Why People Choose Different Diets

People rarely choose food for just one reason. Health, culture, beliefs, identity, sensory needs, access, enjoyment and life circumstances can all shape a person's diet - and those reasons may change over time.

There is no single "right" reason

One person may follow a diet to manage coeliac disease. Another may avoid animal products because of deeply held values. Someone else may repeat a small range of foods because predictability makes eating possible. A choice that looks similar from the outside may have a completely different meaning on the inside.

Understanding the reason matters because it changes what support is appropriate. Advice that ignores a person's health, culture, finances, neurodivergence or relationship with food can be unrealistic and may cause harm.

The main influences

- Physical health and medically diagnosed needs
- Culture, religion, family and identity
- Ethical or environmental values
- Weight, appearance or performance goals
- Allergies, intolerances and digestive symptoms
- Autism, ADHD, ARFID and sensory safety
- Money, time, access, energy and cooking facilities
- Taste, enjoyment, routine and convenience

Choice and constraint

Not every diet is freely chosen. Some people eat what is available, affordable, tolerated or safe. Recognising constraint prevents us from turning food into a judgement about character or motivation.

Health and Medical Reasons

Food can be part of managing health, but the safest approach depends on the condition and the individual.

Diagnosed conditions

Some dietary changes are essential treatment. A person with coeliac disease needs a strict lifelong gluten-free diet. Food allergies require avoidance and an appropriate emergency plan. Other conditions - including diabetes, kidney disease, digestive disorders and cardiovascular disease - may involve tailored advice rather than a universal list of forbidden foods.

Symptoms and self-experimentation

People may change their diet because of pain, bloating, fatigue, reflux, bowel changes or suspected intolerance. Wanting relief is understandable, but removing several foods at once can make it hard to

identify what helped and can reduce nutritional adequacy. Persistent symptoms deserve clinical assessment.

Medication and life stages

Appetite, taste, digestion and nutritional requirements can change with medication, pregnancy, menopause, ageing, illness or recovery. A plan that once suited someone may need reviewing.

Useful questions

- Is there a clear diagnosis or clinical reason for this change?
- Who provided the advice, and are they appropriately qualified?
- Could the change interact with medication or an existing condition?
- How will nutritional adequacy and symptoms be monitored?
- Is the plan temporary, lifelong or intended for a structured trial?

When to seek help

Speak with a GP or registered dietitian before a major restriction when there are medical conditions, pregnancy, childhood growth needs, frailty, an eating-disorder history or already limited intake. Seek urgent help for fainting, chest pain, severe weakness, confusion, dehydration or another immediate concern.

Culture, Religion, Ethics and Identity

Food carries memory, belonging and meaning. Dietary choices may express who someone is and the communities to which they belong.

Culture and family

Recipes, ingredients, mealtimes and methods of preparation can connect generations. Migration, mixed heritage and changing family structures may create new food patterns. Culturally respectful nutrition support works with familiar foods rather than assuming they must be replaced.

Religion and spiritual practice

Faith may influence permitted foods, preparation, fasting and celebration. The practical and health implications vary between individuals and traditions. Where fasting or restriction affects a health condition, respectful clinical advice can help someone consider safety without dismissing their beliefs.

Ethics and the environment

People may reduce or avoid animal products because of animal welfare, sustainability or environmental concerns. Others may focus on local, seasonal or lower-waste choices. These values can be meaningful, while affordability, availability, allergies and nutritional needs may affect what is realistic.

Identity and belonging

Following a particular eating pattern can provide community and shared language. It can also create pressure to follow rules perfectly. A person should be able to adapt a diet for health, disability or access without having their values questioned.

Respectful curiosity

- Which foods or practices are important to preserve?
- Are there preparation requirements or periods of fasting?

- What adaptations would feel respectful?
- Is the person experiencing pressure from family, community or online groups?
- Can the diet meet their needs without becoming rigid or isolating?

Weight, Sport and Appearance

Many people change their diet hoping to alter weight, body shape, fitness or performance. These goals can be influenced by health advice, sport, social pressure, stigma and past experiences.

Weight-related goals

A person may want to lose, gain or maintain weight. Weight is affected by more than food alone, including genetics, medication, sleep, hormones, illness, stress and social circumstances. Highly restrictive plans can produce short-term change while being difficult to sustain and may worsen a person's relationship with food.

Sport and performance

Athletes may adjust meal timing, carbohydrate, protein or hydration to support training and recovery. More restriction is not automatically better performance: under-fuelling can affect concentration, mood, hormones, bone health, immunity and injury recovery. Sports nutrition advice should match the activity and the person.

Appearance and social pressure

Online transformations, advertising and weight stigma can make people feel that changing their body is necessary for acceptance. Before beginning a diet, it can help to ask whether the goal is personally meaningful or mainly a response to fear, comparison or criticism.

Warning signs

- Food rules become increasingly strict or complicated.
- Missing the plan causes intense shame, anxiety or compensation.
- Meals, relationships or social events are avoided.
- Exercise continues despite illness, injury or exhaustion.
- Weight and food thoughts dominate the day.
- There is dizziness, fainting, weakness, rapid change or other physical concern.

Support should consider both physical and emotional wellbeing. A plan is not successful if it damages health, flexibility, connection or quality of life.

Neurodivergence, Sensory Safety and ARFID

For many neurodivergent people, eating patterns are shaped less by preference in the ordinary sense and more by what the nervous system, body and executive functioning can manage.

Sensory needs

Texture, smell, temperature, colour, sound, packaging and brand consistency may determine whether a food feels safe. Repetition can provide predictability and reduce overload. Sudden substitution or pressure to “just try it” can increase distress and reduce intake.

Executive functioning and attention

ADHD can affect remembering to eat, noticing time, planning, shopping, food preparation and awareness of hunger until it becomes urgent. Easy-access foods, prompts, repeated meals and low-preparation options are practical supports, not failures.

ARFID and restricted intake

ARFID may involve sensory sensitivity, fear of consequences such as choking or vomiting, low interest in food, or a combination. It is not driven by a desire to change body shape. Support must protect adequate intake and avoid shame while addressing nutritional or functional impact.

Choice within safety

A person may genuinely want more variety but be unable to tolerate it yet. Their current range should not be dismissed. Safe foods, supplements or fortified options may be important, with changes guided by relevant professionals.

Helpful support

• Keep dependable foods available and avoid surprise substitutions.

• Use preferred brands and presentation where consistency matters.

• Offer choices without demands, bargaining or judgement.

• Make one small change at a time and preserve an exit route.

• Seek an ARFID- and neurodivergence-informed dietitian or clinical team when health or daily life is affected.

Access, Practicality and Personal Preference

Advice can sound simple while daily life is complicated. A sustainable diet must work within the person’s resources.

Money and availability

Food prices, transport, storage, cooking facilities and local shops all influence what can be eaten. Food insecurity may mean choosing what lasts, stretches across meals or is accepted by the household. Budget constraints are not a lack of commitment.

Time, fatigue and care

Long working hours, disability, pain, caring responsibilities and burnout can make cooking difficult. Ready meals, frozen foods, tinned foods, meal repetition and convenience products can support adequate eating.

Taste, pleasure and routine

Enjoyment is a valid reason for choosing food. Familiar meals can offer comfort and reduce decisions. Variety may be welcome for one person and overwhelming for another.

Social and relationship influences

Partners, children, friends and workplaces affect when, where and what people eat. A diet that creates constant conflict or exclusion may need adaptation. Shared meals can be flexible rather than identical.

A gentle decision check

• What need or value is this diet meant to support?

• What might it add to my life, and what might it take away?

• Can I access, afford and prepare the foods regularly?

• Does it respect my culture, safe foods and sensory needs?

• Could it increase shame, fear, rigidity or isolation?

• What evidence supports its promises?

• Who can help me review whether it is working?

A workable diet does not need to look impressive. It needs to provide enough nourishment, fit the person's reality and leave room for dignity and life.

A Message From Maggie

There is always a story behind the way somebody eats.

I know how easy it is for other people to look at food choices and make assumptions. They may see a limited diet, repeated meals or a decision to avoid certain foods without understanding the fear, sensory experience, illness, values or practical realities underneath.

I want this resource to encourage curiosity rather than judgement. Before telling somebody what they should eat, we need to understand what food feels like for them, what their body needs and what is genuinely possible in their life.

Some people choose a diet. Some people need one medically. Some are doing the best they can with a nervous system, budget, health condition or range of safe foods that others cannot see. A supportive conversation makes room for all of that.

You do not have to justify every bite. If you want to make a change, begin with one that supports you rather than punishes you. Keep what is safe and helpful. Ask for qualified guidance when you need it. Your wellbeing matters more than following a label perfectly.

Maggie Learoyd
Space to Breathe Therapy

Sources and further support

World Health Organization: Healthy diet. https://www.who.int/news-room/fact-sheets/detail/healthy-diet

NHS: Eating a balanced diet and the Eatwell Guide. https://www.nhs.uk/live-well/eat-well/

British Dietetic Association: Evidence-based food fact sheets and registered dietitian information. https://www.bda.uk.com/

Beat: Eating-disorder and ARFID information and support. https://www.beateatingdisorders.org.uk/

Coeliac UK: Information on coeliac disease and the gluten-free diet. https://www.coeliac.org.uk/

Anaphylaxis UK: Allergy information and support. https://www.anaphylaxis.org.uk/