

Edith Cowan University  
**Research Online**

---

Theses : Honours

Theses

---

2018

## Finding companionship on the road less travelled: A netnography of the Whole Food Plant-Based Aussies Facebook group

Robyn Chuter  
*Edith Cowan University*

Follow this and additional works at: [https://ro.ecu.edu.au/theses\\_hons](https://ro.ecu.edu.au/theses_hons)

 Part of the [Food Studies Commons](#), [Nutrition Commons](#), and the [Social Media Commons](#)

---

### Recommended Citation

Chuter, R. (2018). *Finding companionship on the road less travelled: A netnography of the Whole Food Plant-Based Aussies Facebook group*. [https://ro.ecu.edu.au/theses\\_hons/1517](https://ro.ecu.edu.au/theses_hons/1517)

This Thesis is posted at Research Online.  
[https://ro.ecu.edu.au/theses\\_hons/1517](https://ro.ecu.edu.au/theses_hons/1517)

# Edith Cowan University

## Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

# **Finding companionship on the road less travelled:**

**A netnography of the Whole Food Plant-Based Aussies**

**Facebook group**

This thesis is submitted in partial fulfilment of the requirements for the award of  
Bachelor of Health Science Honours

**Robyn Chuter**

Edith Cowan University

School of Medical and Health Sciences

2018

**Finding companionship on the road less travelled:  
A netnography of the Whole Food Plant-Based Aussies Facebook  
group**

**Abstract**

Chronic conditions are now the leading contributors to the burden of disease and associated healthcare expenditure in Australia. Wholefood plant-based diets are an evidence-based approach to the prevention, management and even reversal of many types of chronic disease. However, numerous practical, cognitive, social and intrapersonal barriers inhibit the ‘mainstreaming’ of plant-based diets (PBDs). Online communities may provide the informational, emotional and social support to help members overcome these barriers. However, there is a paucity of research on both the support needs of people attempting to follow PBDs in Australia, and the role that online community membership plays in providing this support.

Using Karl Lewin’s three-step behaviour change model (1947/1997) as the framework for analysis, this study employed netnographic techniques to explore the barriers to, and enablers of, adoption and maintenance of a PBD in Australia, as experienced by a sample of people following this diet who are members of the Whole Food Plant-Based Aussies Facebook group. Membership of this online community was found to play a significant role in facilitating dietary adoption and adherence through provision of multiple forms of social support.

Robyn Chuter

Dr Leesa Costello

Dr Julie Dare

## Copyright and access declaration

I certify that this thesis does not, to the best of my knowledge and belief:

(i) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;

(ii) contain any material previously published or written by another person except where due reference is made in the text; or

(iii) contain any defamatory material

Signed:

Dated:

## **Acknowledgements**

I would like to thank my supervisors, Leesa Costello and Julie Dare, for their unstinting support, skilled guidance and encouragement throughout this project. I would also like to express my gratitude to the administrators of the Whole Food Plant-Based Aussies Facebook group for granting me permission to study the group and recruit participants from it. Heartfelt thanks to the members of the group who participated in various ways, for so generously giving me your time, sharing your experiences and insights, and cheering me on. Finally, I wish to thank my husband and children who have patiently endured my absence from family life.

## Table of contents

<b>Title page</b>	i
<b>Abstract</b>	ii
<b>Declaration</b>	iii
<b>Acknowledgements</b>	iv
<b>Chapter 1: Introduction and background</b>	1
Introduction	1
Background to the research project	2
The significance and scope of the study	5
The purpose of the study	6
Research questions	6
Definitions of terms	7
Review of the literature	8
Introduction	8
Barriers to adoption	8
Barriers to maintenance	11
Social support	12
Online communities	13
Conclusion	15
<b>Chapter 2: Research design</b>	16
Theoretical framework	16
Methodology	19
Participants and recruitment	20

Data collection	21
Data analysis	23
Validation	23
<b>Chapter 3: Findings and Interpretation</b>	<b>25</b>
<i>Part 1: Unfreeze</i>	25
Themes	26
<i>Part 2: Movement</i>	46
Themes	46
<i>Part 3: Freeze</i>	77
Themes	77
<b>Chapter 4: Discussion and conclusion</b>	<b>104</b>
Discussion	104
Limitations	109
Conclusion	111
<b>References</b>	<b>112</b>
<b>Appendices</b>	<b>118</b>
Appendix A: Information letter to participants	118
Appendix B: Content of research-specific posts	121
Appendix C: Participant consent form for interviews	123
Appendix D: Interview schedule	125
Appendix E: Content of member-checking post	126



# Chapter 1: Introduction and background

## Introduction

This project investigated the role played by membership of a Facebook group, 'Whole Food Plant-Based Aussies', on members' capacity to adopt and maintain a way of eating defined as a wholefood (also described as whole-food or whole food) plant-based diet (WFPBD), for reasons of health improvement or maintenance. My interest in studying this group arose from the benefits I perceived I had gained from my own membership of it, as well as positive feedback received from clients of my nutrition practice to whom I had recommended joining the group. Both personally and professionally, I had experienced the group as a friendly and inclusive virtual community which offered both instrumental support (in the form of an endless stream of recipe and meal planning ideas, responses to members' questions on health and nutrition topics, and informed commentaries on nutrition-focused scientific papers and the media's presentation of them) and expressive support (providing a haven of understanding for people whose non-mainstream dietary choices set them apart from, and even generated conflict with, their family, friends and colleagues). I also observed with interest the group's dramatic expansion, from a membership base of roughly 500 when I joined the group in December 2013, to over 7600 at the time of writing – September 2017. The group's rapid growth rate suggested that it was successfully fulfilling its stated purpose of providing support for people following, or interested in adopting, a WFPBD.

This prompted me to investigate the group's dynamics using netnography, a form of ethnography adapted for the study of online communities. Netnographic techniques have been used successfully to investigate how social support

manifests in online communities. For example, Bonniface and Green (2007) used a netnographic analysis of Discussion Board posts to augment interview data when assessing the impact of social support on the emotional well-being and health-related behaviour of members of an online support group for heart disease patients. Similarly, Bradshaw, Witney, Green, and Costello (2012) analysed content from blogs, discussion forums, private messages and live group chat to investigate the efficacy of an online mutual support community for women with a breast cancer diagnosis.

## **Background to the research project**

Chronic conditions such as cardiovascular disease, type 2 diabetes and cancer account for the majority of the burden of disease in Australia (Australian Institute of Health & Welfare [AIHW], 2016). At least 31% of this burden is due to modifiable risk factors, and therefore preventable (AIHW, 2016). The Australian Dietary Guidelines (ADG) formulated by the National Health and Medical Research Council (NHMRC) position diet as “arguably the single most important behavioural risk factor that can be improved to have a significant impact on health” (2013, p. 1). Poor dietary choices are economically and socially costly, and diminish individuals’ quality of life. In 2011, over 88 000 disability-adjusted life years (DALY) – each representing 1 year of healthy life lost, either from living with an illness or injury or through premature death – were attributed to inadequate fruit intake and almost 63 000 DALY to inadequate vegetable intake. Low intake of fruit and vegetables accounted for 12 and 10% respectively of the total burden of coronary heart disease, and 18 and 17% respectively of stroke burden. Diets high in processed meat were responsible for 14% of the coronary heart disease burden,

8.7% of the total diabetes burden and 7.7% of the bowel cancer burden (AIHW, 2016). A substantial evidence base supports the value of a WFPBD, appropriately supplemented with vitamin B12, in preventing, managing and in some cases, even reversing coronary heart disease (Esselstyn, Gendy, Doyle, Golubic, & Roizen, 2014; Ornish, 1998), type 2 diabetes (Barnard et al., 2009), prostate cancer (Frattaroli et al., 2008) and autoimmune diseases (Fuhrman, Sarter, & Calabro, 2002), and in treating obesity (Wright, Wilson, Smith, Duncan, & McHugh, 2017).

However, while the ADG acknowledge that plant-based diets (PBDs) reduce all-cause and cardiovascular mortality (NHMRC, 2013), there is, as yet, limited 'buy-in' from the public health sector in Australia. A parallel situation was described in a Canadian setting by Lee, McKay, and Ardern (2015); while 72% of surveyed healthcare providers in a diabetes education centre were aware of the value of PBDs for the treatment of type 2 diabetes, only 32% were currently recommending them to patients. In Lee and colleagues' study, healthcare providers cited concerns about the nutritional adequacy of PBDs and low acceptability to patients as their principal reasons for not advocating PBDs. In contrast, two thirds of surveyed patients at the same clinic expressed willingness to trial a PBD if given appropriate nutrition education and practical support.

There is, however, broader acceptance of PBD interventions in the United States (US) to reduce spiralling healthcare costs and improve outcomes for patients with chronic disease. US Medicare now funds two PBD-based intensive cardiac rehabilitation programs that have demonstrated substantial cost savings compared to conventional medical care (Highmark, n.d.; Ornish, 1998; Silberman et al., 2010). More importantly, these programs were reported to have "effectively slowed or reversed progression of coronary heart disease and reduced the need

for coronary artery bypass grafts (CABG) and percutaneous interventions” (Gever, 2010, para. 2). Among private healthcare providers, Kaiser Permanente, one of the largest in the US (Kaiser Permanente, n.d.) advises that “physicians should consider recommending a plant-based diet to all their patients, especially those with high blood pressure, diabetes, cardiovascular disease, or obesity” (Tuso, Ismail, Ha, & Bartolotto, 2013, p. 61). In addition, other large private healthcare providers, including Lee Memorial in Florida and Midland Health in Texas, are implementing WFPBD initiatives throughout their organisations, including patient and staff cafeteria menus, diabetes education, employee wellness and community outreach programs (N. Campbell, personal communication, September 19, 2016; Macias, 2016; Nabulsi, 2016).

Despite the growing recognition of the health and economic benefits, PBDs are still far from “the new normal” dietary choice, as called for by Tuso et al. (2013), with numerous practical, cognitive, social and intrapersonal barriers inhibiting widespread adoption (Lea, Crawford, & Worsley, 2006; Lea & Worsley, 2003a) and maintenance (Asher et al., 2014) amongst the general population. There is growing interest in the potential of the Internet to help break down these barriers, with online interventions and support groups for help with diet and weight loss associated with healthier behaviours, including higher fruit and vegetable intake (McCully, Don, & Updegraff, 2013). Numerous online interventions have been assessed for their potential to promote dietary improvement, including purpose-built health portals (Lindsay, Bellaby, Smith, & Baker, 2008), email coaching (Jacobs et al., 2011), scheduled expert-led Internet chat-room sessions and bulletin board interaction with peers (Harvey-Berino, Pintauro, Buzzell, & Casey Gold, 2004). Peer-to-peer applications also show

potential, with evidence that member-run health-oriented virtual communities and online support groups can provide informational, emotional, esteem and social support to members (Urledge, 2014; Wong & Shoham, 2011).

### **The significance and scope of the study**

While PBDs can play an important role in addressing chronic disease, there is limited research on the uptake of such diets in Australasia. Lea and Worsley (2003a) and Lea et al. (2006) explored perceived barriers to the adoption of a PBD through surveys, while Morton et al. (2013), in one of the few PBD interventions conducted in Australia, found that a low-fat PBD significantly improved chronic disease risk factors after 30 days. In New Zealand, Wright et al. (2017) found that a 12 week low-fat WFPBD intervention delivered to overweight or obese patients with cardiometabolic risk factors or diagnoses, resulted in the greatest average weight loss over either a 6- or 12-month period of any published randomised controlled trial of an *ad libitum* diet with no mandatory exercise component.

However, qualitative studies on Australians who have adopted, or wish to adopt, whole food plant-based diets (WFPBD) for health reasons are particularly lacking, resulting in limited knowledge of the challenges they may experience. To address this gap in the literature, this qualitative netnographic study was conducted to provide deeper understandings of barriers to the adoption and maintenance of a WFPBD, and the role that a WFPBD-focused online community can play in supporting members to achieve and sustain health-promoting dietary change.

## **The purpose of the study**

The purpose of this study was to investigate the cognitive, intrapersonal, practical and social barriers that members of the Whole Food Plant-Based Aussies Facebook group experience in adopting and maintaining a WFPBD, and the strategies they use to overcome those barriers. A particular focus of the study was the role played by the group's provision of instrumental and expressive support in members' perceived ability to adhere to the diet.

## **Research questions**

1. What do members of the Whole Food Plant-Based Aussies Facebook group identify as the key barriers to, and enablers of, adopting and maintaining a WFPBD?
2. What strategies have members used to overcome these barriers to adoption and maintenance of a WFPBD?
3. What role has the Whole Food Plant-Based Aussies Facebook group played in overcoming identified barriers?
  - a. How does this compare to the role played by other social media platforms?

## Definitions of terms

1. Wholefood (or whole food) plant-based diet – a diet comprised primarily or entirely of plant-derived foods in their whole or minimally processed forms, including vegetables, fruits, whole grains, legumes, nuts and seeds; and avoiding or minimising heavily processed foods, animal products, and added salt, sugar and oil (Campbell & Jacobson, 2013).
2. Vegetarian diet – an eating pattern that excludes red meat, poultry and seafood (Radd & Marsh, 2012).
3. Vegan diet – an eating pattern that “excludes all animal products including meat, poultry, seafood, eggs and dairy foods” (Radd & Marsh, 2012, p. 41) and may also exclude other animal products such as honey.
4. Closed Facebook group – a page set up within Facebook to promote interaction between individuals (“members”) with a common interest; in a closed Facebook group, new members can join only by being added by existing members or approved by an administrator of the group, and posts cannot be viewed by non-members.
5. Online community: – “a group of people who share social interaction, social ties, and a common interactional format... [located in] ‘cyberspace’” (Kozinets, 2009, p. 10).
6. Netnography – a form of ethnography adapted to studying online interactions. Kozinets (2009) describes the five steps of ethnography as *research planning* (defining research questions and/or social sites to investigate), *entrée* (selection of and entry into the online community), *data collection* (engagement with the online community as a participant-observer), *data analysis* (iterative interpretation of findings), and *research*

*representation* (presenting and reporting research findings, while representing the community or culture) (p. 61).

## **Review of the literature**

### ***Introduction***

Limited interest from the public health community notwithstanding, “[a] whole foods, plant-based diet has the broadest range of support in the scientific literature” for its wide-ranging health benefits (T. M. Campbell & T.C. Campbell, 2012a, Authors' note, para. 2). As T. M. Campbell and T. C. Campbell document in their reviews of the epidemiological and intervention literature, a significant body of research indicates that a WFPBD can help prevent, treat and in some cases even reverse a diverse range of conditions including hypertension, hyperlipidemia, obesity, diabetes, coronary artery disease, gallstones, gastritis and peptic ulcers, gastroesophageal reflux disease, kidney stones, gout, mild cognitive impairment and Alzheimer’s disease, cataracts and macular degeneration, inflammatory bowel disease, rheumatoid arthritis and numerous types of cancer (2012a, 2012b). Given these well-established benefits of a WFPBD, the purpose of this literature review is not to provide further detailed discussion on the merits of such a diet, but instead to focus on the barriers to adoption and maintenance of this diet in Australia, and the role online communities may play in helping members overcome such barriers.

### ***Barriers to adoption***

The literature highlights a range of barriers to the adoption of a PBD. In the first Australian study to investigate this issue, Lea and Worsley (2003a) surveyed South



Australian adults on the perceived barriers to the consumption of a vegetarian diet. The most commonly expressed were: personal taste preference for meat and reluctance to change eating habits and routine; the belief that “humans are meant to eat meat” (p. 508); partner’s and/or family members’ refusal to change their meat-eating habits; lack of information on a vegetarian diet; limited options when eating out; and concerns about the nutritional adequacy and potential negative health effects of a vegetarian diet.

Lea and colleagues’ subsequent survey of 415 randomly selected Victorian adults (2006) substituted the term “plant-based diet” for “vegetarian diet”, defining the former as “an eating pattern dominated by fresh or minimally processed plant foods and decreased consumption of meat, eggs and dairy products” (p. 829). According to the authors, this construction of a plant-based diet is “likely to appeal to a larger proportion of the population than those attracted to vegetarian diets as they may include some meat”, conventionally considered the centrepiece of a Western meal (2006, p. 829). The primary perceived barrier to adoption amongst Lea et al.’s sample was “lack of information about plant-based diets” (2006, p. 831); notably, 62% of respondents expressed interest in overcoming this barrier by learning more about plant-based diets, primarily due to their perceived health benefits. However, the barriers to adoption of this comparatively liberal interpretation of a PBD may be substantially lower than those individuals face when attempting a WFPBD as it is usually defined: a stricter version of the diet which excludes all animal products (see Definitions of terms).

Lea and Worsley’s (2003a) and Lea and colleagues’ (2006) focus on lack of information as a principal barrier to adoption of a PBD was subsequently critiqued by Beverland (2014). According to Beverland, “choices around food reflect social

values that may have little to do with principles of nutrition” (p. 371) and are powerfully bound to individual and collective identity across dimensions of “class, race, gender, and culture” (p. 374). These sociocultural factors help to explain the information paradox previously identified by Nestle (1994). As Nestle noted, the public demand for nutritional information and awareness of the connection between nutritional practices and health outcomes have never been higher, yet unhealthy food choices continue to be the norm. In this context, social and cultural values attached to food may hinder adoption of a PBD, independent of how well informed an individual is of associated health benefits.

Nutrition misconceptions generated by marketers and the mass media (Lea & Worsley, 2001b) and, in some cases, perpetuated by the medical profession and government agencies – in particular, the conflation of “meat and high quality protein and milk and strong bones” (Beverland, 2014, p. 372) – are further barriers to adoption of a PBD. Social barriers include lack of support from social contacts, coping with restaurant outings and meat-centric traditional holiday meals (Beverland, 2014; Ruby, 2012); concerns about negative social perceptions from others (Lea & Worsley, 2001a); and attitudes of friends, family and peers (Ruby, 2012). Finally, low culinary skill level (Beverland, 2014; Lea & Worsley, 2001b); limited availability of plant-based substitutes for animal products (such as soy milk), and lack of time for meal preparation (Ruby, 2012) are practical barriers to adopting a PBD.

Presentation of a PBD as a therapeutic intervention in a clinical setting appears to markedly reduce barriers to adoption. Barnard, Scialli, Turner-McGrievy, and Lanou (2004) found no significant difference between the acceptability of an *ad libitum* low-fat vegan diet and a conventional low-fat diet

among overweight postmenopausal women, while Barnard et al. (2009) demonstrated that a low-fat, strictly PBD was comparable in adherence and acceptability to a conventional diabetes diet. Morton et al. (2013) also reported high acceptability of a low-fat PBD in a 30 day community-based intervention delivered in 18 sites throughout Australia and New Zealand. In addition, a recent study by Wright et al. (2017) found no difference in food enjoyment ratings between overweight and obese participants from a socioeconomically deprived region of New Zealand, who were randomised to either a low-fat WFPBD or regular diet. However, these interventions were relatively short-term, and as Morton et al. noted, “achieving long-term compliance to interventions that aim to improve patient outcomes over time is a challenge” (p. 51). The following section will discuss barriers to maintenance of a PBD, which may be just as significant as barriers to adoption.

### ***Barriers to maintenance***

Many people who adopt a PBD struggle to maintain long-term dietary change. For example, Asher’s (2014) online survey of over 1300 former and current vegetarians and vegans found that 84% of people who had adopted meat-free diets at some time, had subsequently abandoned them and returned to omnivorous eating patterns. A later qualitative study by Asher et al. (2015) identified dissatisfaction with plant-based foods, health concerns, social issues, inconvenience, cost and lack of motivation as the most frequently cited barriers to maintenance of a vegetarian or vegan diet. However, there may be significant differences in motivation for dietary change between people who self-identify as vegetarian or vegan, and those who adhere to a WFPBD. For example, Asher et al.

found the majority of people who identified as vegetarian or vegan nominated animal protection as a key motivator for their dietary choice (2014), while those who self-identify as wholefood plant-based eaters may be primarily motivated by personal health reasons.

As yet, there is very limited research on barriers specific to the adoption and maintenance of a WFPBD. Wright et al. (2017) provided an intensive WFPBD intervention comprising bi-weekly group sessions for 12 weeks. Sessions included nutrition presentations, cooking demonstrations and training in ordering WFPBD-compliant meals in restaurants and negotiating social situations involving food, and were clearly designed to address barriers to adoption and maintenance of the diet. At the completion of the program, “dietary indiscretions” (deviations from the prescribed diet) averaged only 1 every 3 days, compared to 26 every 3 days at baseline. At 6 months from baseline, dietary indiscretions had increased to 3 every 3 days, increasing again to 5 every 3 days at 12 months. While adherence to the low-fat WFPBD remained high in this group of overweight and obese individuals with cardiometabolic risk factors and/or diagnoses, it showed clear signs of reducing over time after the initial period of intensive education and support. Qualitative data on reasons for declining compliance were not gathered by Wright et al.

### ***Social support***

Social support, defined as “the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations” (Buchanan, 2011, p. 4), is a critical factor in overcoming barriers to adoption and maintenance of a PBD (Asher et al., 2015). For example, Lea and

Worsley's research revealed that, for men, the number of vegetarian friends was found to be the strongest predictor of low meat consumption (2001b). In earlier research, Jabs, Devine, and Sobal (1998) identified three mechanisms of social support gained from membership of face-to-face groups that may help individuals maintain a vegetarian diet: *instrumental support* such as sharing recipes, meals, shopping tips and advice for dealing with challenging situations; *expressive support* in the form of "provid[ing] an accepting and comfortable atmosphere" (p. 187) which facilitates emotional expression about challenges faced; and *social control* which enforces the social norms of the dietary subgroup. While the exchange of social support has historically relied on co-presence, the advent of the internet has provided new and innovative platforms through which to access and exchange social support. The following section explores this in more detail.

### ***Online communities***

Online communities may form around shared interests and/or circumstances, and offer a viable – and due to their convenience and relative anonymity, even preferable – alternative to in-person support groups (Barrera, Glasgow, McKay, Boles, & Feil, 2002; Bonniface, Green, & Swanson, 2006). Of particular importance to people adhering to atypical diets which may result in social isolation, community "is more easily found, chosen or started online" (Madara, 1998, p. 23). Online communities are ideal for the provision of instrumental support since, as Cummings, Heeks, and Huysman (2006) described, they often "come into existence when people with a common practice feel a need to share what they know and to learn from others" (p. 573). Successful online communities are also characterised

by provision of “social support, a sense of belonging, and intimate communication between a network of individuals” (Bonniface et al., 2006, p. 92).

In practice, the provision of instrumental and emotional support is profoundly interconnected in online communities (Bonniface & Green, 2007). While early concerns were expressed that online communication lacked sufficient communication cues for meaningful support to be exchanged, Barrera et al. (2002) found the perception of available support increased dramatically after a relatively brief period of participation in an online support community for diabetics who were novice Internet users. Harvey-Berino et al. (2004) compared different types of Internet support ((a) bi-weekly email contact with group therapist for review of subjects’ self-reported weight, diet and exercise diaries, alternating with bi-weekly brief therapist-initiated email contact; (b) therapist-led Internet group chat sessions focused on trouble-shooting difficulties with maintaining eating and exercise behaviours; and (c) a moderated email discussion group) with intensive in-person support (bi-weekly group meetings incorporating weigh-ins and discussions facilitated by a group therapist, phone calls from the group therapist on alternate weeks, and peer-initiated phone and in-person group contact) for facilitating adherence to a weight loss program. They found “no significant differences in perceived group support or therapeutic alliance” between the two conditions (p. 326).

## ***Conclusion***

The literature identifies a range of personal, social and informational barriers to adoption and maintenance of vegetarian and vegan diets. The applicability of these barriers to a WFPBD is uncertain, as there is a paucity of research on this subject. Online communities have proven effective in providing both instrumental and expressive support to enable members to meet an array of challenges, but again, there is a dearth of research on communities specific to WFPBD, particularly in the Australian context.

## Chapter 2: Research design

### *Theoretical framework*

The theoretical perspective underlying this qualitative study is interpretivism, which aims to provide “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p. 67). This perspective was selected as the most appropriate approach to researching participants’ *perceptions* of barriers to and enablers of adherence to a WFPBD. The activity central to interpretivism is gaining “Verstehen (understanding in German) as that applies to the subjective meanings that people give to their actions” (Powers & Knapp, 2010, p. 92). Interpretivism is informed by a constructionist epistemology, in which knowledge and meaning are posited to “come... into existence in and out of our engagement with the realities in our world” as opposed to there being an “objective truth waiting for us to discover it” (Crotty, 1998, p. 8).

Given this research was concerned with understanding factors influencing dietary behaviour change, a number of behaviour change theories were considered to guide the research design, including the Transtheoretical Model (Prochaska, Redding, & Evers, 2008) and the Health Belief Model (Champion & Sugg Skinner, 2008). Kurt Lewin’s model was determined to be the most relevant, as it most accurately captures the process of change experienced by participants in this study. Lewin, a German-American psychologist, proposed a three step model of successful behaviour change, comprising ‘unfreezing’ present behaviour, ‘movement’ to a new pattern of behaviour, and ‘freezing’ once again as the adopted behaviour pattern becomes the new normal (1947/1997). Beverland (2014) applied Lewin’s three step behaviour change model to frame the process of



mainstreaming, or promoting widespread diffusion of, PBDs in developed economies from a macromarketing perspective:

First, individuals needed to be given a “reason to believe” (unfreeze). That is, they need to understand the assumptions underpinning previous practices are no longer effective and realize it is in their best interests to confront and challenge them. However, although important, without the necessary tools to manage a new social reality, individuals quickly slip back into old habits and practices. Thus, to move consumers from one diet to the next, new tools are required. Lasting change then occurs when such practices are sustained (or frozen again as taken-for-granted assumptions).  
(p. 378)

Lewin’s model, although intended to be applied to ‘top-down’ change processes such as government policies, or culture change initiated by the management sector within organisations, also has relevance to the ‘bottom-up’ change which the Whole Food Plant-Based Aussies Facebook group is intended to support. It is also relevant to explain change processes that are initiated by individuals on their own behalf as opposed to being imposed on them by external authorities.

Rimer (2008) acknowledged the intellectual debt owed by most contemporary theories of health behaviour to Lewin: “theories that focus on barriers and facilitators to behavior change and those that posit the existence of stages are rooted in the Lewinian tradition.” (p. 42). Furthermore, cognitive theories developed by Lewin inform the value-expectancy concepts that underpin

contemporary theories, namely “that individuals (1) value avoiding illnesses/getting well and (2) expect that a specific health action may prevent (or ameliorate) illness” (Champion & Sugg Skinner, 2008, p. 46).

My decision to utilise Lewin’s three-step change model as the theoretical framework for analysis, instead of the more commonly used Health Belief Model (Becker, 1974; Champion & Sugg Skinner, 2008) or Transtheoretical Model (Prochaska et al., 2008), was primarily influenced by the element of emotional catharsis that Lewin suggests is frequently necessary to precipitate unfreezing. This catharsis correlated with the ‘conversion experience’ reported by many of the participants in this study, who made an extremely rapid change (in several cases, literally overnight) to a WFPBD after being exposed to a single information source such as the book *The China Study* (T. C. Campbell & T.M. Campbell, 2006) or the documentary *Forks Over Knives* (Fulkerson, 2011). Similarly, in their qualitative study of British vegetarians and vegans, Beardsworth and Keil (1991) also noted that cathartic catalysis was frequently reported. Significantly, however; this key element of the process of adopting a PBD is absent from the more widely-used models.

The Health Beliefs Model (HBM)’s core concepts – perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy – frame individuals’ health choices in purely cognitive terms. Furthermore, the HBM was developed to explain and predict individuals’ behaviour in relation to making particular health-related choices, such as whether to undergo a screening test, receive a vaccine, or quit smoking, and to equip healthcare providers with a set of tools and strategies to influence these choices (Champion & Sugg Skinner, 2008). The stages of change construct within the Transtheoretical Model (TTM)

implies a gradual progression toward readiness to change a health-related habit or practice; an individual is said to be in the Contemplation stage if he or she “intends to take action within the next 6 months”, progressing to the Preparation stage if he or she “intends to take action within the next 30 days and has taken some behavioral steps in this direction” (Prochaska et al., 2008, p. 98). Absent from both these cognitively-oriented formulations is the sense of sudden paradigm shift expressed in statements made by multiple participants in the present study – both those with existing health problems, and those who were in good health and did not consider themselves at elevated risk of serious disease – when describing their response to the media that had prompted their ‘conversion’ to a WFPBD. This was exemplified by Isla, who explained: “It all made so much sense. We're like, 'That's it, we've just got to.'”

This paradigm shift frequently incorporated a reorientation of participants’ perceptions of their relationship with authority figures, as the information that prompted them to adopt a WFPBD contradicted that issued by health and medical professionals and mainstream media sources. Again, ‘unfreezing’ carries a potential implication of disengagement from the prevailing worldview, which captures a sense of radical reorientation more aptly than the HBM and TTM’s formulation of a set of interventions applied to individuals ‘from the top’.

### ***Methodology***

The methodology employed in this study is netnography, a form of ethnography adapted to studying online interactions. As defined by Kozinets (2009, p. 74), netnography is a “*participative approach* to the study of online culture and communities [emphasis in original].” Netnographers seek to gain a meaning-

focused understanding of the online cultural group by observing and participating in the group's social interactions, describing the lived experience of online social life, and applying an interpretive framework to their observations of these interactions and experiences (Kozinets, 2009).

Netnography incorporates an eclectic range of research practices geared toward collecting archival data (e.g. posts on a Facebook group's wall), co-creating data (e.g. interacting with group members online and using video conferencing technology) and producing data (e.g. creating reflexive fieldnotes on my experiences with the group) (Kozinets, 2015). This positioned netnography as the most appropriate methodology to investigate the culture of an online support group and the role that it plays in facilitating members' transition and adherence to a WFPBD.

### ***Participants and recruitment***

Participants were recruited through the closed Facebook group 'Whole Food Plant-Based Aussies'. As the Group Description notes,

This group is for Australians interested in whole food plant-based (WFPB) nutrition. Our focus is on eating a low-fat whole foods plant-based diet for health and our aim is to support others who are following or wish to follow this way of eating. ("Description," n.d.)

Whole Food Plant-Based Aussies Facebook group currently has over 7600 members, and exhibits high engagement with an average of 8 to 10 new posts each

day on the group's discussion board, and multiple comments on each post. Having been an active member of this group for over three years, regularly posting and/or commenting on other members' posts, I was well-placed to carry out participant-observation, with minimal risk that my presence would disturb the group's dynamics. In addition, I had already established a reputation amongst members for posting helpful content and commenting constructively on other members' posts, including answering questions that lie within my field of expertise as a health practitioner – I have a degree in health science, majoring in nutrition. This further established the trust required for members to respond to my research-related posts.

### ***Data collection***

Ethics approval was gained from Edith Cowan University Human Research Ethics Committee, and permission was gained from the group's administrators, to utilise three forms of data collection:

#### *1. Member-generated content*

Posts on the group's wall were manually searched for content that related to the research questions. All members who created or commented on analysed posts were contacted for permission to use their words and/or images in data analysis. Pseudonyms were used to protect posters' identities.

#### *2. Research-specific posts*

A separate post was created for each of the research questions detailed in Appendix B. Each post briefly explained the purpose of the research, and contained a link directing members to read the participant information document contained

in Appendix A, which was hosted on a dedicated web page (<http://wfpbanetnography.org/>), before responding to the post (Gifkins & Suttor, 2013). Questions were posted one week apart to allow sufficient time for an online conversation about the topic to develop (to which I contributed by commenting on responses and attempting to draw out further insights), and to minimise the risk of member disengagement. Replying to the post was taken as implied consent to participate in the project which meant that pseudonymised responses could be included in data analysis.

### *3. Interviews*

Employing a combination sampling strategy (Creswell, 2013), ten group members – representing roughly equal numbers of regularly active members, occasional posters and lurkers – were invited to participate in a semi-structured interview conducted via the video conferencing platform Zoom. Of these ten participants, five were invited via Facebook instant messaging to participate in interviews because they had posted on topics relevant to the research questions. The remaining five responded to a post which invited group members to be interviewed for the project. Facebook profiles of potential interviewees were checked to exclude people under the age of 18. Eight females and two males were interviewed. The interview schedule (Appendix D) was informed by the findings from data collection methods 1. and 2. An informed consent document (Appendix C) was sent to interviewees using Facebook’s instant messaging application, and signed copies were returned by participants before the interview took place.

These three data sources are denoted throughout the remainder of the thesis via the following icons: interview transcripts, which were video and audio

recorded and fully transcribed (🎙️); discussion board content (💻); and private messages or emails (✉️).

Data collection via methods 1. and 2. ran from January 2017 to the end of August 2017, while interviews were conducted between March and May 2017.

### ***Data analysis***

NVivo for Windows (version 11, QSR International) was used to facilitate coding and analysis of relevant member-generated posts and responses to research-specific posts; these were imported into NVivo during data collection using the NCapture function. Interviews were video and audio recorded using Zoom's built-in recording function, and were machine-transcribed using Dragonspeak and subsequently manually corrected for coding and analysis within NVivo.

Following the approach to netnographic analysis described by Kozinets (2009) and the inductive analysis process outlined by Percy, Kostere, and Kostere (2015), initial coding focused on labelling data as examples of barriers and enablers to adoption and maintenance of a WFPBD. Additional codes were developed to represent themes (repeated patterns of meaning) emerging from the data analysis.

### ***Validation***

As recommended by Creswell (2013), numerous validation strategies were employed, including prolonged engagement with the online community, triangulation through seeking multiple sources of evidence to explore and document themes (as described above in the section on data collection), peer

review and debriefing with supervisors, and carrying out negative case analysis on data that disconfirmed themes (described in the discussion of themes, in Chapter 3). Finally, member checking was carried out, as described in Chapter 4 – Limitations, as it was considered particularly relevant for establishing rigour in this netnographic research design.



## Chapter 3: Findings and Interpretation

Lewin's 3-step change model provides a useful conceptual map for interpreting participants' journeys from conventional omnivorous eating habits to adoption of and adherence to a WFPBD. Themes that emerged from data analysis, and were relevant to the research questions, clustered into the 3 stages of the model – Unfreeze, Movement and Freeze – and have been grouped accordingly for discussion.

### Part 1: Unfreeze

Lewin (1947/1997) characterised the 'unfreeze' stage as a preparatory stage, in which individuals become aware of the need to change, and ready themselves to move from their "quasi-stationary equilibrium" (p. 334), a state that might be described in more modern parlance as a 'comfort zone'. Lewin, who developed the model with top-down interventions in mind, such as public health campaigns and management-driven changes in workplace culture or practices, emphasised the utility of creating a desire for change, and not merely an acceptance of change as a necessity. He developed the concept of Force Field Analysis to characterise the relative impact and interaction of each of the barriers to and enablers of change. According to Lewin,

Driving forces – corresponding, for instance, to ambition, goals, needs, or fears – are "forces toward" something or "forces away from" something. They tend to bring about locomotion or changes. A "restraining force" ... opposes driving forces. (Lewin, 1947/1997, pp. 322-323)

If, Lewin posited, driving forces exceed restraining forces, a shift in the quasi-stationary equilibrium will occur. While the unfreezing of participants in the current study was initiated by spontaneously-occurring experiences rather than as part of a planned change process, the dynamics nevertheless correlate well with Lewin's formulation.

### ***Themes***

In the next section, I elaborate on participants' experiences of unfreezing, compare them to traditional models of health behaviour decision-making and change, and discuss the intrapersonal factors that appeared to facilitate these experiences.

### **The road to Damascus**

As Lewin pointed out, making dietary changes requires breaking deeply entrenched social habits and customs: "to overcome this inner resistance [to change] an additional force seems to be required, a force sufficient to 'break the habit,' to 'unfreeze' the custom" (1947/1997, p. 327). Most members of the Wholefood Plant-Based Aussies Facebook group who responded to research-specific posts or participated in interviews recounted a 'conversion experience' – a dramatic cognitive shift in their beliefs about what they should be eating – which precipitated unfreezing them from their established dietary habits. For roughly half the participants, this conversion experience was health-related; for the remainder, it was precipitated by learning about the impact of animal agriculture on animal welfare and/or the environment. The catalyst for both categories of unfreeze experience was most frequently reported to be watching a documentary or reading a book. In the case of health-related conversion experiences, *Forks Over*

*Knives* (Fulkerson, 2011) and *The China Study* (T. C. Campbell & T.M. Campbell, 2006) were respectively the most frequently cited. Teresa's comment was typical: "This change first came from reading *The China Study*. I was an overnight adopter!" (☒). Faith described her unfreezing experience in similar terms: "In 2011 my husband heard about the book 'The China Study', which sounded fascinating, so I bought it and read it. The findings were so compelling that we moved towards a predominantly WFPB diet shortly thereafter" (☒). For Mary, blind from birth in one eye and developing a cataract in the other eye, and fearful of becoming a burden on her new husband, several incidents followed hard on each other's heels, precipitating a rapid and complete unfreeze. She wrote:

My sister some years ago was reading what she called a "life changing" book, so I started reading it: and couldnt put it down..ie: "The China Study." and i was just gobsmacked!... Then did 2 more things: watched "Forks Over Knives" and then my sister smsd me and said 'Read this book: "Whitewash"..cos Dairy has been implicated in cataracts': I read it: and literally went cold turkey overnite: quit all dairy... [and then] Weaned myself off eggs, and the tiny bit of fish and red meat I had enjoyed. (☒)

Evelyn shared, "I watched *Forks Over Knives*, and it changed my life" (☒). Likewise, for Isla, the 'moment' of unfreezing could be narrowed down to one particular day when she and her husband eliminated all animal products from their diet after watching *Forks Over Knives*:

Isla: We started [eating a plant-based diet] on the 17th of October last year.

Robyn: Oh, you remember the date?

Isla: Yeah, that's the date we watched *Forks Over Knives*. (👉)

Elle's first diet-related unfreeze experience occurred when she turned vegetarian for ethical reasons at the age of 17: "I saw a film [*The Animals Film*, narrated by Julie Christie] and cried for three hours and said 'Well that's it, I'm not doing that [eating meat] ever again'" (👉). Evan had two Road to Damascus moments in quick succession, each precipitated by watching a documentary:

The first thing I ever watched was *Cowspiracy*... and that just kind of blew my mind a little bit... [I] cut out beef, gone, straight away. [Then I] watched *Earthlings*, cut out all forms of flesh straight away, flesh was gone, that was it, instantly... dairy's gone as well... dairy's gone straight away when I knew the truth about that. (👉)

For Ben, the conversion experience was triggered by his daughter's sudden insight into the origins of a food she habitually ate:

She was about three years old... [she and her mother] were standing in Coles [and her mother] said "Shall we go and get some fish for dinner?" and Marianne said "But Mummy, why are those fish dead?" and she turned around and Mummy said

“Well that’s so we can eat them.” And so then she looks around, three seconds later she burst out in tears and said “Mummy, Mummy, I don’t want to eat fish anymore.” This is in the middle of Coles, so she made that link between the little white pieces of meat and the things with eyes and tails. (👁️)

In contrast to the rational weighing of risks and benefits posited by the HBM (Champion & Sugg Skinner, 2008), and the TTM concept of “behavior change unfold[ing] through a series of stages” proposed by Prochaska et al. (2008, p. 98), participants’ unfreezing experiences almost universally involved a rapid and dramatic cognitive shift. This dynamic is reminiscent of the kenshō or satori of the Zen tradition: a sudden experience of enlightenment or awakening to the true nature of things (Suzuki, 1994). Evan explicitly referred to enlightenment when describing his ‘awakening’: “Yes, that’s the enlightenment, that’s the sudden ‘Wow, it’s all come together’” (👁️). A similar notion of sudden awakening was conveyed in Jelena’s comment: “The first book that I actually came across where I just went, you know, I had my aha moment was *The China Study* and once I read that, there was no way of going back” (👁️). “It all just made sense” was another common refrain from participants attempting to convey the essence of the moment in which their previous understanding of what constituted a healthy, or even a normal, diet was abruptly turned on its head. Elle related listening to the book *Eat to Live*: “I listened to that on an audio, on Audible, while I was running, and suddenly thought ‘This all just makes such sense, it just makes such sense’” (👁️). After watching *Forks Over Knives* with her husband, Isla recounted,

We talked about it that night and we're like, "That's it", you know, it all makes sense from other stuff we read over the years, it all made so much sense. We're like, "That's it, we've just got to, you know." (👉)

For participants, these conversion experiences did not simply motivate them to change their eating habits; they appeared to trigger a complete paradigm shift in how they viewed their relationship with food, their health, and the wider society. Beliefs that they had implicitly subscribed to were challenged, and the values by which they oriented their lives seemed to be fundamentally reshaped.

Olivia was in the middle of a Bachelor of Science degree majoring in sustainable agriculture and food security, when a vegan friend shared information with her on the environmental impacts of animal agriculture. She vividly expressed the sense of rupture with her previous life that this revelation induced: "Then I went vegan, you know, so it flipped my world upside down, like everything I've ever thought and believed, in the last eight years has been turned absolutely on its head and has its butt hanging out now" (👉). Similarly, Evan described how his worldview had been altered by the insights he had gained about the food system he had previously never questioned, and the emotions this revelation triggered:

It kind of blew my mind... I still feel angry. Relieved as well – I can see through it now, and it changes the way I interact with everything now; I doubt everything, and try to check it out. [I am now] sceptical, very sceptical. (👉)

Another participant, Queenie, did not anticipate the profound shift that a chance finding in a bookstore would have on her life:

I considered that I was eating healthfully, but in January 2008 when browsing in a bookshop I came across Peter Singer's book "The ethics of what we eat". I said to my partner 'I think this will change how we eat', thinking we would shift to more organic food. However, surprisingly it shifted me pretty much straight away to a vegetarian lifestyle. I contacted Maureen at the Vegetarian/Vegan Assoc of Queensland who suggested I read the China Study. It was not long, only a few months before I also ditched the cheese and dairy and chose a vegan lifestyle. (📖)

Subsequently, another book by the lead author of *The China Study*, *Whole* (Campbell & Jacobson, 2013) catalysed a further conversion experience for Queenie, this time to a WFPBD: "'Whole' put it all together for me" (📖).

Unlike the majority of participants, whose initial unfreeze experience was centred on either health, environmental or ethical concerns, Tamara's 'enlightenment' to all three issues was simultaneously triggered by the book *Skinny Bitch* (Freedman & Barnouin, 2005):

I read skinny bitch & was shocked by 3 big factors - environmental, animal treatment, health. I always considered myself to be someone who cared about the environment, including saving water by reducing shower time, riding my

bike, using cloth nappies etc, no one ever told me that animal agriculture was impacting our environment so much. Also I had always called myself an animal lover but never stopped to think that wasn't fair then to continue consuming them. And the health implications just totally blew my mind. (📖)


These conversion experiences call to mind the “catharsis” that Lewin described as frequently “necessary... to break open the shell of complacency and self-righteousness” and catalyse unfreezing (1947/1997, p. 330). However, they contrast with the more gradual evolution in attitude and readiness to change posited by the TTM’s stages of change construct (Prochaska et al., 2008). Applying Lewin’s Force Field Analysis (1947/1997), the driving force of sudden revelation of previously hidden knowledge or understanding was sufficient in each case to neutralise the restraining forces favouring inertia. As identified by Lea et al. (2006), these restraining forces include attachment to former eating habits or routines, inconvenience, lack of knowledge of how to prepare plant-based foods, and fear of negative judgments from others.

### **Questioning authority**

For participants who were grappling with health problems, the conversion experiences precipitated by encountering WFPBD books and documentaries also involved development or restoration of an internal locus of control in relation to their health, which was woven together with a tendency to question medical and nutritional authority figures. For these participants, their conversion had also been



prompted by disillusionment with the poor results they had gained from following nutrition and health advice issued by orthodox health authorities such as doctors, dietitians and health associations. Bella's story exemplifies this phenomenon:

About 10 years ago - late 40s- I had angina while recovering from shingles. My Dr advised me I was obese and needed to eat less and lower my fat intake as well as exercise more to lose weight. For 2 years I followed a diet plan I found, put out by the American Heart Association, figuring they would know best. I didn't lose weight, my BP continued to rise as did my cholesterol and the angina still happened occasionally. My daughter was vegan and I wondered if that would help. Finally I googled heart healthy diet and found Dr John McDougall's free 12 day online programme. Although I was anxious about ditching animal products, my daughters health and confident example reassured me. So followed that initial 12 days and immediately resolved the reflux and constipation that had bothered me for years. The weight kept falling off and I actually felt like exercising so I joined a boot camp at the gym. In the first 6 months though I lost 10kg without exercise and was amazed. I kept researching and reading about nutrition - (The Starch Solution and all the resources on the McDougall page plus the online Certificate in Plant Based Nutrition.) ()

Isla also expressed dismay with conventional medical advice: “nobody even asked me about my diet, even though I was clinically obese and asthmatic and...

had the terrible joint pain” (👉). She had endured severe allergies and asthma since early childhood, and an ongoing battle with her weight since her first pregnancy. In addition, her son projectile vomited and screamed in apparent pain every time she breastfed him, or fed him standard cow’s milk-based formula. Since her own brother had been allergic to cow’s milk in childhood, Isla wondered whether her son’s symptoms were due to dairy intolerance. As Isla explained, her doctor dismissed her concerns: “I went to see a GP and I asked him about it and [he said] 'Oh no, you know, it doesn't really go through the breast milk' and, 'I don't think it's that'.” However, when Isla switched her son to rice-based formula, she reported he fed without any symptoms for the first time in his life: “It was like a different baby” (👉). Isla had initially resisted eliminating dairy products from her own diet: “I thought, no I could never, ever go off dairy, like to me, like there's no possible way to avoid dairy, especially not being gluten intolerant, I just thought it was absolutely impossible” (👉). However, her son continued to vomit and scream after each breastfeed, until she was prompted by a Facebook friend to trial a dairy-free diet. She reported that not only did her own allergies rapidly resolve, she also witnessed a dramatic change in her infant son’s behaviour:

He smiled for the first time at about 10 weeks old, when I'd been off dairy for about 3 weeks; before that he wasn't really making eye contact, and he didn't smile at all, and [after eliminating dairy foods] he just started being happy. (👉)

Fortified by these positive outcomes, Isla elected to disregard her GP’s advice to send her toddler to a paediatrician for assessment of his behaviour problems. Instead, she experimented with his diet:

So anyway I ignored that, and took him off gluten, and within two weeks he stopped having the massive, like beyond tantrums, they were, I'd have to lie on him to stop him hurting himself; the complete meltdowns, the autistic, ritualistic behaviours that he had developed; it's all stopped, pretty much. (👊)

Isla's experience prompted her to take personal responsibility for educating herself about diet, particularly given that, as she undertook her own learning journey, she discovered that few doctors have any formal training in nutrition:

I guess it's made me realise that actually I have to be a lot more responsible for looking into it. Um, I can't just trust that, like you know, I was a teacher and we taught... the whole food pyramid and the Dietary Guidelines, and you know, "Design a healthy meal plan" and all this, and I look back and think "Ergh!" But you just regurgitate what you're told is fact. And I guess I've realised that doctors do exactly the same thing, because unless they have a particular interest in... that area they're not going to look any further than "Oh look, there's that big page ad on eggs in the physician's magazine, it's in there, therefore it's credible, therefore I'll read the general point and oh that's great, I'll take that in." And that's as far as it's going to go, and I guess, yeah, it's made me really think about that. (👊)

Another participant, Jelena, had suffered endometriosis for “15 to 20 years with terrible, terrible monthly cycles and terrible pain” (👁️) and had also “gone through an IVF treatment that failed” (👁️). She had become frustrated with the focus of medicine on “dealing with the consequences rather than the cause” (👁️). This quest led her to read *The China Study* and adopt a WFPBD; subsequently, she was able to achieve pregnancy.

Other participants perceived active resistance from their doctors and the medical establishment more broadly. For example, Bella commented: “the GP's I've seen have actively advised against this WOE [way of eating] expressing concerns about 'weakness', fainting and poor nutrition!!!” (📄). However, as she explained, her dramatic and sustained weight loss, and improved biomarkers, had forced her doctors to soften their position: “They've begrudgingly accepted the positive results as time went on” (📄).

After a series of health crises with his daughter that shook his faith in the nutritional competence of medical and health professionals, Ben not only converted to a vegan diet himself, but also converted his vegetarian café to vegan. He jokingly commented:

We've had customers in the café with multiple sclerosis, lupus, gallbladder disease, fatty liver disease, cancer... ischaemic heart disease, people with stents that are better... that have no further cholesterol growth and inflammation and so forth. And they have beaten those diseases against their doctor's advice.

(👁️)

Quentin expressed his frustration with the medical advice he had received much more vehemently:

I was told to lower my cholesterol after open heart surgery for a mitral valve problem. I was convinced there had to be a dietary solution to this. Next a person at the gym sent me a link from Dr Esselstyn. That not only answered my question on how to lower cholesterol but also showed me reversals of atherosclerosis and diabetes-2. Also blood pressure came down to normal levels. None of these things my cardiologist could tell me despite charging \$270 for 15 minutes. What a rip off!!! Is that what being a specialist is about? (☒)

Quentin described himself as having been a “follower” of mainstream opinion on diet and health prior to this experience of disillusionment with his cardiologist. His conversion was catalysed by his loss of faith:

In the end I think for me it was doing my own research after becoming very suspicious of the state of health in the western world (including my own). Making up my own mind rather than following what everybody else does as I did not feel that following made sense anymore. Hence what fired me on was THE VISION THAT WESTERN MEDICINE HAD ISSUES, what kept me going was STUBBORNESS (as a simple quick way of describing). (☒)

Quentin also referred to the seminal work of Turner (2014) on the characteristics and behaviour of people who had survived terminal cancer diagnoses, relating this to his own willingness to question authority and seek alternative sources of nutrition advice:

Kelly Turner (Radical Remission) also found that people that survived cancer had this stubborn streak in them, they guided themselves rather than being guided by what the herd does. Not that they completely ignored doctors etc. but they decided to evaluate for themselves. (☒)

For Olivia, whose initial conversion to a vegan diet led her to abandon a promising career as a research scientist to establish a vegan catering company, an even more dramatic upheaval occurred just over 3 years later. Her youngest son was diagnosed with autism, which she came to attribute to adverse reactions to vaccines, despite describing herself as having been “a pro-vax person” (👊) prior to this. Olivia redeployed her skills as a researcher to try to solve her son’s medical and behaviour problems:

I just once again dove down the rabbit hole and so then I became aware of so many different things and that's what set me on the whole food plant-based [path]... without knowing at the time, that [autism diagnosis] set us on a journey that we've been on the last four years... I think it's the only bigger journey we've had other than veganism, and I thought veganism was a huge one. (👊)

For these participants, the perception that conventional medical and dietary advice had let them down, or that they had not been given crucial information that would help them manage their own and their family's health, acted as a significant driving force for dietary change. It caused them to question the extent of their doctors' expertise, and expanded their perceptions of their own agency in regards to their health, which in turn encouraged them to take responsibility for educating themselves about nutrition.

### **The right stuff**

Participants attributed their capacity to make radical dietary changes in spite of knowing that doing so would bring them into conflict with others, to various personal characteristics. Chief among these were a strong commitment to personal integrity, capacity for self-reflection, and tolerance for the discomfort of change. A particularly powerful enabler of unfreezing was the willingness to confront cognitive dissonance – the psychological discomfort experienced when people become aware they are performing an action that contradicts their personal beliefs and values, or when exposed to new information that contradicts those beliefs and values (Festinger, 1962). Participants tended to resolve this discomfort by bringing their behaviour into alignment with newly-acquired knowledge or principles, rather than dismissing uncomfortable cognitions to reduce dissonance. This dynamic is reflected in Louise's post: "My own integrity and determination is very strong. I knew I was living true to my soul and I'm not prepared to compromise that for anyone!" (📄). After watching *Forks Over Knives* for the first time, Isla recalled noticing herself thinking "Oh, I'm not sure I want to know all that 'cause I don't think I want to change all my diet" (👤). Nonetheless, she deliberately

chose to watch it again with her husband, hoping that recruiting his support for making the transition would help her dissolve her own resistance to change. Elle's decision to watch *The Animals Film* seemed to have been calculated to intensify her cognitive dissonance to the point that it would force a change in her behaviour. As she recounted:

I think I watched it on purpose because I was already thinking that way, and I had a couple of friends at school who had gone vegetarian and so I thought I agreed with them in principle, but I needed some ammunition, so I made myself watch it. (👍)

Dakota's comment highlights the high level of self-reflection that typified participants:

I'm a fairly aware person... and I have watched myself on more than one occasion, you know, notice the thought or feeling, or both, whatever it is, where I, in my head, heard myself say "I won't read that" or "I won't watch that". Purposely say that. But luckily for me I go, "Okay, hang on a minute, you have to," because I just sort of think... there is nothing wrong with questioning a belief, and if you're too scared to question it, that maybe might tell you something. (👍)

Confronting their deeply-entrenched nutritional beliefs and habitual dietary practices stirred up more than internal conflict. External conflict arose too,



since adopting a WFPBD inevitably meant departing from dietary practices they had grown up with in their family, which in turn reflected the broader culture into which they had been socialised. As Jelena commented:

[Previously] I was totally eating what [my parents] taught me to eat, whereas now I'm questioning what I'm eating and there is a difference which means you can be taught, if you're willing to. There is potentially a better way. (👍)

In common with many other participants, Jelena experienced frustration with family members who – unlike her – seemed incapable of departing from their habitual diet. Although her father (who suffered from hypertension and pre-diabetes and was “on every medication you can think of” [👍]) believed her dietary change had benefited her, and had told her that he thought it “makes sense”, Jelena lamented that for him, it was “the mountain too high to climb” (👍). It seemed that the discomfort of changing his diet was too great an obstacle for him to embrace his daughter’s new way of life, although he apparently knew that he stood to benefit significantly from so doing.

Evan’s commitment to living in alignment with his ethical principles was simply not negotiable:

So when I found out the truth and watched *Earthlings* and similar shows like that, the ethical stance was the strongest of the lot. That was the one that didn't matter, nothing would change from that point, I knew that. Nothing could change.

Even if [the change in diet] was unhealthy for me, the ethics was stronger than anything. (👤)

Evan's profound sense of commitment to living an ethical life prompted regret that he had not sought out the information that triggered his conversion experience sooner: "And that's why I think I'm a little bit ashamed, because I consider myself reasonably intelligent, a critical thinker. How did I go 40 years doing that [eating animal products without questioning it]? How?" (👤). For Evan, the only viable method for reducing cognitive dissonance was to change his behaviour as soon as he encountered new information that indicated it violated his ethical principles. His response to learning about the environmental and ethical impact of animal agriculture through watching *Cowspiracy* and *Earthlings* was to immediately eliminate all forms of flesh food and dairy products from his diet. He continued to eat eggs for a while after going to considerable lengths to source free range eggs from a small-scale farmer. However, once he discovered that the killing of male chicks at birth was still an unavoidable aspect of egg production, he was confronted with another ethical dilemma which, for him, had only one solution:

I thought,... at every stage of the way I'm trying to justify these things, but at every stage of the way it becomes glaringly obvious that you can't, you know, you can't do it. It was really weird how that developed. So, and then eggs... went. (👤)

Odelia's experience, however, contrasted markedly with other participants' stories of rapid conversion. Unlike Evan, whose dissonance reduction strategy was

to immediately change his behaviour, Odelia struggled with protracted cognitive dissonance. After her father barely survived a heart attack, she recounted,

I decided I was going to try and find out if there was a way to minimise the chance that I would ever have to put my family through all that stress and heartache. Back then I used to visit the website [nomeatathlete.com](http://nomeatathlete.com) quite often. I think I first heard about Rich Roll there and started listening to his podcast. From there I went to Engine 2, Forks Over Knives and all the others. However, at first I didn't change my diet at all because it sounded very extreme. I considered myself a sophisticated foodie. I loved oysters and stinky French cheese. Besides, my husband liked to cook three course dinners on Saturdays. He wouldn't be happy if I stopped eating his seafood, steaks and home made cakes. (☒)

However, despite her initial reluctance to change, Odelia continued reading about WFPB nutrition, and eventually decided to redefine her relationship with food, rather than dismissing information that contradicted her 'foodie' self-identity: "The more I read, the more I became convinced that this was what I had to do if I wanted to be healthy longterm. I really had to change the way I thought about myself" (☒).

Odelia's experience is highly congruent with the predictions of the Health Beliefs Model. She gradually reached a point of willingness to change as a result of perceived susceptibility (interpretation of her father's near-fatal heart attack as an

indicator of her own risk) and perceived severity (fear of putting her family through trauma). A growing sense of perceived benefits (conviction that changing her way of eating would reduce her risk) eventually reduced the perceived barriers to change (challenges to personal taste preferences, identity and relationships) sufficiently for her to make initial steps toward altering her diet.

Several participants perceived an inverse relationship between the need for social acceptance and the capacity to change one's way of eating. Quentin wrote:

All people are fashion seekers and tend to seek feeling good about themselves by what others say and think about them. However, some seek other's opinions about them to a bigger degree, others again to a lesser degree. It is our desire to fit in, to be similar to the rest, that makes a plant based diet harder.

(☒)

In a more self-reflective vein, Dakota mused:

I think too that the older I've got, I've realised that... I'm a bit of a loner anyway. I always thought there was something wrong with me, I think. I always thought that "Ooh, why don't I have lots of friends and why don't I really want to knock around with people?" But especially in the last few years, I've sort of just gone, "I just like my own space." I still love being with other people and I have a really large base of people that I know, but I just like being by myself... whereas if some people really do need friends, or they really need that companionship

then they definitely would struggle with that [making non-normative dietary choices]. (P4)

Dakota also perceived that her previous experience of having “suffered a lot of ostracism... by not vaccinating our youngest child” (P4) had helped prepare her to withstand the social opprobrium she encountered when she adopted a WFPBD: “That [decision not to vaccinate] was a real struggle and a very similar sort of struggle, I think, too, at just noticing the strength of [other people’s] reactions in that choice of not being in the crowd” (P4).

The ability to tolerate the psychological discomfort inherent in uprooting entrenched behaviour patterns, examining and challenging previously-unquestioned belief systems, and ‘leaving the tribe’, buttressed participants’ capacity for making radical dietary changes. In fact, each participant appeared to reach a point at which the discomfort of behaving in a manner inconsistent with their values and beliefs, constituted a driving force sufficient to overpower the restraining force of the personal and social discomfort they would endure as a result of changing their diets. How long they took to reach that point, and how they undertook the subsequent process of dietary change – step by step or ‘boots and all’ – depended upon a constellation of factors including personality characteristics, prior life experiences and the presence of absence of partner support. The process of transitioning to a WFPBD will be explored in more detail in the next section.

## **Part 2: Movement**

Lewin clearly understood change as a process, not an event. He described the second stage of his 3-step model as a transition between one quasi-stationary equilibrium and another (1947/1997). It was during the ‘movement’ stage that most Whole Food Plant-Based Aussies Facebook group members discovered and joined the group, and began seeking both instrumental and expressive support from it in order to overcome personal, practical and social barriers to adopting a new way of eating and living.

### ***Themes:***

During this stage, members were preoccupied with the drive to acquire a deeper understanding of the principles of a WFPBD, the mastery of its practical application in the context of their living situations and relationships, and the recognition that they needed to develop a support network to sustain their new way of life. Along the way, they encountered challenges within themselves (such as cravings for foods that were not part of a WFPBD) and in their relationships with family and friends. These central themes of the movement stage are explored in this section.

### **“A thirst for information”**

Following the exposure that prompted their initial unfreeze experience, participants recognised that they required further knowledge and skills in order to make and sustain dietary change. Most described embarking on an intense course of self-education – a “thirst for information” (☞) as Jelena put it, when describing

how, after her conversion experience, “it all just started kind of clicking for me and that book [*The China Study*], led to another book and so on and so forth” (☛). The purposes of self-education during the movement stage were twofold: Firstly, participants sought out information to help them overcome practical barriers to adoption of a WFPBD, such as lack of knowledge about the constituents of a WFPBD, culinary inexperience with these constituents, and limited recipe ideas. Secondly, the information accessed during this stage addressed participants’ doubts and reinforced their reasons for changing, providing continued impetus for their transitions. Queenie described how her post-unfreeze learning journey had deepened her understanding of a WFPBD and prompted her to make further improvements to her eating habits over time:

I am an avid info junkie so over the last 9 years I have sourced info from everywhere, refining my diet as I learnt new information. Books, documentaries, linking to online websites (Fuhrman, Ornish, McDougall, Esselstyne, VegSource, cooking sites), have all played a part. (☒)

Documentaries and online video channels played a key educational role for many participants. After watching *Forks Over Knives* on Netflix prompted Isla’s unfreeze, Netflix’s preference algorithm then suggested related content, which led to Isla “watch[ing] Fed Up, Food Matters, Food Choices” (☒) and subsequently discovering one of the key repositories of the evidence base for a WFPBD, the website nutritionfacts.org, on which she watched “a whole lot of videos” (☒). Each exposure to content related to her initial unfreeze experience reinforced Isla’s commitment to her new diet by confirming to her, that her choice was supported

by evidence and expert (if minority) medical opinion, and providing social proof that other people had experienced benefits from adopting a WFPBD.

Like Isla, Ursula's Unfreeze experience was prompted by watching a documentary – in her case, “a dvd by Dr Michael Klaper; A Diet for All Reasons” (☒), and this medium continued to feature prominently in her subsequent process of self-education: “I have watched FOK [*Forks Over Knives*], The China Study, Food Matters, Hungry for Change, Food Inc. etc” (☒). Audiobooks fit into Dakota's way of life better than other media, but she utilised them for similar purposes – to deepen her understanding of, and reinforce her commitment to, a WFPBD through saturating herself with information:

I'm lucky enough to have a good hour, sometimes an hour and a half in a car every day when I'm driving to and from work. So I just listened to audiobook after audiobook, and I always listen to them at least 3 or 5 times... I just listen, listen, listen and maximise that time. (👉)

Winona linked her capacity to transition to a WFPBD diet to the self-education process she had undertaken, which formed a bulwark against social pressure to conform to 'normal' eating habits:

Initially my conversion was difficult because I was socially embarrassed by not fitting into Australian culture anymore and scrutiny from friends and family. I could not confidentially answer their challenging questions about plant based



nutrition. I had to undertake my own research to do so and become confident. (🖥️)

Self-education was both a natural outgrowth of the internal locus of control that emerged in the unfreeze stage, and a reinforcer of it. The more information participants acquired, the more confident they became that firstly, they had made the correct choice in adopting a WFPBD even though it flew in the face of mainstream opinion, and secondly, that they could sustain this new way of eating.

### **“What does my food look like now?”**

On average, around two thirds of posts to the Whole Food Plant-Based Aussies Facebook group are food-related. Members post photos of their meals, share links to WFPBD-compliant recipes from other Facebook groups and blogs, solicit advice about recipe adaptation and kitchen appliance purchases, and seek input on meal ideas to win over reluctant partners and children. Most participants in the research project nominated this informal education in the ‘nuts and bolts’ of the WFPBD as one of the primary benefits they received from belonging to the group during the movement stage, and several described it as crucial to their capacity to transition. Adopting a WFPBD is somewhat analogous to learning a foreign language. Most members had grown up speaking the culinary ‘mother tongue’ of the traditional Australian ‘meat-and-three-veg’ meal, and to master WFPB cooking, they had to learn not just a new vocabulary (a different set of staple foods), but an entirely novel syntax (a different way of structuring foods to make a meal). The sense of disorientation that came with learning a new ‘vocabulary’ of

eating was reflected in Evan's comment: "my go-to meals had completely changed, everything was eliminated, and I was very badly confused" (👉). Initially, Evan used vegan meat substitutes to fill the gap left on his plate, until he developed a mental schema of a plant-based meal:

Every menu you see is basically "there's the lamb dish with something", "there's the chicken dish with something", and that was the problem with eliminating that, because that was the basis, the framework of the meal, that you used to build everything else around... And obviously the instant go-to was then faux meat, even though I was never keen on the processed side of anything. So the habit was still there, it still keeps you kind of wanting things. And those faux meats... we still have them every now and then, there are some dishes that go really well with it, but I'm very conscious of trying to have whole foods, very conscious of trying to have a meal that doesn't look like it used to look. (👉)

Similarly, at first Isla tried to fit her new culinary vocabulary into the old syntax, by using faux meats and other vegan convenience foods:

I had no idea what to eat at first, and I ended up going to the vegan junk food things initially, because I tried to just cook the same way but replace with a vegan substitute rather than change the way I cooked. (👉)

However, as a diagnosed coeliac, many of these substitutes were unsuitable for her; this forced her to fully master the new language of a WFPBD:

But then of course a lot of those aren't gluten-free, so it did cut down somewhat what I could actually substitute with, so I was finding it really difficult, like "What on earth do people eat?" So actually being on the page and seeing pictures of what people actually eat, has been so wonderful for me. (👉)

Apart from reconceptualising what meals should consist of and how they should look, these transitioning members also struggled with planning meals for the week, particularly those who were also juggling employment and/or cooking for partners and children. Linda posted on the group's discussion board in order to request other members' meal planning ideas, commenting:

I love the meal plans Elle [an administrator of the group] puts up sometimes! My biggest struggle is often simply choosing what to cook. Decision making..... It's partly complicated by needing to cook for older kids who are not WFPB and wanting to make meals they will love (mostly to inspire them to want to keep eating this way when I'm no longer head chef lol). It's also complicated by the fact that I'm rarely home in the evening, so need to either cook earlier in the day, or do a super quick meal when we get home. Hit me with all your ideas!?! And also, favourite meals that teens/young adults typically love? (👉)

Both new and experienced members shared ideas and personal experiences in response to Linda's post, prompting Sophia to express her gratitude for "so many great ideas!!" (👍). Lest new members become overwhelmed, group co-founder (and long-term WFPBD eater), Kelly, also weighed in, posting a link to an article on decision fatigue and reassuring Linda that complex meal planning wasn't required:

I read this article recently and it reminded me why WFPB works so much better if you minimise the decisions you have to make. I eat the same thing for breakfast and lunch and rotate about half a dozen dinner meals. I know you are trying to be a wonderful mum to your children but are you sure they need the variety you think they need? When my kids were at home I used to routinely cook a couple of meals I knew they liked and rarely bothered cooking new things. (👍)

Evan expressed appreciation – and awe – for a post by one of the group's administrators, Faith, another long-term WFPBD eater:

There was a girl who posted her preparation of whole foods for a week, I thought that was brilliant, because that really gives you some kind of "Wow, OK, that's planning, that's what my new food looks like." And I mean, I think I'm pretty good at my planning, I go shopping for meals I've got in my mind, but *that* is planning [laughs]. That's Level 10! (👍)

Sophia enjoyed other members sharing “new ideas on foods and also where to buy certain ingredients or compliant foods” (📄), as did Kayla, who posted the following comment:

A big THANK YOU to the person who put me on to the Coles brand 'spiced lentil & kale koftas'. Hubby has been away on work this week and shopping/cooking for the kidlets and I without backup got overwhelming real quick! But today both my fussy 3yo and miss 1 downed their koftas with a grin. Will definitely be keeping some of these in the freezer for emergencies/lazy days 😊. (📄)

To successfully transition to a WFPBD, participants had to develop an entirely new conceptual framework for the way they thought about food, and food-focused posts in the Whole Food Plant-Based Aussies Facebook group played a key role in this process for many participants. However, adopting this new framework did not guarantee a trouble-free transition, since few people’s food choices are made solely on the basis of their nutritional knowledge. This is explored in the next theme.

### **Dealing with cravings**

For many participants, cravings for foods that had previously been part of their diets presented a formidable barrier to transitioning to a WFPBD. Quentin described his struggle to master cravings for fat-rich foods:

The hardest to give up for me was fats. Going to a 10% of calorie diet lowered cholesterol (which was the main aim initially) from 5.3 to 3.9 however I found that hard to sustain. Some peanut butter snuck in again with some nuts and when peanut butter reached 4-5 slices per day the cholesterol had gone up again to 5.0. (with no meat/dairy/fish/oils but with 4 standard drinks per week) Time to tighten up on the habits and it should be going down again now. (✉)

When Emily asked the group “How do you cope with junkfood cravings?” (✉), explaining further, “I find i can easily stick to a wfpb diet for 3 days then i get strong junkfood cravings” (✉), she received 20 responses from other members. Most shared strategies they had found successful; these responses tended to come from members who were regularly active in the group. The remainder – none of whom were regular posters – simply confessed to struggling with the same problem, implying that cravings for non-compliant foods may be a significant latent problem within the group, which many members, perhaps ‘newbies’, feel ashamed to admit to until someone else ‘goes first’. Strategies suggested to Emily fell into three main categories: managing food intake, managing cognitions, and managing the environment. Food-oriented strategies focused on eating a sufficient volume of food, particularly starches – Sophia proposed: “Eat potatoes before you eat anything that you shouldn't and that will fill you up” (✉); substituting fruit for sweet treats; and identifying the texture and taste of the craved food in order to match it with a healthier version. Cognitively-oriented suggestions focused on

reminding oneself of either the personal or ethical impact of succumbing to a craving. For example, Bianca wrote:

I think about how I'll feel afterwards and that the cravings are self destructive. I also just make myself eat something else, sometimes by telling myself that I'm just going to eat it first. Once I've got some food in they generally go away. I also think about how it's never as enjoyable as I think it'll be, it'll probably be too salty for my palate anyway. (📧)

Similarly, Barb shared “I just think of the animal that's been used to make those products and it turns me off pretty quickly”. (📧) Environment-focused strategies focussed on reducing exposure to temptation, in order to minimise the amount of will-power required to stay with the diet. Joanne advised:

Not having anything like that in the house is a good start... I can only manage by keeping everything out of my radar, I don't even have peanut butter in the house or i will eat that by the spoonful. The best way to resist temptation is to avoid it 😊.  
(📧)

Her sentiment was echoed by Jelena, who admitted, “I know that if I have something naughty in the house, I will get tempted, so I need to not have it [around]” (📧).

The strategy of eliminating temptation from the home environment rather than attempting to resist it was developed in a post by group co-founder Kelly, in which she explained how the group's administrative policy tries to create a safe environment in the online space itself, for the group's most vulnerable members:

The lines aren't clear cut when it comes to eating a health promoting diet. Just because it's "whole" doesn't mean it is health promoting. Just because it has been processed doesn't make it a bad food. Understanding calorie density and the pleasure trap are important for making the WFPB diet work for you. We sometimes delete posts to recipes if the ingredients add up to concentrated calories that for most people won't be health promoting - even if they can argue that the ingredients are "whole" foods. Yes it is a fine line we tread here, and we won't be jumping down someone's throat for posting, or asking for, the "best" chocolate brownies recipe or the best Anzac cookie recipe (speaking of Anzac cookies... it's that time of year again!) but if someone in this group repeatedly posts calorie rich recipes we tend to be less tolerant. Many people in this group are on health journeys for which repeated posts of this nature are not helpful. I hope everyone in here understands this 😊. (💻)

Administrator-generated posts such as this one played an important role in shaping the group's culture, reinforcing the notion that adherence to the dietary principles espoused by the group should take precedence over indulging cravings



or engaging in food-centric social rituals. However, while some members of the group may benefit from censorship of posts relating to ‘treat foods’ because they have health issues that would respond well to greater dietary restriction, there is also a possibility that other members may not be well served by this approach – particularly those at risk of excessive food restriction due to orthorexia. There is also a danger that sanitising the discussion board may create a group “Facebook-self” (Gil-Or, Levi-Belz, & Turel, 2015) – that is, an idealised presentation of WFPBD adherents – that conveys the impression to many members, particularly newbies, that other members ‘have it all together’ and do not experience cravings for non-WFPBD-compliant foods. This could potentially lead to feelings of inadequacy and perceptions of failure in those still struggling with such cravings.

#### **“How much food can we eat?”**

Several discussion board posts highlighted the challenges that transitioning members faced in dealing with the practical implications of increased fresh food consumption on a WFPBD, compared to their previous way of eating. Jelena expressed her consternation at the sheer volume of food that her family went through:

I just find that I'm shopping all the time and I'm like, “How much fruit can you eat? How much food can we eat?”... just the practicality of having to go and shop for a lot of food all the time and having to constantly think, because I can't just go – well, I can go and grab anything, but I choose not to. (👍)

Participants also struggled with kitchens that were not designed to accommodate a diet high in perishable food and other WFPBD staples, as Isla described:

It sounds silly, but my fridge is too small... Like the things at the back are icing up, the sucker is so full, all the time, and like, where to store the kilos of potatoes, they're in the linen cupboard in the laundry. (🙄)

When Layla posted to request suggestions for refitting a kitchen to accommodate a WFPBD, a lengthy exchange ensued in which members vented their frustrations with the lack of storage space in their kitchens. Isla shared: "I have my tins in the laundry cupboard because I have so little room in my kitchen" (📺). Kimberly chimed in: "I've got 5 X 5kg bags of brown jasmine rice in my laundry cupboards too" When Isla shared photos of kitchen storage ideas she had found online, Kimberly enthused: "Now I want to refit my kitchen" (📺). For Isla, who was unable to implement these design ideas because she rented rather than owned her property, merely sharing them with others who related to her frustrations appeared to be therapeutic.

The increased food preparation time also weighed heavily on many members, who were accustomed before their dietary change to making extensive use of convenience foods or buying take-away. Several participants commented on how useful batch cooking suggestions provided by experienced members of the group, especially Faith, had been during this stage. This was Isla's main solution:

I have found more meals that I can freeze... I do try to only cook every second or third day, mostly... And sometimes on the weekend... I cook... like 12 meals up, 12 servings up, so I did like three different meals of 4 servings, so we had two that night, two for lunch the next day, and I froze everything else, and then I could just rotate them. (👍)

Instrumental support provided by the group helped participants who were struggling with these practical challenges to develop workable solutions. Even when the ability to implement solutions was limited by participants living circumstances, they were still able to avail themselves of expressive support, in the form of 'blowing off steam' among others who understood the problems they were facing.

### **Information wars**

For some members in transition, the doubt generated by conflicting nutrition information was a barrier to adopting a WFPBD. Isla described what happened when she attempted to explain the dietary changes she was making to her mother, by sharing the information sources that had inspired her: "The problem is Google. For every study that I can say 'Look, read this, this is why we do it', she'll send one back going 'Ha!' or 'So there!' or 'Take that!', you know" (👍). Isla found her confidence undermined by this process:

Well it makes me question it, really, because you know, she's someone I have a lot of respect for, and I know she's doing it out of concern for me, and it does make you think, am I being too extreme? You know, is this just some Internet fad? Why are there all these articles out there that say that low-carb high-fat is good?... It's hard to go against everyone else in your family.

(👤)

To combat the doubt that crept in when challenged by others for choosing what is, as Elle pointed out, by mainstream standards “an extreme lifestyle” (👤), participants reported drawing on the ‘brains trust’ of the group. Bella described the group as “my goto for research; and answers to curly questions... There is so much information on here... I swap between this group, the Aussie website and the McDougall page for accurate references about research and links to articles” (🖥️). Teresa shared: “I visit every day generally interested in the scientific research” (🖥️), and Ursula commented: “I find it very useful as there is so much information on a variety of topics, that I use the site as a healthy resource” (🖥️). Isla also elaborated on how valuable this aspect of the group was to her:

I like to go and ask on a page that has people that actually know stuff, like you for example, “Where's a study I can go to to learn about this?” Because if I just google it, I come up with all the stuff that my parents come up with... And I don't know, I'm not trained to analyse that sort of research. I don't know what's credible and what's not, I feel, and that's why I want people who know what they're talking about to say “Go to this source,

or this article” ... I really appreciate that. Because sure, I could go do a Google search, but then, you know, you can find anything on a Google search. (👉)

Accessing the “groupmind” or “multibrained organism of collective expertise”, as Rheingold (1998, para. 1) described it, provided participants in the movement phase with reassurance and an incentive to continue their journey.

### **How to lose friends and alienate people**

Transitioning to a WFPBD frequently put participants at odds not only with authority figures, but also with people close to them. This opposition to their dietary change generally came as a shock, as highlighted in Isla’s reply to Jelena’s post about the social difficulties she was facing due to her dietary change: “I had no idea what my family chooses to eat would ever be such a divisive issue” (👉). Isla described the painful loss of a friendship as a direct result of her change of diet:

Isla: I told her that we're going on this diet, and to my amazement, her response was, “Yeah well, if you stick to it for 6 months then you can tell me about it.” And then she said, “You're gluten-free, you can't have dairy, and now you've decided you're vegetarian, so I can't cook you anything, so I'm not going to cook for you anymore.” And that's how she put it, and she took it really personally, and said to other friends that it was anti-social, it was an anti-social diet, and she pretty

much stopped talking to me for about 3 months. And I realised how much eating together had become part of our friendship.

Robyn: Wow. What do you make of that?

Isla: I think she can't imagine ever making such a drastic change, she doesn't want to know, because she wouldn't be willing to do that. (👊)

Isla's sense that her former friend – whom she described as obese and suffering from multiple health problems – had distanced herself because she felt judged for her inability or unwillingness to change, was echoed by Elle, who explained

I don't like talking about it with friends. I really avoid it because I don't want to put up barriers and for them to feel that you're some kind of Nazi, and that you're judging them for how they eat. (👊)

Elle shared that she had also lost friendships – at least in the online space – over her dietary choices: “I know I've lost people on Facebook, definitely, who I've looked up and realised that I'm not their friend anymore, and I suspect it's probably because of the things I share, like *Forks Over Knives*” (👊).

Incomprehension, resistance and even hostility from others was likely to arise whether individuals came to a WFPBD directly, for health reasons, or indirectly, via ethical veganism. As Elle pointed out:

I find people think you're either being really holier-than-thou about "I don't eat anything that's got a heart-beat" and all that, or you're saying "My body's a temple, and I don't put anything in it that's not whole and pure", and either way, you're going to piss people off, so I just prefer not to talk about it. (👊)

In this context, membership of the Whole Food Plant-Based Aussies Facebook group furnished participants with expressive support, helping them cope with the turbulence that adopting a non-normative diet created in their offline relationships.

### **Divided households**

While some participants made the transition with their partner – including Evan, whose girlfriend had “been a vegetarian for 10 years [and] went through this change at the same time” (👊), and Elle, whose husband’s reaction when she gave him a WFPBD book to read was ““Yeah, OK, I'm in”” (👊) – others had to ‘go it alone’, while their partner and/or children maintained their previous eating habits. Being the only member of their household who was attempting to follow a WFPBD was reported by several participants to be a significant barrier during the movement stage. Olivia described the twin challenges of increased workload and constant temptation to lapse, caused by her husband’s resistance to her adopting a vegan diet in the first instance, and a WFPBD in the second:

Olivia: Cooking two meals, for the family and me, you know, for my husband and one other child, at the time [when I went vegan], and then once again when I went wholefood plant-based, and my husband [was] still not wanting to be so healthy... He's still unwilling to do wholefood plant-based constantly.

Robyn: What practical ramifications does that have for you?

Olivia: Well, temptation, because I am cooking a second meal for him there and, yeah, it's um, what do you call it, willpower not to eat it... it's hard, it's very hard. It was hard for me at the start when I first went vegan, I was still cooking chicken schnitzels at home for him and as much as I wanted to be vegan, I was starving and I couldn't, I didn't know what to eat so was looking at this chicken schnitzel then looking at my pasta with stir-through sauce going "Uh", you know? So the temptation, at the very beginning, was hard. Just the cooking two meals, it's really an obstacle. (👉)

Louise, now well-established in her WFPBD, reflected on how, during her transition, her family had struggled to come to terms with the fact that she was eating differently to them:

Living with an immediate family (husband and kids) who don't always eat WFPB, it was a slow process getting them to come around and feel comfortable with my choices without



commenting or offering me non compliant food (particularly oil). (📺)

When Ken posted to ask advice on how to manage his partner's resistance to his dietary change, many members responded with empathy and suggestions. Fiona's response indicated hard-won experience:

I am in the same place. I've gone fully WFPB when I'm at my house, but every other week I live with my meat eating sheep farmer boyfriend - who does have his own butchering room for his own meat. Tell me that's not confronting 😊... My strategy has been stealth 😊. I predominantly do all the cooking when here so just introducing more and more vegies over time. It's slowly working but I understand he's spent 45 years of his life eating as he has - he hasn't done the reading and research I've done so can't expect him to simply change his ways. He's asking questions and I wait for those and seize the opportunity. The biggest opposition has actually come from his family teasing him about having to become vegan. (📺)

Likewise, Kayla shared her experience, and the coping strategies she used with her husband:

This is my hubby exactly! I sort of approach it with the mindset that even if he is eating wfpb 30% of the time (dinner, which i

cook) that's 30% better than before! We actually had 2 major fights at the beginning of my journey when i served up spaghetti and "meatballs" (quinoa based) and stir fry with no meat, because he has totally swallowed the "need meat for protein" line. Slowly he has accepted that i will only be cooking us wfpb, and slowly i have accepted that he will buy whatever junk he wants for lunch when I'm not around. (👍)

The ability to access the trove of life experience collectively accumulated by the group – another example of the “grassroots groupmind” referred to by Rheingold (1998, para. 1) – provided participants who were navigating the movement stage without the support of their partner with emotional support, practical advice, and perhaps most importantly, hope for the future of their relationship.

### **“Joined a cult” – or left one?**

Many participants felt that their radical shift in diet – and the paradigm shift that informed it – was perceived by family and friends as alienating and threatening. Isla half-joked: “I think most of our friends and family think we've pretty much joined a cult” (👍). In Louise’s response to another member’s request for advice, she wrote: “I have found that telling people to give up meat/animal products and they act like you told them to kill their children and join a cult” (👍). Laura used the same phrase in her reply on a different thread: “You say things with such

enthusiasm and people look at you like you're crazy, selfish, depriving yourself and your family, like you've joined a cult" (📺).

Although the phrase was used tongue-in-cheek, there are indeed some parallels between joining the WFPBD movement, and religious conversion and radicalisation, a point perhaps not lost on the 'unconverted'. In both cases, individuals are attracted toward a set of beliefs and practices they find more compelling than those adhered to by the majority, often after a 'conversion experience' as previously described. They subsequently face ostracism and persecution because of their new beliefs and practices, as summed up by Isla: "I'm no longer invited to events at friends houses because they see my diet as 'antisocial and I'm not able to cater for it.' ... The constant snarky comments about being vegan get to me" (📺). New converts may become prone to proselytizing, as Ben observed: "I found that when people become vegan they get very very passionate about whatever it is, whatever the reason is that they've hooked into this mindset, whether it's health, sustainability or animal rights" (📺). Following this, 'converts' tend to find themselves drifting away from those who don't share their values and seeking community with those who do. For example, Evan shared that many of his old friends were "not on board at all with that, and there is a distancing because of that... and that's why it's been so good to be in vegan clubs and stuff with people who feel the same way" (📺).

Evan acknowledged that others might perceive that he had been brainwashed into taking on beliefs, attitudes and practises that were completely outside the cultural norm. His perception, however, was that those who still held these normative beliefs and refused to acknowledge the harsh realities of the food system that he had chosen to confront, were the brainwashed ones:

Somebody said to me... “Oh Evan, you've joined a cult, mate.”  
And it's actually “No, when I went vegan, I left one.” And it is,  
that's the cult, you know, that's the brainwashing, and you  
finally get out, and you think for yourself. (👊)

### **Shelter in a storm – the value of expressive support**

Membership of the group provided individuals who were experiencing significant opposition to their dietary change from partners, children, extended family members and friends, with an outlet to express their frustration, disappointment and sadness, and to connect with others who were experiencing similar difficulties. When another member posted to describe the social difficulties she had experienced since adopting a WFPBD, Isla’s reply not only validated the original poster, but also provided Isla herself with an outlet to vent her feelings:

I also struggle with this... It's actually ruined a couple of friendships, which has shocked me... My family is also not supportive. My mother is on hypertension medication and i mentioned a wfpb diet can help and got shot down. Can't talk about animal cruelty, can't talk about environmental issues, can't talk about new recipes I'm trying because it always leads to conflict. (💻)

Importantly, the ability to access expressive support was not contingent on active participation in the group. Interviews with participants confirmed Riedel’s assertions that “lurking is a form of participation that can be reconstructed as listening and learning” (2013, p. ii) and that actively participating in a community

of practice through engaging in online discussion is not necessary for lurkers to benefit from membership (2013). In discussing how important the group had been to her during her transition, Jelena indicated that merely reading posts made by other members provided her with a form of expressive support: "I wasn't the only one, there were other people and they were going through similar things" (👤). Olivia, who rarely participated actively in the group, affirmed that this was also true for her:

It's good watching what other people struggle with... Things will pop up on my newsfeed from the group, kind of like at the right moment sometimes, when I'm thinking about something and then someone will write something and I'll go "Oh, OK, yeah", you know... [it helps] if you're reading what other people are going through when you're trying to do the same thing. (👤)

This perception of the group as a safe community to reach out to for support and understanding – whether passively, through reading others' posts, or by actively posting and interacting with other members – was echoed by Ken, responding to one of my research posts. He explained how the growing alienation from his former social circle had prompted him to seek online support:

I joined as I'm struggling to relate now with my friends and hope by interacting with like minded people here I'll find more support, ideas and perhaps even new friends. Plus it's great sharing recipes 😊... I don't think they [existing social

contacts] relate or understand why I also do this for the animals, environment and my health. They initially asked why but when I try to explain my reasoning for the shift they kind of tune out... Some make silly comments about eating something in front of me and it seems to always be a focus or worry about what to eat except from me. I really enjoy researching and learning about nutrition but even my partner isn't too interested in talking about it much with me, hence I've come here 😊. (🖥️)

Many participants underwent a profound sense of rupture with their previous social network during the movement stage, and membership of the WFPBA-FPG provided them with an online space to process their experiences. Exploring this aspect of group life naturally led on to consideration of the essential qualities of a support group.

### **The essential characteristics of a support group**

I asked participants how they personally defined a 'support group', and whether the Whole Food Plant-Based Aussies Facebook group met their expectations of a support group. In their definitions, participants referred to forms of support consistent with the "instrumental" and "expressive" categories identified by Jabs et al. (1998, p. 187). Kath's description of her interaction with the group, in reply to one of my research questions, neatly summarised the many forms of instrumental and instrumental support that membership of the group provided during the

movement stage, and also the escalating level of involvement in group life that many members reported during this phase:

I visit this group multiple times a day 😊 I look for recipes and like to read other peoples stories of this WOE. I am only in my third week of doing this so I am seeking as much info as I can get. I read posts to start with but in the last few days I have made a few comments encouraging people with their amazing efforts. I find this and another group most helpful for support, for recipes, and just being with others who have been on this journey for some time and those who are new like myself 😊  
(📖)

The sense that through belonging to the group, Kath had travelling companions beside her to share her experiences, expert guides ahead of her who had already walked the path and could talk her through its pitfalls, and even in the short time since she had joined, newbies following behind her whom she could welcome and encourage, clearly bolstered her capacity to persist through the challenges of the movement stage.

Some gender differences were apparent in participants' conceptualisations of a support group. While male participants tended to define information-sharing as the central support function of the group (with Evan nominating the sharing of recipes and meal planning ideas as particularly valuable), most female participants described both instrumental and expressive support as significant to them. Dakota was a notable exception. She nominated forms of instrumental support, such as

sharing of recipes and articles posted by WFPB authorities, and analysis of nutrition stories in the popular media, as being the most important aspect of the support she gained from membership, but acknowledged that others may feel the need for more expressive support:

I don't feel like I need a lot of support, I'm not someone that looks for outside support anyway, as in people... I think that for people who are not like me, there are a lot of people out there that need that support, absolutely. (👍)

Likewise, although Isla frequently sought expressive support in the group, she nominated one particular form of instrumental support as being the most important benefit of her membership of the group – the ability to get input from knowledgeable members on contradictory nutrition information:

Probably the best thing's being able to go on the page and say, "I've been told this, what's the truth of it?" or "Where can I go to look at this myself?" or "Agh, my GP said this, what's the story?", you know. Because without that... I don't know where else I'd get support on it. (👍)

The group's amicable and welcoming atmosphere was seen by participants as crucial to providing the sense of safety upon which the exchange of social support depended. Many participants remarked upon this positive social climate, exemplified by Sophia's reply to one of my research questions: "I have found this



page to be friendly, which is the number one criteria I believe” (👍). On the other hand, Evan described some animal rights-focused Facebook groups he had encountered as:

... a little bit toxic... I get frustrated with the arguments between vegans and yeah, there's a lot of it... I left one this morning actually, for that very reason. I pulled myself out of it; I just thought “I don't want to hear this anymore”. (👎)

In comparison, Evan described the Whole Food Plant-Based Aussies group as “nearly all positive, which I do like about it. There's no snarking about food in there, no one's saying, 'That's not an ethical almond', you know. Everyone's very positive in there, which I do like” (👍). He attributed this to the group’s focus being “generally about well-being and health... [so] there's no reason for those angry topics to come up, or not as much reason anyway” (👍).

This analysis was echoed by Ben, who assessed the group as “fairly positive” (👍) compared to others in which he was a member, and speculated that this was because “the level of emotional passion is probably not there in the Whole Food Plant-Based group that you would find in a vegans group” (👍). For Ben, the Whole Food Plant-Based Aussies Facebook group provided a welcome alternative to the exclusive animal rights focus of vegan Facebook groups, in which his discussion of the health implications of vegans’ food choices was not welcomed:

Robyn: And what difference does that make, in your observation, what difference does that absence of passion make?

Ben: Ah, you don't get attacked [laughs]. I've seen this in the other groups, where some people would get attacked or blocked or use terms like "food shaming", like, particularly with the processed burgers and things, if someone says "Oh look at this beautiful processed burger, isn't it delicious?" and I say "Well, yeah, but just because it's vegan it's not healthy", and they go "Oh, don't be so negative, if it's not got animals in it, it's OK." And then you get blocked from that person, that person might block you and PM [private message] you saying "Oh, you're food shaming". And it's like, I didn't even know there was a term called food shaming. (👊)

Perhaps inevitably, given the size of the group and the wide variance in proficiency among its members with respect to WFPBD theory and practice, Whole Food Plant-Based Aussies Facebook group did not meet all the needs of all members. For example, Ben expressed disappointment that the group's focus on personal health excluded consideration of the other two arguments for a PBD that motivated him: animal rights and the environment: "In the middle somewhere, needs to be somewhere that says 'It's wholefood plant-based and it's coming from a source that is sustainable and cruelty-free'" (👊). Isla reported observing "a minority" (👊) of interactions in the group that decreased her perception of its supportiveness, citing an instance in which a new member got "jumped on a little bit" (👊) for asking a question about macronutrient ratios, which was dismissed by more experienced members as irrelevant when following a WFPBD. She acknowledged that experienced members might become irritated by newbies'

questions: "I get that particularly if you've been in the group for a long time, that might be like, 'Oh God, not another person asking this... stupid question again!'" (👤), but expressed concern that "they'll probably never ask anything else again" (👤) as a result of the dismissive response. Sophia also worried that some members might be 'slipping through the cracks', commenting:

I would like to see everyone that asks a question get responses, even if it is just a simple answer/idea or a "good on you" . I think when some one asks something they really are trying to learn, get new ideas, [or] just a bit of support. (👤)

Participants in this study were unanimous that the support function of the group did not entail debating the dietary principles to which the group subscribes, as laid out in the group description. The consensus view was that having chosen to join a group that explicitly states that its "aim is to support others who are following or wish to follow this way of eating" ("Description," n.d.), members were looking for validation of and support for their choice, not challenges to it. The group's administrative policy with respect to debate aligned with participants' preferences, as described by its co-founder, Kelly:

If someone's debating something which is actually not part of the principle of whole foods plant-based... in most cases we'll explain ourselves, in the hope that the person is maybe learning, that... we follow the breadth of the evidence, we follow the bulk of the plant-based experts around the world, and so this is the line we take. (👤)

Kelly went on to explain that administrators at times “shut down debate” (👤) that had become overly vehement or, in their view, vexatious, and to delete “comments which have been either slightly threatening or rude, towards another member, or an admin” (👤). She acknowledged that some members who persisted in debating WFPBD principles had either been removed from the group by administrators, or had chosen to leave, explaining that for those who saw debate as a support need, the Whole Food Plant-Based Aussies Facebook group was not a good fit. However, the potential for a dark side to members’ desire for affirmation of their dietary choices and disinclination to discuss and debate contradictory ideas, had occurred to Ben. He expressed a concern that Facebook groups, and more broadly the Facebook preference algorithm, tended to “feed the confirmation bias” (👤). Yet as Evan pointed out, in groups where debate was less regulated, a ‘toxic’ atmosphere frequently developed and the atmosphere of safety and friendliness that members of the WFBPA-FBG so valued was lost.

Kelly explained that her solution to the difficulty of catering to the divergent needs of over 7500 members was to keep in mind an avatar of the member she “most want[ed] to support” (👤) through the group – a person with chronic health problems responsive to a WFPBD who “really need[s] support in steering them back to health, through good advice” (👤). She acknowledged that “there's a lot of members who are in the group that don't fit this demographic” (👤) and that some members may feel dissatisfied with what the group does and does not provide – given the complexity and multidimensionality of the support needs of people who join online groups such as the Whole Food Plant-Based Aussies Facebook group, she had accepted that the group could not be everything that all its members desired.

### **Part 3: Freezing**

The final stage of Lewin's 3-step change process is cultivating a stable state in which the desired set of changes now constitutes the 'new normal', reinforced and maintained by the establishment of new routines, habits and relationships. This stage correlates with the maintenance stage of the TTM (in which temptation to relapse to the previous way of eating subsides dramatically) and, in a minority of cases, the termination stage, in which relapse temptation is completely absent (Prochaska et al., 2008). One of the primary objectives of the group is to normalise adherence to a WFPBD so that members are able to initially conceptualise, and subsequently actualise, it as a permanent lifestyle change. Some members who had reached the Freeze stage had joined the group after already completing their transition to a WFPBD, while others had used the group to assist their transition and were now working on consolidating their habits in order to achieve permanent lifestyle change.

#### ***Themes***

Although members who were in the 'freeze' stage continued to use the Facebook group for both instrumental and expressive support, important differences in the pattern of use emerged. In particular, the purpose of ongoing theoretical and practical self-education shifted, and a strong sense of community and participation in a gift economy – “the act of giving and sharing information, support, encouragement and time” (Uridge, 2014, p. 110) – emerged. These themes will be explored in the following section.

## New reasons to learn

Whereas the self-education process for members during the movement stage was directed towards filling in gaps in knowledge of the evidence base and practical implementation of the WFPBD, during the freeze stage, members sought information in order to reinforce their commitment to the diet, decrease the risk of relapse, and become more persuasive advocates.

Dakota described her continued voracious consumption of information sources on WFPBD and veganism (“I just keep reading them, and keep listening to them, and keep watching as much as I can watch” [👁]), long after she had consolidated her dietary changes, and mused about her dual motivations for this practice:

Maybe that's why I continue to watch those things, because it continues to remind me. I suppose I'm afraid that I'll fall back to sleep [with respect to animal cruelty issues]..... I also want to learn more, because every time I listen, read or watch, I pick up something that I didn't the time before. (👁)

In response to one of my research questions, Teresa reported visiting the group daily to get updates on “the scientific research, as well as tracking the media interest in nutrition and paying close attention to the way they report on wfpb diets among others” (📺). Bella echoed Teresa’s interest in the media’s presentation of nutrition information and the group’s discussions of this:

I particularly appreciate Kelly and Neil's analysis of articles and advertising campaigns as soon as / before they appear in the media. This is what usually triggers a comment from friends and family, so to be prepared with an accurate response is something for which I'm very grateful. (📖)

Jelena also appreciated the presence in the group of members who could access and interpret the medical literature:

I'm interested when people are posting links that they've found, research, or articles... it's pretty much my go-to for any sort of information on what's happening in this space in Australia, because I know there's a lot of people there, and Kelly and yourself and a few other power users obviously keeping on top of all the research and medical stuff and journal links. (👤)

Participants who had reached the freeze stage continued to educate themselves on wholefood plant-based nutrition to deepen their understanding, and strengthen their resolve to adhere to the diet. They viewed the group as a valuable source of reliable information, in contrast to the popular media.

### **Expanding the culinary repertoire**

Having mastered the basics of WFPB cooking, members in the Freeze stage remained just as appreciative of the recipe sharing within the group as during the

Movement stage, finding that it helped them maintain variety and interest in their diets. This was exemplified by Ursula's comment, "I enjoy getting inspiration from the recipes" (☺). Jelena valued both the inspiration and also the reassurance that complicated meal preparation was optional, not required:

It gives me ideas of [what to cook]. People are so clever, the way they put their food together. And it's really a couple of things. It's a reference point to go "Oh yeah, I could do that", or it's also reinforcing that just eating something steamed or something simple is okay because you know, that's what people do. (👍)

Evan confessed that before eliminating animal products from his diet, he had:

... never really been good at cooking of any form, I've never enjoyed it, to be honest, it's always been a chore you have to do to get food, and I've been a "box put in the microwave" kind of guy. (👎)

However, since adopting first a vegan diet, then a WFPBD, Evan enthused: "My transition to be an almost home chef has been remarkable... it's the first time I've been excited about cooking" (👍). He went on to explain what he used the group for:



Food ideas for sure, things I haven't thought about; something comes along and I'm like "Wow, I never thought about doing that", and that's great, because that sets me off. And that's where all the new interest in cooking has come from, all these ideas I never even thought about before. (👍)

Sharing photos of their own meals and weekly meal plans, and providing WFPB-compliant recipes, was seen by members in the Freeze stage as a way of giving back to the community, by helping members new to this way of eating transition to the diet more easily. Group co-founder Elle regularly posted screenshots of her weekly meal plan, always receiving grateful feedback from both transitioning and established members, while one of the administrators, Faith, periodically posted photos (with links to recipes on her blog) of batch cooking sessions in which she prepared all her meals for the coming week in a few hours, to demonstrate that a WFPBD can be followed even by busy people who work long hours.

In contrast, Jelena, who described herself as "not a meal planner", explained further: "I can't decide today what I've going to feel like on Friday (👍)." She had developed a strategy better suited to her eating preferences:

What I do, is I stock up on all the stuff I know I love and eat weekly, you know, the frozen fruits, the frozen vegetables, the beans, the hommous, all those things that are my staple... and then, because I work in the CBD in Melbourne I can just pick up something easily or put something together... the *ad hoc*

approach doesn't work for everybody, but it works for me... I find that for me having my staple sorted and then going “Ooh, this is what I feel like”, it's probably the most successful approach, on top of every couple of weekends doing a bit of a batch cooking and freezing up. (👍)

Sharing meal ideas served multiple roles within the group. It provided instrumental support, contributed to the gift economy, and also served as a form of social control, establishing dietary norms for participants.

#### **“A sense of [local] community”**

As members' commitment to a WFPBD strengthened, for many, the sense of disconnection with those who had not embraced this way of eating only deepened. In a post about the challenges he was facing in living with a partner who did not share his way of eating, Ken wrote: “I'm finding I want to be surrounded, including my partner, with people on the same journey as me and feel like I'm being drawn apart” (👍). Kimberly replied, “Same feelings. Searching for friends with similar values and eating habits. Thankfully my husband is on the same path. Can't imagine how difficult it would be if he wasn't” (👍).

Especially for members who had little or no offline contact with fellow WFPBD adherents, membership of the group became increasingly important to mitigate the isolation, and the invalidation by others of their chosen way of living, that many members experienced. Ursula put this into poignant words: “Being a member of this group is important to me. It helps me to feel connected and not a

'weirdo' as my family would believe". (🖥️) Teresa articulated the role that group membership played in her maintenance:

I think [it] was a couple of years or so before I found this group.

I had the support of my husband but not my extended family.

Finding like minded people online continues to reinforce our original decision to improve our diet. (🖥️)

Group co-founder Elle described the sense of isolation she felt in her offline world, and the immeasurable value of having an online community to tap into:

Just feeling that you're in a community who get it, who all feel as equally excited or frustrated by something or yeah, maybe just for a sense of community, because without it, I haven't got one... I know quite a few vegans now, but... I don't know any, really, who I think would call themselves [WFPB] primarily, they'd primarily say they were vegan. (🗣️)

Jelena summarised her reliance on the group succinctly: "I definitely wouldn't want it to disappear because I would definitely feel, you know, like my limb has been chopped off" (🗣️).

Participants who were, or had been, members of other online social media groups that were not Australian-based, stressed how important the 'Aussie' component of Whole Food Plant-Based Aussies was for them in generating a sense

that they were part of a local community, for both practical and cultural reasons.

Describing the impetus for founding the group, Elle commented:

I just wanted to be able to talk to people here and [discuss] what to buy in the supermarket, recipes that haven't got weird things in it that you can't find here... Everything [in US-based WFPBD social media groups] had things in it like... ready shredded hash brown potatoes, you can't get them here... All these things I couldn't get, which just annoyed me, so I thought I was just going to start my own. (👊)

Jelena reported that she also preferred “our local group” (👊) to a larger US-based WFPBD Facebook group that she had previously belonged to, citing the practicalities of “need[ing] to know what Woollies is selling” (👊) rather than what was available overseas. Kate’s reply to one of my research posts reinforced the value of sharing local information, and raised another important practical outcome of the group’s Australian roots – that it made forming offline connections possible:

I visit multiple times a day. I really like it because it's Australian and kinder than the bigger WFPB groups. I like to see what others are making, the products they use... I also like ... to see what WFPB events are happening. (📅)

Queenie’s reply to the same post extended the discussion into issues of cultural understanding:

Much of the info we receive is American. This group is important to me because it is Australian. I learn about local products I may not have heard of, I can link to others who understand our Australian cultural idiosyncrasies. (📧)

Sharing of success stories, in the form of ‘before and after’ photos, screenshots of weight loss graphs and blood test results, and written synopses of health improvements since adopting a WFPBD, constituted an intrinsic element of community- and culture-building in the group. Members in the Freeze stage appeared not to tire of reading others’ stories of WFPBD-induced health recovery. For example, in answering one of my research questions, Teresa wrote “I also love reading... the personal stories of people who have found success with their health challenges” (📧), while Ursula shared “I visit the site daily. I... like to read about others' journey to WPBD” (📧). Bella concurred, commenting “I visit regularly... I've eaten this way about 7 years and more strictly in the last year. I'm inspired by people's experiences and love the sharing within this community” (📧).

Participants who had reached the freezing stage demonstrated a strong sense of ownership of the group, exemplified in Jelena’s description of it as “our local group”. Their participation in the online community served to facilitate and reinforce their commitment to the diet, buffer the scepticism or criticism of those around them, and strengthen their bonds with people who were walking the same path.

## “Crazy” – finding a new tribe

Group co-founder Kelly explained that the group’s raison d’être was to provide an online space to allow people on the WFPBD path to find and connect with like-minded others, in order to reduce the isolation and even stigmatisation to which their non-normative dietary choices exposed them. She lamented, “Most of us feel like we’re doing something that others think we’re crazy for doing” (👍). In a separate interview, Elle, the group’s other co-founder, also used the word ‘crazy’ when describing her motivation for setting up the group and continuing to participate actively in it: “It’s just to feel connected to something, there’s something bigger than you, and you’re not crazy” (👍). The same word cropped up when Kimberly – a long-term WFPB eater who overcame significant health problems through changing her diet – replied to Ken’s post about the difficulty of living with a partner who was resisting his dietary change: “Both sides of our family are fat and sick and think we, who are slim and healthy, are crazy. We’ve learnt to say nothing and bring our own food to family functions. We just ignore the frequent jibes” (👍). Kimberly’s point was echoed by many other members, who expressed frustration with a culture which viewed choosing to eat a health-promoting diet as ‘extreme’ or ‘crazy’, while accepting as the norm enduring lifestyle diseases, or undergoing radical treatment for them. Reflecting on what she saw as the culturally-accepted form of craziness – the notion that ‘giving up’ the foods that contributed to one’s illness is a worse form of suffering than any that might ensue from the illness – Jelena explained that after her best friend had suffered a catastrophic stroke:

I gave her [Dr John McDougall’s book] *The Starch Solution...* She read it, she tells me, cover to cover, and she said “Oh yeah, it all

makes sense.” Hasn't done a thing about it... Dr McDougall, god I love him, he sums it up so well: “People like to hear good things about their bad habits”. It's just so true. (👉)

Jelena also marvelled at a colleague who had adopted what she saw as a far more extreme diet plan in an attempt to lose weight, despite the evidence in front of his eyes that she herself had lost weight and kept it off – while eating large quantities of food – by following a WFPBD:

Every time he walked past me and I would have like three massive potatoes, he goes “Where does it all go? You must have a very fast metabolism” ... and I'm like “No no no, it's not the potatoes, it's what you put on the potatoes.” Could not reach him intellectually at all. He's now on the 5:2 [diet] and the poor guy goes so hungry on the days he's eating his 4 or 500 calories, to a point the other day he had a headache, and he calculated that a Panadol... has 3 calories. And I said to him, “Don't you think you've hit rock bottom if you're putting 3 calories of 1 Panadol tablet towards your daily count?” (👉)

Jelena also shared Kimberly's bewilderment that the people closest to her had not been motivated by her WFPBD-induced health transformation to change their own eating habits, commenting: “No one in my immediate surroundings has been influenced by it, which I just find really astonishing” (👉). She was particularly perplexed by her partner's attitude:

He sees that I feel better. He sees that I look better. He sees that I don't complain about being fatigued and a lot of stuff. He sees

the change in me. He recognises,... he definitely sees and agrees that it is the superior way to eat, but he sees no reason for him to change. He always says "If I had to change," as in, God forbid, something happened to him, then he would consider it, but for the time being he thinks that he needs meat and he wants to have meat. (👍)

I was prompted to interview Jelena by a post she made to the group on the social difficulties that come with being a WFPBD eater. This had clearly struck a chord with many other members, initiating a lengthy discussion thread. Jelena wrote:

Have you found that eating WFPB has affected the social aspect of [your] life. I find more and more that I have less in common with omnis [omnivores]. I can't relate to their version of healthy, they are not eco worriers [warriors] even though they think they are, I can't stand the smell of meat, can't stand the push for my child to eat 'their' diet and the fact he does consume some bits when it is all around him. I am less interested to socialise with non WFPB and becoming quite disinterested in general. (📖)

When several members replied that they didn't allow their food preferences to affect their friendships, Dawn's response helped clarify Jelena's original point. It also elucidated the sense, hinted at in many members' posts and discussed during



interviews with me, that when they adopted a WFPBD, they did not simply change their eating habits. Instead, their conversion experiences resulted in a profound rupture between their 'old' lives of comfortable, taken-for-granted assumptions on which their participation in shared social rituals depended, and their 'new' lives in which an ever-present awareness about food, the monolithic agro-industrial system which produces it, and the impact of their food choices on their health, their environmental footprint, and the lives of farmed animals, made such 'blissful ignorance' untenable. Like Neo in the 1999 science fiction film, *The Matrix*, these participants had chosen the red pill of awareness (at times painful) of reality, not the blue pill of comfortable illusion. Dawn opened her reply with a heart emoticon to convey her empathy, writing:

♥ I understand what you're saying and where you are coming from... I still love and get along with all my friends, however, we have less in common & less to talk about bc our conversation topics might be so different. It can make hard to continue to connect on social level. I want to start learning, socializing and doing things that more align with who I am becoming. I have some friends who enjoy learning both sides and we can have great conversation, can go shopping together, garden, do like minded things that fit both our needs. It's a give and take, but then I have friends and family who are less tolerant and will only badger and tease about it. I think it def leads into other topics, as religion often gets brought up, evolution, health, environment, morals, etc... so really it's not always just not being able to not talk about food. It really

grows into our whole lives and social topics. I socialize more on here as I feel like my interests/thought process and social topics are more aligned with those in these groups. I don't know many vegans in person. (👍)

Jelena's reply, "Exactly it is not just about food...thanks" (👍), succinctly conveyed her sense of being heard and understood, and gratitude that her original point had been developed more fully through the group's online conversation.

I asked Jelena about this post during our interview. She explained the impact that her health journey, and the changes in her thinking about the connection between food choices and health that it prompted, was having on her sense of connection with those around her: "It's really all those things that are making me feel like I am distancing myself from people, somewhat voluntarily and somewhat not" (👍). To illustrate, she discussed how her views on cancer awareness and fundraising campaigns, shaped by what she had learned about the link between nutrition and cancer, created social difficulties for her:

Another one that really frustrates me is all the preventative – well, they're not really preventative campaigns, they should be preventative – you know, the breast cancer, the ovarian cancer, and like I always look at them and I go, "God I hope I'm not one of those women", and I wish all the best of luck to anyone who's in that situation, but the money is completely misdirected and people think that just by throwing more money at research, sure there's going to be a component of

that, sure I'll admit that, but it's really, it's just so wrong... A couple of years ago I attended one of those [Girls Night In fundraisers] which is fine, I can cope with giving 20, 30 bucks toward something, it's not going to kill me, but at a gut level, I'm going "The money's misdirected, we have this false sense of doing something, whereas we're actually not learning anything because we're having doughnuts and whipped cream served at those." It's just so wrong and I'm just like, I kind of pretend that I care, that I agree, because I don't... And so for me, at that social level, it fails, time and time and time again, because I'm just going "I don't get it", but at the same time, only a handful of years ago that was me, and something changed at my own personal level but also, as you were saying, I was open to it, that made me look at things differently... there's a lot of people who just follow the rules and go with the rules and think that's the only way and that really frustrates me. (☹)

Her post-WFPBD shift in world-view also created cognitive dissonance for Jelena in her workplace, as she described: "I work in a government department – the health department – and we give out a lot of public health messages that I just roll my eyes and go 'Oh my god!'" (☹). Furthermore, it led to a general distrust of media reporting of nutrition-related news stories:

I always tune in when I hear something on the news, you know, there is a new study, and says blah, and then I kind of go and google it and see what it is, well I did back in those days. Now I

just ignore it because, you know, it's mostly rubbish. (👊)

In her reply to Jelena's post, Laura recalled her own challenges with maintaining social relationships in the aftermath of her conversion experience:

It's very difficult to deal with the heightened awareness, especially at first. You say things with such enthusiasm and people look at you like you're crazy, selfish, depriving yourself and your family, like you've joined a cult, you think you're better than them or all of the above! (📖)

However, while Jelena and Dawn seemed to still be struggling to reconcile their new world view with maintaining their place in family and social circles, Laura had developed some coping strategies. Firstly, she kept herself connected to those around her by reminding herself of her 'pre-conversion' beliefs, as she explained: "I just try to remember how it all would have sounded to me a couple of years ago and that's helps.....a little" (📖). Secondly, she exercised selective self-censorship in order to preserve relationships: "I think I've realised that I need to really try and sense when is, and isn't a good time or place to say certain things" (📖).

Nerida echoed Laura's suggestions, after connecting empathically:

I feel you. I remind myself constantly that not so long ago my version of healthy was the same as theirs and that they are probably not worse off than me morally, they just haven't

reached the same point in their education, or the same point in their relationship with food. We can't lead by example if we only surround ourselves with like minds, living your truth and thriving says a lot more than discussion sometimes. (📺)

To participants, adopting a WFPBD was simply the logical outcome of discovering the evidence base for the diet, trialling it and experiencing its benefits. However, what seemed to them to be sensible and responsible behaviour, was viewed by many in their social circles as 'extreme' or 'crazy', resulting in participants feeling marginalised, misunderstood and stigmatised. Within the Whole Food Plant-Based Aussies Facebook group they found a safe space to voice their hurt and vent their exasperation with family members, friends, and the broader culture with which they feel profoundly misaligned, not just because of their dietary choices, but because of the worldview that informs them.

### **Bolstering resolve**

Hamilton (2006, p. 135) and Beardsworth and Keil (1991), in their studies of British vegetarians and vegans, found that initial motivations for following a meat-free diet tended to be added to and at times replaced, over the course of one's 'career' as a non-meat eater. In the Whole Food Plant-Based Aussies Facebook group, addition rather than substitution of motivations for following a WFPBD was the norm. Studies which compare motivations for meat reduction have found that individuals who are primarily motivated by concerns for animals and/or the environment are more likely to completely abstain from meat (i.e., become

vegetarian or vegan), while those whose primary motivation is personal health are more likely to become semi-vegetarian (De Backer & Hudders, 2014, 2015; Lea & Worsley, 2003a, 2003b). However, the dietary philosophy adhered to by the WFPBD-FBG advises complete abstention from animal products for health reasons. The Group Description makes explicit that the group's purpose is not to promote ethical veganism:

Whilst a WFPB diet is by definition a vegan diet, it is not the same as a vegan diet and these terms should not be used interchangeably. Posts relating to a vegan lifestyle, or vegan recipes that are not compliant with WFPB will be deleted. ("Description," n.d.)

However, a high proportion of participants self-identified as ethical vegans before they adopted a WFPBD, including Faith, one of the group's administrators, who wrote: "I stopped eating animal products a long time ago for ethical reasons" (📄). It was only after several decades of following a vegetarian, then vegan diet, that Faith discovered the WFPBD philosophy through reading *The China Study*.

Conversely, the majority of those who adopted the diet for health reasons had since become interested in the ethical and environmental ramifications of their food choices, and this further reinforced their 'freeze'. This trajectory was followed by Queenie, who wrote: "My focus is health, with quality of life as prime importance. However, my awareness now of the connection with animal rights and conservation of our planet have highlighted these issues equally for me" (📄). Similarly, Bella commented: "My health triggered the change, but animal welfare and the environment and my own good results keep me committed" (📄). Dakota

admitted that she had adopted a WFPBD “completely selfishly” (👁️), out of concerns for her own health. However, as part of her ongoing self-education process, she had watched the documentary *Earthlings* which awakened her to the ethical implications of her food choices:

It opened my heart... to sit and watch some of those ethical things – and I make myself watch them, because I go, well in a way it almost feels like I have to, I owe it to all of the animals that I've eaten and all of the blindness that I've had. (👁️)

Becoming aware of the environmental impact of animal agriculture sealed the deal for Dakota:

I think too what really flipped it as well... was the sustainability just slapped me right in the face and I just went well, I've got three kids and there are all these other kids in this world and if I think I'm gonna enjoy that piece of steak without that costing somebody else... I couldn't do it. I couldn't do it. (👁️)

Developing additional motivations for maintaining the diet appeared to buffer participants against the risk of relapse. For example, Elle freely confessed to an ongoing love affair with cheese, but explained that her awareness of the inhumane practices of the dairy industry overrode her cravings:

Elle: I still look at it now and go “Oh, I remember how delicious that is.” I don't want to eat it, but I can still completely

remember what it's like, you know, and I love cheese and I'm a real cook, and I'm quite a foodie so yeah, I still miss it.

Robyn: So what overrides the cravings, and allows you to stay on track?

Elle: To be honest, it's probably, when I'm like at a party and there's a cheese board or something, partly I know everyone knows I don't eat it, so I'd feel... embarrassed. But if it was completely in private, and no one would notice, I think the ethical thing would get me now more than [health concerns about] that one slice of cheese. Really, at the end of the day, one slice of cheese once in a blue moon is not going to hurt me, but now I think of what it is and where it came from. (👁️)

Whether the circle of concern was initially centred on considerations of personal health, animal rights or sustainability, its expansion to incorporate the remaining considerations created a 'point of no return' for members who had reached the Freeze stage. This was epitomised by Winona's reply to one of my research posts: "Now I will never go back to eating animal products because they are not good for me and due to the cruelty involved" (📧).



## Altered perceptions of food

Several participants who were in the Freeze stage reported altered perceptions of food, which suggested that they had attained the Termination stage defined by Prochaska et al. (2008) as:

“hav[ing] zero temptation and 100 percent self-efficacy. Whether they are depressed, anxious, bored, lonely, angry, or stressed, they are sure they will not return to their old unhealthy behaviors. It is as if they never acquired the behavior in the first place or their new behavior has become automatic.” (p. 101)

Evan shared that he had initially feared that turning vegan meant he would never again enjoy food: “I said these words to my girlfriend, ‘I think food's now dead to me, I think food's now just something that I have to do for nutrition; food as a joy has gone’” (👤). However, exactly the opposite phenomenon occurred. He reported that his palate seemed to be sensitised by the change in diet, so that he enjoyed his new way of eating far more than the old one:

It's ironic now to see the joy I get from food, which I haven't for a long, long time, the flavours and everything. And I do believe there's a little of that I can taste more that I couldn't before, there is that bit. (👤)

Evan's initial drive to align his behaviour with his ethical principles, and subsequently the physiological process of sensory recalibration, appeared to have

altered his perception of meat, and extinguished all desire for it. His comment “It looks like death now. It looks like death,” (👤) is highly reminiscent of Hamilton’s (2006) observation that

Avoidance of meat opens up the possibility of realizing what meat actually is, the flesh of a dead animal, which leads to it being perceived in a different way—as something revolting which leads in turn to an intensified rejection of it. (p. 132)

For Evan, ethical considerations exerted the most powerful influence on his food choices: “It's not an effort to be true to my ethics... those things [i.e. cravings] no longer happen, it's not like I'm trying to fight them, they're no longer there” (👤). He argued that

If you eat lots of vegetables for health reasons, but one day, you don't have vegetables, it isn't going to kill you. So the price for dropping off the wagon briefly is nothing. If you do it for ethical reasons you're going against what your values stand for and you're not being authentic to yourself straight away. (👤)

However, for participants who had experienced health challenges, these were the primary influencers of the perceptual shifts that protected them against relapse. Jelena gave an example of how the knowledge she had acquired changed the way she saw foods she had previously enjoyed:

We have all these gatherings at my work and they make all these rich cakes, and I used to – oh, cheese was my weakness – and they make cheesecakes and I... see like a 10 cm slab of cheesy whatever, and I go “Oh, your poor arteries!” and like [I think of] all these books that I've read and I go “Oh what are you doing to yourselves, people?” (🧠)

Evan’s altered perceptions of animal products were primarily driven by his awareness of what they actually were – the bodies of animals – and were quite emotionally laden. On the other hand, Jelena’s altered perceptions arose largely from her awareness of the potential health effects of eating such foods, and were more cognitive than emotional. This distinction is congruent with Hamilton’s (2006) finding that disgust reactions toward meat were far more prevalent in vegetarians motivated principally by ethical concerns than those for whom health concerns were the primary or initial motivation.

For Jelena, finding new sources of pleasure and enjoyment besides food, was pivotal to the freezing process. She attributed the inability of family members and friends to give up unhealthy foods to their positioning of them as rewards, and described how her thinking on this had shifted, and with it her perception of food:

[They think if they don’t eat their current favourite foods] “I am depriving myself, I'm not strong enough” or “I deserve this, I deserve that”, all that kind of stuff. And I'm like “Well, I'd rather feel good in my own body, in my own skin, then go and have a block of chocolate” or whatever that might be for

someone else, it's not worth it for me... Once upon a time [chocolate tasted pleasurable enough to override health concerns] but not anymore. (👤)

Olivia reported perceptual shifts in relation to food that were driven by both ethical and health concerns. Her perception of meat as “dead animal” (👤) made her commitment to a vegan diet non-negotiable, but her perception of the attractiveness of the ‘vegan junk food’ that her husband wanted to eat was altered by the impact of these foods on her health:

I feel so much better [when adhering to a WFPB]. Only a person knows how well or how not well they feel. I think the older you get, the more aware you become of everything, and when something's not working right, you know it and it's just like alarm bells. Your sleep's out, your toileting's out, your bloating's out, you just don't feel 100%, you're tired. I don't have time to be tired with a disabled child. So for me, that's what keeps me going ... I just feel so much better when I stick to it. (👤)

In the face of ongoing desire for non-WFPBD-compliant foods, maintenance would be difficult to attain, and termination impossible. Whether through cognitive processes, physiological adaptation, or both, participants who had reached the freeze stage reported altered perceptions of food which reduced or even abolished the temptation to relapse.

## Participation in the gift economy

Contribution to the gift economy of the group both reflected participants' commitment to a WFPBD, and reinforced it, hence playing a crucial role in the process of freezing. Participation in the gift economy of the group began in the movement stage. For example, new member Kath described her escalating engagement with the group, from 'lurker' to active participant: "I [just] read posts to start with but in the last few days I have made a few comments encouraging people with their amazing efforts" (☞). However, members in the freeze stage appeared particularly sensitive to the need to contribute actively to the supply side of the gift economy in order to sustain the group as "a merger of knowledge capital, social capital, and communion" (Rheingold, 1998, para. 2). Among the administrators, Kelly saw her primary role as providing accurate information by sharing articles from her own website, cross-posting articles from other WFPBD health professionals and websites she followed, and answering members' nutrition questions. Other administrators including Elle, Faith and Tamara primarily contributed practical support by posting recipes and meal planning tips, and answering members' queries on recipe adaptation.

A relatively small core of active members regularly responded to queries from 'newbies', offered congratulations and encouragement to members who posted their success stories, shared their meal ideas and WFPBD supermarket 'finds', and in other ways gave freely of their time and effort. Ben explained how he perceived the two-way benefits of contributing to the group:

Well, I suppose from my point of view, yeah, it's good, it's a feel-good feeling, I suppose. You get a bit of a high, I suppose you might call it, out of thinking "Oh well, I think I helped that

person one step to improve their health, or the planet or whatever". And I suppose, coming from the defence forces and also from IT... I got a lot of reward out of connecting people... I was a solution provider. And I suppose if I see disinformation out there too, on the group, I like to just sort of temper that a bit. (👤)

Evelyn succinctly summarised her participation in the gift economy of the group, and its culmination in an invitation to become an administrator:

I visit the page several times a day and I participate in every way, share articles/videos etc, comment, post recipes with photos, basically anything I think might be of interest to the members. I've always done this because of the tremendous support I personally get from the group, I wanted to give back. I truly struggled with this woe [way of eating] before finding this group because I felt so alone. I now have so much support. Because of my participation I was recently asked to become an admin person so I feel a responsibility to participate even more. However, I do that gladly. (👤)

Participants' comments intimated several of the motivations for gifting time and expertise that have previously been identified by Pearson (2007, para. 1), including "indirect reciprocity", as per Evelyn's desire to "give back" (👤) to the community that had assisted her; "social prestige" in the sense that "power users"

(☺), as Jelena described them, were admired by other group members for their knowledge; “as a social ‘glue’ to hold a community together”, exemplified by the sharing of everything from recipes to amusing memes; and the “sense of personal satisfaction” hinted at in Ben’s description of the “high” (☺) he derived from helping other members. For many participants, active participation in the gift economy of the group served as a relapse prevention strategy by cementing their role in the online community, and reinforcing their commitment to following a WFPBD.

## Chapter 4: Discussion and conclusion

### Discussion

This study investigated the key barriers to, and enablers of, adopting and maintaining a WFPBD, as perceived by members of the Whole Food Plant-Based Aussies Facebook group, and the strategies members used to overcome these barriers. As a netnography, the study focused on the role that membership of the Facebook group played in overcoming identified barriers.

Membership of the Facebook group played little role in the process of adopting a WFPBD, as most participants had already chosen to follow the diet before joining the group. Consistent with the findings of Beardsworth and Keil (1991) in their qualitative study of British vegetarians and vegans, participants in the current study tended to follow one of two paths to a WFPBD: “a relatively gradual process in which nutritional practices underwent an evolutionary change”, or “an abrupt switch of diet... typically triggered by a dramatic, and sometimes traumatic ‘conversion experience’” (p. 4). Barriers to adoption of the diet, and the strategies used to overcome them, were profoundly influenced by the nature of participants’ dietary transition. Few of the cognitive, information-related and behavioural barriers to adoption reported by Beverland (2014), Lea and Worsley (2001b, 2003a), and Lea and colleagues (2006), featured prominently in the accounts of those who underwent a conversion experience, as the conversion experience itself appeared to sweep those barriers away. Exposure to books and documentaries that presented the health benefits of a WFPBD persuaded many participants to believe that their previously-held beliefs about nutrition and health were incorrect, and provided an intellectually satisfying alternative paradigm.



Exposure to media focused on the ethical and/or environmental impact of animal agriculture generated cognitive dissonance that drove participants to override their taste preferences in order to bring their eating behaviour into alignment with their values. In many cases, these conversion experiences – whether prompted by health or ethical/environmental concerns – appeared to alter taste perceptions and preferences. On the other hand, “gradualists”, as Beardsworth and Keil (1991, p. 4) dubbed them, primarily overcame their cognitive and intrapersonal barriers to adoption in a manner congruent with the predictions of the HBM – through repeatedly exposing themselves to information on a WFPBD, which increased their perceptions of susceptibility, severity and benefit, and decreased perceptions of barriers (Champion & Sugg Skinner, 2008). Another strategy selected by gradualists was to trial the diet for a specified time, evoking Rogers’ theory of diffusion of innovation (2003) which proposes that innovations are more likely to be adopted if it is possible to trial them on a limited basis. One barrier identified by Lea and Worsley (2003a) – partner reluctance to change eating habits – was reported by participants in both the conversion experience and gradualist camps, to be a major barrier to adoption and conversely, partner assent was experienced by participants as a profound enabler of change.

It was in overcoming barriers to maintenance of a WFPBD that membership of the Facebook group assumed a prominent role, providing the “necessary tools to manage a new social reality, [without which] individuals quickly slip back into old habits and practices” (Beverland, 2014, p. 378). All three attributes of face-to-face support groups that Jabs et al. (1998) identified as facilitating maintenance of a vegetarian diet, were manifest in the Whole Food Plant-Based Aussies Facebook group. Participants drew upon the instrumental support offered by the group to

assist them with the practicalities of following a WFPBD within their family context, and availed themselves of expressive support when feeling the need to 'vent' their frustration, sadness and – for some – growing sense of alienation from their social contacts and mainstream culture. The social control referred to by Jabs et al. (1998) was also evident. For example, when members referred to media reports that contradicted WFPBD principles, or shared criticisms of the diet raised by their social contacts or medical practitioner, they were reinforced by other group members in rejecting 'mainstream' nutritional ideas, and referred to online and offline resources which comprise the evidence base for the WFPBD. The social control exerted by the group tends to generate an 'echo chamber' effect in which the basic principles of a WFPBD are reinforced and amplified through repetition. Magnifying the echo chamber effect, in order to maintain both the group's explicit identity as a support group for people who have elected to follow a WFPBD, and its friendly and welcoming atmosphere, administrators regulate – and at times, censor through deletion of posts or comments – debate on dietary principles and practices that do not conform to the version of a WFPBD defined in the Group Description.

Lewin's (1947/1997) group dynamics theory intersects with Rogers' diffusion of innovation theory to provide a frame of reference for understanding the social control behaviour manifested by the group. Diffusion was defined by Rogers (2003) as the process by which ideas and practices that are perceived as new – in this instance, a non-normative dietary practice – are spread through social systems over time, via channels including the mass media, interpersonal and electronic communication. Rogers (2003) classified individuals into five adopter categories according to their willingness to adopt an innovation: innovators, early

adopters, early majority, late majority and laggards, and observed that “the most innovative member of a system is very often perceived as a deviant from the social system and is accorded a status of low credibility by the average members of the system” (2003, p. 26). The criticism, ridicule and intense pressure to conform to dietary norms which many participants reported from family members, friends and other social contacts accords with the contention that their behaviour was perceived as “deviant” by those not in the innovator or early adopter categories with respect to a WFPBD. Lewin also remarked upon the tendency of groups to enforce conformity and punish deviance:

If the individual should try to diverge “too much” from group standards he will find himself in increasing difficulties. He will be ridiculed, treated severely, and finally ousted from the group. Most individuals, therefore, stay pretty close to the standard of the groups they belong to or wish to belong to. (1947/1997, p. 328)

Of course, it must be noted that a form of social control was also exerted through the maintenance of and enforced conformity to WFPB dietary norms through regulation of debate and, on occasions, expulsion of non-conforming members by group administrators. Jabs et al. (1998) has previously classified the defining of acceptable eating practices by vegetarian groups as ‘social control’, and viewed it as a form of social support for the maintenance of a vegetarian diet. While some participants appreciated this social control as it galvanised them to “fine-tune” their diets, as Jelena put it, the strict interpretation of a WFPBD adopted and enforced by the group is a potential barrier to entry for some members, especially newbies.

The primary difference between the three step change process as Lewin conceived it – “unfreezing (if necessary) the present level... moving to the new level... and freezing group life on the new level” (1947/1997, p. 330) – and the experience of members of the Whole Food Plant-Based Aussies Facebook group, was that in the latter case, unfreezing occurred on an individual rather than group basis, and the process of movement involved, to varying degrees, *leaving* their previous group as opposed to moving with it. Having perceived themselves to be excluded, or found themselves feeling alienated from their former social group because of their dietary choices, many participants turned to the Whole Food Plant-Based Aussies Facebook group to serve as their new normative group. As with any group, inclusion is contingent on accepting the group’s values. Lewin’s field theory (1947/1997) predicts that the stronger a member’s need for a sense of belonging in the Whole Food Plant Based Aussies Facebook group, the greater would be their own drive to conform to the group’s standards, and the higher the likelihood that they would be active in social control activities that enforce those standards, such as deleting non-conforming posts and expelling argumentative members. Future research on the Whole Food Plant Based Aussies Facebook group could investigate the accuracy of this prediction.

In addition, future research may explore the characteristics of Whole Food Plant Based Aussies Facebook group members with respect to Rogers’ categories of adopters, and Gladwell’s (2000) three types of early adopters: *connectors*, who act as conduits between the disparate social realms in which they have ties, engendering ‘cross-fertilisation’ between individuals and subcultures that might otherwise have never occurred; *mavens*, who are compulsively driven to gather information and pass it on to others in order to help them make informed

decisions; and *salesmen*, unusually charismatic people who influence others' decisions and behaviours. Active members may be more likely to be mavens, consumed by the science supporting the WFPBD, or connectors, wanting to spread the WFPBD through their social networks. Some lurkers, on the other hand, may be trialling WFPBD and open to the influence of salesmen and mavens in the group.

## **Limitations**

This research project has several limitations. The group has over 7600 members (as of the time of writing – September 2017) – but a large majority of these members are not active in terms of posting or commenting on other members' posts. This non-active membership segment partially comprises individuals who participate passively in group life as lurkers, reading and benefiting from other members' posts but not producing their own content. I actively solicited the views of such members by inviting them to reply to my research-related posts and participate in interviews. This strategy achieved some success: two interviewees and several members who replied to my posts disclosed that they regularly visited the group but did not actively participate. However, there is almost certainly a proportion of non-active members who became disengaged from the group at some point after they joined, ceasing to visit either spontaneously or in response to newsfeed notifications. Due to Facebook's newsfeed algorithm, these members would not receive notifications from the group despite their continued membership, and hence I was not able to elicit their views on the group or the reason/s for their disengagement.

Members who were dissatisfied with elements of the group's dynamics may have been reluctant to discuss their criticisms in full view of other members, by replying to my research posts. I attempted to minimise this self-censorship by including in each of my research-related posts, an invitation to use Facebook's instant messaging application to contact me privately if preferred, and assuring confidentiality. I also included a question on negative elements of group dynamics in the interview schedule, again assuring confidentiality. Again, this strategy was successful in eliciting some members' observations of group dynamics that they perceived as unhelpful.

Finally, a link was posted on the group's discussion board to a précis of the themes, clustered into the three steps of Lewin's behaviour change model, and hosted on the project website at <https://wfpbanetnography.org/research-findings/>. Members were invited to give feedback on the accuracy of representation of their perspectives; the text of this post is included in Appendix E. Over 20 members commented on the précis. Most of those who commented had not participated in the research project, and several were not regularly active in the group, but all indicated that they strongly identified with the themes. Typical comments included: "You just described my journey!", "Nailed it! ", "I can really relate to this" and "Talk about hitting the nail on the head! I loved reading this and will save it for future reference if that's ok! I could relate to everything you mentioned and couldn't think of anything else." Thus, member feedback indicated validity of the findings across both active and non-active group members (lurkers).

## **Conclusion**

This research project demonstrated that an online support group can provide the instrumental support, expressive support and social control previously identified as characteristic of in-person support groups that facilitate adherence to a PBD (Jabs et al., 1998). These forms of support helped participants overcome barriers to adoption and maintenance of a WFPBD in Australia. Participants identified the group's friendly and non-confrontational atmosphere as pivotal to their ability to feel safe enough to reach out for support, particularly expressive support. A proactive moderation policy is required to maintain this atmosphere, but may come at the expense of open debate and discussion.

Future research should focus on factors which cause members to disengage from the group, and explore the application of diffusion of innovation theory to group membership. In the meantime, practitioners may consider referring patients or clients who express interest in adopting a WFPBD to groups such as the Whole Food Plant Based Aussies Facebook group, especially if they have limited offline support for making this transition.

## References

- Asher, K., Green, C., deLepinasse, C., Gutbrod, H., Bastian, B., Jewell, M., & Hale, G. (2015). *Study of current and former vegetarians and vegans: Qualitative findings*. Retrieved from <https://faunalytics.org/wp-content/uploads/2015/07/Faunalytics-Study-of-Current-and-Former-Vegetarians-and-Vegans-%E2%80%93Qualitative-Findings1.pdf>
- Asher, K., Green, C., Gutbrod, H., Jewell, M., Hale, G., & Bastian, B. (2014). *Study of current and former vegetarians and vegans: Initial findings*. Retrieved from [https://faunalytics.org/wp-content/uploads/2015/06/Faunalytics\\_Current-Former-Vegetarians\\_Full-Report.pdf](https://faunalytics.org/wp-content/uploads/2015/06/Faunalytics_Current-Former-Vegetarians_Full-Report.pdf)
- Australian Institute of Health and Welfare. (2016). *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*. (BOD 4). Canberra.
- Barnard, N. D., Gloede, L., Cohen, J., Jenkins, D. J., Turner-McGrievy, G., Green, A. A., & Ferdowsian, H. (2009). A low-fat vegan diet elicits greater macronutrient changes, but is comparable in adherence and acceptability, compared with a more conventional diabetes diet among individuals with type 2 diabetes. *J Am Diet Assoc, 109*(2), 263-272. doi:10.1016/j.jada.2008.10.049
- Barnard, N. D., Scialli, A. R., Turner-McGrievy, G., & Lanou, A. J. (2004). Acceptability of a Low-fat Vegan Diet Compares Favorably to a Step II Diet in a Randomized, Controlled Trial. *Journal of Cardiopulmonary Rehabilitation, 24*, 229-235.
- Barrera, M., Jr., Glasgow, R. E., McKay, H. G., Boles, S. M., & Feil, E. G. (2002). Do Internet-based support interventions change perceptions of social support?: An experimental trial of approaches for supporting diabetes self-management. *American Journal of Community Psychology, 30*(5), 637-654.
- Beardsworth, A. D., & Keil, E. T. (1991). Vegetarianism, veganism, and meat avoidance: Recent trends and findings. *British Food Journal, 93*(4), 19-24. doi:10.1108/00070709110135231
- Becker, M. H. (1974). The Health Belief Model and personal health behavior. *Health Education Monographs, 2*, 324-508.
- Beverland, M. B. (2014). Sustainable eating: Mainstreaming plant-based diets in developed economies. *Journal of Macromarketing, 34*(3), 369-382.
- Bonniface, L., & Green, L. (2007). Finding a new kind of knowledge on the HeartNET website. *Health Info Libr J, 24 Suppl 1*, 67-76. doi:10.1111/j.1471-1842.2007.00742.x



- Bonniface, L. N., Green, L. R., & Swanson, M. G. (2006). Communication on a health-related website offering therapeutic support: Phase 1 of the HeartNET website. *Australian Journal of Communication, 33*(2,3), 89-107.
- Bradshaw, V., Witney, C., Green, L., & Costello, L. (2012). Embodying knowledge of breast cancer in a disembodied community? *M/C Journal, 15*(4).
- Buchanan, D. (2011). Social support. *Perspectives, 34*(3), 4.
- Campbell, T. C., & Campbell, T. M. (2006). *The China study*. Dallas, TX: Benbella Books.
- Campbell, T. C., & Jacobson, H. (2013). *Whole*. Dallas, TX: Benbella Books.
- Campbell, T. M., II, & Campbell, T. C. (2012a). The breadth of evidence favoring a whole foods, plant-based diet: Part 1. *Primary Care Reports*.
- Campbell, T. M., II, & Campbell, T. C. (2012b). The breadth of evidence favoring a whole foods, plant-based diet: Part 2. *Primary Care Reports*.
- Champion, V. L., & Sugg Skinner, C. (2008). The Health Belief Model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (pp. 45-65). San Francisco, CA: Wiley.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Crotty, M. (1998). The foundation of social research: Meaning and perspective in the research process (pp. 1-17). St Leonards, Australia: Allen & Unwin.
- Cummings, S., Heeks, R., & Huysman, M. (2006). Knowledge and learning in online networks in development: a social-capital perspective. *Development in Practice, 16*(6), 570-586. doi:10.1080/09614520600958215
- De Backer, C. J., & Hudders, L. (2014). From meatless Mondays to meatless Sundays: motivations for meat reduction among vegetarians and semi-vegetarians who mildly or significantly reduce their meat intake. *Ecol Food Nutr, 53*(6), 639-657. doi:10.1080/03670244.2014.896797
- De Backer, C. J., & Hudders, L. (2015). Meat morals: relationship between meat consumption consumer attitudes towards human and animal welfare and moral behavior. *Meat Sci, 99*, 68-74. doi:10.1016/j.meatsci.2014.08.011
- Description. (n.d.). Retrieved from <https://www.facebook.com/groups/PlantBasedAussies/>
- Esselstyn, C. B., Jr., Gendy, G., Doyle, J., Golubic, M., & Roizen, M. (2014). A way to reverse CAD? *Journal of Family Practice, 63*(7), 356-364.
- Festinger, L. (1962). *A theory of cognitive dissonance*. Stanford, California: Stanford University Press.

- Frattaroli, J., Weidner, G., Dnistrian, A. M., Kemp, C., Daubenmier, J. J., Marlin, R. O., . . . Ornish, D. (2008). Clinical events in prostate cancer lifestyle trial: results from two years of follow-up. *Urology*, *72*(6), 1319-1323. doi:10.1016/j.urology.2008.04.050
- Freedman, R., & Barnouin, K. (2005). *Skinny bitch*. Philadelphia, PA: Running Press.
- Fuhrman, J., Sarter, B., & Calabro, D. J. (2002). Brief case reports of medically supervised, water-only fasting associated with remission of autoimmune disease. *Alternative Therapies*, *8*(4).
- Fulkerson, L. (Writer). (2011). Forks Over Knives. In J. Corry & B. Wendel (Producer). US: Virgil Films.
- Gever, J. (2010, 13/8/2010). Ornish, Pritikin Cleared for Medicare Payment. Retrieved from <http://www.medpagetoday.com/cardiology/prevention/21675>
- Gifkins, K., & Suttor, N. (2013). *Social media, research ethics and your research*. Paper presented at the ECU Research Week, Edith Cowan University. <http://ro.ecu.edu.au/creswk/61>
- Gil-Or, O., Levi-Belz, Y., & Turel, O. (2015). The "Facebook-self": characteristics and psychological predictors of false self-presentation on Facebook. *Frontiers in Psychology*, *6*, 99. doi:10.3389/fpsyg.2015.00099
- Gladwell, M. (2000). *The tipping point: How little things can make a big difference*. London, UK: Little Brown.
- Hamilton, M. (2006). Disgust reactions to meat among ethically and health motivated vegetarians. *Ecology of Food and Nutrition*, *45*(2), 125-158. doi:10.1080/03670240500530691
- Harvey-Berino, J., Pintauro, S., Buzzell, P., & Casey Gold, E. (2004). Effect of Internet support on the long-term maintenance of weight loss. *Obesity Research*, *12*(2), 320-329.
- Highmark. (n.d.). *Dean Ornish program for reversing heart disease: Cost effectiveness summary*. Retrieved from <https://www.ornish.com/wp-content/uploads/Highmark-cost-analysis.pdf>
- Jabs, J., Devine, C. M., & Sobal, J. (1998). Maintaining vegetarian diets: Personal factors, social networks and environmental resources. *Canadian Journal of Dietetic Practice and Research*, *59*(4).
- Jacobs, N., Clays, E., De Bacquer, D., De Backer, G., Dendale, P., Thijs, H., . . . Claes, N. (2011). Effect of a tailored behavior change program on a composite lifestyle change score: a randomized controlled trial. *Health Educ Res*, *26*(5), 886-895. doi:10.1093/her/cyr046

- Kaiser Permanente. (n.d., 30 June 2016). Fast facts about Kaiser Permanente. Retrieved from <https://share.kaiserpermanente.org/article/fast-facts-about-kaiser-permanente/>
- Kozinets, R. V. (2009). *Netnography: Doing ethnographic research online*. London: SAGE Publications.
- Kozinets, R. V. (2015). *Netnography: Redefined*. Thousand Oaks, CA: Sage.
- Lea, E., Crawford, D., & Worsley, A. (2006). Public views of the benefits and barriers to the consumption of a plant-based diet. *European Journal of Clinical Nutrition*, 60(7), 828-837. doi:10.1038/sj.ejcn.1602387
- Lea, E., & Worsley, A. (2001a). The cognitive contexts of beliefs about the healthiness of meat. *Public Health Nutrition*, 5(1), 37-45.
- Lea, E., & Worsley, A. (2001b). Influences on meat consumption in Australia. *Appetite*, 36, 127-136.
- Lea, E., & Worsley, A. (2003a). Benefits and barriers to the consumption of a vegetarian diet in Australia. *Public Health Nutrition*, 6(5), 505-511. doi:10.1079/PHN2002452
- Lea, E., & Worsley, A. (2003b). The factors associated with the belief that vegetarian diets provide health benefits. *Asia Pacific Journal of Clinical Nutrition*, 12(3), 296-303.
- Lee, V., McKay, T., & Ardern, C. I. (2015). Awareness and perception of plant-based diets for the treatment and management of type 2 diabetes in a community education clinic: a pilot study. *Journal of Nutrition and Metabolism*, 2015, 236234. doi:10.1155/2015/236234
- Lewin, K. (1997). *Resolving social conflicts: And, field theory in social science*. Washington, DC: American Psychological Association.
- Lindsay, S., Bellaby, P., Smith, S., & Baker, R. (2008). Enabling healthy choices: is ICT the highway to health improvement? *Health (London)*, 12(3), 313-331. doi:10.1177/1363459308090051
- Macias, E. (2016). Midland Hospital Launches New All Plant Menu for Patients [Press release]. Retrieved from <http://www.cbs7.com/content/news/Midland-Hospital-Launches-New-All-Plant-Menu-for-Patients-372190442.html>
- Madara, E. J. (1998). The mutual-aid self-help online revolution. *Perspectives*, 3(2).
- McCully, S. N., Don, B. P., & Updegraff, J. A. (2013). Using the Internet to help with diet, weight, and physical activity: Results from the Health Information National Trends Survey (HINTS). *Journal of Medical Internet Research*, 15(8), e148. doi:10.2196/jmir.2612

- Morton, D. P., Rankin, P., Morey, P., Kent, L., Hurlow, T., Chang, E., & Diehl, H. (2013). The effectiveness of the complete health improvement program (CHIP) in Australasia for reducing selected chronic disease risk factors: A feasibility study. *The New Zealand Medical Journal (Online)*, 126(1370), 43-54.
- Nabulsi, S. (2016, 13 January 2016). Plant-based nutrition is a way of life. *Midland Reporter-Telegram*. Retrieved from [http://www.mrt.com/health\\_and\\_wellness/stories/article\\_286a12b8-b975-11e5-913a-7776ced3706b.html](http://www.mrt.com/health_and_wellness/stories/article_286a12b8-b975-11e5-913a-7776ced3706b.html)
- Nestle, M. (1994). Traditional models of healthy eating: alternatives to "Techno-Food". *Journal of Nutrition Education and Behavior*, 26(5), 241-245.
- NHMRC. (2013). Australian Dietary Guidelines: Providing the scientific evidence for healthier Australian diets.
- Ornish, D. (1998). Avoiding revascularization with lifestyle changes: The multicenter lifestyle demonstration project. *The American Journal of Cardiology*, 82(10), 72-76. doi:10.1016/S0002-9149(98)00744-9
- Pearson, E. (2007). Digital gifts: Participation and gift exchange in Livejournal communities. *First Monday*, 12(5). doi:10.5210/fm.v12i5.1835
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*, 20(2), 76-85.
- Powers, B. A., & Knapp, T. R. (2010). *Dictionary of Nursing Theory and Research: Fourth Edition (4)*. New York, US: Springer Publishing Company.
- Prochaska, J. A., Redding, C. A., & Evers, K. E. (2008). The Transtheoretical Model and Stages of Change. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (4th ed., pp. 97-121). San Francisco, CA: Wiley.
- Radd, S., & Marsh, K. A. (2012). Practical tips for preparing healthy and delicious plant-based meals. *Med J Aust*, 1(2), 41-45. doi:10.5694/mjao11.11511
- Rheingold, H. (1998). *The Virtual Community* Retrieved from <http://www.rheingold.com/vc/book/4.html>
- Riedel, K. (2013). *The hidden benefits of lurking in communities of practice*. (Master of Sciences in Business, Language and Culture Leadership and Management Studies Master's), Copenhagen Business School.
- Rimer, B. (2008). Models of Individual Health Behavior. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research and Practice* (4th ed., pp. 41-44). San Francisco, CA: Wiley.
- Rogers, E. M. (2003). *Diffusion of iInnovations* (5th ed.). New York, NY: Free Press.

- Ruby, M. B. (2012). Vegetarianism. A blossoming field of study. *Appetite*, 58(1), 141-150. doi:10.1016/j.appet.2011.09.019
- Silberman, A., Banthia, R., Estay, I. S., Kemp, C., Studley, J., Hareras, D., & Ornish, D. (2010). The effectiveness and efficacy of an intensive cardiac rehabilitation program in 24 sites. *American Journal of Health Promotion*, 24(4), 260-266. doi:10.4278/ajhp.24.4.arb
- Suzuki, D. T. (1994). *An Introduction to Zen Buddhism*. New York, NY: Grove Press.
- Turner, K. (2014). *Radical Remission*. New York, NY: HarperCollins
- Tuso, P. J., Ismail, M. H., Ha, B. P., & Bartolotto, C. (2013). Nutritional update for physicians: plant-based diets. *Permanente Journal*, 17(2), 61-66. doi:10.7812/TPP/12-085
- Uridge, L. (2014). *The identity of the heart patient in the context of the gift economy: HeartNET and media framing*. (PhD), Edith Cowan University. Retrieved from <http://ro.ecu.edu.au/theses/1578>
- Wong, J., & Shoham, M. (2011, 4-7 Jan. 2011). *The emotional strength of weak ties: Reevaluating social support online*. Paper presented at the 44th Hawaii International Conference on System Sciences.
- Wright, N., Wilson, L., Smith, M., Duncan, B., & McHugh, P. (2017). The BROAD study: A randomised controlled trial using a whole food plant-based diet in the community for obesity, ischaemic heart disease or diabetes. *Nutrition & Diabetes*, 7(3), e256. doi:10.1038/nutd.2017.3

## Appendices

### Appendix A: Information letter to participants



## INFORMATION LETTER TO PARTICIPANTS

### Study Title

### *Finding Support Along the Road Less Travelled: A netnography of the Whole Food Plant-Based Aussies Facebook group*

Dear Sir/Madam

I am conducting research to investigate factors that influence the adoption and maintenance of a whole food plant-based diet. This research project is being undertaken as part of the requirements of a Bachelor of Health Science Honours degree at Edith Cowan University (ECU). As a member of the Whole Food Plant-Based Aussies Facebook group, you are invited to participate in this important research project.

#### **What is this study about?**

The purpose of this study is to explore the barriers that members of the Whole Food Plant-Based Aussies Facebook group face in trying to adopt and maintain a whole food plant-based diet, and the strategies they use to overcome those barriers.

This study will also investigate the role that membership of the Facebook group plays in sticking to the diet.

It is hoped this study will identify strategies that could be incorporated into lifestyle intervention programs to promote plant-based diets to the broader Australian community.

#### **How you were selected**

All members of the Whole Food Plant-Based Aussies Facebook group are eligible to participate in this study. This group was selected for study because of its unique focus on supporting Australians who wish to eat a whole food plant-based diet. The principal researcher, Robyn Chuter, has been a member of this group for over 3 years.

### **What does participation in this study involve?**

There are 3 ways that you may participate in this study:

- 1) If you have participated in the group's discussion page, you may be contacted via Facebook's instant messaging application to request your permission to include your content in the study. Both images and text may be included.
- 2) Group members will be invited to reply to specific posts on the discussion board that explore the questions Robyn Chuter is addressing in her research project. If you respond to such posts, it will be assumed that you give consent for your response to be included in the study.
- 3) You may be invited to take part in an in-depth interview. You will be emailed an Informed Consent document to read, sign and return to Robyn Chuter. She will then contact you to arrange a time for an interview. This interview will be conducted using Skype or a similar video conferencing platform, at a time convenient to you, and will last no longer than 1 hour. The interview will be audio recorded, and as token of appreciation for your time, you will be offered a \$20 Coles/Myer gift card.

Your participation in this study is completely voluntary, and you will be free to withdraw your consent to further involvement in this project at any time, with no explanation or penalty. You will not be disadvantaged in any way if you do not participate.

### **How your confidentiality will be protected**

All information provided by you will be treated with full confidentiality. If you give your permission for content that has posted on the discussion board, or comments that you have made on such content, to be included in the study, your Facebook identity will be removed from this content and you will be identified only as a male or female member of the group.

If you participate in an in-depth interview, your name will be deleted from the transcript, and replaced with a pseudonym.

Nothing that you say during the interview will be disclosed to anyone else, including administrators and other members of the Facebook group.

All information relating to this research project will be stored securely, and will only be available to the Principal Researcher and Supervisors.

### **What will be done with the results of the study?**

The results of this study are intended for completion of an Honours degree and will be incorporated into a thesis. Results may also be presented at conferences/seminars and published in peer-reviewed journals, as magazine articles, as an online article or part of a book section or report. Published results will not contain information that can be used to identify participants.

A copy of published results can be obtained from the Principal Researcher upon request.

**What to do next**

If you would like to participate in this research, simply email Robyn Chuter at [r.chuter@ecu.edu.au](mailto:r.chuter@ecu.edu.au) or respond to Robyn's discussion board posts and/or instant message to you.

**Further Information**

For further information please feel free to contact Robyn Chuter, or her Principal Supervisor, Dr Leesa Costello on: [l.costello@ecu.edu.au](mailto:l.costello@ecu.edu.au)

Note: This study has been approved by the Edith Cowan University School of Medical and Health Sciences and School of Science Ethics Subcommittee. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact the Chair of the Ethics Subcommittee (contact details below):

Associate Professor Chris Abbiss

Chair

School of Medical and Health Sciences and School of Science Ethics Subcommittee

270 Joondalup Drive

Joondalup WA 6027

[c.abbiss@ecu.edu.au](mailto:c.abbiss@ecu.edu.au)

Yours sincerely



Robyn Chuter



## **Appendix B: Content of research-specific posts**

Each post contained the following preamble:

As you may know, I'm currently enrolled in a Bachelor of Health Science Honours degree at Edith Cowan University. My thesis is exploring the factors that help and hinder sticking to a whole food, plant-based diet. Participation in this research project is completely voluntary, and you can withdraw at any time. In order to protect your identity, your name will be removed from the post before I analyse it, and will not be in the research report. If you wish to participate in the research but would prefer not to post your answer/s publicly, private message them to me instead. Please read the Information Sheet about my research project which is available at [www.fpbnetnography.com](http://www.fpbnetnography.com) before responding to this post.

### ***Post 1***

How did you find out about the whole food, plant-based way of eating? What made you want to adopt this type of diet? For example, did you see any documentaries, or read books, or did you or a family member have health issues that concerned you, and prompted your change of diet?

### ***Post 2***

Is there anything that has made it difficult for you to follow a whole food, plant-based diet, either now or in the past? If you've overcome the difficulty, what helped you to do so? If you're still struggling with it, do you have any ideas on what might help you?

***Post 3***

What has been most helpful for you when it comes to sticking to a whole food, plant-based diet? For example, useful books, podcasts or websites; the support of others offline or online, either in this group or elsewhere; meal plan services?

***Post 4***

How often do you visit this group? What kinds of things do you do here e.g. get or share recipe ideas, ask or answer questions about the diet, share helpful resources you've found, ask for advice on handling challenging situations, read posts but not generally comment?

***Post 5***

Do you belong to other diet or lifestyle-related social media groups, either on Facebook or other platforms e.g. Twitter, LinkedIn? If so, what do you use them for? How is that different from how you use this group?

***Post 6***

Is being a member of this group an important part of your life at the moment? If so, in what ways? If not, is there anything that would make the group more helpful or useful to you?

## **Appendix C: Participant consent form – for interviews**



### **PARTICIPANT CONSENT FORM – FOR INTERVIEWS**

#### **Study Title:**

**Finding Support Along the Road Less Travelled: A  
netnography of the Whole Food Plant-Based Aussies**

**Facebook group**

#### **Statement of consent**

By signing below, you are indicating that you:

- Have been directed to the Information Letter explaining the research study;
- Have read and understood the information provided;
- Have been given the opportunity to ask questions and have had any questions answered to your satisfaction;
- Understand that if you have any additional questions you can contact the research team;
- Understand that participation in the research study will involve an interview session, up to 1 hour long, with the Principal Researcher, Robyn Chuter. The interview will be conducted using Skype or a similar video conferencing platform, at a time convenient to you;
- Understand that the interview with you will be audio recorded and transcribed by Robyn Chuter, and that the original recording and any transcript and any copies of it/them will be deleted after a prescribed time period;
- Understand that the information provided will be kept confidential, and no identity of any individual participant will be disclosed;

- Understand that the information provided will only be used for the purposes of this research project, and understand how the information will be used;
- Understand that you are free to withdraw from further participation at any time, without explanation or penalty;
- Understand that if you do withdraw from further participation, it may not be possible to withdraw information provided by you during the interview/s if the recording has been transcribed and your identity has been removed; and
- Freely agree to participate in the project.

---

Name

---

Signature

---

Date

### **Researchers and contact information:**

Principal Researcher: Robyn Chuter  
Mobile: 0432 766 884  
Email: [rchuter@our.ecu.edu.au](mailto:rchuter@our.ecu.edu.au)

Senior Lecturer Dr Leesa Costello (principal research supervisor)  
Email: [L.costello@ecu.edu.au](mailto:L.costello@ecu.edu.au)  
Phone: 08 6304 5459  
School of Medical and Health Sciences

Senior Lecturer Dr Julie Dare (co-supervisor)  
Email: [j.dare@ecu.edu.au](mailto:j.dare@ecu.edu.au)  
Phone: 08 6304 2613  
School of Medical and Health Sciences

## **Appendix D: Interview schedule**

Greet, thanks, collect demographic info

1. Can you tell me where you are in your plant-based journey?

(Prompts if necessary: just learning about plant-based diet; beginner, old hand?)

2. What got you interested in the plant-based diet?

3. Are your partner and children (if you have them) also eating plant-based? If not, what issues have arisen and how have you handled them? Are any of these issues still unresolved?

4. Are your family and friends supportive of you eating a plant-based diet? If not, what issues have arisen and how have you handled them? Are any of these issues still unresolved?

5. What difficulties and challenges have you experienced in adopting and maintaining a plant-based diet, and what strategies (both successful and unsuccessful) have you used to overcome these difficulties? Have you ever felt excluded or 'out of the loop' because of your adoption of a PBD?

(Prompts if necessary: cravings for non-compliant foods, lack of culinary skills, difficulty finding compliant food when travelling, opposition from others, feeling uncomfortable/judged when asking for PB foods when eating out.)

6. How often do you interact in the Wholefood Plant-Based Aussies Facebook group. How do you see your place in the group, and how do you think other group members see you?

(Prompts if necessary: newbie, reliable source of information, shoulder to cry on, source of practical support.)

7. What do you use the group for?

8. How important a role does online support, and in particular the Wholefood Plant-Based Aussies Facebook group, play in your ability to stick with the diet?

9. Have you ever thought about posting or replying to another member's post, but held back from doing so? If so, why?

10. Have you observed any behaviour in the group that makes you feel uncomfortable, unsafe or unwelcome? Please describe.

(Assure confidentiality and build rapport.)

11. Does the group fulfil your expectations of a support group? Please explain why or why not (if not, what is missing, and how could the group be more supportive?).

12. Is there one memorable moment in your interaction with the group – either good or bad – that you'd like to share?

13. Is there anything else you would like to add?

## **Appendix E: Content of member-checking post (posted on group discussion board on September 1 2017)**

I'm in the final throes of completing my Honours thesis, which is on the impact of belonging to this group on people's ability to adhere to a wholefood plant-based diet.

I've summarised my findings at <https://wfpbanetnography.org/research-findings/>.

Especially if you participated in the research project in any way - but even if you didn't - I'd love to get your feedback on the themes that I've identified.

Do you agree? Disagree? Did I miss something important? Did I misinterpret something you said?

Please take a minute to post below, or send me a private message if you prefer.

You can view the Project Information Letter at <https://wfpbanetnography.org/>.

Thanks in advance 😊.