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Exploring the relevance of intersectionality in Australian dietetics: Issues of diversity and representation

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Abstract

Through an exploration of the origins of dietetics in the West, and specifically in Australia, we problematise the lack of diversity within the profession through the lens of intersectionality. Dietetics in Australia continues to be dominated by Australian-born women, and ideologies about dietitians perpetuate narratives of white, young, slim, women. Intersectional approaches to critiquing diversity in dietetics provides a useful framework to extend critical studies of health disparities into disparities in the dietetics professional workforce, which is advanced through structural, political and representational intersectionality guided critique. Through the analysis, a dialog is prompted in order to chart paths forward to find 'how differences will find expression' within the professional group. To do this, dietetics as a profession must reckon with its historical roots and step forward, out of a perceived position of objective neutrality regarding people and diversity, and into a position that can recognise that professional institutions have the power to exclude and marginalise, along with the power to include and transform.

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KEYWORDS
dietetics, diversity, inclusion, intersectionality, nutrition, representation

We acknowledge the Wurundjeri peoples of the Kulin Nation, the Traditional Owners of the land which this work was undertaken. Aboriginal and Torres Strait Islander peoples rich food, health and caring knowledge and practices remain active and adaptive, despite the ongoing impacts of colonisation (Langton & Ma Rhea, 2005; Wilson et al., 2020). To precede this critique of diversity in dietetics, we acknowledge all Aboriginal and Torres Strait Islander dietitians and students in Australia, with respect.

INTRODUCTION

In this paper, we explore the origins of dietetics in the West, looking specifically at diversity and representation in the Australian context. We first highlight the significant role that women—mostly white, middle-class women—have played in the development of the profession, and on their alignment with traditional, male-dominated biomedical practices to gain professional legitimacy. Our intention for this paper is to draw attention to the voices that have been missing from dietetics and discuss the increasing relevance of an intersectional approach to understanding the professional context in Australia for those who do not fit the stereotype of the Australian 'dietitian'. We hope that through our analysis of the present day state of Australian dietetics, that we can work towards redressing the current lack of diversity in dietetics—produced by structural systems of oppression.

This paper is organised in three parts: the critical historical context of Australian dietetics gaining legitimacy; the issue of diversity in dietetics including the structures of marginalisation identifiable across the profession; and a discussion of the position we advance in valuing an intersectional approach to understanding and critiquing diversity in dietetics, underpinned by Crenshaw's aspects of intersectionality; structural, political and representational intersectionality (Crenshaw, 1991).

Dietetics through a critical historical lens

Dietetics has its origins in home economics, military kitchens, and the advent of nutrition science. As a female-dominated discipline, it was only recognised and given a reputable status in biomedicine once it aligned with other medicine-adjacent health professions (Brady, 2017; Liquori, 2001; Rose, 1912; Wood & Fazio, 2020). Despite aligning with these traditionally male-dominated disciplines (Liquori, 2001), dietetics grows from an existing tradition of female-led practices and expertise surrounding food, eating and care that transcends generations and cultures (Swinbank, 2021).

Perhaps unsurprisingly, women have played a central role in the development of dietetics in Australia through their engagement with dietetic professional bodies from other Western countries. As Wood and Fazio (2020) explain, Australian dietetics emerged from hospital-employed home economists and nurses who went to Canada, United States and the United King-

dom for specialised training, with Australia's first diet kitchen established in Melbourne in the 1929. Backed by the American Dietetic Association (Brady, 2017), the establishment of the first Australian-based dietetics training occurred during the 1930s, demonstrating that dietetics in Australia has been inextricably linked to its Western counterparts from its inception. Understanding the context of Australian dietetics, therefore, requires a broader look at the history of its practice.

The emergence of dietetics as a discipline

As a distinct discipline, dietetics was distinguished from home economics in the early to mid-1900s with its increased focus on the science of food and nutrition. Dietitians served in the United States armed forces during World War I, and from the 1930s they were being employed in hospitals to supervise food services throughout North America (Brady, 2017, 2018; Scott, 2009). Prior to being a distinct discipline of its own, elements of dietetics could be found as early as the 1850s. Social reformer and founder of modern nursing, Florence Nightingale, is often credited as one of the first dietetics pioneers for championing food and diet for soldier-patient recovery and set up the first diet kitchen during the 1854 Crimean War (Hwalla & Koleilat, 2004; Todhunter, 1973).

At the start of the 20th century, significant advances in nutrition and biomedical science made way for dietitians to leverage their skills and knowledge in the medical and scientific community, outgrowing their originating expertise in home economics. Early research focussed on the identification and treatment of nutrient deficiencies, which then advanced into dietary studies, food nutrient composition datasets, population dietary guidelines, medical nutrition therapy for disease treatment, and dietary counselling for behavioural change (Brady, 2018; Rose, 1912; Stein, 2014). These evidence-based practices subsequently became the foundation of a body of expertise which dietitians utilised to establish the profession 'within the health care hierarchy' (Brady, 2018, p. 125; Liquori, 2001; Stein, 2014).

Dietetics can also be recognised as part of the rise in women's access to post-secondary education throughout the early twentieth century, particularly in the sciences, as well as the broader promotion of women's rights (Brady, 2017; Rose, 1912). Due in part to the historically feminised role of food and care work (Swinbank, 2021), dietetics has been a female-dominated profession from the very beginning (Brady, 2018; Todhunter, 1973). However, it is important to note that the emancipatory potential of education and employment for women through dietetics was not accessible to *all* women. To illustrate - early dietitians are characterised as 'white, native-born, Protestant, middle-class women' (Scott, 2009) or 'typically middle-class and white...women' (Brady, 2017). Scott (2009) contends that during the early establishment of the profession during World War I, these dietitians were struggling for 'distinct status and power within and in relation to other female health and medical occupations,' (p. 9) and 'relied upon the exclusion and subordination of ethnic women and women of colour' to maintain their position (p. 14)—signifying that while early dietitians were marginalised in the military health workforce by virtue of their sex, they also participated in the subordination of other women through knowledge and science—'the construction of dietary taxonomies, body/weight investigations, racial-ethnic food classifications, even religious and regionally based food studies, dietitian's set a place for themselves in the banquet... of the medical profession' (p. 14). Therefore, we propose that the emancipatory potential of a dietetics career for women was exclusively for white middle class women, which was reinforced both by broader social expectations, and internal professional self-protection.

The dominance and majority of white middle-class women has persistent through the decades in the West and has been recognised by advocates (Krishna, 2020), scholars (Burt et al., 2019) and professional associations (Boak, 2021). We argue that this characterisation of the mainstream Australian dietitian calls for an exploration of dietetics along the lines of race, class, (dis)ability, sexuality and other positions that are intertwined with privilege and oppression (Brady, 2018).

DIVERSITY IN DIETETICS

From its inception, dietetics has been a female-led profession, advanced by women in Western countries at a time when some were gaining significant rights in law and everyday life (Brady, 2017; Rose, 1912). Dietetics was able to gain legitimacy through its association with the traditionally male-dominated biomedical sciences and establish professional bodies that focussed specifically on the science of food and nutrition in the early twentieth century. While the female-dominated world of dietetics was an important delineation from the male-dominated world of the rest of the health sciences, an important question to ask is: which women were afforded these opportunities, and who was being left out? Given that women's food cultures and practices differ according to culture and tradition (Swinbank, 2021), dietetics has become an increasing focal point for broader criticisms about the dominance of universalised, Western understandings of food and health (Krishna, 2020).

Calls to increase the diversity and representation in dietetics in Western nations, are well established and wide-ranging (Baxter et al., 2020; Burt et al., 2019; Mahajan, 2021; Warren, 2017). For example, key strategic publications from the British Dietetic Association, the American Academy of Nutrition and Dietetics, and Dietitians of Canada have all acknowledged the importance of diversity in dietetics workforce and prioritised action to diversify the workforce (Dietitians of Canada, 2020; Farr, 2020; Hickson et al., 2018).

While diversity has been problematised in nations such as United States, Canada, and United Kingdom, public scholarly dialog is just beginning in Australian dietetics. The Council of Deans of Nutrition and Dietetics, Australia and New Zealand recently commissioned a report 'reimagining the future of nutrition and dietetics' (Boak, 2021, p. xiii); including the recognition that 'the profession...was predominantly white, female and privileged' and for the future of dietetics, a 'more diverse profession will be a powerful resource, a source of learning, strength and knowledge' (Boak, 2021, p. 27). This report has added to existing Australian dietitian-scholar discourses including Williams' (2012, p. 46) commentary about 'deviant' diversity within the profession, Porter and Collins (2021, p. 7) recommendation 'more could be done to promote the cultural diversity of the dietetic profession', and Lassemillante and Delbridge (2021) raising daring questions about how institutional racism plays out in dietetics.

Diversity is underpinned by recognition that people's lives are characterised by dimensions such as sex, gender identity, race, ethnicity, Indigeneity, sexual orientation, socio-economic status or class, age, dis/ability, body size, location, and religious and political beliefs (Arce-Trigatti & Anderson, 2020; Burt et al., 2019; Cho et al., 2013; Warren, 2017). These dimensions can be conceptualised at individual, community and social levels and are often differentiated as 'dominant', 'minority' or 'marginalised' groups (Arce-Trigatti & Anderson, 2020; Crenshaw, 1989). Marginalised peoples are those who experience oppression and exclusion by social and political systems which privilege some peoples over others.

The literature looking at dimensions of diversity and identity in dietetics is largely focussed on race and culture (Brown & White, 2021; Burt, 2021; DeBiasse, 2021; Mahajan, 2021; Welling-

ton et al., 2021), sex and gender (Gheller et al., 2018; Joy et al., 2019), and body size (Bessey et al., 2020; Kasten, 2018; Puhl et al., 2009) from North American perspectives. This is perhaps unsurprising, as researchers seek to problematise and rebut the thin, white, female-dietitian trope. Appearing less frequently in peer-reviewed dialog are dimensions of dietetic diversity highlighting inclusive practices for dietitians with disabilities (Baxter et al., 2020), LGBTIQ+ inclusion in dietetic classrooms (Joy & Numer, 2018), and socio-economic issues demonstrated through financial barriers to dietetics education (Wynn et al., 2017).

Research regarding dimensions of diversity and/or marginalisation in Australian dietetics remains sparse. However, Australian dietetics is not immune to the structures and systems of power and oppression (Lassemillante & Delbridge, 2021; Ng & Wai, 2021). Australian dietitians function within the landscape of the Australian health care system and education system, which are recognised to perpetuate significant oppression such as racism for Aboriginal and Torres Strait Islander peoples (Bodkin-Andrews & Carlson, 2016; Gatwiri et al., 2021; Paradies, 2016), and culturally and linguistically diverse peoples including migrants and refugees (Bastos et al., 2018; Mohamed Shaburdin et al., 2020). Socioeconomic factors are barriers to access to higher education for many people (Rubin et al., 2014), particularly regional students (Edmunds & Harris, 2015), and mature-age students (Tones et al., 2009). Simultaneously, universities continue to be unsafe places due to sexism unequally experienced by women, especially women who are younger, or of ethnic and sexual minorities (Bondestam & Lundqvist, 2020). Dietitians are socialised in these environments, requiring either critical navigation to minimise harm to self and others, or uncritical absorbing of these systems and structures as normal and neutral.

Therefore, the rationale for a diverse Australian dietetics workforce is five-fold:

i. to eliminate the oppressive structural and social barriers which prevent people from marginalised groups to become dietitians if they so choose, because the choice to pursue the career that is self-determined is a privilege not afforded to all (Autin & Allan, 2019; Boak, 2021; Lassemillante & Delbridge, 2021);
ii. to pursue an agenda of explorative innovation, where diverse peoples bring ways of knowing that broaden and enable better organisational and professional outcomes (Boak, 2021; Diversity Council Australia, 2019; Elia et al., 2019; Herring, 2009);
iii. for the demographics of people in dietetics would mirror the Australian population, that is, to reach parity with the population (Hickson et al., 2018; Indigenous Allied Health Australia, 2019);
iv. to actively contribute to the Australian and international agenda for diverse and inclusive health workforces as part of improving healthcare and reducing differential access to power and privilege in health systems (Dune et al., 2021; Mayes et al., 2021; Phillips et al., 2014; Stanford, 2020); and
v. to better meet the needs of the ever increasingly diverse communities that dietitians serve, in the pursuit of health equity (Mahajan, 2021; Phillips et al., 2014; Warren, 2017).

Australian dietetics socio-demographics

Understanding the socio-demographic characteristics of Australian dietitians is, thus, important but remains largely undocumented. Australian workforce 2011 statistics show that 93%–95% of Australian dietitians identify as female, 78% are Australian born (Health Workforce

Australia, 2014). The Dietitians Australia Annual Report 2020 reports a membership of 7428 dietitians and students, 32 of whom self-identify as Aboriginal and/or Torres Strait Islander peoples (Dietitians Australia, 2020). Other self-identified markers of diverse identities, however, such as racial, ethnic, dis/ability and LGBTQI+ status remain unreported.

Structures of oppression and marginalisation in dietetics

Without a specific framework to 'see' oppressive social structures, dietetics, like other health professions, are likely to limit interpretation of health disparities through a biomedical lens. Unsurprisingly, dietetics education has been criticised for not equipping students to 'see' oppressive systems, with curriculum prioritising students' 'acquisition of empirical, objective, factual knowledge that is value-neutral.... apolitical, [and] atheoretical' (Liquori, 2001; Seher, 2018, p. 47). Some have argued that this creates 'silen[ce] [around] issues of power' (Seher, 2018, p. 47). Indeed, such neutral perspectives effectively ignore that food and health systems, in which dietitians' practice, are laden with issues of access and power; from the interplay of inequalities of class and gender with politics and power in policymaking (Jovanovski & Cook, 2020; McKenzie & McKay, 2017) to the practitioner-client relationship (Seher, 2018). This is consistent with Ng and Wai's (2021) reflection on the limited perspectives of dietitians who struggle to connect social issues to biomedical issues and grapple to confront the emotional and political nature of such topics. They argue that these dietitians have little interest in engaging politically because they could not envision dietitians engaging in advocacy outside of explicitly nutrition-oriented topics. Ng and Wai's (2021) working definition of anti-oppressive practice is a starting point to engage in dietetic dialogs about grounding dietetic work in conversations about power and privilege:

> [D]ietitians can engage in anti-oppressive practice by providing food and nutrition care/planning/service to clients while simultaneously seeking to transform health and social systems towards social justice (Ng & Wai, 2021, p. 12).

It is through this anti-oppressive dietetic practice focus, that this paper challenges the systems in which some people's lives are limited by their subordinate social positions. Adopting critical inquiry to explore diversity in dietetics will allow for addressing the complexity of diversity and ensure there is a lens through which to interpret historical, social and political power dynamics underpinning the status quo, and how systemic oppressions such as racism, sexism, classism, homophobia, and weight bias may be intertwined with diversity in dietetics (Bessey et al., 2020; Brady & Gingras, 2019; Burt et al., 2019; Mykhalovskiy et al., 2019; Travers, 1997). Critical dietetics is an emerging body of literature on the margins of mainstream dietetics research that is engaging with understanding these intersecting systems of power and oppression.

Critical dietetics

The scholarly field of Critical Dietetics was formally established in 2009, with dietitians declaring that:

> [F]ood is more than the mere sum of its constituent nutrients. We recognise that human bodies in health and illness are complex and contextual. Moreover, we recog-

> nise that the knowledge that enables us to understand health is socially, culturally, historically and environmentally constructed (Gingras & Brady, 2019, p. 6).

Critical Dietetics draws on transdisciplinary scholarship and has an emancipatory agenda (Gingras & Brady, 2019). Across dietetics, however, the utilisation of critical theories is not commonplace, despite a professional commitment to addressing health inequalities related to food and nutrition. Rather, the prioritisation of 'positivist understandings of food, health and nutrition' have formed the foundation of 'what constitutes "the evidence" of dietetics' evidence-based practice [that is] predominated by biomedical perspectives of... health, food and eating' (Bessey et al., 2020, p. 1).

The use of critical theories in critical dietetics scholarship is positioned within a constructivist paradigm and calls attention to how knowledge is produced and for whose political benefit (Gingras et al., 2014; Holstein & Minkler, 2003). Critical theories accentuate that knowledge is socially constructed and the relevance of knowledge is recognized in the meaning it has in people's lives (Holstein & Minkler, 2003). It is from this position that intersectionality enables the questioning of power, privilege, and oppression, and how these factors interplay with diversity in dietetics.

As we argue in this paper, Crenshaw's theory of intersectionality may be a useful way to understand the intersecting axes of oppression and power that underlies dietetics in Australia. This theory will be used in this study to highlight how dietitians' sex, ethnicity, and body size (e.g.) interplay and compound sexism, racism, and weight bias to create systems that disproportionately impact people's entry into, and engagement with, dietetics.

AN INTERSECTIONAL APPROACH

Our discussion of intersectional dietetics is presented in three parts. Firstly, we describe and establish intersectionality as a relevant theoretical framework for analysis. We then position Australian dietetics as 'home' in response to intersectionality's invitation to problematise the places in which we belong. Next, our theoretically informed critique of dietetics is offered under the three conceptual applications of intersectionality: structural, political and representational intersectionality.

Intersectionality as a framework for understanding diversity

Intersectionality was theorised by African American critical legal studies scholar, Dr Kimberlé Crenshaw (Crenshaw, 1989, 1991, 1992) to understand how and why Black women were disadvantaged under the law, which neither adequately protected them from racism or sexism through existing anti-discrimination laws and policies (Crenshaw, 1989). Crenshaw argues that existing political activism movements failed to address the concerns of Black women, with existing feminist approaches centring the experience of white women, and anti-racism activism centring the experiences of Black men. From Crenshaw's perspective, both feminism and antiracism, while claiming to be inclusive of all women and all Black people respectively, misses the unique and compounded marginalisation that Black women experience; that Black women's experiences of sexism are intertwined with Blackness and their experiences of racism are intertwined with womanness (Crenshaw, 1989).

Crenshaw offers an analogy to explain the concept of intersectionality;

> Consider an analogy to traffic in an intersection, coming and going in all four directions. Discrimination like traffic through an intersection, may flow in one direction and it may flow in another. If an accident happens in an intersection, it can be caused by cars travelling from any number of directions, and sometimes from all of them. Similarly, if a black woman is harmed because she is in the intersection, her injury could result from sex discrimination or race discrimination (Crenshaw, 1989, p. 149).

Intersectionality is aligned with other critical theories that are interested in the sources of social, systemic, and institutional power (Collins, 2020; Crenshaw, 1989). The experience of black women who are located 'at the intersection' of gender and race discrimination is thus 'greater than the sum of racism and sexism' (Crenshaw, 1989, p. 140). Intersectionality's multiple axis framework enables the analysis of how many forms of marginalisation interact with systems of power, such as class, sexuality and (dis)ability (Cho et al., 2013; Crenshaw, 1991), and explores the 'interactive and mutually constituting nature of the race/gender/class/sexuality/nation nexus' (Cho et al., 2013, p. 787).

Intersectionality has established its own field of study as a form of theory and praxis (Cho et al., 2013), and been 'developed, adopted and adapted within the disciplines' (Cho et al., 2013, p. 785). It has been applied in health-related disciplines as a theoretical framework in order to analyse the role of social structures and marginalised groups within a discipline's scope of research and practice (e.g., Almeida et al., 2019; Binyamin, 2017; Kapilashrami & Hankivsky, 2018; Keshet et al., 2015; Lala et al., 2021). In this way, intersectionality provides a useful framework to extend critical studies of health disparities into disparities in the dietetics professional workforce.

According to Crenshaw (1991), there are three aspects of intersectionality: structural, political, and representational. Structural intersectionality focuses on the disproportional distribution of resources and policy impacts due to disparate economic, social, and political worlds in which marginalised peoples live (Crenshaw, 1991). For example, low-income single mothers are structurally disadvantaged by their sex and financial status: they are implicitly relegated to food and care work through often restrictive gender norms, and further marginalised by neoliberal welfare systems that frame their welfare status as a form of 'dependency' rather than an entitlement (Jovanovski & Cook, 2019, 2020).

Political intersectionality unveils how peoples who identify with two or more subordinated groups may have conflicting political agendas (Crenshaw, 1991). For example, the agendas of feminism and anti-racism have been critiqued at length for being in opposition to each other and being spear-headed by the most privileged people within the group; white women and Black men respectively, thereby only validating part of their experiences of subordination which are not universal (Crenshaw, 1989, 1991, 1992). Meanwhile the political movements remain 'incapable of developing solutions to the compounding marginalisation of Black women... who, yet again, fall into the void between concerns about women's issues and concerns about racism' (Crenshaw, 1991, p. 1282).

Thirdly, representational intersectionality refers to how public discourses portray marginalised peoples and communities in ways which further their oppression and marginalisation (Crenshaw, 1991; Vardemen-Winter et al., 2013). Public discourses can occur in text, audio, and image, across communication modalities including 'news, messages... and campaigns' (Vardemen-Winter et al., 2013, p. 402). Crenshaw (1991) recognises these discourses as creating 'cultural imagery' (p. 1282) and 'narratives' (p. 1283) which act to create and reproduce 'tropes' (p. 1298),

'controlling images' (Joseph et al., 2021, p. 115) and 'stereotypes [which are] ascribed to their communities' (Vardemen-Winter et al., 2013, p. 402) which further reinforces the experience of marginalisation. In her focus on the lives of Black women, Crenshaw (1991) outlines how the stereotypes of Black women are unique in that they exist at the intersection of racial and gender hierarchies to perpetuate both racism and misogyny in combination, such as 'mammies, matriarchs, welfare recipients and hot mommas' (Collins, 2002; Commodore et al., 2020, p.2). With an expansive, multi-axis conceptualisation of representational intersectionality, we see an 'intellectual and political' (Crenshaw, 1991, p. 1283) opportunity to explore how the intersecting nature of multiple stereotypes and tropes which perpetuate marginalised experiences that have historically been considered separately.

Through intersectionality, Crenshaw offers an invitation to 'summon the courage to challenge groups that are after all, in one sense, "home" to us, in the name of the parts of us that are not made at home' (Crenshaw, 1991, p. 1299). Crenshaw poses the empathetic challenge to 'speak against internal exclusions and marginalisations, that we might call attention to how the identity of the 'the group' has been centred on the intersectional identities of a few' (Crenshaw, 1991, p. 1299). She contends that through an awareness of intersectionality, the construction of group politics is better able to acknowledge and ground the differences among the group and 'negotiate the means by which these differences will find expression' (Crenshaw, 1991, p. 1299).

Positioning Australian dietetics as 'home'

This discussion takes up Crenshaw's invitation to challenge the groups that are 'home' to us. Therefore, we propose that dietetics is positioned as 'home,' in order to bring a courageous critique of the profession to which this paper centres, and to which two of the authors (RD and RB) belong—'in the name of the parts of us that are not made at home' (Crenshaw, 1991, p. 1299). This positioning of dietetics as 'home' is important as it enables the critique of issues within a broader appreciation for what home means to us. Our critiques are offered as dietitians, together the perspectives of a health sociologist (NJ) and psychologist (JS), who value the profession, understand that construction of the profession is imbued in social and political contexts, consider that the profession is not above critique and that as dietitians, we, the profession and its associates, have an obligation to all peoples who call, or wish to call, dietetics home (Pettinicchio, 2012; White, 2012).

Structural intersectionality: Universalised institutions

Pioneers of dietetics pursued professional recognition as a credible, science-based, caring profession through structural forms of legitimisation in the healthcare hierarchy. This led to its alignment with the male-dominated disciplines of medicine and nutrition science (Brady, 2018). This alignment was mutually advantageous for each of the disciplines: dietetics benefitted through enhanced legitimacy and recognition, with their positioning as '"point of contact" between physician and patient considered to be "the point of honour" ... [the] mark of distinction' leveraged for 'the steady advance of the entire field' (Scott, 2009, p. 19). Simultaneously, medical and nutrition science benefitted from the expertise of dietitians in their application and translation of medical and nutrition science with patients at their bedside or in their homes (Brady, 2018). Perhaps paradoxically, this mutually beneficial alignment increased the reach of medicine and nutrition

science into people's homes, and concurrently enabled physicians—and the male-dominated world of medicine itself—to avoid the so-called emotionally burdensome and less intellectually valued work of translating science for daily family life (Brady, 2018; Liquori, 2001).

The pursuit of professionalisation in dietetics also occurred through its institutionalisation. The ability to 'secure and stabilise' dietetics as a valid health profession was facilitated through governance and regulation to standardise education and scope of knowledge, skills, and attitudes of dietitians (Brady, 2018, p. 130). There is evidence of this institutionalisation as early as 1917 with the founding of the American Dietetic Association, and in Quebec, Canada in 1924 before combining with other provincial associations to become the Canadian Dietetics Association in 1935 (Brady, 2017). The British Dietetic Association was established in 1936 and Australian Dietetic Council followed a decade and a half later in 1950 (Hwalla & Koleilat, 2004; Wood & Fazio, 2020).

A consequence of the early profession's un-critical pursuit of professional legitimacy is the normalisation and neutralisation of middle-class values into food and nutrition discourses and recommendations as 'empirical and moral truths' (Biltekoff, 2002, p. 61; Scott, 2009). Complicit with moralising food and bodies in particular, dietitians have become part of the discourses which perpetuate the values of self-restraint and choosing 'correct' ways of eating that are consistent with neoliberal discourses of choice in the free market (Frank, 2013). Alongside this is the moralisation and judgement of food choice and the moral desirability of thinness, is the expectation that 'people [will] give up pleasure to be "good" eaters' to achieve a form of moral virtue based on food choices (Biltekoff, 2002; Coveney, 2006; Frank, 2013, p. 123).

Social and political circumstances, thus, create a profession that presents itself as neutral and objective, but simultaneously reinforces its position as gatekeeper for acceptable knowledge systems, bodies and eating (Coveney, 2006). What is subsequently reinforced here is an un-critical universalisation of western normative expectations which effectively exclude, compete with, or silence other ways of knowing and being, including Indigenous epistemologies (Fredericks, 2009; Wilson et al., 2020), non-western food ways (Krishna, 2020; Warren, 2017), and non-slim bodies (Bessey et al., 2020; Gingras & Brady, 2010). While diversity is welcomed in the profession, there 'are limits to what is regarded as acceptable difference... there is a dark side: when difference becomes deviance' (Williams, 2012, p. 46). Being critical of existing practices and institutions that reinforce a universalised dietetics norm is important for dietitians and researchers challenging structural issues of disproportionate distribution of resources and policy relevant to marginalised peoples in dietetics.

Political intersectionality: Interplay of policy and profession

To consider the identity of the dietetics profession as a collective is to see that the profession has been centred on the intersectional identities of middle-class white women in the West (Brady, 2017). The early dietetics pursuit to professionalisation enabled women's access to science scholarship and the respect and autonomy of working in military and civilian hospitals, and thus supported aspects of women's liberation in professional settings (Brady, 2018; Liquori, 2001; Scott, 2009). Drawing on political intersectionality, this mirrors Crenshaw's criticism of feminism as being led by and benefiting the most privileged people within a marginalised group, in this case, white middle-class women. This is a delicate criticism, because white middle class women remain structurally marginalised under systems that discriminate against them due to their sex.

However, their oppression is not universal to all women or all marginalised peoples with a multi-axis of oppression approach (Crenshaw, 1989).

For women during the 1930–50s, it was only white women with financial means who could access education and social resources due to government policies of the time. Simultaneously, Black women in North America were effectively excluded from science scholarship (Fields, 1998; Harper et al., 2009) and remained contained within roles which have historical overhangs of domestic service (Jewell, 2002; Scott, 2009; Wooten & Branch, 2012), such as food service kitchen staff and hospitality workers (White, 2012). Meanwhile, in Australia, the political backdrop while the profession was forming, was the White Australia Policy (Immigration Restriction Act 1901) which was in place until 1973 which controlled and limited immigration and social participation of non-European peoples, and the legislated state-based protection policies which were adopted, which controlled the lives of Aboriginal and Torres Strait Islander peoples until all were repealed by 1969 (Victoria in 1867, Western Australia in 1886, Queensland in 1897, New South Wales in 1909, South Australia and the Northern Territory in 1910–11) (Rowley, 1978; Tavan, 2004). While this is not a complete picture, through policy and politics, the professionalisation of dietetics left behind other women and peoples of intersecting identities across racial and class lines (Brady, 2017).

It is within this political and social context, informed by political intersectionality that we argue that the success of the consolidation of the dietetics profession relied on the political leverage that white, middle-class women could access, while simultaneously limiting the legacy of the profession by not being able to include less privileged persons who were systematically barred from pursuing science or healthcare practice by virtue of the policies which controlled their social participation. This presents a double-edged sword; where the profession is both significantly benefitted while being limited by the authority of white middle-class women in this space.

Representational intersectionality

Representational intersectionality critiques how cultural imagery (re)produces stereotypes, rhetoric and ideology which functions to maintain systems of normative representation (Collins, 2002; Commodore et al., 2020; Crenshaw, 1991; Mahn & Lordly, 2015). Some ideologies are recognised to contribute to systems of oppression by working to maintain social order by positioning marginalised groups as 'other' and thereby rationalise and justify their ongoing marginalisation (Collins, 2002; Ruiz et al., 2021).

Australian dietitian-researchers have analysed how dietitians are portrayed on the Internet. Findings show that of the images of dietitians analysed, 90% portrayed women, 89% were Caucasian, and 77% were 26–29-year-old age-bracket (Porter & Collins, 2021). Authors commented that 'thin, young, pretty, white and female' largely describes the images of dietitians in the research (Porter & Collins, 2021, p. 6–7). This is consistent with Mahn and Lordly's (2015) identification of a visual and conceptual 'slender, Caucasian female' ideology which is intertwined with the perception of dietitians' credibility (p. 40). Furthermore, stereotypes of perfectionism have been identified by student dietitians to reinforce pressure to be thin in order to be credible (Morgan et al., 2019).

The impact of the historical legacy of dietetics regarding both sex and race has been identified as a factor is the stereotyping and ideology of dietitians. For example, White (2012) highlights racism experienced by dietitians who are African American women, highlighting the historical legacy of oppression and educational discrimination impacting success of Black women

in dietetics (White, 2012). Furthermore, Joy (2019) contends that heteronormative and binary gender stereotypes are identified as reinforcing gendered social beliefs of food being women's business (Joy et al., 2019). The persistence of professional stereotypes and ideologies promote pressures of homogeneity and conformity within dietetics, which is contradictory to the diversity agenda(s) set by professional agencies (Morgan et al., 2019).

CONCLUDING REMARKS

Intersectionality highlights the imperative to challenge Australian dietetics for its lack of diversity. To stimulate this dialog in the Australian context is important and effecting change for the profession requires "persistent and deliberate action from institutions, leaders and individuals" (Lassemillante & Delbridge, 2021) to chart a way forward to discover 'how differences will find expression' within the structure, politics and representation of the profession (Crenshaw, 1991, p. 1299).

We invite the profession as a whole, and dietitians as individuals to commit to life-long self-reflection and commit to act within their sphere of influence to address power imbalances existing in our profession (Lassemillante & Delbridge, 2021; Ng & Wai, 2021). We offer the following recommendations to the profession for action, informed by this intersectional analysis, as the beginnings of an agenda for increasing diversity and representation in Australian dietetics:

i) adopt a 'lens' in practice and research which can 'see' systems of oppression, and embrace the political nature of transforming health and social systems towards social justice;
ii) challenge structures of accepted universalisation of western normative expectations through meaningful contributions of non-Western epistemologies, non-Western food-ways and non-slim bodies to the dietetics landscape;
iii) challenge the stereotypes of dietitians which perpetuate homogeneity and conformity in the profession through privileging discourses (in text, image and audio) which honours diversity and representation of peoples in dietetics.

The path for dietetics as a profession is to reckon with its historical roots and step forward, out of the comfort of perceived position of objective neutrality regarding people and diversity, and into a position that can recognise that professional institutions can harness their institutional power to deliberately and persistently include diverse peoples and transform the profession.

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