



ORIGINAL ARTICLE

Healing-as-World-Building: Prototyping Collective Intuitive Eating/Movement

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Abstract

This article uses a feminist-of-colour disability studies-oriented TikTok critical discourse analysis to critically examine the usefulness of intuitive eating (IE) and intuitive movement (IM) for people who identify with dis/ordered eating. It argues that HAES®-aligned online discourse is providing care for those distressed by (internalized) anti-fatness, particularly for people who identify with dis/ordered eating and movement. IE and IM supporters demonstrate a desire for, and some materialization of, community care. However, this care leaves out multiply marginalized people, is only accessible to largely privileged people, and does not extend into combatting large-scale social injustices that shape peoples' quests for food freedom. Thus, this article calls for political action as we fight the urge to starve, restrict, or purge and work collectively to heal our relationships with food, our bodyminds, and the world we inhabit. It begins to explore what I call *collective intuitive eating/movement*, a praxis based in radical solidarity, decolonization, food and movement sovereignty, abolition, and healing as fat liberationist and disability justice world-building. It outlines three main shifts that need to occur in IE/M practices for this transformation to take place. This iteration of collective IE/M is not a prescription on how to move and eat that will look the same for every individual or collective, but rather, it is a prototype for a radical shift in how IE and IM practitioners view health, care, 'recovery,' healing, and well-being promotion.

Keywords

Eating disorder; health at every size; intuitive eating; intuitive movement; curative imaginary; feminist-of-colour disability studies; critical eating dis/order studies

History

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Introduction

Health at Every Size^{®1} (HAES[®]) is a framework of care that is popular in anti-diet spaces and eating dis/order care. The framework is trademarked by the Association for Size Diversity

and Health (ASDAH), but HAES[®]-inspired anti-diet activism is also a flourishing digital landscape made up of anti-diet activists. While many people think of the personal practices of intuitive eating (IE) and intuitive movement (IM) when the HAES[®] framework is invoked, these were originally only two out of five core principles, which were weight inclusivity, health enhancement, respectful care, eating for well-being, and life-enhancing movement (Wolfram, 2019). ASDAH has recently re-done the HAES[®] principles and developed guidelines for a framework of care that largely re-focus on healthcare as a human right and abolishing anti-fat bias in care and medical research (ASDAH, n.d). The principles now also include an acknowledgement of how definitions of health are rooted in white supremacy, anti-Black racism, ableism, and healthism (ASDAH, n.d, para. 7). Importantly, eating for well-being (intuitive eating) and life-enhancing movement (intuitive/joyful movement) have been removed as core principles of the HAES[®] framework in this most recent iteration and are now included in the framework as HAES[®]-aligned tools. Since IE and IM are largely only available to already-privileged folks and are largely steeped in co-healthism², said removal makes sense for this more holistic re-imagining of the HAES[®] principles. Nevertheless, for better or for worse, this article demonstrates that IE and IM are central to HAES[®] practitioners' popular understandings of personal well-being and online HAES[®]-aligned activism, particularly for those who identify with dis/ordered eating.

This article uses a feminist-of-colour disability studies-oriented TikTok critical discourse analysis (CDA) to attend to the liberatory possibilities of IE and IM for people who identify with dis/ordered³ eating. At the same time, it seriously considers the harms and limitations that HAES[®]-aligned content, more specifically IE and IM, can engender. Feminist-of-colour disability studies deploys disability generatively to examine how multiple and co-constitutive systems of oppression use the rhetoric of ability to value or devalue certain

¹ Health At Every Size[®] and HAES[®] are registered trademarks of the Association for Size Diversity and Health (ASDAH). ASDAH is not currently providing written permission for use of their trademark as they make revisions to the trademark guidelines and use request processes.

² See pages 11-12 of Stadnyk (2024) for a full definition of co-healthism and an explanation of how it is embedded in popular HAES[®]-aligned TikTok discourse. Briefly, it can be defined as a “web of oppressive systems where anti-Blackness, white supremacy, anti-fatness, ableism, colonialism, and neoliberalism mutually reinforce one another to require ‘health’ as an individual imperative and prerequisite to valued subjecthood; and prescribe ‘health promotion’ via the perfection of some bodyminds and elimination of others; both of which are positioned as essential to the moral and biological betterment of society. Through co-healthism, health is understood as ‘normal’ (ideal) embodiment that can or should be strived for or is achieved through ‘good’ or ‘proper’ behavior and Western biomedical intervention” (Stadnyk, 2024, pp. 11-12). Co-healthism thus expands on the concept of healthism to centre the roles of anti-Blackness, white supremacy, anti-fatness, ableism, and colonialism in its maintenance and proliferation.

³ This work falls under critical eating dis/order studies (Schott et al., 2023), which focuses on systemic eating orders. The slash in dis/order highlights how eating orders are culturally normative and disciplinary. We are all pushed to eat ‘properly’ to aspire towards ‘health’ and thinness. Through social rules around how, what, why, and when to eat, eating orders prescribe a hegemonic, or dominantly ideal, diet (the particularities vary according to context but eating orders always push for us to carefully control our food intake to gain access to the privilege that comes with being perceived as thin, moral, deserving, and healthy subjects. The “/” thus aids critical eating dis/order studies in challenging the psychiatrization and pathologization of eating disorder communities.

bodyminds⁴ and centers the role of race and white supremacy in ableism. It thus makes analyses committed to cross-movement solidarity possible. Because this article is situated in a critical eating dis/order studies perspective, it challenges the psychiatrized and medicalized language of eating dis/order ‘recovery’ in favour of healing-as-world-building. Through a feminist-of-colour disability studies lens, disability and fatness are not viewed with a curative imaginary (Kafer, 2013) but rather are conceptualized as valuable, desirable, and necessary for building a liveable world. This article argues that while the current iterations of IE and IM are limited, individualized, and not useful to many marginalized people, their healing and community-building potential should not be abandoned. In response, it prototypes a fat liberationist and disability justice-imbued expansion of IE and IM that culminates in *collective intuitive eating/movement*, a praxis based in radical solidarity, decolonization, food and movement sovereignty, abolition, and healing-as-world-building. I must clarify that I am *not* calling for an abandonment of well-being seeking, formal healthcare, self-care, individual well-being-promoting behaviours, or seeking relief from pain and distress. I *am* calling for a feminist-of-colour disability studies-oriented expansion of what these practices look like.

In order to unpack the potentialities, limitations, and harms of IE and IM, they first need to be defined. IE’s principles are as follows: reject the diet mentality, honour your hunger, make peace with food, challenge the food police, discover the satisfaction factor, feel your fullness, cope with your emotions with kindness, respect your body, movement- feel the difference, and honour your health—gentle nutrition (The Original Intuitive Eating Pros, n.d.). To summarize, these principles prescribe that individuals give up on the pursuit of weight loss and restriction and give themselves unconditional permission to eat what they want and how much they want. Instead of framing foods as ‘good’/‘bad’ or ‘healthy’/‘unhealthy,’ they teach people to choose their food and the amount they eat according to hunger, fullness, desire, and satisfaction while keeping in mind diversity, nutrient density, and how food makes one feel physically. Tribol (2019) says, “honoring your health with gentle nutrition is the last principle for a reason. It’s critical to heal your relationship with your food, mind, and body first” (para. 3). Unlike a classic approach to nutrition guided by eating orders, where one eats to shape their body by tracking macronutrients and calories and measuring how many almonds they slice into their salad, gentle nutrition proponents instead guide people to honour their bodies by choosing foods that make them feel “nourished, sustained, & strong” (Tribol, 2019, para. 6). It is supposed to be a patient, curious, and compassionate approach (Tribol, 2019).

Tally Rye, an anti-diet and HAES[®]-aligned personal trainer, expanded the IE principles to give more guidance on how to move intuitively. The IM principles are reject the diet mentality, honour your appetite for movement, stop when satisfied, make peace with exercise, challenge the fitness police, discover the feel good factor, managing emotions, accepting your body, and gentle guidance (Rye, 2020). Rye (2020) essentially encourages focusing on how movement makes your body feel, exploring what you like and can do comfortably, giving yourself unconditional permission to rest or move as little as you want, and abandoning rules around what kinds of exercise you can do, how much you ‘should’ do, or

⁴ Bodymind (Price, 2015) highlights the inextricability of our bodies and minds by challenging body/mind duality.

what kinds are ‘best.’ She also asks that people acknowledge that exercise is only one way of managing emotions and not a stand-in for other forms of care. She clarifies that IM does not require setting personal goals (and, in fact, recommends against it when starting) but teaches people that if they want to, they can set ones centred on what their body can do or how they feel rather than what their body looks like.

These principles are all easier said than done. A lifetime of anti-fatness, co-healthism (see footnote 2), and diet culture telling us to restrict, aim for perfection, and do high-intensity interval training five times a week cannot be undone by simply learning about these practices. It takes years, and maybe lifetimes, to distinguish if you are doing something because it feels good intuitively or because it feels good because society has told you it is good and because you get societal praise for doing it. In reality, this distinction is incredibly challenging for any individual in the oppressive, eating ordered, and violent world we live in. While I do not intend to suggest that our eating order resistance should be or could be ‘perfect,’ our intuition is evidently constrained by outside factors. Within the current world order, those seeking to integrate IE and IM into their lives may morph IE and IM into modified versions of eating orders, seeking to ‘perfect’ the principles in order to ‘perfect’ their bodyminds. Some people may be turned off by the idea of ‘gentle nutrition’ or may see the principles as too prescriptive. Moreover, one needs to have a significant amount of privilege for these principles to be accessible (for example, the money to buy what one wants to eat).

In response to the harms and limitations of IE and IM practices, I have begun to explore the idea of collective IE/M through my understanding of what it means to heal through a disability justice perspective that does not see disabled, Mad, fat, or crip folks as tragic, lacking, or pathological. This is radically different from mainstream diet-culture conceptions, including those on TikTok, that frame healing as curative or as the erasure of fatness, disability, Madness, chronic illness, and bodymind difference broadly. People need care, and this care sometimes includes consensual medical intervention. But in our current world order, curative medical intervention is *mandated* under compulsory able-bodiedness/able-mindedness because it provides and furthers a social script that everyone should desire bodymind normalcy and a future without disability and Madness (Kafer, 2013). Kafer (2013) explains that under a curative imaginary, futures are imagined as wholly without disability; disability is seen as a *preclusion* to progress, while the erasure of disability is seen *as* progress. Many practices of the original or non-collective version of IE and IM, along with the psychiatrized notion of eating dis/order ‘recovery’ are part of a curative imaginary that sees internalized anti-fatness, dis/ordered eating, and dis/ordered movement as diseases rooted in individual pathology that can and must be fixed on an individual basis via psychological, medical, and behavioural intervention (alone). Collective IE/M, shaped by a crip notion of healing characterized by collective care and reparative world-building, is anti-curative imaginary. It imagines fat, disabled, and Mad people in the future, not merely present but *desirable* and *essential* to materializing a liveable world.

Piepzna-Samarasinha (2018) notes that “mainstream ideas of ‘healing’ deeply believe in ableist ideas that you’re either sick or well, fixed or broken, and that nobody would want to be in a disabled or sick or mad bodymind” (p. 103). On the other hand, a crip notion of

healing thinks of it as “less pain, less anxiety, more flexibility” (Piepzna-Samarasinha, 2018, p. 103). She also speaks about *crip* healing as “increasing possibility, about learning, about trying to love all our survivor madness, and about shifting our communities to ones where crazy [is] really okay” (p. 234). Under my theoretical lens, I also think of healing as being capacitated to feel more joy and love for oneself, one another, and the world. Moreover, I see it as caring for yourself, others, and the planet, coming together in community as people who have been hurt by systemic violence, naming and processing trauma, abolishing systems of oppression, and building a liveable world. Similarly, when I think of care, I think of collective care (Mehreen & Gray-Donald, 2018). This framing can move IE and IM from individual, privileged, and single-issue-focused practices to *collective IE/M*, a radical collective healing praxis and form of prefigurative politics⁵.

Aligning with critical eating dis/order studies by largely centring eating orders in my analysis also aids in cultivating a *crip* notion of healing through its mad studies ethos. Diet culture, the weight-centred health paradigm, and mainstream media prescribe intentional weight loss via eating orders to everyone, with thinness required to access power, inclusion, and relative safety under white supremacy, anti-Blackness, ableism, (settler) colonialism, and anti-fatness. Most doctors continue to prescribe weight loss to fat people and offer it as the only course of care for any concern fat people bring to them (e.g., Newman-Stille, 2023). I do not say this to reduce or minimize the particular pain or violence that those who are labelled as or identify as eating dis/ordered experience. Rather, my point is that eating, movement, body distress, and eating dis/orders are a complex multi-issue social justice concern shaped by interlocking systems of oppression. Anti-fatness largely dominates people’s relationships with food and their bodyminds, even as they exercise resistance, and a significant part of this comes from eating orders. Eating orders, or the cultural norms that dictate how, when, why, and what we eat, show up in our lives daily and impact everyone’s relationship to food in some way. Of course, some people experience intensified harm (e.g., super/infinifat people, BIPOC, institutionalized people and eating dis/ordered labelled or identified people).

While not always free from or immune to a curative imaginary, the language of healing allows us to resist the medicalized and psychiatrized language of ‘recovery’ that individualizes and medicalizes structural problems, frames healing as linear, devalues and eradicates bodymind difference, and forces compliance in psychiatrized people (Howell & Voronka, 2012). Speaking to the narrative of ‘recovery’ from psychiatric disabilities or Madness more broadly, Howell and Voronka (2012) explain that ‘recovery,’ along with ‘resilience,’ have been co-opted from anti-institutionalization movements and Mad identifying people by medicine and the field of psychiatry. This co-optation of ‘recovery’ frames psychological distress and difference as ‘illness,’ thereby locating the problem in individuals rather than violent systems and institutions (Howell & Voronka, 2012). They

⁵ Piepzna-Samarasinha (2018) defines prefigurative politics as “a fancy term for the idea of imagining and building the world we want to see now. It’s waking up and acting as if the revolution has happened” (p. 149). I expand on this in the third proposed collective IE/M expansion, but a significant way to do this is through mutual aid. For example, rather than relying on an oppressive nation state to address food insecurity, a community can come together to crowd source and start community gardens and foodbanks.

explain that this erases the structural violence that shapes people's well-being, pathologizes difference as a deficit, and removes power and decision-making authority from Mad-identified and psychiatrized people regarding their lives and care. This now medicalized and psychiatrized notion of 'recovery' prescribes medical and psychiatric care as the *only* care, a *necessary* intervention for people to live "meaningful lives" (Howell & Voronka, 2012, p. 4). Under psychiatry, the only way to live a meaningful life is to recover (be 'cured') or be brought back to (or closer to) a 'normal' bodymind. Paradoxically, ED-associated behaviour, rigid rules, and distress around food, exercise, and weight are, in fact, *normal* in our anti-fat world, and so 'recovery' is counter-cultural and paradoxical (LaMarre & Rice, 2016).

Even though dis/ordered eating is reflective of a violent, sanist and anti-fat society, and not individual pathologies, people affected by it still often desire care. This is where a feminist-of-colour disability studies-informed and disability justice-aligned notion of healing becomes pertinent. While Mad and disabled activists have critiqued the obsession with 'cure' and importantly advocated for less medicalization of disability and Madness, most of us need healthcare, and we all inherently deserve well-being-capacitating environments. This is especially true for those who have historically been and are presently denied quality care by doctors because of gender, race, Indigeneity, or size. It is also true for those who are living with pain and desire care that reduces pain and helps them survive in our current world. A feminist-of-colour analysis is ideal for investigating health promotion practices like IE and IM because it will allow me to account for "cultural [...] perspectives on wellness and healing" (Schalk & Kim, 2020, p. 46) as well as the power dynamics and ableism involved in care and well-being promotion. Healing and care do not have to be ableist and white supremacist. I expand more on feminist-of-colour disability studies in the following section.

Methodology

This article stems from a larger project on the liberatory potential of the HAES® framework. It specifically hones in on the potentialities of HAES®-aligned discourse and looks at how these can be expanded productively by using a feminist-of-colour disability studies lens. It is a feminist-of-colour disability studies-oriented TikTok critical discourse analysis (CDA) of the 100 most popular TikToks under a HAES® hashtag with millions of posts. The TikToks were all captured on the same day in the Fall of 2022 and later transcribed and qualitatively coded using NVIVO. Two major processes were identified in the discourse: "domination, mutation, and cooptation" and "healing and world-building," the latter of which is the focus of this article.

Feminist-of-colour disability studies is a "critical methodology and political category" (Schalk & Kim, 2020, p. 32) that utilizes disability as a productive lens to look at how interlocking systems of oppression aggregate to assign varying worth to certain bodyminds. It works to integrate race into feminist disability studies so that race is not merely considered but instead becomes *central* to the field's citational politics (Schalk & Kim, 2020). It was coined by Schalk and Kim (2020) but is based in long histories of women-of-colour feminisms (especially Black feminisms) and queer and crip of colour critiques that do not theorize around single identity categories or single political issues. Rather, these praxes elucidate the

need for organizing around proximity to power rather than shared identity (Cohen, 1997; Kim, 2017).

Using disability as a theoretical lens for evaluating how particular bodyminds are valued or marked for penalty provides an embedded methodological approach. This makes discourse analysis committed to cross-movement solidarity possible and feasible. As a white settler woman, I am and will continue to be highly reflexive in choosing this methodology. The access to power that white supremacy and settler colonialism have afforded me has built my ability to navigate anti-fatness, ableism, and sanism. It has also made me inclined to miss many aspects of systemic violence that I must learn about from outside sources. My work relies on the embodied knowledge of queers, crips, and women-of-colour who have laboured and resisted endlessly to combat white supremacy and its intersections. I will not face comparable backlash for pushing for the kind of change they do. As I have collected, analyzed, and interpreted my data, I have and will continue to be conscious of knowledge dampened by white supremacy, (settler) colonialism, ableism, classism, and systemic anti-fatness and my relationship to them.

I chose to conduct my research on TikTok because of its open-access, popularity, highly collaborative nature, and because it hosts a community of flourishing HAES®-aligned activism. I chose to do a CDA because it allowed me to obtain naturally occurring data with high levels of public engagement. Discourse matters. CDA “aims to understand and address social issues by critically examining what is included or excluded in texts” (Cooper et al., 2017, p. 80). Intervening against the apparent neutrality of our current world order by marking the power relations involved in discursively creating and maintaining it is necessary to challenge dominance and enact social transformation. In CDA, the analyst takes an explicit sociopolitical stance to examine the “role of discourse in the (reproduction) and challenge of dominance” (van Dijk, 1993, p. 449). As such, for this method, the theory informing the analysis is chosen based on its relevance for realizing a particular social justice-related goal (van Dijk, 1993). Thus, CDA allows me to utilize a feminist-of-colour disability studies lens to investigate the power involved in articulating IE and IM, rooted in individual behavioural modification, as fat liberation and trace the potentialities of this discourse along with how it can shift productively. Since informed consent was not obtained, I use pseudonyms, avoid physical descriptions of the TikTokers, do not use their visuals, and do not identify which HAES®-aligned hashtag the data originate from. Since TikTok is a video-based platform, the videos also cannot be found by searching the included quotes. By the time this research is disseminated, it will also be close to two years since the data were recorded, making it unlikely to still appear in anyone’s search results unless the video continues to maintain high levels of public engagement.

Findings

Overwhelmingly, the discourse surrounding IE and IM saturated the 100 TikToks. More specifically, 27 of the 100 TikToks were focused on IE and/or IM. The data frequently represent health, the HAES® framework, and fat liberation *as* these individual behaviours. While ASDAH has ample reason to have removed these practices from HAES®’ core principles, they have evidently provided healing, well-being, joy, and community for those

who embrace them. Very broadly, IE and IM have cultivated what I have interpreted from the discourse in the 100 TikToks as fat healing, collective resistance to diet-culture-imbued eating orders, and redress from (internalized) anti-fatness and food and movement distress. Anti-fatness has distressed and disempowered many of the content creators in my data by devaluing their bodyminds and making thinness a prerequisite to (self) worth, often disrupting their ability to comfortably and freely nourish themselves and move through the world. Anti-fatness has impeded their joy, self-worth, well-being, and bodily autonomy. Their bodyminds have been assigned a value based on their embodiment and associated perceived moral behaviour. Through a feminist-of-colour disability studies lens, I interpret their experiences as ableism⁶. Under ableism, weight loss, thinness, and adhering to eating orders are their access to the relative safety that comes with aspiring for bodymind normalcy, excellence, intelligence, and productivity. Thus, a feminist-of-colour disability studies lens makes clear that eating order resistance is not an individual endeavour or a matter of overcoming personal trauma and distress alone. The necessity of fostering community and comradery for eating order healing is evident in the data. Of course, HAES[®] supporters are of various sizes and diversely positioned in other aspects of their identities, such as race, giving them varying degrees of power, privilege, and penalty under ableism. Their experiences are not the same. Nevertheless, they all share a need to combat (internalized) anti-fatness to experience peace, healing, and well-being. They share experiences of disempowerment and desires for a more just and fat-accepting world. These content creators are resisting anti-fatness and eating orders through cultivating practices of IE and IM. However, they are not only practicing self-care. By making and disseminating this subversive content, the discourse demonstrates that they are also aiding others.

The HAES[®]-aligned TikTok digital landscape evokes a generative affective response in its users, including TikTok users Chloe and Daphne. Daphne is focused on providing care and encouraging people to feel joy, self-love, and food freedom. On the other hand, Chloe speaks of being comforted in the online HAES[®] community. Chloe says, “I have a huge appetite. I used to have an eating disorder; then, I had a relapse into an eating disorder. So, seeing videos of someone eating an adequate amount of food...OH, it’s just so *comforting*” (emphasis added). Mainstream TikTok and culture, more broadly, are saturated with messages pushing people to restrict and carefully control their food intake, whether it is calories specifically, macronutrients, or certain foods. HAES[®]-aligned IE content is an exception, with people of varying sizes, including fat people, showing themselves eating abundantly and without restriction. The data largely focus on food in a way that encourages plenitude, joy, trust, and fat acceptance through sharing knowledge on IE. This content propagates resistance and mentorship for those working to heal their trauma.

For example, in their video, Daphne is eating a slice of loaded pizza while the text-to-voice

⁶ In line with feminist-of-colour disability studies, ableism can be defined as “a system that places value on people’s bodies and minds based on societally constructed ideas of normalcy, intelligence, excellence, and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, colonialism, and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person’s appearance and/or their ability to satisfactorily (re)produce, excel and ‘behave.’ You do not have to be disabled to experience ableism” (Lewis, 2020, para. 4).

reads their words, “this is a reminder that NO food can ever hurt you as much as a bad relationship with food can [...] *you deserve to eat, to enjoy, and to live*” (emphasis added). Daphne is encouraging healing from (internalized) anti-fatness and promoting well-being as a resource by reminding people that their relationship with food is more important than what they eat. This pairing points to how HAES[®]-aligned activism allows people to feel cared for while also capacitating people to care for others. HAES[®]-aligned TikTok content is an online space of relief from an anti-fat world, particularly for those with distressing relationships with food, exercise, and their bodies.

Dianne reveals that IE and IM allowed them to go from “weight obsessed, punishing myself with extreme diets and workouts” to radiating joy, confidence and freedom. The ‘after’ HAES[®] pictures included in their video show them having gained body fat, but, in the photos, they have written ‘worthy’ and ‘lovely’ on their stomach fat. They share this journey to food and exercise autonomy thereby caring and mentoring others going through the same pain. Taylor also uses IE to heal her relationship with food. She notes that in “recovery,” she likes “being my own parent during the lunch packing and meal making process.” She gets to “love” on herself, unlearn the moralization of food, and provide herself with gentle nutritional guidance in line with IE principles. She says, “I repair harm and build trust with little [Taylor] as I make decisions about what to eat based on her preference, nutrient balance, and planning for hunger, as I mentioned in a previous video. *I’m wishing you small but mighty gestures of repair*” (emphasis added). Re-learning how to eat through IE has, in her words, allowed her to repair harm and learn to trust and love herself. IE has provided her with catharsis. But she does not stop there. She has taken the time to share these insights with the IE-supporting TikTok community and provide support for them as well. The same goes for Rhiannon, who uses the popular HAES[®]-aligned hashtag to promote IM and push back against the common ideology that no one ever regrets a workout, thereby caring for themselves and others. They say:

I regret every workout I ever did where I forced myself to do it, even though my mind or my body or both were telling me that what I actually needed was rest. I regret the times that I worked out to the point of *pain, tears, injury*, or to the point of feeling superior to other people. I regret the times when my workouts were motivated by *self-hatred, insecurity, comparison, people-pleasing, or self-punishment*. And by the way, all of these scenarios were normal for me, as they are for many people. So, if the way that you’re moving your body isn’t bringing you *joy*, you can either change the way you're moving your body, or you can just take a break from exercise for a while. Both of those are better options than living a miserable life.
(emphasis added)

They assert that IM has given them a practice where they can experience relief from the self-described misery that anti-fatness affected in them. HAES[®]-aligned discourse and behaviour provided catharsis and healing for them and empowered Rhiannon to help others accomplish the same.

Paige, too, supports the healing and capacitating potential of IE via a duet. They nod along to discourse that explain how IE has changed their life:

Croutons and dressing on your salad does not take away from the nutrition. Adding less nutrient-dense food to more nutrient-dense food does not take away from the total nutrients from that meal [...], and it's not just your physical well-being, but also your mental well-being. To put it simply, eating food you enjoy increases your quality of life. So don't let anyone shame you for how you get your nutrition.

IE allowed Paige to release the “shame” that anti-fatness and eating orders affected in their relationship with food. The healing affect of eating intuitively and sharing this practice with others is evident in their agreement that IE has improved their physical *and* mental well-being.

The data also feature some mention of the political nature of diet culture, but mainly focus on patriarchy. Brittney and Jordan both use Naomi Wolf's words from her book, *The Beauty Myth: How Images of Beauty are Used Against Women*. In each of their separate TikToks, they say: “a culture fixated on female thinness is not an obsession about female beauty, but an obsession about female obedience. Dieting is the most potent political sedative in women's history. A quietly mad population is a tractable one.” Of equal interest, Fran uses a viral TikTok song to locate diet culture in men's desire to exploit women. This discourse locates the origins of anti-fatness and eating orders in patriarchy alone and frames its purpose as wearing down women's bodyminds, sanity, and well-being without acknowledging how diversely positioned women, particularly Indigenous, Black, and other non-white women, are disproportionately affected. While the content creators are clearly fostering a community of collective resistance, this resistance is mainly limited to anti-fatness and patriarchy and is focused largely on individual diets, obscuring the interlocking systems of oppression that produce and sustain eating orders, ableism, and anti-fatness. Of all of the 100 TikToks, only three mentioned white supremacy or racism and only one of these instances was related to IE. None critically or meaningfully engaged with the topic. Brittney says that “dieting is rooted in white supremacy and racism.” They do not elaborate, provide further context, or specifically name how anti-fatness is rooted in anti-Blackness (Harrison, 2021; Strings, 2019) and settler colonialism (McPhail, 2023; Robinson, 2020). None of the TikToks mention ableism, sanism, or any other interlocking system of oppression. The absence of meaningful and robust discussion on how eating orders and eating order resistance are shaped by white supremacy, anti-Blackness, ableism, settler colonialism, classism, and other systems of oppression is a significant power dynamic of the discourse that will be expanded on in the discussion.

Discussion

I have thus far demonstrated that HAES[®]-aligned online activism is providing care for those traumatized by (internalized) anti-fatness, particularly people who identify with dis/ordered eating and movement. My analysis of the data gathered suggests that access to a caring community can allow IE and IM practitioners to recognize and address what they

understand as dis/ordered eating and movement, to collectively discard debilitating feelings associated with these experiences as they reflect on their significance, and to harness this collective practice towards challenging anti-fatness and eating orders. Eating is socioculturally ordered. Under diet culture, anti-fatness, settler colonialism, anti-Blackness, white supremacy, patriarchy, and capitalism, people are (distinctively depending on one's positionality) disciplined into counting calories, valorizing certain macronutrients and demonizing others (depending on the diet), and sticking to 'clean' ('unprocessed') food. People are disciplined into not eating during certain times of the day and shaping their relationships with food around aspirations of thinness and 'proper' bodies (i.e., white, thin, and non-disabled bodyminds—see Stadnyk, 2024). Resisting eating orders on our own without mentorship can be incredibly difficult because of their ubiquity. This is especially true for multiply marginalized people. Hence, as the data demonstrate, I argue that the possibility of subverting eating orders in favour of building communities seeking food freedom is a clear potentiality of HAES[®]-aligned online activism that is largely dependent on IE and IM. However, this liberatory potential is limited to largely privileged people and communities. While I completely understand and agree with the decision to remove IE and IM from the HAES[®] principles, the underlying concerns that these practices are largely individualized and not accessible or useful to the majority of people harmed by anti-fatness must be addressed. Thus, I propose collective IE/M as an evolution that does not abandon these tools' potentialities but addresses these core concerns and aligns with disability justice and fat liberation, which are fundamentally collective movements committed to cross-movement solidarity (Sins Invalid, 2016; Wong, 2020).

This transformation is informed by a feminist-of-colour disability studies understanding of ableism, anti-fatness, eating orders, and white supremacy as inextricable (Schalk & Kim, 2020). It also takes advantage of the utility of organizing around proximity to power rather than sameness (Cohen, 1997; Kim, 2017). Regardless of whether IE and IM are included as core principles or tools or separated from the HAES[®] framework entirely, the practices themselves must transform. The point is not to argue for ASDAH to make collective IE/M a core principle. I do not necessarily see collective IE/M as having a place in the HAES[®] framework. Nevertheless, IE and IM will likely continue to proliferate within HAES[®]-aligned popular discourse due to their popularity, meaning whether or not these changes are implemented into the trademarked framework, the point is for them to reach and capacitate more people into eating order resistance and fat liberation activism.

First, who is centred and desired in the IE and IM community needs to shift to include the most marginalized: super/infinifat, BIPOC, immigrant, disabled, Mad, chronically ill, poor and working class, queer, and trans people. More specifically, it needs to centre the leadership of those multiply marginalized by the interlocking systems devaluing these identity categories. We also cannot leave our men and masculine people behind, as the feminization of fat and distress around food is rooted in white supremacist and settler colonial patriarchy and dismantling this system is essential. We need as many people as possible to come together to heal and care for one another in the community while centring and valuing the knowledge and leadership of diversely positioned people. Meaningfully centring multiply marginalized people also means that the principles must be collectively modified, open to evolution, and interpreted and practiced in whichever way particular

people and communities determine is best for them physically, culturally, spiritually, and emotionally. While these principles may benefit some, they are still prescriptive, individualized, and centre a white and Western understanding of well-being. They are missing information about accessing culturally appropriate community-based healing resources (Kinsey, 2022). They also do not address culturally appropriate eating practices (ex., prayer or gratitude) or spirituality and mindfulness's more significant healing potential (Kinsey, 2022). They are also missing any acknowledgment of disability or chronic illness that recognizes the limitations of certain bodies, regardless of diet. Another glaring absence is that not everyone has secure access to food or the money to buy what they most want to eat or what would make them feel good and satisfied. There cannot be a universal list of principles because there is no universal experience of embodiment, well-being, (internalized) anti-fatness and ableism, or food and exercise distress. Instead, (online) eating order resistance needs to focus on how fatness, well-being, eating, movement, and healing are sociopolitical and sociocultural experiences. For some people, these modifiable principles may be incredibly useful for their healing, while others may throw them out entirely or focus on eating rebellion—there is no one 'right' way to eat.

For example, Paige makes clear that IE helped them release the shame that eating orders manifested in them. Daphne, too, reminds their viewers that their relationship with food is more important than what they eat. However, cultivating a resourcing and joyful relationship with food concerns more than combatting diet culture. Kinsey's (2022) articulation of decolonized IE and IM emphasizes food, movement, and eating as mindfulness, spirituality, and positive affirmation. For Black, Indigenous, and other racialized peoples whose cultural relationships to food have been altered by white supremacy, colonialism, and/or settler colonialism (Bradley & Herrera, 2016; Kinsey, 2022; Robinson, 2020), following the ten IE principles as they are is unlikely to meet their healing needs adequately. Moreover, for neurodivergent people with food aversions or those with chronic illnesses that have to avoid certain foods, 'gentle nutrition' will look much different compared to a neurotypical, able-bodied person. Some may choose to do away with this principle in particular. Essentially, while some may desire to follow these principles or a modified and more fluid version of them, as they stand, they are unhelpful or limited in their helpfulness to many. This limitedness is even more relevant when one considers the structural factors that limit our *access* to food. Essentially, how we guide our relationships with food is deeply enmeshed with our positionalities and access to power and material resources.

Accordingly, the second shift that I propose is that food access and sovereignty, abolition, and decolonization must become central to the practice, as these are central to food freedom (Kepkiewicz et al., 2015; Martens et al., 2016; Martinez, 2022). The discourse in the data frame food freedom as an individual mindset. For example, Taylor makes decisions about what to eat based on her "preference, nutrient balance, and planning for hunger," which she notes as healing for her, but not everyone has access to these behaviours, especially not equitable access. Food freedom cannot happen under settler colonial occupation, carceral governance, or global racial capitalism. As Indigenous peoples resist being forcibly removed from their lands, impoverished, imprisoned, and killed,

decolonization, self-determination, Indigenous food sovereignty, and land-back must be understood as essential to collective healing (Josewski et al., 2023; Martens et al., 2016).

In the Fall of 2020, ten percent of Canadians aged 12 and up experienced food insecurity (Polsky & Didier, 2022). Moreover, the Global North steals over ten trillion Northern dollars a year from the Global South through land, energy, resources, and labour, which is more than 30 times the amount of aid they receive annually (Hickel et al., 2022), leaving behind massive amounts of poverty and food insecurity. A Statistics Canada (2022) report shows that from 2020 to 2021, more than 30 percent of adults imprisoned yearly in Canada were Indigenous, despite them making up only five percent of the population. The same report marks that of the non-Indigenous adults forced into prisons, one out of six of the adults these same years were visible minorities, with Black adults making up 10 percent of the total people put in prison while only representing four percent of our population. These statistics do not include the tens of thousands of people imprisoned in Canadian migrant detention centres yearly. Between 2006 and 2014, Canadian detention centres imprisoned 87,317 migrants without charge, some of whom were held for up to ten years (Never Home, 2015). Not only do imprisoned people lack autonomy over their food choices and portions, but the quality and amount of food have been found to be substandard by Canadian federal government auditors (Harris, 2019).

Additionally, in Canada, tens of thousands of intellectually disabled people are still institutionalized in large institutions, group homes, hospitals, and long-term care homes (Spagnuolo & Earle, 2017). Evidently, institutionalized people also do not have access to food freedom. Linton (2022) notes that for-profit private companies outsource food supply in hospitals, prisons, and nursing homes. Linton (2022) makes clear that these meals are too small, terrible-tasting, often expired or rancid, culturally and religiously inappropriate, and often deemed inedible by institutionalized people. Of course, decolonization and the abolition of prisons, long-term care homes, borders, global racial capitalism, institutionalization, and all of the interlocking systems of oppression are concerned with much more than food and movement freedom. But there can be no food and movement freedom without decolonization and abolition; they are central to collective IE/M. Essentially, cultivating food and movement freedom must centre eradicating state violence; it is not an individual endeavour. Supporters and practitioners of IE and IM cannot just acknowledge that “dieting is rooted in white supremacy and racism” (and I add settler colonialism) as Brittney does. While this is important insight to share, and it needs to become mainstream knowledge, we must also centre this knowledge in our food freedom praxes.

The now marked necessity of radical and collective social change for cultivating food and movement freedom brings me to the third shift collective IE/M can materialize: the practice of interdependence⁷ and mutual aid. As inflation and natural disasters rise, and more and

⁷ Explaining interdependence, Sins Invalid (2016) says, “we see the liberation of all living systems and the land as integral to the liberation of our own communities, as we all share one planet. We attempt to meet each other’s needs as we build toward liberation, without always reaching for state solutions which inevitably then extend its control further over our lives (p. 18).

more people are left without basic survival needs, including food and food freedom, mutual aid is more important than ever (Spade, 2020). To perform mutual aid, practitioners of collective IE/M need to organize via interdependence and collectivity. Spade (2020) defines mutual aid as survival work (sharing resources and support with neighbours and community members in need) done in “conjunction with social movements demanding transformative change” (p. 1). He notes that mutual aid is amongst the most effective forms of organizing for social justice because it directly capacitates people to survive, join movements, and mobilize; spreads knowledge about the root causes of injustice and inequity; cultivates participatory and non-hierarchical collectives; and also allies people from diverse social positions because it is based in having shared *needs* rather than a shared identity. It is prefigurative politics that builds new ways of living and forges radical cross-movement and cross-identity solidarity (Spade, 2020). This solidarity is a radical form of consciousness-raising because community members can honour differences while working across them (Spade, 2020). Regarding collective IE/M mutual aid, people need access to food and movement freedom and a community free from diet culture, anti-fatness, and co-healthism (see footnote 2). People also desire healing from the pain affected in them by these systems. To meet these needs, practitioners must form collectives in their communities to help each other create these realities. Eating order resisters can come together to form community-run food banks, install solar panels, grow community gardens and farmers markets, create fat liberationist content and art, build hydroponics systems, create anti-diet culture social media, pool finances for people in need, organize community sports, share accessible online dance or Pilates videos, and share and eat food together. While this mutual aid is being carried out, consciousness-raising on unlearning diet culture, joyful movement, the racial origins of anti-fatness, eating intuitively, collective access, dieting as a political sedative, police abolition, fat liberation, disability justice, and community healing could occur simultaneously. Chloe notes that seeing videos of people eating adequate amounts of food is comforting to them, highlighting the importance of community resistance and comradeship. But again, not everyone has access to sufficient quantities of food. Not everyone has an accessible and affordable grocery store near them. Indigenous peoples often do not have un-policed and unfettered access to their sovereign lands and cultural food practices. Or, for example, some people are too depressed to shop and cook regularly. Coming together to meet each other’s needs and living as if the eating order resistance revolution has already happened is not only a central part of healing and comforting one another but also capacitates more people to join the fight against eating orders.

In sum, collective IE/M can be a praxis of healing, eating order resistance, collective care, and radical social transformation, one that centres the lives and needs of diversely positioned people. As Brittney and Jordan note, referencing Naomi Wolf, dieting is a political sedative. While Wolf’s (2002) work is emblematic of white feminism, which claims to liberate all women but only considers the views and needs of white women (Moon & Holling, 2020), given that her words appear twice in the data, I think it is justified to engage with her ideas surrounding diet culture and dis/ordered eating. Discussing anorexic women students, she says

She is politically castrate, with exactly enough energy to do her

school work [...] and to run around the indoor track in eternal circles. She has no energy to get angry or get organized, to chase sex, to yell through a bullhorn, asking for money for night buses or for women's studies programs or to know where all the women professors are. (p. 199, emphasis in original)

While I find this quote reductive towards the agency and diverse experiences of differently positioned women labelled as anorexic or identifying with anorexia, the point stands that internalizing and following eating orders takes up a large portion of many people's lives, often to our physical, mental, and spiritual detriment. Eating orders, rooted in interlocking systems of oppression (Schott et al., 2023), harm, incapacitate, disable, and 'politically sedate' people. Then, psychiatrization, rooted in sanism, (settler) colonialism, and white supremacy erases structural causes of distress and difference by framing them as individual pathologies in need of psychiatric intervention (Dwornik, 2021; Howell & Voronka, 2012; Mills, 2017), thereby "pacify[ing] resistance (and naturaliz[ing] oppression) through reconfiguring dissent and distress as mental illness" (Mills, 2017, p. 91). The rhetoric of ability, normality, morality, and worth all burgeon social hierarchies and result in disabling violence that germinates from this discourse (Schalk & Kim, 2020). By and large, eating orders are inextricable from ableism, sanism, white supremacy, anti-Blackness, settler colonialism, global racial capitalism, and co-constitutive systems of oppression.

Thus, I am calling for political action as we fight the urge to diet, starve, restrict, or purge and work collectively to heal our relationships with food, our bodyminds, and the world we inhabit. We need mutual aid, collective care, and allied social justice movements to actualize any large-scale food and movement freedom. Starvation, food and exercise preoccupation, and the pursuit of thinness are survival tactics in a violent world that stops at no end to eradicate fat people and anyone outside of 'normal' (morally and biologically ideal) embodiment. Thinness provides (varying levels of) tangible power and protection to those who were never meant to survive in our current world. It is not as simple as telling people to love themselves, eat, and move joyfully. Collective IE/M can bring those whose bodyminds have been assigned less value under the interlocking systems of oppression together in healing *and* start to actualize the just and liveable world we desire *now* in the present moment.

I want to be clear—I am not providing a set of rules or a definite blueprint for what collective IE/M should or will look like. Mutual aid organizing and disability justice are collective and inherently anti-hierarchical. I do not have all the answers nor anticipate that this organizing will be easy, perfect, or free from ethical scrutiny. Aiming for or practicing allyship does not make people innocent of complicity in oppressive systems. Groups will have to learn and share knowledge on how to do mutual aid, form care webs⁸ and aid

⁸ When I say care webs, I am using Piepzna-Samarasinha's (2018) articulation of care that "break[s] from the model of paid attendant care as the only way to access disability support. Resisting the model of charity and gratitude, they are controlled by the needs and desires of the disabled people running them. Some of them rely on a mix of abled and disabled people to help; some of them are experiments in "crip-made access"—access made by and for disabled people only, turning on its head the model that disabled people can only

Pods⁹, and find ways of working together, addressing harm, and solving conflicts that work for them. No individual or collective will be able to provide all this aid and accomplish all of these goals. In particular, many of the goals of settlers will be incommensurable with decolonization (Tuck & Yang, 2012). Tuck and Yang (2012) state, “the answers will not emerge from friendly understanding, and indeed require a dangerous understanding of uncommonality that un-coalesces coalition politics—moves that may feel very unfriendly” (p. 35). Considering this, I propose my notion of collective IE/M as a prototype. Hamraie (2020) distinguishes between blueprints for liveability and prototypes for more liveable worlds. Neoliberal and eugenic notions of liveability prescribe “design blueprints, or outcomes of completed design decisions, for desired futures” (Hamraie, 2020, p. 408). Feminist and critical disability studies scholars counter this prescriptive and concrete method of looking at liveability with the idea of prototyping, which is “incomplete, iterative, and fractioned” (Hamraie, 2020, p. 408). While Hamraie (2020) is focused on urban design, sustainability, and liveable cities, given that disability justice, fat liberation, and mutual aid are world-building projects, I believe this concept is fitting. Collective IE/M will unfold as it is practiced by collectives of marginalized people who know best what a liveable world looks like. Activism that blends fat liberation, abolition, decolonization, and disability justice is already happening on and offline. The social media of activists like Imani Barbarin, Caleb Luna, Gloria Lucas, and Marquisele Mercedes demonstrate that work that stays true to the radical principles of the former movements can exist and flourish online. Adding collective IE/M to this work allows it to further reach those distressed by eating orders, (internalized) anti-fatness, food, weight, and exercise distress, and offer immediate care and healing while we organize for a liveable world.

Conclusion

Many HAES[®] supporters love and cherish IE and IM as self-care and healing. I demonstrated this by highlighting the large proportion of posts on TikTok focusing on these practices and unpacking some of the specific discourse. Through a feminist-of-colour disability studies-oriented TikTok CDA, I argued that HAES[®]-aligned online discourse is providing care for those distressed by (internalized) anti-fatness, particularly for people who identify with dis/ordered eating and movement. The discourse in the data communicates a desire for, and some materialization of, community care. However, this care leaves out multiply marginalized people, is only accessible to largely privileged people, and does not extend into combatting large-scale social injustice more broadly. Rather than accepting that IE and IM will always be individualized and moralized, leaving those who need its care behind, giving up on the healing and community potential that IE and IM hold, or cementing them as only accessible and useful to a privileged few, I proposed a fattened and crippled version of IE

passively receive care, not give it or determine what kind of care we want. Whether they are disabled only or involve disabled and non-disabled folks, they still work from a model of *solidarity not charity*—of showing up for each other in mutual aid and respect” (p. 41, emphasis in original).

⁹ Airborne (2021) defines an aid pod as “a small group of people who self-organize to provide support to each other in whatever ways they mutually agree to” (p. 5).

and IM based in collective care, mutual aid, and radical solidarity that is anti-curative imaginary: collective IE/M. I did this using a feminist-of-colour disability studies conceptualization of ableism, a disability justice understanding of healing, a critical eating dis/order studies take on eating orders, and a focus on care instead of health. My iteration of collective IE/M is not a prescription on how to move and eat that will look the same for every individual or collective, but rather, it is a prototype for a radical shift in how IE and IM practitioners view health, care, 'recovery,' healing, and well-being promotion. Collective IE/M is prefigurative politics in which "we move together, with no body left behind" (Sins Invalid, 2016, p. 7).

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