

## CHAPTER 1

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# THE MANY MEANINGS OF FOOD AND THEIR IMPACT ON EATING BEHAVIOUR

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This chapter will explore why we eat what we eat and will describe biological models of eating behaviour, psychological models and those which emphasise the many and varied meanings associated with food. It will highlight how choosing what to eat relates to far more than being hungry, as food is a complex issue for most people. It will also explore why food only becomes a problem for a minority of people.

### BIOLOGICAL MODELS OF EATING

When asked why and when they eat, most people describe their eating in terms of hunger, fullness and taste, saying 'I like eating it', 'it tastes nice', 'I was hungry' and 'I couldn't eat anymore'. Such explanations are in line with a more biological model of eating behaviour which suggests that food choices are governed by innate preferences and the biological sensations of hunger and satiety. Research shows that newborn babies innately prefer certain foods and have been shown to prefer sweet-tasting substances (Desor *et al.*, 1973) and salt (Denton, 1982), and to reject bitter tastes (Geldard, 1972). Beauchamp and Moran (1982) reported however, that babies who were accustomed to drinking sweetened water drank more than those who were not. It seems that even the apparently inherent preference for sweet tastes may be modified by familiarity.

In terms of hunger and satiety, the psychophysiology of food intake highlights the role of three main neurotransmitters which influence appetite and are situated either in the central or the peripheral nervous system. These are serotonin, catecholamines and peptides. Blundell *et al.* (1989) suggested that these three neurotransmitters influence appetite in different ways: the serotonin

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pathways influence the feeling of fullness within a meal; catecholamines influence satiety between meals thereby triggering hunger; peptides influence the reward and hedonic properties of food.

However, people eat differently according to their culture, ethnicity and family history. Given the enormous cultural diversity of food preferences it is generally accepted that food choice is more complex than simply a matter of innate preferences, or the biological drives of hunger and satiety. This has been clearly argued by Rozin: 'there is no doubt that the best predictor of the food preferences, habits and attitudes of any particular human would be information about his ethnic group... rather than any biological measure that one might imagine' (Rozin, 1982). To reflect this perspective psychological models of eating have been developed.

### PSYCHOLOGICAL MODELS OF EATING

Psychological models of eating behaviour emphasise factors such as cognitions, exposure, social and associative learning and control. They provide a framework to understand why we eat what we eat and are useful tools for research and informing interventions.

One psychological approach emphasises the importance of cognitions in predicting food intake. Most research using cognitive approaches have drawn upon social cognition models, particularly the Theory of Reasoned Action (TRA) and the Theory of Planned Behaviour (TPB) (e.g. Ajzen, 1988). These models have been applied to eating behaviour both as a means to predict it and as central to interventions to change it. They focus on cognitions such as attitudes, perceived behavioural control, subjective norms and behavioural intentions. Shepherd and Stockley (1985), for example, used the TRA to predict fat intake and reported that attitude was a better predictor than subjective norms. Similarly, attitudes have also been found to be the best predictor of table salt use (Shepherd & Fairleigh, 1986), eating in fast-food restaurants (Axelson *et al.*, 1983), the frequency of consuming low-fat milk (Shepherd, 1988) and healthy eating (Povey *et al.*, 2000).

Research has also pointed to the role of perceived behavioural control in predicting behaviour, particularly in relation to weight loss (Schifter & Ajzen, 1985) and healthy eating (Povey *et al.*, 2000).

Recent studies have also explored the role of ambivalence in predicting behaviour (Thompson *et al.*, 1995). Sparks *et al.* (2001) have applied the concept of ambivalence to eating behaviour, incorporated it into the TPB and assessed whether it predicted meat or chocolate consumption. In line with previous TPB studies, the results showed that attitudes per se were the best predictor of the intention to consume both meat and chocolate. The results also showed that the relationship between attitude and intention was weaker in

those participants with higher ambivalence. This implies that holding both positive and negative attitudes to a food makes it less likely that the overall attitude will be translated into an intention to eat it.

In contrast, a developmental approach to eating behaviour emphasizes the importance of learning and experience and focuses on the development of food preferences in childhood. Birch highlights how food choices are related to our 'ability to learn about the consequences of eating [and] to learn to associate food cues with the consequences of ingestion in order to control food intake' (Birch, 1999).

The development of food preferences can be understood in terms of exposure, social learning and associative learning. The theory of exposure simply describes the impact of familiarity on food preferences. Human beings need to consume a variety of foods in order to have a balanced diet and yet show fear and avoidance of novel foodstuffs (neophobia). This has been called the 'omnivore's paradox' (Rozin, 1976). Young children will show neophobic responses to food but must come to accept and eat foods which may originally appear threatening. Research has shown that mere exposure to novel foods can change children's preferences. Birch and Marlin (1982) gave two-year-old children novel foods over a six-week period. One food was presented 20 times, one 10 times, one 5 times whilst one remained novel. The results showed a direct relationship between exposure and food preference and indicated that a minimum of about 8 to 10 exposures was necessary before preferences began to shift significantly. From this perspective we simply prefer foods with which we are more familiar.

Social learning describes the impact of observing other people's behaviour on one's own behaviour and is sometimes referred to as 'modelling' or 'observational learning'. An early study explored the impact of 'social suggestion' on children's eating behaviours and arranged to have children observe a series of role models with eating behaviours different to their own (Duncker, 1938). The models chosen were other children, an unknown adult and a fictional hero. The results showed a greater change in the child's food preference if the model was an older child, a friend or the fictional hero. The unknown adult had no impact on food preferences. The impact of social learning has also been shown in an intervention study designed to change children's eating behaviour using video-based peer modelling (Lowe, Dowey & Horne, 1998). This series of studies used video material of 'food dudes' who were older children enthusiastically consuming refused food, which was shown to children with a history of food refusal. The results showed that exposure to the 'food dudes' significantly changed the children's food preferences and specifically increased their consumption of fruit and vegetables. Food preferences therefore change through watching others eat.

Parental attitudes to food and eating behaviours are also central to the process of social learning. Olivera *et al.* (1992) for example, reported a correlation

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between mothers' and children's food intakes for most nutrients in pre-school children and suggested targeting parents to try to improve children's diets. Contento *et al.* (1993) found a relationship between mothers' health motivation and the quality of children's diets. Brown and Ogden (2004) reported consistent correlations between parents and their children in terms of reported snack food intake, eating motivations and body dissatisfaction.

The final mechanism explored from a developmental perspective is associative learning, that is, the impact of contingent factors on behaviour. Some research has examined the effect of rewarding eating behaviour as in 'if you eat your vegetables I will be pleased with you'. Birch *et al.* (1980), for example, gave children food in association with positive adult attention, compared with more neutral situations. This was shown to increase food preference. Rewarding eating behaviour seems to improve food preferences. Other research has explored the impact of using food as a reward. For these studies gaining access to the food is contingent upon another behaviour as in 'if you are well behaved you can have a biscuit'. Birch *et al.* (1980) presented children with foods either as a reward, as a snack or in a non-social situation (the control). The results showed that food acceptance increased if the foods were presented as a reward but that the more neutral conditions had no effect. This suggests that using food as a reward increases the preference for that food.

The relationship between food and rewards, however, appears to be more complicated than this. Lepper *et al.* (1982) told children stories about children eating imaginary foods called 'hupe' and 'hule' in which the child in the story could only eat one if he/she had finished the other. The results showed that the food which was used as the reward became the least preferred one. These examples are analogous to saying 'if you eat your vegetables you can eat your pudding'. Although parents use this approach to encourage their children to eat vegetables, the evidence indicates that this may be increasing their children's preference for pudding even further as pairing two foods results in the 'reward' food being seen as more positive than the 'access' food.

Central to these associations between food and rewards is a role for parental control over eating behaviour. Some research has addressed the impact of control, as studies indicate that parents often believe that restricting access to food and forbidding children to eat food are good strategies to improve food preferences (Casey & Rozin, 1989). Birch (1999) reviewed the evidence for the impact of imposing any form of parental control over food intake and argued that it is not only the use of foods as rewards which can have a negative effect on children's food preferences but also attempts to limit a child's access to foods. She concluded from her review that 'child feeding strategies that restrict children's access to snack foods actually make the restricted foods more attractive' (Birch, 1999, p. 11). When food is made freely available children chose more of the restricted than the unrestricted foods particularly when the

mother is not present (Fisher *et al.*, 2000). Parental control may then have a detrimental impact upon a child's eating behaviour.

In contrast, however, some studies suggest that parental control may actually reduce weight and improve eating behaviour. Wardle *et al.* (2002) suggested that 'lack of control of food intake [rather than higher control] might contribute to the emergence of differences in weight' (p. 453). Similarly, Brown and Ogden (2004) reported that greater parental control was associated with higher intakes of healthy snack foods. Ogden, Reynolds and Smith (2006b) explored whether these contradictory results illustrated that parental control was more complex than often thought. They examined the effect of differentiating between 'overt control' which can be detected by the child (e.g. being firm about how much your child should eat) and 'covert control' which cannot be detected by the child (e.g. not buying unhealthy foods and bringing them into the house). The results showed that these different forms of control did differently predict snack food intake and that whilst higher covert control was related to decreased intake of unhealthy snacks, higher overt control predicted an increased intake of healthy snacks.

The final psychological perspective which impacts upon eating behaviour is the focus on dieting and Restraint Theory (Herman & Polivy, 1989; Ogden, 2003). Dieting is the conscious attempt to control food intake cognitively. Dieting, however, may not only be a consequence of obesity, but also a cause. There is evidence that dieting is often characterised by periods of overeating, precipitated by factors such as lowered mood and eating a high calorie food (Herman & Polivy, 1989; Ogden, 2003). The process of denial and self-control makes food more attractive and creates a situation in which the individual becomes increasingly preoccupied with eating. There is also some evidence that overeating is reflected in weight gain, particularly in women. French *et al.* (1994) reported the results from a cross-sectional and longitudinal study of 1,639 men and 1,913 women who were involved in a worksite intervention study for smoking cessation and weight control. The cross-sectional analysis showed that a history of dieting, current dieting and previous involvement in a formal weight loss programme were related to a higher body weight in both men and women. Similarly, the prospective analysis showed that baseline measures of involvement in a formal weight loss programme and dieting, predicted increases in body weight at follow up. However this was for women only. Klesges, Isbell and Klesges (1992) reported similar results in their study of 141 men and 146 women who were followed up after one year. The results showed that the dieting men and women were both heavier than their non-dieting counterparts at baseline. Higher baseline weight and higher restraint scores at baseline also predicted greater weight gain at follow up in women.

Implicit within these models are the many meanings associated with food. While cognitive models emphasise our beliefs about foods, these beliefs are reflections of what food means to us and whether a food is attractive, a

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treat, healthy or boring. We learn to associate certain foods with pleasure or with a celebration and we learn that although some foods will make us feel good about ourselves, others can make us feel guilty. Food choice therefore takes place within a network of meanings which we learn, adopt and encode throughout our lives. Similarly, by trying to control our own food intake or that of others, through dieting, we are assigning meanings to some foods such as unhealthy, guilt ridden and naughty. Other foods are considered to be acceptable, good for us and permitted.

Frequently however, psychological theories of eating behaviour neglect these meanings and make them implicit rather than explicit within their descriptions of food choice. This complex array of meanings is explicitly described by Todhunter (1973):

Food is prestige, status and wealth. . . . It is a means of communication and interpersonal relations, such as an 'apple for the teacher' or an expression of hospitality, friendship, affection, neighbourliness, comfort and sympathy in time of sadness or danger. It symbolises strength, athleticism, health and success. It is a means of pleasure and self-gratification and a relief from stress. It is feasts, ceremonies, rituals, special days and nostalgia for home, family and the 'good old days'. It is an expression of individuality and sophistication, a means of self-expression and a way of revolt. Most of all it is tradition, custom and security. . . . There are Sunday foods and weekday foods, family foods and guest foods; foods with magical properties and health and disease foods (Todhunter, 1973, p. 301).

The remainder of this chapter will focus on the complex social and cultural meanings of food, which are illustrated in Figure 1.1. In particular it will explore the meanings of food in terms of emotional roles, conflict, social roles and health. It will draw upon the experiences of people who either are obese or have been obese, who were interviewed as part of a series of studies about their relationship with food and the impact of behavioural, medical and surgical management of obesity on this relationship (Ogden & Clementi; submitted; Ogden *et al.*, 2006; Ogden & Sidhu, 2006).

### Meaning of food

- |               |                |
|---------------|----------------|
| • Comfort     | • Denial       |
| • Boredom     | • Guilt        |
| • Sexuality   | • Family love  |
| • Pleasure    | • Religion     |
| • Control     | • Culture      |
| • Celebration | • Power        |
| • Treat       | • Social power |

**Figure 1.1** The meanings of food

## THE MANY MEANINGS OF FOOD

### Emotional Roles

Food plays a central role in people's emotional lives in terms of how they manage their emotions and how eating is moderated by their emotional state. In the 1970s Schachter and colleagues developed the emotionality theory of eating behaviour and argued that people became obese or overweight because they ate for emotional reasons more than thinner people (Schachter & Rodin, 1974). From this perspective the obese were considered to eat when they were upset, bored, anxious or for comfort whereas the non-obese were seen to eat because of hunger. Bruch (1974) described how people with eating disorders used food as a means to regulate their emotions and often ate because they interpreted the internal signals of emotional need as hunger. This is reflected in the words of one woman from our studies who said: *I use it so much to control my emotions although of course it never does and makes it worse. It's not a friend but it's an emotional support. . . . I have a sort of love-hate relationship with food.*

However, much research indicates that it is not just those with obesity or eating disorders who eat for emotional reasons but that most people do. Most people at times eat as a means to manage their emotions and for the majority, different foods are encoded with meanings such as comfort, pleasure, boredom, upset and relief and are central to celebration and the need for indulgence (Bordo, 1990). These meanings are learned from our childhood through the processes of reward and association and provide us with a rich set of cognitions about food. They are not always straightforward and often generate conflicts for the individual.

### Food and Conflict

Food is therefore strongly linked with our emotional lives and can be used as a means of emotional regulation. This process, however, generates a range of conflicts. Food can be associated with opposite sets of meanings: eating versus denial; guilt versus pleasure; health versus pleasure; self-control versus out of control.

#### *Eating versus denial*

Charles and Kerr (1987) studied 200 young mothers in an urban area of northern England and concluded that whereas women have to provide healthy and nutritious foods for their families, they are expected to deny themselves food in order to remain thin and sexually attractive. This conclusion is reflected in the work of Murcott (1983) who argued that although food planning and providing takes up a large part of a woman's day, a woman is also aware that she must remain thin and desirable. There is further evidence for this conflict from a content analysis of 48 issues of magazines for men and magazines for women (Silverstein *et al.*, 1986). The results showed that there

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were 1,179 food advertisements in the women's magazines and only 10 in the men's; 359 advertisements for sweets and snacks in the women's magazines and only one in the men's; and 63 advertisements for diet foods in the women's magazines and only one in the men's. The message to women was: 'Think about food all the time but stay slim!' (Silverstein *et al.*, 1986). Lawrence (1984) also described this conflict in her analysis of her patients: 'Eating is a source of pleasure, but not often for the people who have the primary responsibility for providing it. Women take control of food, whilst simultaneously denying themselves the pleasure of it' (p. 31). Further as Orbach stated: 'Women have occupied this dual role of feeding others while needing to deny themselves' and 'Women must hold back their desires for the cakes they bake for others and satisfy themselves with a brine canned tuna salad with dietetic trimmings' (1986, p. 60). Food therefore communicates and embodies a conflict, particularly for women, between eating and denial.

### *Guilt versus pleasure*

Some foods such as chocolate and cakes are also associated with a conflict between pleasure and guilt. For example the advertising slogans, 'forbidden fruit' and 'naughty but nice', describe the paradox of having and regretting eating. The concept of 'sins of the flesh' indicates that both eating and sex are at once pleasurable and guilt-ridden activities. Research has explored the feelings and experiences of individuals who consider themselves to be addicted to chocolate and indicates that those describing themselves as 'chocoholics' reported eating chocolate in secret and craving chocolate but feeling guilty afterwards (Hetherington & MacDiarmid, 1993). Chernin (1992) described her own feelings towards food and how she experienced both the need for food and the subsequent self-loathing. She wrote that she could not 'make it as far as lunch without eating a pound of candy'. She said 'I ran from bakery to bakery, from street stall to street stall. . . I bought a pound of chocolate and ate it as I ran'. Unable to wait her turn any longer in a queue for a hot dog behind a man who has just ordered his, she reported 'I suddenly dart forward, grab the plate and begin to run. . . I run with a sudden sense of release' (p. 58). Similarly, Levine (1997) described in her book, *I Wish I Were Thin I Wish I Were Fat*, how 'I still feel as if I am sneaking food when I eat something I love. And I still feel guilty when I let it get the better of me' (p. 19). These sweet foods represent pleasure and fulfil a need. Their consumption is then followed by guilt and feelings of 'shame', feeling 'self-conscious', 'frantic' and 'perverse'. Food is therefore a forum for conflicts between guilt and pleasure. As one woman from our studies said: *I constantly feel guilty when I'm eating something. Like I'll eat a big bar of chocolate and then I'll feel guilty. I'll eat a packet of crisps and wish I hadn't.*

### *Health versus pleasure*

At times food can also generate a conflict between health and pleasure. Van Otterloo and Van Ogtrop (1989) explored the eating behaviour of families



in the Netherlands and concluded that a desire to feed their children and husbands healthy foods can create conflict in women, as unhealthy foods are often preferred. Similarly, Murcott (1983) concluded from her study of 40 young women and mothers in Wales, that on the one hand women are responsible for the health of their family while on the other they wish to please them and show them love by providing foods to their taste. Further as Lawrence (1984) argued: 'Good nourishing food is what every mother knows her children need. She also knows that it is usually the last thing they want. Give them junk food and they will love you. But you will also have to live with the guilt about their teeth, their weight, their vitamins' (p. 30).

### *Food and self-control*

Food also represents self-control and at times generates a conflict between control and the lack of control. Fasting, food refusal and the hunger artists of the nineteenth century were and are received with a sense of wonder. As Gordon (1999) argued: 'Hunger artists had no moral or religious agenda... their food refusal was a sheer act of will and self-control for its own sake' (p. 195). Crisp (1984) compared the anorexic to the ascetic in terms of her 'discipline, frugality, abstinence and stifling of the passions' (p. 210). Bruch (1974) described the anorexic as having an 'aura of special power and super human discipline'. Ogden (1997) argued that over the past few decades, diet has become the perfect vehicle for self-control. Following an examination of psychological and sociological texts over the twentieth century, she suggested a shift in the model of the individual from a passive responder, to an interactive individual, to a late twentieth-century self who is reflexive and intra active. Such an individual is characterised by self-control. This focus on self-control is epitomised by the interest in eating behaviour, as diet becomes the vehicle for control and the anorexic reflects the ultimate self-controlling intra-active individual.

In contrast to control, however, much eating behaviour is also characterised by episodes of lack of control and overeating. In particular, research has identified how although dieters intend to eat less as a means to lose weight, they often overeat in response to a range of factors, including anxiety, alcohol and eating something they feel they should not have (see Ogden, 2003 for a review). In line with this, restraint theory suggests that dieting and bingeing are causally linked and that 'restraint not only precedes overeating but contributes to it causally' (Polivy & Herman, 1983). This suggests that attempting not to eat, paradoxically increases the probability of overeating – the specific behaviour dieters are attempting to avoid. Furthermore, although those with anorexia manage to control their eating much of the time, many are prone to episodes of bingeing and overeating. Those with bulimia often switch between episodes of restriction and then periods of loss of control over their food intake. Food is therefore related to issues of control with some showing strict control but the majority showing both control and episodes when this control is lost. As one

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of our interviewees said: *I've got a lot of control in my life so you'd think I'd be able to control my eating but I can't. Maybe it's because I'm so controlled everywhere else that I'm not controlling my eating.* Another described how trying to control her diet made her eating worse: *It's like being a kid and being told that you can't eat that. When you've got to be an adult you can do exactly what you want. . . . I mean if they told you to eat It, you wouldn't.*

Food is therefore embedded with meaning and often linked to our emotions and ways in which we manage how we feel. For many, however, this can generate conflicts as the meanings are sometimes in opposition to each other. These meanings are often generated as we interact with our social worlds.

### Social Roles

The meaning of food has also been explored as central to social roles and social interaction. In particular, food is a common tool for communication within the family. The dinner table is often the only place where the family gets together; the family meal can become the forum for sharing the day's experiences. In addition, the types of foods eaten and the way in which they are cooked can create a sense of group identity, as in 'The birthday party' and 'The Sunday lunch'. As one of our interviewees said: *Being Latin, we talk about food; we sit around the table, the whole family . . . It's also the way I was programmed from when I was a kid. You have to finish everything on your plate, so I would overcook, I would put everything on the plate and I would eat it.* Some studies have therefore examined the meaning of the meal as a social interaction.

#### *The meal as love*

Charles and Kerr (1987) explored the meaning of the meal and suggested that sweet foods are often used to pacify children and to maintain family harmony. They also concluded that healthy and tasty food is a sign of family love and the determination to please and satisfy the different family members. Lawrence argued that 'Food is the medium through which women demonstrate our love and concern for our children, lovers, husbands and friends' and that 'Taking care over the preparation of food is an act of love' (1984, p. 29).

#### *Food and sexuality*

Some food is linked with sex and sexuality. Advertisements for ice cream offer their product as the path to sexual fulfilment; chocolate is often consumed in an erotic fashion. The bestselling book, *The Joy of Sex*, by Alex Comfort (1974) was named after the *Joy of Cooking* (Rombauer & Rombauer Becker, 1931) and was subtitled, *A Gourmet Guide to Love Making*. This interrelationship between food and sex permeates many cultures and many times. Rites of passage ceremonies depicting the onset of sexuality, involve practices such as washing with the blood of a goat and killing the first animal (see Fiddes, 1990).

Similarly, eating meat is considered to arouse sexual drives. Cecil (1929) described how a captain of a slave ship stopped eating meat to prevent him from lusting after female slaves. Similarly, low meat diets were recommended in the nineteenth and twentieth centuries to discourage masturbation in young males (Punch, 1977). Further, sexual language describing women or sex is often derived from animals or food such as 'beaver', 'bird', 'bitch', 'chick', 'lamb', 'meat market', 'beef' and 'beefy' (Fiddes, 1990). At a more prosaic level 'going out for dinner', 'a dinner for two' and 'a candle-lit dinner' are frequent precursors to sex. Explanations for the association between eating and sex tend to highlight the biological similarity between the two. They are both 'a basic drive for survival' and 'both perpetuate life, that both may be pleasurable and that both imply vulnerability by breaching normal bodily boundaries' (Fiddes, 1990). But such explanations are essentially biologically reductive and neglect the power of society to construct its own social meanings. Food therefore embodies statements about sex and symbolises the individual as a sexual being.

#### *Power relations*

Food can also reflect power relations within a family. Delphy (1979) reported that in nineteenth-century rural France, men regularly received larger amounts of food than women, children or the infirm elderly and that if poultry or meat was available it was reserved for the men. Millett (1969) described how 'In nearly every patriarchal group it is expected that the dominant male will eat first or eat better and even when the sexes feed together, the male shall be served by the female' (p. 48). Charles and Kerr (1987) examined the distribution of food within English families and argued that food allocation reflected the power relations and sexual divisions within a family with larger portions of meat particularly being given to men; the children and women had subsidiary positions in the family hierarchy. Murcott (1983) similarly concluded from her study that the cooked dinner 'symbolises the home, a husband's relation to it, his wife's place in it and their relationship to one another' and that the denial of food both maintained a thinner body and fulfilled a woman's role as the provider for others.

#### *Food as religious identity*

Meanings associated with religion and religious identity are also embedded in food. Starr Sered (1988) examined cooking behaviour amongst Middle Eastern Jewish women. She argued that much of their food embodies Jewish symbols and that their rituals of food preparation create a sense of holiness in their daily domestic work. Further, she argued that the women consider that feeding others represents Jewish identity, tradition, law and holiness. Eating food, preparing food and providing food for others therefore become a medium through which holiness can be communicated within the family. A similar use of food can be seen across all religions, with food forming a

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central part of religious celebrations and the avoidance of food often being seen as a religious duty or act.

### *Food as social power*

Food is also a symbol of social status. Powerful individuals eat well and are fed well by others and as Wolf (1990) argued, 'Food is the primal symbol of social worth' (p. 189). Early sociological writers such as Engels and Marx regarded food as an essential component of human subsistence and its absence as an illustration of inequality (see Mennell, Murcott & van Otterloo, 1992). Food is a statement of social status and an illustration of social power. In parallel, food avoidance also serves to regain control over the social world. When political prisoners need to make a social statement they refuse to eat and initiate a hunger strike. Bobby Sands, for example, a political prisoner in Northern Ireland in the 1980s, refused food to illustrate his political point. He was voted a member of parliament by his local constituency just before he died. Similarly, the suffragettes in the early twentieth century turned to hunger strikes as a political protest over gender inequalities. Lady Constance Lytton (1869–1923) for example, was imprisoned in Liverpool for 14 days following a suffragette demonstration. In protest, she started to scratch the words 'Votes for Women' on her body; went on a hunger strike and was promptly force fed on eight occasions (Lytton, 1914). She told the wardress, 'We are sorry if it will give you trouble; we shall give as little as possible; but our fast is against the government and we shall fight them with our lives not hurting anyone else' (p. 260). She argued that the 'government had been petitioned in every other way' (p. 262). As Gordon (1999) stated, 'Historically the hunger strike has been employed by the socially oppressed as a means of embarrassing or humiliating those in control and ultimately extracting concessions from them' (p. 194). Orbach (1986) regarded eating disorders as a form of 'hunger strike' and Wolf stated 'in the public realm, food is status and honor' (p. 189). The presence of food therefore represents a social power and the refusal of food is a powerful tool for regaining control over the political world.

### **Food and Health**

The final area that is central to understanding the meaning of food is health. Food is seen as being healthy or unhealthy, necessary for life or an indulgence. Nowadays we consider that for a diet to be healthy it needs to be low in fat and include lots of fruit and vegetables and complex carbohydrates such as brown bread and brown pasta. Freshly prepared meals are considered healthier than processed pre-prepared food. Fast food and snacks are considered necessary evils if consumed only occasionally. Salt and alcohol are recommended in only minimal amounts, whereas foods such as oily fish, oats, broccoli, green tea and cranberries are often seen as 'super foods' with almost magical qualities. The nature of a healthy diet however, has not always been the same and

if ever there was an area where science has varied in its recommendations, then diet must be that area. Fibre, for example, has at times been a must for a healthy digestion, whereas at other times too much fibre has been linked with gastro-intestinal problems. After Eyton's 'The F plan diet' was launched by the media in 1982 recommending a high-fibre diet, sales of bran-based cereals rose by 30%, wholewheat bread rose by 10%, wholewheat pasta rose by 70% and baked beans rose by 8%. Similarly, advice fluctuates as to whether margarine or butter is better and whether children can drink too much or too little fruit juice.

The nature of a good diet has therefore changed over the years. *The Family Oracle of Good Health* published in the UK in 1824 is a good illustration of this. It recommended that young ladies should eat the following at breakfast: 'plain biscuit (not bread), broiled beef steaks or mutton chops, under done without any fat and half a pint of bottled ale, the genuine Scots ale is the best' or if this was too strong it suggested 'one small breakfast cup . . . of good strong tea or of coffee – weak tea or coffee is always bad for the nerves as well as the complexion'. Dinner is later described as similar to breakfast with 'no vegetables, boiled meat, no made dishes being permitted much less fruit, sweet things or pastry . . . the steaks and chops must always be the chief part of your food'. Similarly in the 1840s Dr Kitchener recommended in his diet book a lunch of 'a bit of roasted poultry, a basin of good beef tea, eggs poached . . . a sandwich – stale bread – and half a pint of good home brewed beer' (cited in Burnett, 1989, p. 69). How food and health are linked has changed over time but at each point in time, different foods have been and are embedded with meanings associated with health.

Food, however, is also associated with danger and threat. Over the past few decades there have been several major food scares which have caught the imagination of the general public and have resulted in dramatic changes in eating behaviour. In December 1988 Edwina Curry, the then junior health minister in the UK, said on television, 'Most of the egg production in this country, sadly, is now infected with salmonella' (ITN, 1988). Egg sales then fell by 50% and by 1989 were still only at 75% of their previous levels. Similarly massive publicity about the health risks of beef in the UK between May and August 1990 resulted in a 20% reduction in beef sales. One study examined the public's reactions to media coverage of 'food scares' such as salmonella, listeria and BSE and compared it to reactions to coverage of the impact of food on coronary heart disease. The study used interviews, focus groups and an analysis of the content and style of media presentations (MacIntyre *et al.*, 1998). The authors concluded that the media has a major impact upon what people eat and how they think about food. People can associate food with risk and danger. In part this reflects media representations of scientific evidence but Douglas (1966) in her book, *Purity and Danger*, described how substances which cross body boundaries can be seen as threats to the system. In a similar vein, Armstrong (1993), in his history of public health, described how dangers in the nineteenth century were considered to

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be in the spaces between people, but dangers in the twentieth century were those which crossed the spaces into bodies. From this perspective, perhaps we see food as potentially dangerous because it is something that we put into our bodies. When the media offers us evidence that food is dangerous we quickly believe and assimilate this viewpoint and change our behaviour accordingly.

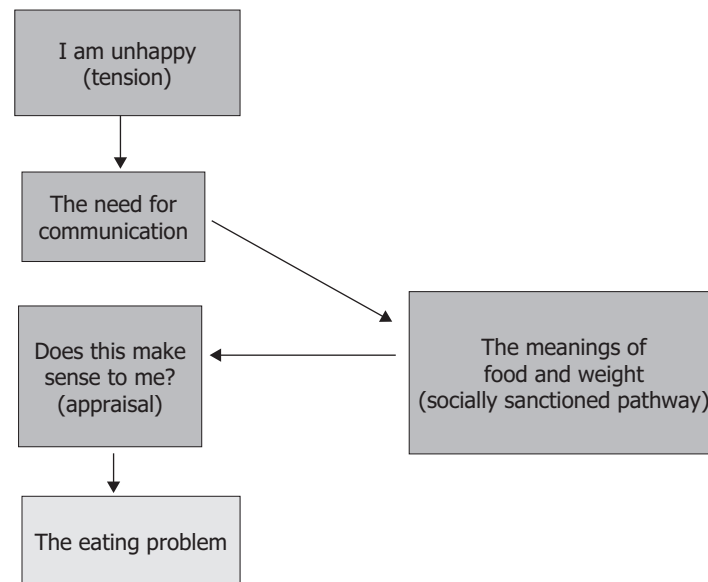
### **In Summary**

Why we eat what we eat is related to far more than just innate taste preferences or hunger. Food choice is a product of our cognitions, of familiarity and of our expectations and experiences. Furthermore, these processes provide us with a rich set of meanings about food relating to our emotional states, conflict, our social interactions and health. And these meanings influence how much we eat, what we eat and how we feel about food. But if these meanings are available and encoded by the majority, why do only the minority of people develop eating-related problems?

### **FOOD AS A FORUM FOR COMMUNICATION**

Central to all the meanings of food is the role that food can play in communication. Food can be used to make statements such as: 'Who am I?', 'How am I feeling?', 'What do I feel about you?' and 'How do you make me feel?'. People can use food to make statements about their emotions ('I am fed up', 'I am bored'); they can make statements about how they feel about other people ('I love you', 'I appreciate you'); and they can make statements about how others make them feel ('I feel sexy', 'I feel caring'). They can also use food to make statements about how things are going wrong ('I am unhappy', 'I feel unloved'). This is particularly the case when people develop eating disorders such as anorexia and lose weight through food avoidance. From a psychoanalytic perspective, it has been argued that the avoidance of food has two central meanings: first it says 'This is an area in which I am in control'. Secondly it says 'I am only a little child, I cannot live by myself, I have to be looked after' (Dare & Crowther, 1995). Family systems theory also describes how symptoms such as not eating can be communicative acts (Eisler, 1995) and suggests that a symptom appears when a person 'is in an impossible situation and is trying to break out of it' (Haley, 1973, p. 44). Similarly, psychoanalytic psychotherapy for eating disorders describes the development of a focal hypothesis by the therapist involving an analysis of 'the use the patient makes of the symptoms in current personal relations' (Dare & Crowther, 1995, p. 298).

Food and weight are therefore currently embedded with a range of meanings and offer a forum for communication for an individual to make statements



**Figure 1.2** Food and the socially sanctioned pathway

about themselves to the world. So why do only some people develop problems with food if all of us use food in this way? Perhaps only some people have the need to use food for communication in ways that are problematic. Perhaps only the minority have tensions, conflicts or issues that require food to be used in ways that are detrimental to health. As I have argued elsewhere (Ogden, 2007) the meanings associated with food (and weight) offer up a socially sanctioned pathway for the expression of such tensions, conflicts or issues. In particular, I have suggested that because food and its meanings are so apparent and central to our contemporary world, the way we eat or do not eat can be read by others in ways that enables them to understand what we are trying to say. When people stop eating and lose weight they provide a recognisable sign that something is wrong; when people overeat and gain weight, they signal that they are in a state of tension. Accordingly, some people have problems which need to be communicated; the socially sanctioned pathway created by the meanings attached to food (and weight) generates a forum through which they can be expressed. This model is illustrated in Figure 1.2.

A multitude of meanings are embedded in food. For the majority these meanings are a central part of the ways in which we eat and use food in our day-to-day lives. Food is part of our attempts to regulate our emotions and is at the core of our interactions with others. Food can, however, offer a socially sanctioned pathway for the communication of tensions or issues. In doing so eating behaviour can become damaging, pathological and destructive.

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## CONCLUSION

Biological models of eating behaviour emphasise taste, hunger and fullness but food intake seems to be much more a product of psychological factors such as cognitions, learning, experiences, expectations and control. Implicit within such a psychological analysis are the many meanings of food in terms of its role in emotional regulation, the conflicts it generates, its central role in social interaction and its relationship to health. Furthermore, these many meanings offer food as a forum for communication for making statements about who we are, how we feel about others and how they make us feel. For most people this results in the unproblematic day-to-day process of food choice, food preferences and eating behaviour. For a minority, however, this forum also offers up a socially sanctioned pathway for communicating tensions, conflicts and issues, which can result in eating becoming a more destructive and damaging form of behaviour.

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