending on the activities, practices, or events that are undertaken.\textsuperscript{101} Stomach time is connected with space and with activity, because what is happening here and now determines what time it is and/or what this time is for. In this way, stomach time takes the form of call and response. Events and activities call out to be engaged with, and rather than being experienced as impositions or obligations, they are a “bouquet of possibilities surging toward us” (Boisvert 2014, 101).

In Boisvert’s terms, then, intuitive eating aims at cultivating stomach time, at least when it is time to eat or decide what to eat. Hunger is not to be experienced as an obligation or imposition on our time, but as something to be attended to with curiosity and a willingness to respond. The call and response aspect of stomach time particularly resonates with intuitive eating. What and how much we eat, or whether we eat at all, should be determined in response to cues from the body. Meal or snack times are times determined by a call from the body. Meal times “expand” and “contract” according to what the eater’s body tells the eater to do; a meal could be a quick snack or a long drawn out affair. It takes as long as it takes for the body to be satisfied.

\textsuperscript{101} Boisvert writes: “time flows via intervals that may be stretched and shrunk in various ways, depending on the activities with which they are associated. Some are relatively short as in the bowing of a head. Others lengthen as accompanied either by the sun’s diurnal trajectory, or by the periods of planting, cultivation, growth, and harvesting” (Boisvert 2014, 98).
One reason Boisvert thinks that stomach time is preferable to clock time is because it is meaningful. I have suggested that healthist clock time eating makes time meaningful in and through health. But stomach time—and the temporality cultivated by intuitive eating, which I will call “healthist stomach time” from here on—makes time meaningful in a different way. For healthist stomach time, meal times are meaningful because they are structured around what the body wants and calls for in that particular moment and place. When the body calls for food, it is time to eat. When the body signals that it is full, it is time to stop eating. Such time is purposeful and its purpose is determined by and in relation to the state of one’s body at that moment. This sort of meaning is clearly restricted to meal times and perhaps times when eaters are deciding whether and what to eat. As I will discuss shortly, it is also only meaningful in relation to a circumscribed set of relations, but insofar as we care about time being meaningful in this sense, healthist stomach time is preferable to healthist clock time.

Boisvert also claims that stomach time is less anxiety-provoking than clock time:

“Instead of moments escaping, time comes to be understood as opportunities surging forward. Temporality no longer need be thought of one-dimensionally as an ever-escaping sequences of standard units. It comes to be considered...as a cluster of possibilities tending toward us.” He continues, explaining that stomach time cultivates “time relaxation rather than time anxiety...[and] allows for a more relaxed, welcoming posture toward emerging eventualities” (Boisvert 2014, 96) [original emphasis].

Intuitive eating clearly aims to avoid anxiety during

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102 Boisvert claims that stomach-time temporality was more common in pre-modern eras, and describes a paradigm case of stomach-time eating as a peasant’s meal. It is a meal at the end of the work day, when the sun has gone down so work is no longer possible, begun with a moment of prayer and connection to the divine. The meal is shared with others, the food is made of ingredients from one’s locale, some of which the eaters have likely grown themselves, and reflect the season in which one eats. Boisvert uses painting “The Angelus” by Jean-Francois Millet to exemplify stomach time eating. The painting depicts a couple in the fields, pausing for a moment in their work near the end of the day. They work because it is harvest season, or planting season. They break because it is getting dark, the work
meal times, since it is part of what blocks good eating. It also seems to cultivate a “more relaxed, welcoming posture” toward certain eventualities, such as the inevitable return of hunger or other desires for food. Despite its healthism, then, intuitive eating may be able to offer a little less anxiety—at least momentarily—than healthist clock-time eating.

We can find some support for this possibility in Borgmann. Borgmann looks to eating as an opportunity to cultivate a reprieve from anxiety, and, at the same time, combat the totalizing enframing that threatens everything. He suggests we do so through the practice of focal meals, which share some similarities with intuitive eating. For Borgmann, following Heidegger, a focal event or thing is something that reveals or creates relations. Borgmann explains that such events or things function as a focus, which “gathers the relations of its context and radiates into its surroundings and informs them. To focus on something or to bring it into focus is to make it central, clear, and articulate” (Borgmann 2009, 197). According to Borgmann, meals in premodern times had a focal character, which contemporary meals cannot have because technology has destroyed the possibility of locating oneself within a “thoroughgoing” web of relations. Nonetheless, Borgmann claims that certain meals can provide a valuable contrast to the usual

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103 Borgmann’s descriptions of meals in the “pretechnological world” resonates with Boisvert’s account of the peasant meal. Borgmann writes: “the pretechnological world was engaging through and through...in this web of engagement, meals already had focal character, certainly as soon as there was anything like a culture of the table” (Borgmann 2009, 206). Boisvert’s peasants’ meal would have a focal character because through the seasonal, local, homemade food, the invocation of the divine, the company, and so on, it orients and locates the eaters in their place and time, in relation to the divine, to their community, their geographical location, the season, the time of day, their social status, and the like. In this way, the meal creates and reveals deep and varied connectedness and relationality.
technological way of eating and experiencing things, creating a “place of profound calm,” a moment of respite from the anxiety-provoking technological world (Borgmann 2009, 206).\footnote{You can see a similar, though less theoretically sophisticated, call in work by food activists like Michael Pollan.}

Borgmann emphasizes that the resistant possibility of such meals is limited if they are a rare and sporadic occurrence. In order to robustly resist the totalizing nature of technology, such meals need to become part of a practice that would cultivate and protect the meanings created in and through such meals.\footnote{Borgmann thinks that if we understand the character of technology as totalizing, we will better understand why we cannot combat it with one-off events, and be more motivated to cultivate these practices as a way to combat its totalizing character. He explains: “the more strongly we sense and the more clearly we understand the coherence and the character of technology, the more evident it becomes to us that technology must be countered by an equally patterned and social commitment, i.e., by a practice” (Borgmann 2009, 208). Thus he calls for ongoing, regular participation in focal meals.} This is one way in which Borgmann’s focal meals resonate with intuitive eating: in both cases it takes consistent work to create the circumstances and capacities to construct and benefit from these moments. We might also think of intuitive eating as gathering and bringing into focus particular sorts of relations, such as relations between eating, place, and the lived body. For these reasons we might think that intuitive eating can be, or at least approximate, a focal meal, in so doing create “places” and times of calm.

Insofar as intuitive eating creates an experience of time characterized by calm, it seems preferable to healthiest clock-time eating, which produces a temporality mainly characterized by anxiety. These moments of calm and ease may be limited to times when one is eating or deciding to eat, but it seems better to have some moments of calm than none at all. That said, when this “pocket” of ease and calm occurs within a context more broadly characterized by healthiest clock time, there are reasons to think that intuitive eating may contribute to overall anxiety.

Intuitive eating takes a good deal of time and commitment, especially relative to healthiest clock-time practices like using meal replacements. Many people are likely to feel like they do not
have the time to dedicate to intuitive eating, and some may actually not have the time or opportunity due to work, family, and other obligations. This may create anxiety about finding the time to engage in intuitive eating. Because intuitive eating places responsibility on the individual for eating well, failure to dedicate the time necessary to intuitive eating makes you a failure both as an autonomous user of time and as a healthist subject. You are not eating healthily, which is bad, and that is at least partly because you are have failed to organize your time appropriately, which is also bad. Even if I manage to practice intuitive eating, I may experience increased anxiety about fulfilling other obligations in the time that remains, which, when compared to the time taken to consume a Soylent, is reduced by the time-intensive practice of intuitive eating.  

So while intuitive eating may cultivate some anxiety-free pockets of healthist stomach time, it may also contribute to overall anxiety. Intuitive eating may also have other problematic effects. Earlier I suggested that intuitive eating’s call and response with the body can give a certain “stomach time” sort of meaning to time spent eating or deciding whether and what to eat. This meaning is made possible because intuitive eating insists on recognizing and responding to connections between eating and the lived body, or at least important aspects thereof, including hunger, satiety, and pleasure. We might think that this is another improvement over healthist clock time: intuitive eating acknowledges important relations and connections that healthist clock time might encourage us to ignore or neglect in the interest of saving time. If we

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106 The narratives surrounding intuitive eating may also exacerbate anxiety and create other negative affects in those who are not engaged in intuitive eating. Intuitive eating suggests that eaters engaged in other forms of weight-loss dieting or eating are wasting their time and undermining their own health. Whatever time and attention they dedicate to their diets is ultimately wasted because the diets are unsustainable. Since the diets are unlikely to stick, you are not going to get the promised benefit of a long and healthy life, and moreover the diets may compromise your psychological and emotional health in the here and now.
acknowledge these relations then we may make fewer ontological and ethical errors than healthist clock time would lead us to make.

However, as with healthist clock-time eating, the connections that intuitive eating calls us to acknowledge and value are highly constrained by health. Consider the example of bodily pleasure. The pleasures of eating are ultimately valuable and worth acknowledging only insofar as they promote health. Acknowledging bodily pleasure in the name of health may be better than not acknowledging it at all for the sake of saving time, but it is nonetheless highly limited. As Vogel and Mol point out, what about the alimentary pleasures of “transgressing, forgetfulness or, say, of stuffing oneself with fast food while watching a B-movie with friends” (Vogel and Mol 2014, 314)?

More generally, intuitive eating is likely to encourage eaters to ignore and neglect a variety of relations as potential barriers to intuitive eating. This becomes very apparent when we compare intuitive eating to Borgmann’s focal meals. Borgmann points to “great meals” or festive meals as examples of modern focal events. Drawing from the work of Robert Farrar Capon, he writes:

The great meal of the day, be it at noon or in the evening, is a focal event par excellence. It gathers the scattered family around the table. And on the table it gathers the most delectable things nature has brought forth. But it also recollects and presents a tradition, the immemorial experiences of the race in identifying and cultivating edible plants, in domesticating and butchering animals; it brings into focus closer relations of national or regional customs, and more intimate traditions still of family recipes and dishes (Borgmann 2009, 204).
According to Borgmann, meals such as these can create and reveal relations between eaters, place, and others. For instance, a meal can reveal intimacy with and dependence on the earth. A meal can also bring into relief relations to family and friends, the way we relate to others as guests and hosts, and our relation to our local history and history of human beings more broadly. In these ways, a focal meal robustly contests the reduction of everything to commodity relations.

Contrary to Borgmann’s “great meal,” intuitive eating characterizes eating with others as a distraction, something that can get in the way of good eating. As Vogel and Mol protest, for intuitive eating “there is little about sharing food, feasting, or acting as a generous host or a grateful guest” (2014, 314). This is because sharing food, feasting, and guest/host relations may compromise our ability to eat intuitively. What matters is that the body gets what it needs. Acknowledging relations to others—as well as relations to the earth, environment, food producers, history, and so on—can get in the way of eating intuitively. If the intuitive eater determines that their body needs mangos in the winter, pork when the only pork available is factory farmed, or a stirfry when everyone else is eating pasta, then so be it—environment and animals and conviviality be damned.

Overall, intuitive eating does seem preferable to healthist clock time eating in some limited respects. It may cultivate an experience of time that is meaningful in a way that healthist clock time is not; this form of temporality may offer pockets of respite from anxiety; and intuitive eating does call us to acknowledge and respect relations with our lived bodies in ways that healthist clock time eating would encourage us to ignore for the sake of time. But these benefits do not mean that intuitive eating is a better way to eat overall. Intuitive eating has some significant drawbacks: in addition to the ways it may contribute to anxiety, it only recognizes a
limited range of the relations we have in and through our eating. The range may be slightly wider than those that healthist clock time eating admits, but it is nonetheless very limited. Intuitive eating therefore seems likely to lead to the sorts of ontological and ethical errors that healthist clock time eating does.

A final point regarding this ontological and ethical critique before moving on. It would be a mistake to assume that if disconnection, denial, and neglect of connection is bad, then all we need to do is recognize, experience, and cultivate connections and relations with other people, our environments, our communities, our bodies, and so on, and all will be good. As feminist theorists argue, while relationality and connectedness are a fundamental condition for human life, particular relations and connections affect people in different ways: they can be a source of vulnerability that enables exploitation and injustice, as well as enabling flourishing (Gilson 2015). The quality and character of specific relations and connections need to be evaluated. A way of eating that reveals a wide array of relations may be preferable to one that reveals only a technological relation to entities, but that does not mean such a meal is good in any other sense, including ethically.

Holding up “peasant meals” or “pre-modern” meals as aspirational—as Boisvert and Borgmann do—runs the risk of encouraging or reinforcing forms of relationality and connection that are exploitative and unjust. Borgmann notes, offhandedly, that some of the relations revealed in the pre-modern evening meal were not always positive (Borgmann 2009, 206), suggesting that he does acknowledge this possibility of bad relations and connections. But there is no recognition of a similar dynamic in today’s meals, or the problem with ignoring or obscuring these.
For instance, a Thanksgiving dinner—at first glance, a paradigm of a focal meal in Borgmann’s sense—may helpfully cultivate and reveal relations between family, friends, the divine, culture, tradition, agriculture, and the like. But at the same time, Thanksgiving meals often erase or ignore the exploitative and unjust relations that are also part of the meal, including the suffering of the bird being consumed and our relations to non-human animals, and the genocide of the indigenous peoples that was integral to the colonization of the country celebrated by the Thanksgiving meal. Such a meal may also ignore/erase sexist relations that may have left the bulk of the work of preparing the meal to women, and which may not allow women find “respite” in the meal because of their responsibilities. Lauding such a meal without recognition of these relations suggests that either these relations are not acknowledged at all—meaning there is a partial recognition of relationality and connection only—or their quality is overlooked, ignored, or unimportant to those doing the lauding.

In short, even if we recognize that relationality is fundamental to our existence and that therefore, ways of experiencing the world that acknowledge this relationality—including temporalities—are better than those that do not, we must be careful not to celebrate any and all sorts of relations. Some relations are good, some bad, some neutral. Further, the call for festive family dinners and the like risks not ignoring or obscuring the partiality of what relations do appear in these sorts of meals, and cultivating indifference toward unjust and exploitative relations that may enable such meals to occur and have the character they do. If we want to hold up some ways of eating as better than others, we should remain attentive to this possibility.
Conclusion

I have suggested that different practices of healthist eating may produce different forms of temporality. I have also suggested that forms of temporality can be good or bad, or at least better or worse than one another. Insofar as the practice of intuitive eating cultivates something like healthist stomach time, it may be preferable to healthist clock-time eating. Even if intuitive eating cultivated a form of temporality that was unequivocally better than healthist clock-time eating, this would not entail that intuitive eating is a better way of eating all things considered. Other effects on the self and other ethical considerations must also be taken into account. But this argument underlines the need to consider healthist eating practices in their particularity. We cannot paint all healthist practices with the same brush: they may have different, and sometimes better or worse, effects on the self, even if they all share the same problematic features of healthism.

My arguments thus far in the dissertation have had two aims. The first was to make plausible the claim that eating shapes the self. I have detailed two ways that this shaping occurs: I showed that the narratives about eating and eaters shape and can damage agency, and then turned to the ways that activities of eating can shape other aspects of the self. The second aim was to show that healthism about eating has ethically significant effects on selves. I have argued that these effects should be considered alongside other ethical concerns about eating practices, policies, interventions, or understandings. I have not suggested that the effects of eating on the self should be considered in isolation, or prioritized over other ethical concerns. But they are ethically important, and an ethically-comprehensive food ethics will include them in its analyses.
These claims are rich and I have only begun to scratch the surface of what they mean and what their implications might be. Further exploration will have to done elsewhere, but I hope that my work thus far provides a fertile grounding for that exploration. In the final chapter of the dissertation, I will demonstrate the sort of work that these concepts enable through an analysis and critique of diet research on vegetarianism and eating disorders.
Chapter Five: Vegetarianism and Eating Disorders: An Ethical Analysis of an Uncertain Hypothesis

I have argued throughout this dissertation that eating is a self-shaping activity. Our understandings and practices of eating shape aspects of the self, including agency, affects, capacities, self-understandings, values, and temporality. These effects should be recognized and taken into account in our ethical analyses of eating, whether we are evaluating eating practices, interventions, or food policies, or deciding how to best understand or characterize eating. When we overlook or ignore the self-shaping effects of eating, we can miss ethically significant outcomes that could change our evaluations and our actions. Doing so undermines our ability to act and eat well.

I have made this case through an analysis and critique of healthism about eating. I have considered healthist narratives and practices of eating and shown that they can have significant and often negative effects on selves. I have also suggested that critiques of healthism about eating that fail to consider these self-shaping effects are incomplete. In the last chapter, I suggested that different healthist ways of eating can have different, and better or worse, self-shaping effects, and should therefore be considered in their particularity.

In this final chapter, I illustrate the value of considering eating’s self-shaping effects in the context of diet research. This is an arena in which healthism about eating is particularly pervasive, often explicit, and may seem to be justified. Dieticians and nutrition researchers generally aim at understanding the effects of diet on health (American Society for Nutrition n.d.; Academy of Nutrition and Dietetics 2019) so this research can be used by public health officials.

107 Here “diet” refers to any way of eating, and should not be understood in the narrower “weight-loss diet” sense.
clinicians, dieticians, nutritionists, and other medical professionals to promote, protect, and restore health to individuals and populations.

But even in this context, the non-health-related significance of eating, including its effects on the self, is ethically important. My aim in this chapter is to demonstrate that failure to account for eating’s effects on the self can prevent us from making informed ethical decisions about how best to understand or characterize eating. To make this argument, I analyze research on young women and girls’ vegetarian eating. The question is whether or not young women and girls’ vegetarianism is linked to dangerous, and sometimes deadly, eating disorders and disordered eating.¹⁰⁸

I will begin by introducing the literature suggesting that there is such a link and then argue that, due to conflicting research and methodological concerns, this hypothesis is subject to a high level of “inductive risk.” The basic idea of inductive risk is that due to problems with inductive logic, we can never be entirely certain about the truth or falsity of a given hypothesis. However much evidence of whatever quality we have in support of a hypothesis, there is always a risk of error: we might accept a false hypothesis, or a reject a true one. Philosopher of science Karl Hempel argues that, given this inevitable risk of error, proper inductive reasoning requires that we assign value to the possible outcomes of an error and factor these evaluations in to our decision of whether to accept or reject the hypothesis (Douglas 2000, 562).

In some cases, the values used to weight these outcomes will be epistemic values, such as consistency with established theory, empirical adequacy, and a wide predictive scope (Douglas 2000, 562).

¹⁰⁸ The diet literature I am working with throughout this chapter does not use the shorthand “veg*n” for vegetarian and vegan, and I will follow suit when discussing them. I will use the shorthand later on when discussing ethical vegetarian and vegan diets.
2013). But in situations where the outcomes of an error include non-epistemic consequences—that is, practical or ethical consequences—we must use non-epistemic values to weight these consequences. Failure to do so means that our reasoning will be “flawed and incomplete” (Douglas 2000, 559). Including non-epistemic consequences and non-epistemic values in our reasoning does not mean that epistemic considerations are secondary or ignored. Rather, in order to reason well about whether to accept or reject a hypothesis, non-epistemic considerations must be included alongside epistemic ones.\textsuperscript{109}

While there is a risk of error in all cases of induction, the risk is particularly large when the evidence supporting the hypothesis is inconclusive, as I suggest is the case with the proposed link between young women and girls’ vegetarianism and eating disorders and disordered eating. Furthermore, there are significant ethical consequences to both a false positive and a false negative in this case, in part because accepting or rejecting the hypothesis will inform the behavior of clinicians, parents, guardians, and other caregivers and mentors to young women and girls. Therefore, in order to make an informed ethically- and epistemically-sound decision about whether or not to accept this hypothesis, we need to lay out the ethical consequences of getting it wrong and use our values to judge which risks we are willing to take.\textsuperscript{110}

Toward that end, I outline below the ethical stakes of wrongly accepting or rejecting the hypothesis. If we wrongly reject the hypothesis, the stakes are straightforward: cases of disordered eating and eating disorders that would otherwise be caught will be missed, placing the well-being and lives of young women and girls at risk. In the case of a false positive, the stakes

\textsuperscript{109} I am not taking up Douglas’ specific argument that inductive risk plays a role within the practice of science itself, and am instead just focusing on the role inductive risk plays in accepting or rejecting a hypothesis.

\textsuperscript{110} As Heather Douglas writes: “Values are needed to weight the consequences of the possible errors one makes in accepting or rejecting a hypothesis, i.e., the consequences that follow from the inductive risk” (Douglas 2000, 562).
are more complex. Our understanding of what is at stake depends, in part, on our understanding of the ethical importance of eating. I will review three different ways of thinking about the ethical importance of eating and the potentially bad outcomes each one predicts, before turning to my account of eating as a practice of the self and exploring the potential effects of a false positive on the self. What is important on my view is that we cannot understand the full range of potential outcomes of a false positive, and so cannot make an informed decision to accept or reject the hypothesis, without recognizing how eating can shape selves.

At the end of the chapter, I return to the question of whether or not we should accept the hypothesis that young women and girls’ vegetarianism is linked to disordered eating and eating disorders. My goal is not to make an argument in favour of acceptance or rejection. Rather, I aim to show that understanding eating as a self-shaping activity illuminates ethically significant outcomes which should factor into our decision, and without which we cannot make an informed choice. In addition to offering an analysis that can help us make an informed decision about this particular case, this chapter serves as further support for my claim that we cannot make fully informed ethical evaluations of eating—including of ways of understanding and characterizing eating—without considering the effects of eating on the self.

The Vegetarianism and Eating Disorders Hypothesis

Since the 1980s, a growing body of research has suggested that for young women and girls, vegetarianism is correlated with disordered eating and clinical eating disorders (Bardone-Cone et al. 2012; Curtis and Comer 2006; Gilbody, Kirk, and Hill 1999; Kadambari, Gowers, and Crisp 1986; Lindeman, Stark, and Latvala 2000; Robinson-O’Brien et al. 2009; Zuromski et
Studies characterize this correlation in different ways, some suggesting that vegetarianism may be a sign of or risk for these eating behaviors and attitudes, while others suggest that young women and girls may use vegetarianism to cover up their disordered eating practices. Whether the correlation between vegetarianism and disordered eating and/or eating disorders takes the form of a risk, cover, or sign are three distinct claims, but they are generally not disentangled in the literature (cf. Curtis and Comer 2006; Martins, Pliner, and O’connor 1999). For the purposes of this chapter, then, I will follow the general practice in the literature and group these three possibilities together under the following general claim: “there may be some important link between vegetarianism in this population and eating disorders/disordered eating.” Going forward, I will call this the “Vegetarianism Eating Disorders Hypothesis.”

By “eating disorders,” I mean clinical eating disorders as defined by the Diagnostic and Statistical Manual (American Psychiatric Association 2013), including anorexia nervosa, bulimia nervosa, and binge eating disorder. Eating disorders are associated with some of the “highest levels of medical and social disability of any psychiatric disorder” (National Eating Disorders Association 2018) and can be lethal; anorexia nervosa in particular has the highest mortality rate of any psychiatric disorder, at around 10% (National Eating Disorders Association 2018). “Disordered eating” refers to abnormal eating attitudes and behaviors that may overlap with clinical eating disorders, but do not warrant a diagnosis (Seitz 2018; Anderson 2018). Disordered eating may not rise to the level of a clinical disorder, but can nonetheless have a significantly negative impact on health and well-being. It is also relevant to note that while eating disorders and disordered eating can affect anyone, clinical eating disorders are more common in women and girls than men and boys (National Eating Disorders Association 2018).
and many forms of disordered eating and eating disorders tend to develop during adolescence and in young adulthood (National Eating Disorders Association 2018).

There is a variety of evidence supporting the Vegetarianism Eating Disorders Hypothesis. This evidence includes correlations between vegetarianism in young women and girls and diagnosed clinical eating disorders or their features. For example, women with a history of an eating disorder are more likely to be or have been vegetarian than those without such a history (Bardone-Cone et al. 2012). Adolescent and young women vegetarians are at greatest risk for binge eating with loss of control relative to non-vegetarians (Robinson-O’Brien et al. 2009, 654), and women vegetarians reported more abnormal eating attitudes and had significantly higher scores for three out of the five fundamental aspects of anorexia nervosa than non-vegetarian women (Lindeman, Stark, and Latvala 2000). Studies have also found significant correlations between vegetarian diets and dietary restraint (Gilbody, Kirk, and Hill 1999), a commonly-used marker for disordered eating. Restraint is sometimes defined as “conscious monitoring of food intake for weight control purposes” (Curtis and Comer 2006, 92), and may also refer to restricted eating behaviors (Heatherton et al. 1988).

111 Though there is some evidence that men and women report similar rates of disordered eating behaviors and attitudes. Research suggests that trans* individuals also have higher rates of eating disorders and disordered eating compared to cisgender individuals, while cis gay and bisexual men have higher rates of disordered eating and eating disorders than their heterosexual counterparts. Sexuality does not appear to have a significant effect on the rates of eating disorders and disordered eating among cis women (Calzo et al. 2017; Feldman and Meyer 2007; McClain and Peebles 2016).

112 One striking study found this correlation between dietary restraint in vegetarian women who were “highly” feminist—and suggested that therefore these women were using vegetarianism as a socially-acceptable cover for their dieting—“trying to fool other people into thinking that they are not engaging in restrictive eating behavior” (Martins, Pliner, and O’connor 1999, 152). Notably, a follow-up study failed to replicate the results (Curtis and Comer 2006).
One study found that most vegetarians report that the primary motivation for their diet is weight control or weight loss (Perry et al. 2002, 436).\textsuperscript{113} Weight-loss dieting is a central risk factor for eating disorders in any population (Golden et al. 2016), but this finding offers specific support for the Hypothesis given that vegetarians with a history of a clinical eating disorder were likely to be motivated by weight loss whereas those without an eating disorder history were not (Bardone-Cone et al. 2012).\textsuperscript{114}

Support for the “vegetarianism is a cover story” piece of the Hypothesis comes from studies finding that vegetarians reported higher levels of dietary restraint than non-vegetarians, but claimed that they were not motivated by weight loss or control. Study authors surmised that disordered eaters may therefore be using vegetarianism as a socially-acceptable means of food avoidance (Lindeman, Stark, and Latvala 2000, 162–63; Martins, Pliner, and O’connor 1999). Adolescents in particular may use vegetarianism as a way to hide disordered eating from their parents and guardians, whereas young women who are away from home and have more control over their own eating may have other, potentially healthy, motivations to eat vegetarian (Forestell, Spaeth, and Kane 2012, 324; Robinson-O’Brien et al. 2009; Fisak et al. 2006, 199).

Taken together, this evidence supports the claim that there is a significant connection between vegetarianism in young women and girls and disordered eating attitudes and

\textsuperscript{113} Compare to Robinson-O’Brien and colleagues, who found that the most commonly reported reasons for adolescents were the environment, health, animals, and taste, and for young women were health, animals, and taste (Robinson-O’Brien et al. 2009, 652)

\textsuperscript{114} “From an eating disorder perspective, individuals who are sincerely motivated to adopt vegetarianism for primarily nonweight reasons (e.g., ethics) might be less concerning than individuals with weight-based motives” (Bardone-Cone et al. 2012, 1250). Compare to Fisak et al. who found no significant differences between vegetarians and nonvegetarians on eating-disturbance measures. They did find that in relation to Food Choice Motives, vegetarians who scored high on Weight Control were significantly associated with dietary restraint, but the same was found with non-vegetarians (Fisak et al. 2006, 199), suggesting that the weight-loss motivation correlates with the restraint and vegetarianism is irrelevant.
behaviors—a connection that warrants action on the parts of clinicians, parents, and caregivers. While most of the researchers are careful to note that the data does not suggest vegetarian diets are eating disorders or cause them (Perry et al. 2002), they caution practitioners and parents to attend to adolescents and young women who express interest in or “experiment with” vegetarianism.115

The literature emphasizes the importance of interrogating girls’ and young women’s motivations for vegetarianism, in light of the finding that being motivated by weight loss seems to increase the likelihood of disordered eating or eating disorders. For example: “when an adolescent begins a vegetarian diet or expresses interest in making this dietary choice, a close examination of his or her general eating attitude is warranted” (Bardone-Cone et al. 2012, 1250–51); and: “when guiding adolescent and young adult vegetarians in proper nutrition and meal planning, it may also be important to investigate an individual’s motives for choosing a vegetarian diet” (Robinson-O’Brien et al. 2009, 655). But because some vegetarians may be using vegetarianism as a cover for their disordered eating, their reported motivations may not be trustworthy. Therefore, additional monitoring and surveillance of eating may be warranted to ascertain the truth about some young women and girls’ eating.116 This is especially the case with adolescents.

Eating disorders and disordered eating are difficult to identify, especially early on when intervention would be most effective (Grange and Loeb 2007; Jones and Brown 2016). So if it is true that vegetarianism is correlated with eating disorders in the ways the Hypothesis suggests, it

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115 Unfortunately some media failed to understand this distinction; see Coren’s column claiming that vegetarianism is an eating disorder (Coren 2009).
116 “[A]dolescents who choose to become vegetarians should be monitored for adequate intake and questioned about their motivations by a health care practitioner” (Perry et al. 2002, 436).
gives clinicians and parents a promising sign or flag for further investigation and intervention, and could help prevent a great deal of suffering and even deaths. This would be very good.

But not all the studies on this topic support the Hypothesis. Some found that non-vegetarians actually have higher rates of disordered attitudes and behaviors than vegetarians do (Fisak et al. 2006; Timko, Hormes, and Chubsiki 2012). And some compelling critical work suggests that much of this literature suffers from significant methodological issues. For example, the definition of vegetarianism used in the literature is not only inconsistent, but often extremely broad. Many of the studies include semi-vegetarians (i.e., people who eat chicken and fish) alongside stricter vegetarians who do not eat any animal flesh at all. These sub-groupings are usually not separated out, ostensibly because of small sample sizes. But the inclusion of semi-vegetarians may skew the results (Curtis and Comer 2006, 92; Heiss, Coffino, and Hormes 2017, 130).

Studies that report higher levels of eating disorder symptoms among vegetarians typically group all vegetarians together, including semis (Heiss, Coffino, and Hormes 2017, 130). Some critics suggest that the correlation between vegetarianism and restrictive eating may be particular to semis, and some research that studied semi-vegetarians separately supports this suggestion. One study found semis to have higher indicators of disordered eating than anyone (Timko, Hormes, and Chubsiki 2012), while another found that semis were more cognitively restrained—that is, they consciously monitor their eating with the intention to restrict—than both omnivores and strict vegetarians (Forestell, Spaeth, and Kane 2012, 323). A third found that restriction was
higher in semi-vegetarians and/or non-vegetarians compared to vegetarians in a generally health conscious population (Janelle and Barr 1995).\textsuperscript{117}

Another methodological issue is with measures of eating disordered attitudes and behaviors. Different studies use different tools to measure these and not all of them track the same things.\textsuperscript{118} Measures of dietary restraint may be particularly inappropriate for studying vegetarian populations. This is because vegetarianism is uncommon in the populations being studied; most of the studies focus on first-year psychology students in midwestern American universities, not populations of Seventh Day Adventists or other groups that adhere to religious vegetarianism like Hindus. The presence of restraint in these vegetarians might be an artifact of removing meat from their diet in a meat-eating culture rather than an indication of disordered eating (Timko, Hormes, and Chubski 2012, 983).

For example, one study of vegans and omnivores used two different tools to measure dietary restraint. One tool, the Eating Disorder Examination-Questionnaire, showed that vegans had generally healthier behaviors and attitudes than omnis, but the other tool, the Dutch Eating Behavior Questionnaire, showed the opposite (Heiss, Coffino, and Hormes 2017, 134). The authors suggest that the latter tool could be artificially inflating vegan scores by using questions like, “Do you watch exactly what you eat?” to indicate restraint. But this question would also capture the attentiveness often necessary for vegans to ensure that they do not eat foods contaminated with animal products—similar to the ways that someone with an allergy to common ingredients needs to be attentive to exactly what they are eating. The authors of another

\textsuperscript{117} It is also supported indirectly by studies that found no real differences between vegetarians and non-vegetarians, when vegetarians were defined more strictly (Heiss, Coffino, and Hormes 2017; Fisak et al. 2006).

\textsuperscript{118} But as Heiss et al note, even when the same measures were used, the findings are sometimes in conflict (Heiss, Coffino, and Hormes 2017, 130).
study note that one commonly used tool, the Eating Attitudes Test, straightforwardly asks respondents if they “enjoy eating meat,” and that negative responses are “intended to indicate dietary restraint” (Fisak et al. 2006, 199).

An Uncertain Hypothesis

These mixed findings and methodological problems produce considerable uncertainty about the Vegetarianism Eating Disorders Hypothesis. While inductive risk is at play in the acceptance or rejection of any claim, there is a particularly high risk of an error when the evidence is so uncertain. If we were scientists we could do more research and try to get better data that would help us move forward with more confidence, but in the meantime we—especially parents and medical professionals, but also teachers, mentors, coaches, friends, and girls and young women themselves—must decide whether we will accept or reject the Hypothesis. This is in part because accepting or rejecting this hypothesis, including implicit rejection through inaction, can have significant ethical implications (or so I will argue). Following my earlier discussion of inductive risk, then, we need to lay out these ethical implications so that we can evaluate them and incorporate those evaluations into our decision-making process.

Let us begin with the stakes of a false negative. If we reject the Hypothesis but it is actually true, we may miss cases of eating disorders and disordered eating that would otherwise be caught, and the well-being and lives of girls and young women could be at risk. Keep in mind

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119 Gilbody et al argue that dietary restraint is a generally problematic concept within this literature. They note that it is not synonymous with dieting and that there are problematic and unproblematic forms of dieting anyway (Gilbody, Kirk, and Hill 1999, 90).
that eating disorders and disordered eating are very difficult to identify and to treat, and the earlier they are caught the better. So, failing to identify cases that would otherwise be caught is a very bad outcome.

But what if the Hypothesis is false and we treat it as true? The next section of this chapter will address this question in detail. I will outline three understandings of eating found in the bioethics and food ethics literature and the potentially negative outcomes they predict in the case of a false positive. I argue that even if combined, these accounts offer an incomplete picture of what is ethically at stake. I will then turn to my account of eating as self-shaping activity and draw out two ways that a false positive could negatively shape the self. The first will draw on work from Chapter Two and focus on the potential effects of a false positive on the aspect of the self we call agency, and the second will draw from Chapter Three to focus on potential effects on the self more broadly, including affects, capacities, and self-understandings.

The Risks of a False Positive

One common way to think about the ethical importance of eating is as having some ethically-relevant effects on the environment, the animals that are used for or to produce food, and food workers and producers. Call this the “Eating Affects Others” account. This label is intentionally vague, as there are many different ways to think about how eating affects others, which effects matter ethically, and so on. We might take a utilitarian approach, a deontological one, or an ecofeminist approach, to name a few. But for our purposes we just need the general claim that eating can have ethically-relevant effects on others. It is this sort of view that most often informs the ethical vegetarian diets we discussed in Chapter One.
Many people think that vegetarianism has better effects than omnivorism on others, especially on non-human animals, the environment, and food producers like slaughterhouse workers.\(^\text{120}\) With this in mind, we might worry that one of the potential effects of accepting the Vegetarianism Eating Disorders Hypothesis is that young women and girls may be directly or indirectly discouraged, and in some cases prevented, from becoming or remaining vegetarian. For instance, if the Hypothesis is accepted, vegetarianism would be associated with pathological eating, making it less appealing to people who would otherwise consider it. Or, as we will discuss in more detail shortly, parents might refuse to support girls’ and young women’s vegetarian diets out of fear that they reflect or could lead to an eating disorder. Women have higher rates of vegetarianism than men (Ruby 2012), so discouraging women and girls from being vegetarian could plausibly contribute to an increase in harms to non-human animals, workers, and the environment.\(^\text{121}\)

Another way to think about the ethical importance of eating is through the “Eating Autonomy” view. As we previously discussed, on this view there are many values or goods in eating and multiple legitimate ways of ranking those values, but what is most important about eating is that it offers us the opportunity to exercise our autonomy. Girls and young women

\(^{120}\) The focus of these sorts of arguments tends to be on the effects of food production: the production of vegetarian food is much better than the production of non-vegetarian foods. From a 2018 Stanford Encyclopedia of Philosophy article on moral vegetarianism: “Strikingly, most contemporary arguments for moral vegetarianism start with premises about the wrongness of producing meat and move to conclusions about the wrongness of consuming it. They do not fasten on some intrinsic feature of meat and insist that consuming things with such a feature is wrong. They do not fasten on some effect of meat-eating on the eater and insist that producing such an effect is wrong. Rather, they assert that the production of meat is wrong and that consumption bears a certain relation to production and that bearing such a relation to wrongdoing is wrong” (Doggett 2018).

\(^{121}\) Note that accepting the Hypothesis would likely have this effect whether or not the Hypothesis is accurate. If we correctly accept the Hypothesis and women and girls’ health and lives are truly at risk, then we could argue that these effects would be justified. In the case of a false positive, we would still get these effects, but without the benefit. A similar point applies to the rest of the critiques I make throughout this section.
could be autonomously pursuing any number of values with their vegetarian eating: care for animals and food producers, concern for the environment or their health, or the desire to be unique or different from their families.

As I just mentioned, if the Vegetarianism Eating Disorder Hypothesis was wrongly accepted, it is possible that some parents and medical professionals may intervene on young women and girls’ eating, and discourage or even prevent them from pursuing a vegetarian diet because of the association with, and potential risk of, disordered eating. Aside from the worries about harm to others, this could constitute a violation of young women and girls’ autonomy, understood as the freedom to act—and eat—the way one chooses without interference.122

Someone might object that accepting the Hypothesis would not lead anyone to actively prevent a woman or girl from eating a vegetarian diet. The research does not suggest that vegetarianism causes eating disorders or is one itself. However, many people fail to distinguish correlation and causation, which could motivate them to intervene in young women and girls’ vegetarian diets out of fear that vegetarianism is, or could lead to, disordered eating or eating disorders. And although it is not a widespread claim, there is some speculation within the research that vegetarianism serves as a form of restriction that may enable disordered eating. Gilbody and colleagues suggest that vegetarianism’s “rules” and categorization of foods into permissible and non-permissible may be used to enable and justify food avoidance, preventing recovery from disordered eating (Gilbody, Kirk, and Hill 1999, 90). Therefore, while preventing young women and girls from eating vegetarian may not be entirely justified by the Hypothesis, it is a plausible outcome. If so, young women and girls’ autonomy may be at risk.

122 It may also plausibly involve a violation of autonomy understood as self-determination (i.e., determining for yourself the way you act and, in this case, eat, without undue influence from others).
Finally, consider the “Valuable Eating Experiences” account discussed in earlier chapters. Proponents of this account acknowledge that eating can be an exercise of autonomy and valuable for that reason, but emphasize that a food experience can also have hedonic, cultural, or other value regardless of the autonomous nature of that eating. Some food experiences may even be more valuable when they are not autonomous (Barnhill et al. 2014, 197); for instance, the pleasure of eating a whole wedge of brie while watching RuPaul’s Drag Race reruns may be in part constituted by the fact it is “mindless,” or otherwise lacking in the criteria generally assumed to be necessary for autonomous choice.

Vegetarian eating may offer value that could be lost if young women and girls are discouraged or prevented from eating that way. Vegetarian eating could offer the particular pleasures of being unique or rebelling against one’s family or mainstream culture, or the social value of connecting to new communities through vegetarian blogs or clubs. This value could be incidental to the autonomous choices of the eater: not something she actively or consciously pursues, but nonetheless valuable. If wrongly accepting the Vegetarianism Eating Disorders Hypothesis discourages or prevents young women and girls from vegetarian eating, then it could deprive them of valuable eating experiences.

Eating as a Self-Shaping Activity

Each of these perspectives capture something important about what is ethically at stake with a false positive. They draw attention to the fact that once we take a pluralist view of eating, it becomes clear that there are real risks to this sort of error. Even if we highly value health, accepting the Vegetarianism Eating Disorders Hypothesis is not something to be done lightly.
But even if we combine these accounts, we will not have a complete picture of what is ethically at stake with a false positive. As I have argued throughout the dissertation, eating is not only a way to autonomously pursue values or create valuable experiences, nor is it simply a way of affecting other humans, nonhuman animals, and the environment. It can be those things, but it is also a way of shaping the self. How and what we eat and do not eat, and how we understand that eating, affects the self. These effects can be good or bad, or at least better or worse. A comprehensive food ethics must recognize these effects and include them in deliberations about how we as individuals should eat, which ways of eating we should encourage or discourage in others, whether an eating policy or intervention is ethically justified, and, in this case, whether the risks of wrongly accepting the Vegetarianism Eating Disorders Hypothesis are too high to bear.

In the next section, I suggest there are at least two potentially significant negative effects on the self that could follow from wrongly accepting the Hypothesis. These effects are not captured by any of the previous models of the ethical importance of eating. The first has to do with agency, but goes far beyond autonomy violations.

**Damage to Agency**

I argued in Chapter Two that social narratives about eating and eaters influence how we understand ourselves and how others treat us in ways that shape our agency. These understandings, particularly in the form of narratives that link ways of eating to identities and narratives that characterize eating agency itself, can damage agency, undermining the capacities,
opportunities, and understandings necessary for being the author of, and responsible for, one’s actions and one’s life.

I contend that there are two narratives at work in the Vegetarianism Eating Disorders Hypothesis that are potentially damaging to agency. First, and most generally, is the narrative that young women and girl vegetarians are potentially disordered eaters or have eating disorders. Call this the “Eating Pathology” narrative. This narrative implies that young women and girls’ vegetarian eating is not the result of a free choice or an expression of their agency, but that their eating agency is compromised by pathology, or distorted beliefs and perceptions associated with that pathology. This makes them proper objects of concern, medical analysis, and possible intervention. This is especially the case for those women and girls motivated by weight loss or weight control.

The second narrative is that because vegetarianism may be used as a “cover,” young women and adolescent girls in particular may be untrustworthy reporters with regard to their eating motivations. Not only may their agency be compromised by pathology, but their reported reasons for eating as they do cannot be trusted. Call this the “Untrustworthiness” narrative.

These narratives can damage agency in four different ways. First, the Eating Pathology narrative can lead to deprivation of opportunity (Lindemann Nelson 2001b, 51), specifically opportunities to self-direct one’s own eating. Having some control over what and how you eat, and having others recognize and respect your choices as an expression of your agency is an important arena for the development of agency. But the Pathology narrative can justify depriving

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123 I am not saying that both narratives cause damage in all four ways; the Pathology narrative seems to have a broader scope in that regard. The Untrustworthiness narrative has particularly bad effects with regard to distorted actions.
young women and girls of this control. If concerned parents or other caregivers associate vegetarianism itself with disordered eating, they may not buy or prepare vegetarian meals, meaning girls and young women would have to purchase and prepare their own food, something they may not have the resources, opportunity, or knowledge to do. Parents and caregivers may encourage or insist that young women and girls eat meat. But they may also take more general control over young women and girls’ eating to try to circumvent disordered behaviors, depriving young women and girls of opportunities to eat vegetarian and more generally make their own food choices.

When a young woman or girl is treated as a pathological or incompetent eater, someone who cannot be trusted to make safe, responsible decisions about her own eating, she may internalize that narrative, leading to the second type of damage to agency: infiltrated consciousness. Young women and girls may come to believe that their eating choices are contaminated by pathology, and they should not be trusted to direct their own eating. This self-understanding justifies the limits, constraints, and controls that others might place on their eating. Young women and girls may also internalize the association between vegetarianism and disordered eating, making the diet itself seem risky and less attractive, even if it would reflect their values, interests, and concerns. Internalizing these views about oneself and about vegetarianism as a diet may mean that young women and girls are not able to live out their values through eating because they take that option off the table “from the inside.”

The third way that the Eating Pathology and Untrustworthiness narratives might damage agency is by distorting the meaning of young women and girls’ eating. Such distorted action is possible because the social meaning of our actions is not entirely authored by us. As I explained
in detail in Chapter Two, those who observe our actions interpret the meaning of those actions, and become, as Alisa Bierry calls it, “social authors” of those actions (Bierry 2014, 131). These observers draw from social resources including narratives to help them interpret actions. When those resources include damaging narratives, then the actions can be distorted: no matter what the actor intended to do, her action gets read as the result of her damaged identity.

Young women and girls may eat vegetarian out of care for animals, or environment, or health, or to be different, to distinguish themselves from their families or friends, or to connect with other vegetarians. They may take their own vegetarian eating to express any of these motivations, concerns, and cares. But the Eating Pathology narrative can contribute to reading that eating as nothing more than disordered eating, nothing more than an expression of pathology.

As I discussed in Chapter Two, someone whose actions are misread can deploy various strategies to try to correct that misreading. One way for young women and girls to trigger reevaluation of their vegetarian eating is for them to explain why they choose to eat that way: I eat vegetarian because I care about animals, not because I want to lose weight or restrict my eating, and not because I have an eating disorder. Since the researchers encourage parents and clinicians to ask them about their motivations, this seems like the perfect opportunity for young women and girls to correct the record.

But in the case of adolescents especially, the opportunity for reevaluation is blocked or at least highly constrained by the Untrustworthiness narrative. No matter what adolescents say about their reasons for avoiding meat, this narrative frames it as a possible lie or as self-deception. In this way, the Untrustworthiness narrative effectively undermines the epistemic
credibility of young women and adolescent girls; that is, it undermines their status as knowers, and specifically as knowers of their own intentions and motivations. In addition to the damage to agency I am describing, then, the Untrustworthiness narrative can cause epistemic harm.

There are at least three forms this epistemic harm could take. The first is testimonial injustice. This type of epistemic harm occurs when “a speaker suffers a credibility deficit due to an identity prejudice (perhaps arising from an identity stereotype) on the hearer’s part” (McKinnon 2016, 438). The Untrustworthiness narrative could unjustifiably lower young women and girls’ credibility as reporters of their own motivations and intentions, casting doubt on whether their reports about their eating are accurate. This is why monitoring and surveillance of their eating would be needed as further evidence in support of or against their testimony.

The Untrustworthiness narrative may also lead to “testimonial quieting” (Dotson 2011). In this case, the narrative would not simply lower the credibility of a young woman or girl but would disqualify her as a knower. As Kristie Dotson explains, “the problem of testimonial quieting occurs when an audience fails to identify a speaker as a knower. A speaker needs an audience to identify, or at least recognize, her as a knower in order to offer testimony” (Dotson 2011, 242). In such a case, nothing a young woman or girl says about her eating counts as evidence about the status of that eating; “her utterance is ignored entirely. It’s as if she didn’t speak at all” (McKinnon 2016, 442). If her credibility is obliterated in this way, then monitoring and surveillance provides the only evidence available.

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124 The harm comes from being given less credibility than they would be otherwise because of the damaging Untrustworthiness narrative, rather than because of some appropriate reasons for lowering their credibility, like a lack of relevant education on a particular topic, or having lied before in relevantly similar circumstances.
This second type of harm seems less likely than the first, given the researchers’ insistence on asking young women and girls about their motivations. Such a request would be non-sensical if young women and girls were considered to have no testimonial credibility whatsoever. Nonetheless, it does seem to be a possible outcome, particularly if the Untrustworthiness narrative is amplified by other sexist and ageist narratives about young women and girls being deceptive, unreliable, or flawed knowers.

The third possible form of epistemic harm is testimonial smothering. Dotson explains that smothering “occurs because the speaker perceives one’s immediate audience as unwilling or unable to gain the appropriate uptake of proffered testimony” (Dotson 2011, 244). One common feature of situations of testimonial smothering is that the “content of the testimony must be unsafe and risky” (Dotson 2011, 244). Thanks to the Pathology narrative, young women and girls telling others—especially those with authority over them—that they are vegetarian, or even interested in vegetarianism, can be risky; it can lead to increased surveillance, medical interventions, and the loss of opportunities to make their own food choices. To avoid these harms, young women and girls may remain silent about their eating or be highly selective about what they share with others, especially those in authority positions like parents or medical professionals.

In the context of a distorted action, the Untrustworthiness narrative frames whatever a young woman or girl says as lies or self-deception. Recognizing that she may not be believed or listened to, and that she runs the risk of being characterized as both a pathological eater and an untrustworthy reporter, she may not say anything at all. This completely deprives her of the chance to correct the misreading. In addition to the epistemic harm here, the way this is likely to
undermine open communication and trust seems like a serious problem for those in caregiving relationships with young women and girls.

Whether the Untrustworthiness narrative leads to testimonial injustice, quieting, or smothering, the narrative makes it difficult for young women and especially adolescent girls to prompt reinterpretation of their vegetarian eating. This makes it very difficult for them to avoid the harm of distorted actions. And distorted actions are interwoven with the other kinds of damage to agency I have already mentioned. For example, distorted actions can feed back into infiltrated consciousness, undermining an agent’s understanding of her own actions and intentions. If everyone takes my attempts to show care for animals to be covert attempts to diet, I might start to question my own capacity to be in control of my eating. I may also start to question my own capacities as a knower, and doubt that I know my own motivations. Distorted actions can also lead into the final type of damage: blocked identities.

One of the reasons distorted actions are damaging is because of the link between actions and identities. We can self-identify in certain ways, but many identities also require social recognition (Lindemann 2014, 4): relevant others have to acknowledge us as that kind of person and treat us accordingly for us to inhabit that identity. Because social recognition of identities depends in part on how others interpret our actions, distorted actions can lead to blocked identities. If the actions that would enable social recognition of an identity are distorted, then the person may be prevented from fully inhabiting this identity. (Note as well that deprivation of opportunity also contributes to blocked identities by literally preventing the sorts of actions that would enable social recognition as such and such a sort of person.)
Whatever identities vegetarian eating might enable for other people, those identities are blocked for girls and young women because their eating is interpreted as the product of a disorder. In some cases, women and girls’ ability to prompt reinterpretation of that eating, and so open up the possibility for that identity, is also blocked. Instead of gaining social recognition as a morally conscious person, an animal activist, an environmentalist, a rebel, or someone who is curious or thoughtful about food, a girl or young woman who eats vegetarian may be read as a disordered eater, a pathological eater. She is just another girl with an eating disorder.125

This is a significant form of damage. As I have discussed throughout the dissertation, eating identities are loaded with moral content in our culture. Being a “bad eater,” someone who is unwilling or unable to appropriately control one’s own eating, can reflect on one’s moral character in general. So when a young woman or adolescent girl vegetarian is understood as just another disordered eater rather than a caring, morally conscious person, someone who is creative or curious about food, or just someone who is competent and in control of her eating as much as anyone, this can not only compromise and damage her agency with regard to her eating, but can also undermine the self-understanding and social recognition essential to developing and maintaining robust moral agency in general. It can undermine a young woman or girl’s ability to understand herself and be recognized as someone who directs her own life and is responsible for her choices, and in so doing, undermine her actual ability and capacity to do just that. In sexist and misogynistic contexts like our own, where young women and girls face so many challenges to the development of their agency, this can be a truly significant form of harm.

125 This interpretation is amplified by sexist narratives that trivialize the interests of young women and girls and say they are too focused on allegedly trivial things like appearance and weight.
Damage to Other Aspects of the Self

In addition to shaping agency, narratives about eaters and eating, and the actual practice of eating, can also shape other aspects of the self, such as affects, capacities, values, self-understandings, and temporality. As I discussed in Chapter Three, while we sometimes eat with the aim of shaping these bits of our selves—we may diet to tame our appetites, eat mindfully to cultivate feelings of calm, or partake in wine or food tastings to develop our capacities for pleasure—I take it that all eating, whether it thoughtfully and purposefully aims to change the self or not, shapes or at least can shape the self.

I have suggested that one possible outcome of wrongly accepting the Hypothesis is that concerned parents, health professionals, and others might directly or indirectly discourage or prevent young women and girls from eating a vegetarian diet. Making vegetarian women and girls objects of concern, interrogation, and surveillance is one way this discouragement could work, but the general association of the diet with pathology could also have an effect. I will now draw out some of the possible effects of this outcome on the self. I will argue that at least one common form of vegetarianism—what I will call “ethical veg*nism”—can be a valuable way of positively shaping oneself through eating. I contend that by discouraging or preventing people from eating this way, we are blocking an avenue for the development of good, or at least relatively good, sorts of selves.

The particular problem with taking the ethical veg*nism option off the table for young women and girls is that a prevalent structured option for eating available to this population is weight-loss dieting (McVey, Tweed, and Blackmore 2004; Neumark-Sztainer et al. 2011; Mendes et al. 2014; Slof-Op ‘t Landt et al. 2017; Field et al. 2010). And while weight-loss
dieting can be practiced in different ways, including some ways that could have neutral or positive effects on the self, it does not tend to do so. As discussed at length in Chapter Three, weight-loss dieting tends to have negative effects on the self whether it is aimed at achieving a properly feminine body, or at health understood as requiring a low BMI.

To be clear, my aim is not to defend vegetarianism as the correct way to eat, all things considered. My claim is that in terms of effects on the self, ethical veg*nism—that is, vegetarianism or veganism structured by what the eater takes to be ethical reasons, including showing appropriate respect or reducing harm to animals, food workers, or the environment—can have markedly better effects on the self than weight-loss dieting. I do not mean to suggest that ethical veg*nism always has these effects, or that ethical veg*nism and weight-loss dieting are necessarily mutually exclusive. As I argued in Chapter One, ethical veg*nism often works within a healthist framework, and since healthist eating often aims at weight-loss, this suggests they are compatible.\textsuperscript{126} However, I take it that in at least some cases, weight-loss dieting and ethical veg*nism are taken up as alternatives, rather than in conjunction with each other, and in these cases, ethical veg*nism can produce better effects on the self than weight-loss dieting. I also take it that even if taken up along with a weight-loss diet, the practice of ethical veg*nism can have beneficial effects on the self that may undercut some of the bad self-shaping effects of weight-loss dieting (Dean 2014). Therefore, in a context where a majority of young women and

\textsuperscript{126} Even if practiced simultaneously with weight-loss dieting, I suspect that ethical veg*nism could have beneficial effects on the self compared to weight-loss dieting on its own. It could undermine some of the self-centeredness and self-absorption that weight-loss dieting can create. But even if there are cases where these ways of eating are practiced in conjunction and there is no real benefit in terms of the self, my point is simply that in some cases it can be beneficial and this is an ethically-relevant point we should consider when evaluating this case.
girls are engaged in weight-loss dieting of various kinds, it would be a loss to discourage or prevent young women and girls from trying veg*n diets.

The Weight-Loss Dieting Self

Let us begin with a brief recap of the ways weight-loss dieting can shape the self. Recall that many weight-loss diets require constant and detail-oriented attention to food and eating, and to desires and feelings that affect eating like cravings, boredom, and hunger. This constant self-surveillance is supposed to enable the dieter to stay on track with her diet despite the unruliness of her body and unpredictability of her environment. The imperative to pay attention in all these ways encourages and requires the development of certain capacities, such as the capacity to attend to oneself for long periods of time, to ignore hunger, balance eating in relation to exercise, and so on. The substantial time, attention, money, and energy that dieting takes can preclude dieters from developing other capacities, and from participating in other aspects of life, like education, friendships, hobbies, political activities, and so on. The development of certain dieting capacities may also directly preclude acquiring others, such as (as intuitive eating proponents claim (Tribole and Resch 2012)) the ability to perceive and respond to hunger in a non-antagonistic way.

The constant self-surveillance and attention required by most diets can cultivate self-centeredness and self-preoccupation (Bartky 1990, 73), as well as preoccupation with food and weight. The dedication, work, and time required to diet can lead dieters to center their self-worth in their eating (Schwartzman 2015, 93–94). Furthermore, because our self-understanding as valuable and competent individuals is caught up in our skills (Bartky 1990, 77), as we develop
our dieting skills, we become invested in those capacities, and attached to their continued use and improvement.

The affects produced by weight-loss dieting include anxiety and a sense of failure. The constant threat (and likely eventuality) of failing at one’s diet, combined with the high stakes of failure—whether it means failing at femininity, failing to be a responsible, rational agent, failing to be healthy, or some combination of these—can create significant anxiety. Narratives about eating and self-control mean that the nearly inevitable (and repeated) failure to stay on a diet is blamed on the dieter herself, rather than on the project or the tools. Therefore, she may experience herself as a failure each time her diet does not work. In the case of women’s dieting to achieve a feminine body, the entire dieting project is based on a preexisting failure of one’s body to be properly feminine, which can also contribute to the sense of oneself as a failure (Bartky 1990, 71–72). Dieting may also produce some positive affects; there can be pleasure in losing weight and in social recognition for doing so, and in the mastery and exercise of skills and capacities built up through dieting (Heyes 2007). However, the pleasures of dieting are largely contingent upon continuation and, often, success at this largely impossible task (2007, 79).

In these ways, weight-loss dieting can produce a self preoccupied with itself, weight, body, and food, and antagonistic toward its body, desires, and pleasures. It can produce a self invested in an impossible project premised on personal flaws and failures, and characterized by overwhelmingly negative affects. This is a self that may be so preoccupied and isolated by shame and a sense of failure that it cannot recognize, acknowledge, or combat forms of oppression and inequality, including patriarchy and unjust global food systems.
*Ethical Vegetarian Selves*

I suggest that ethical veg*n eating can shape the self in different and relatively better ways than weight-loss dieting.127 To be clear, just like there are many ways to weight-loss diet, there are many ways to be a vegetarian, and depending on how it is practiced, there will be different effects on the self. People can and do practice veg*nism within the ethical framework of a weight-loss diet—see, for example, Skinny Bitch (Freedman and Barnouin 2005)—which would have similar effects on the self as other weight-loss diets. Some vegetarians, and particularly vegans, practice their eating in the pursuit of purity, which has its own significant problems (Shotwell 2016),128 and can cultivate a certain moral smugness and an inability to recognize the ethical importance of context (particularly amongst white vegans). Nonetheless, I think ethical veg*nism of the kind I will now describe can have some significant positive effects on the self.

The key reason for this is that ethical veg*nism does not require a focus on body, appetite, and desires, but instead draws focus to something outside the self: animal welfare, the environment, food producers’ and workers’ well-being. In terms of the ethical relation underlying this way of eating, the telos is not about achieving a certain bodily state—whether that be a particular weight or health status—but is about becoming morally good and ethically responsible. This moral goodness and ethical responsibility is not primarily defined in terms of

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127 I suspect religious vegetarianism may have similarly good effects but since it comes embedded in religious frameworks and that is not my area of expertise I will focus on secular versions.

128 There is a risk of becoming what Alexis Shotwell (2016) calls a “purity vegan,” who aims to be as perfect a vegan as possible. This form of veganism seems to be just as shame-, anxiety-, and failure-producing as weight-loss dieting. In addition, and more ambivalently, eating vegetarian can cultivate new affects, like disgust at eating animals. In some contexts, eating for ethical reasons rather than more commonly accepted ones like health or taste preference, is likely to require constant defense, which can cultivate forms of affect and attitudes like defensiveness or self-righteousness.
mastering one’s cravings, desires, or appetites, but is most importantly about engaging in eating that does less harm to or shows appropriate respect toward animals, the environment, and/or food producers like slaughterhouse workers. Good eating is therefore not primarily defined in relation to its effects on the body, or how well one has negotiated appetite, cravings, or temptation, but is understood as eating that does less harm or shows appropriate respect to entities other than oneself.

This means that ethical veg*nism does not require the constant attention to self that weight-loss dieting demands, and therefore seems less likely to produce the self-absorption and self-preoccupation cultivated by weight-loss dieting. In certain contexts, eating veg*n may require detailed attention to food, say, if an eater lives in an area where veg*n food is not readily available at restaurants or ostensibly veg*n options are regularly contaminated with meat products. In such contexts, eating well would require attention, investigation, and work, which could cultivate a preoccupation with food and eating. However, in many contexts in the U.S., especially metropolitan areas, veg*n food is widely available, and therefore this effect would be unlikely.

The way ethical veg*nism frames good eating means that it does not require the renunciation of desires or appetites, except insofar as one might have cravings for animal products. That is certainly a possibility, especially with new veg*ns, but generally speaking, struggling with and mastering cravings is a much less central aspect of this way of eating compared to weight-loss dieting. Therefore, ethical veg*nism would not cultivate an antagonistic relationship with desires, appetite, and one’s body.
Relatedly, ethical veg*nism is not antagonistic to food pleasure in the way that weight-loss dieting tends to be. From a weight loss perspective, food that tastes good is often framed as fattening, which means it is almost certainly not part of your diet, and so taking pleasure in those foods is risky. It could lead to overeating, binging, or falling off the wagon entirely. From an ethical veg*n perspective, while pleasure in food should not override ethical concerns, it is not antithetical to good food (except in the case of bacon, which non-veg*ns seem extremely concerned with for some reason). Good food can taste good. This is one way in which ethical veg*nism allows more space for pleasure in eating than weight-loss dieting does, and another reason ethical veg*nism is likely to cultivate less antagonism toward cravings, appetite, and desires than weight-loss dieting.

Because eating well is not premised on keeping your hunger and appetite in check, ethical veg*nism may also be less anxiety-provoking than weight-loss dieting. When eating well requires mastery of desires, there is a regular, repeated risk of failure, multiple times a day. With ethical veg*nism, there is less of a struggle to eat well with each meal or each day or each hunger pang, less of a chance that you will ruin your diet at each moment (unless you are constantly having cravings for meat, which is possible, though I do not think this is common). It is true that the stakes are high with ethical veg*nism just as they are with weight-loss dieting. If you fail at veg*nism you fail to be a morally good person, which could contribute to anxiety about eating well, especially if you are in a context where finding adequate veg*n food is a challenge. However, in cases where veg*n food is readily available, the prospect of failure—and especially regular, repeated failure—to eat well is much less likely than with weight-loss dieting.
As it is less likely that you will “fail” to eat well on a regular basis, ethical veg*nism is less likely to cultivate a sense of being a failure. In addition, ethical veg*nism is not generally premised on being a personal failure. It may be framed as more of a positive, active, creative way of eating, an active way of trying to be a good person and build an ethical life, rather than eating that attempts to ameliorate some flaw.

It is for these reasons that I suggest ethical veg*nism can shape a self that is in important ways better than one shaped by weight-loss dieting. It can shape a self that is less self-absorbed, less antagonistic toward desires and appetite, less anxious about eating, and less characterized by a feeling of failure. More positively, it can shape a self that is more open to taking pleasure in food. In contrast to the self-absorption and preoccupation cultivated by weight-loss dieting, it also seems a good thing for a way of eating to shape an attentiveness to and consideration of ethical reasons as relevant to eating choices.129

Insofar as a false positive could undermine ethical veg*nism as a viable option for young women and girls, then, it can deprive them of a valuable means of self-shaping. While there are other structured ways of eating out there that likely also have neutral or positive effects on the self, ethical veg*nism is a well-established way to eat. There are active online and in-person communities and resources for becoming veg*n and sustaining a veg*n diet, and this kind of support and community is important to maintaining a practice that is out of the norm in this way. Again, I am not suggesting that veg*nism is incompatible with weight-loss dieting, or that it necessarily leads to these effects on the self. But it can be practiced as an alternative to weight-

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129 I do not want to suggest that we should think of good eating only in terms of thoughtful, structured, reasoned eating, or eating that is necessarily aimed at ethical ends. Rather, I am simply suggesting that cultivating an attentiveness to ethical reasons for and against ways of eating is ethically preferable to cultivating a way of eating that precludes this attention.
loss dieting, and even when it is practiced simultaneously with weight-loss dieting, its self-shaping effects could undercut some of the bad effects of weight-loss dieting. The blog series “Green Recovery” highlights dozens of personal anecdotes detailing the ways that ethical veg*nism has helped chronic dieters, disordered eaters, and folks with eating disorders, create less negative and less self-centered relationships with food and eating (Hamshaw 2019; Dean 2014). I think this suggests that even for those whose selves have been deeply shaped by weight-loss dieting and even disordered eating behaviors, taking up the practice of ethical veg*nism can have some positive effects on the self. For these reasons, I think it can be a real loss in terms of effects on the self to discourage or prevent young women and girls from this diet.

Conclusion

My aim throughout this chapter has not been to push for accepting or rejecting the Vegetarianism Eating Disorders Hypothesis. Which option we choose will depend on how we weight the ethical outcomes I have outlined, which in turn depends on our values. A pluralist can rank values in different ways, and in the case of the Hypothesis, we may think it prudent to value health above all else. The health-related stakes are certainly quite high. If we do decide accept the Hypothesis, there may be ways to minimize some of the risks to the self I have pointed out. But without acknowledging the possibility of these effects on the self we will be ill-equipped to do so.

One of the central problems with healthism about eating—acknowledged by all the critics I have discussed—is that it takes health to be the central value in eating. Even if other values are acknowledged, health acts as a trump card: when health is in question or at risk, other values are
moot. I in no way want to deny or underplay the significant risks to health associated with eating disorders and disordered eating—and indeed with eating in general—but I do want to suggest that the ethical richness of eating means that there is a lot more at stake with our eating than just health. In order to make informed ethical decisions, we must be open to acknowledging and giving real weight to the other ways eating has normative importance for humans. Throughout this dissertation, I have aimed to show that making these decisions depends on having a comprehensive picture of what is ethically at stake in our eating. This requires us to consider, and take seriously, the self-shaping effects of eating.


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Pearl, Rebecca L., and Matthew S. Lebowitz. 2014. “Beyond Personal Responsibility: Effects of Causal Attributions for Overweight and Obesity on Weight-Related Beliefs, Stigma, and


