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Food, Obesity and Families:
Practices in Irish Households with Young Children

Submitted to the Department of Sociology, Trinity College Dublin
for the degree of Doctor of Philosophy

Suzanne Harkins

2010

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SUMMARY

The aim of this thesis is to investigate the socially constructed meaning of food, 'healthy eating', and obesity within the context of family food practices in a sample of middle-class Irish families with young children. The analysis is undertaken in the context of Irish State and media attention to 'healthy eating' and obesity as social problems in the mid-2000s. The research focuses on participants' constructions of meaning related to food, 'healthy eating' and obesity within the realities of their everyday food and body weight practices, including the interpretative activities used by participants to create or understand these issues as social problems. To investigate these aims, this thesis used a qualitatively-driven mixed methods approach based on semi-structured qualitative interviews, a structured food diary and questionnaires for sampling purposes. Interviews were carried out with 16 middle class Irish families living together in a household, each with a 6-8 year old child. Each family member completed a food diary and was subsequently interviewed, including all children age 5 and over in the household.

This thesis is based on a social constructionist approach, specifically contextual constructionism. This approach was used to position the biomedical concept of obesity within a constructionist study, thus situating the analysis within the broader cultural and structural context. A grounded theory approach was used to analyse the data.

A tripartite family food typology was developed from food diaries and interview analysis. The food diaries suggested a similarity between the structure and rhythm of family eating events, yet there were differences in the way the meaning of food and its role in family life were constructed. Although some men contributed to household food activities, the division of food-related household labour was highly gendered with women undertaking the large majority of food-related work. The typology is thus based on how women constructed the meaning and significance of food in family food practices. Three family types are presented based on the conceptualisation of food as a family duty, chore or hobby.

The analysis of the interviews revealed the complexities of empirically investigating the concept of 'obesity'. This research highlights disparities between the biomedical characterisation of obesity and the criteria used by participants to evaluate bodies and problematise body weight. Parents reported an overwhelming reluctance to talk about the

topic of weight with their children, particularly daughters. The concept of 'healthy eating' appeared to act as a substitute for talk about body weight, imbuing this concept with particular practical importance.

This thesis makes practical and theoretical contributions to the literature on lay understandings of food, 'healthy eating' and obesity. As obesity was constructed by participants as a middle class social problem, as well as a lower social class problem, the findings of this study suggest that theories related to class-based understandings of fatness and obesity should be revisited.

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Many thanks go out to all those in the postgrad room. (The bond that develops between people sharing a space – even if they spend practically all their time staring at a computer screen and explicitly not talking – is something truly extraordinary). In particular I would like to thank Abel Ugba, Ewen Speed, Matt Bowden, Neil O'Boyle, Jean Cushen and Maja Halilovic-Pastuovic. Naoimh McMahon, Emma Calvert and Joanne McCarthy have greatly enriched this whole experience. I would be lost without Sean Dunne, Michael Doherty and Bríd O'Farrell.

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Finally, my deepest thanks to Ciarán – you've been there every step of the way. I couldn't have done it without you.

LIST OF ABBREVIATIONS

BMI	Body Mass Index
CDC	Center for Disease Control (US)
DoH	Department of Health (Ireland)
DoHC	Department of Health and Children, Ireland
EC	European Commission
ESRI	Economic and Social Research Institute
EU	European Union
FAC	Food Advisory Committee, Ireland
FE	Food Enthusiasts
FSAI	Food Safety Authority of Ireland
GT	Grounded Theory
HBSC	Health Behaviour of School-Aged Children
HE	Health Enthusiasts
HSP	UK National Healthy School Programme
IEFS	Institute of European Food Studies
INTO	Irish National Teacher's Organisation
INNS	Irish National Nutrition Survey
IOTF	International Obesity Task Force
IST	Irish School Teacher
IUNA	Irish Universities Nutrition Alliance
JNRS	Joint National Readership Survey
LLT	Large Local School Teacher
MT	Modern Traditionals
NI	Northern Ireland
NNSC	National Nutrition Surveillance Centre
NSIFCS	North/South Ireland Food Consumption Survey
NTFO	National Task Force on Obesity (Ireland)
PM	Proper Mothers
RoI	Republic of Ireland
SLÁN	Survey of Lifestyles, Attitudes and Nutrition
SPHE	Social Personal and Health Education
TCD	Trinity College Dublin
UK	United Kingdom

UK90	UK 1990 Reference Charts
US	United States
USDA	United States Department of Agriculture
WHO	World Health Organisation

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1 Introduction

How to Feed Your Kids:

Next Sunday STYLE Begins an Exclusive Two-Week Series Explaining the Basics with Food Guru Annabel Karmel

Sunday Times 27th May 2005, Page 10

War on Obesity: Government Launches Action Plan to Tackle €370m-a-Year Health Crisis

By Claire O'Sullivan *Irish Examiner* 16th May 2005, Front Page

Obesity Task Force Warns of 'Epidemic': Report Urges Drastic Action as an Estimated 300,000 Irish Children Found to be Overweight or Obese

By Eithne Donnellan *Irish Times* 17th May 2005, Page 6

1.1 General Introduction

In 2005, Ireland's National Taskforce on Obesity (DoHC, 2005a:6) reported that: 'the prevalence of overweight and obesity has increased with alarming speed over the past twenty years'. Throughout that same year, and in fact throughout much of the 2000s, newspaper headlines such as those above were a relatively common sight in Irish newspapers. It is noticeable that body weight and obesity are frequently framed as problems in international health policy (WHO; 2000; WHO, 2003; EU, 2007), Irish health policy (DoHC 2005a; DoHC, 2005b) and in the international media (Saguy and Riley, 2005; Saguy 2006). In March 2005, the EU formed 'The EU Platform for Action on Diet, Physical Activity and Health' in order to address the following problem (EU, 2005:1):

> 1- The problem
> European Union citizens are moving too little and consuming too much: too much energy, too many calories, too much fat and sugar, and salt. The main consequence is a sustained, acute EU-wide increase in overweight and obesity. The increase is particularly severe for children and adolescents. This trend is increasing ill health and shortening lives. The human cost is unacceptable. The budgetary and economic cost is also severe.

One study of obesity rates in Ireland (IUNA, 2001) reported 58% of the population to be overweight or obese, meaning less than half of the Irish population (42%) is deemed to be of 'normal' or 'healthy' weight. Obesity and general body weight trends in Ireland are assumed to be part of what the WHO has deemed the 'globesity epidemic' (WHO, 2000).

The eating practices and nutritional health of children and young people have emerged as a central concern of public health officials and policymakers as well as within the media. 'Most worryingly of all is the fact that childhood obesity has reached epidemic proportions in Europe, with body weight now the most prevalent childhood disease' (DoHC, 2005a:6). Poor nutritional patterns are argued to result in the poor health of citizens, strains on the healthcare system and high economic costs which are ultimately borne by the state (DoHC, 2005a). Overall, there is a substantial amount of health policy aimed at encouraging Irish individuals of all ages to change their nutritional (i.e., eating) behaviours and to 'watch their weight'.

Despite the numerous policy initiatives directed towards encouraging healthy diets and 'healthy body weight', it has been argued that campaigns to reduce diet-related disease and obesity have met with little success (Keane, 1997). Throughout the 20th century, the responsibility for healthy eating has been placed on the consumer (Keane, 1997) meaning that a model of rational individualism has dominated health policy. Duff (1999) argues that this prioritisation ultimately emphasises the voluntary aspect of food choices and results in nutrition policies becoming a moral issue: those that follow – or appear to follow – dietary advice are better citizens. This results in an uneasy tension between the freedom of consumer choice, nutrition policy and the means of achieving population-level nutritional targets. Yet such discussions of rational individualism are typically focused on adult consumers and neglect children. Considering children, dependent upon adults for material goods such as food, immediately problematises this model of 'individual choice'.

Backett (1992a) has argued that the individualistic orientation of much research on health behaviours fails to consider the contexts in which they take place. The contextualisation of health-related practices is thus a key theoretical issue in the consideration of food and body weight related practices. In this respect, Backett (1992b:256) has stressed the 'everyday fabric of family interaction and prioritising', including family interaction and prioritising related to health behaviours.

Although interest in food and health has grown substantially in recent decades, obesity did not seem to catch the widespread attention of sociological writers, especially in European contexts. This absence of attention to obesity was so stark that British sociologist Crossley (2004:223) noted in 2004:

> The media has been awash with stories of obesity over the last few years, stories which allude to the interplay between body and society but which invariably become drawn onto the turf of other

> disciplines, such as psychology and genetics, so that this interplay [between body and society] is never thematised or explored. I want to initiate a fight back in this respect; to show that, as my title claims, 'fat is a sociological issue'.

Addressing a different vein of literature, Crossley (2004) draws attention to a different set of social processes. In acknowledging the recent trend of increasing obesity rates, he problematises the 'body consciousness thesis', which suggests that late modern social agents are increasingly preoccupied with their bodies. Crossley employs the widely used term 'lifestyle' to highlight the complex network of practices potentially leading to changes in body weight. Recent studies have frequently adopted a practiced-based approach to the study of consumption (Warde, 2005), including the intersection of food and family life (Jackson, 2009). Overall, these studies highlight family practices as an important site for both the creation of social meaning related to food and health, and as the sites where bodily routines physically take place.

1.2 Investigating Family Food and Body Weight Practices

This thesis investigates food practices and the social problem of obesity in the context of everyday life in mid-2000s Ireland. Body weight, food and nutrition have frequently been framed as social problems (Sobal and Maurer, 1995; Maurer and Sobal, 1999; Sobal and Maurer, 1999). However Holstein and Miller (Holstein and Miller, 2003a; Miller and Holstein, 1989) comment that most analyses of social problems take place at the level of claims-makers, neglecting the activities which contribute to the understanding of a social problem in the context of everyday experiences. This is the area to which this thesis seeks to contribute. Thus rather than focusing on how policymakers have identified or constructed obesity as social problems (Campos, 2004; Oliver, 2006; Gard and Wright, 2005), the construction of idealised or state-sanctioned dietary advice (Nestle, 2002; Dixon *et al*, 2004), or the practices of the food or diet industries (Nestle, 2002; Schlosser, 2002; Critser, 2003), this thesis investigates the construction of food, eating and body-weight management practices by Irish adults and children within the context of contemporary dietary advice, the scientific construct of 'obesity' and its status as a contemporary social problem. Attention is turned to the study of everyday practices, which highlights food and body-weight related lay knowledge, bodily routines, learning, and culturally and historically specific social competence. Thus the focus of this thesis is on exploring participants' constructions of meaning within the realities of their everyday food and body weight practices.

1.2.1 Thesis Aims

The main aim of this thesis is to investigate the socially constructed meaning of food, 'healthy eating' and obesity, within the context of family food practices, in a sample of middle-class Irish families with young children. This is further broken down into three specific research aims. These include:

- To explore family food practices, and potential differences in these between households, in a sample of middle-class Irish families with young children;
- To investigate lay understandings of body weight and obesity within family food practices and consider if and how they are related to medicalised understandings of body weight and obesity; and
- To examine lay understandings of 'healthy eating', body weight and obesity in family food practices and investigate if and how they may be related.[1]

The remainder of this chapter introduces the main body of the thesis by reviewing the methodological approach and presenting an overview of the thesis.

1.2.2 Exploring Everyday Realities

While the focus of this research is on families with young children, it has been argued that a distinction needs to be made between households and families in the study of food activities (Murcott, 1986). Thus the household serves as the primary context for this research. Yet as this research is also dedicated to including the perspectives of children, school-related data is also included. Schools are argued to be a site of struggle for control between children, parents and school officials (Morrison, 1996; Burgess and Morrison, 1998a; Burgess and Morrison, 1998b), and are therefore relevant to family food practices. These two sites therefore serve as the localised contexts of the study.

---

[1] As a response to the increasing media attention to the topic of obesity, during the course of the research an additional research aim was added to the project midstream. The additional research aim was designed to explore how obesity was framed in Irish newspaper reporting and compare it to the framing of obesity in other national contexts. As this research developed somewhat separately from the family interviews, the main results of this research are not included in this thesis, with the exception of a short extract in Appendix A.

The methodological approach of this thesis (see Chapters 4 and 5) is rooted in social constructionism, in particular contextual constructionism (Best, 1995; Best, 2003). This approach is consistent with the aims of the research, as it focuses on the processes which contribute to the creation of collective definitions and social understanding, yet it also allows the careful use of objectivist 'facts' within the constructionist framework. Although this approach focuses on constructionist processes, select references to literature grounded in a biomedical model are also included in Chapter 3. These serve to contextualise the study and provide a reference for discussions of the concept of 'obesity'.

To investigate the thesis aims, a 'qualitatively-driven' (Mason, 2006) mixed methods research design was used. This involved the qualitative analysis of semi-structured interviews undertaken with families, but also including a small sample of teachers. This is supplemented by structured food diaries, and a questionnaire for sampling purposes. The sample of participants was restricted to middle class Irish families in a Dublin suburb with a child aged 6-8. The fieldwork was conducted, in several stages, from February 2005 to January 2006.

The organisation of this thesis is structured to address the research aims of the thesis. The first layer of analysis investigates the social organisation of family food practices through the analysis of data generated from food diaries and interviews. The second layer addresses how the participants constructed 'healthy eating', both at home and in the school context. The third and final layer explores the meaning of obesity and bodyweight in the context of everyday realities, and the participants' constructions of meaning concerning the relationships between body weight, obesity and food practices.

1.2.3 Family Food Practices

The first layer of the thesis is explored in Chapters 6 and 7. Using data generated from food diaries, the rhythm and structure of the households' food practices are examined. A tripartite food typology is then used to explore how the meaning of food is constructed in the households in different ways. Gendered aspects of food-related labour are highlighted in Chapter 7, with the majority of food work organised as the routine responsibility of women. Despite the continued construction of food as 'women's work', an extended set of food-related relationships are argued to be important in the construction of family life and other social relationships. For example, although men were not responsible for the routine

cooking of meals, they played an important role in other food-related activities, particularly with children.

1.2.4 The Construction of Healthy Food

Chapter 8 explores the social construction of 'healthy' and 'unhealthy' foods in the context of everyday food routines. The concepts of 'healthy' and 'unhealthy' food are symbolically connected with 'goodness' and 'badness', and the interplay of these food-related moral concepts played an important role in the assessment of family life and competent parenting. However within the context of everyday life, families 'balanced' this dichotomy in multiple ways, including through non-food related activities. Although 'health' was one influence on eating practices, the role that 'healthy food' plays in an overall life balance and prioritisation of everyday life activities proved to be much more complicated.

Chapter 9 uses parent and teacher interviews to explore food-related school activities, in particular the issue of school lunches. As school lunches and other snacks consumed in school are packed from home, the lunches were a site of significant struggle between school officials, teachers, parents and children. Changing and sporadically-enforced school food policies provided particular challenges for both parents and teachers, particularly because school lunches played a pivotal role in food-related teaching activities.

1.2.5 Obesity, Body Weight and Family Life

In the third layer of the thesis, the focus shifts to the social construction of obesity and body weight and potential relationships to food practices. Chapter 10 explores participants' constructions of obesity using Sobal's (1995) three models of obesity by considering the 'social problems work' (Holstein and Miller, 2003a; Miller and Holstein, 1989) that participants carry out in characterising obesity a social problem. However it is argued in this chapter that there is a disparity between the biomedical classification of obesity and lay constructions of obesity which makes lay understandings of obesity difficult to investigate. I thus suggest that it is more useful to consider the concept of 'body weight' more generally. This chapter explores medical, moral and political characterisations of obesity as a social problem.

The final chapter of this thesis, Chapter 11, explores in more depth the practices related to the social construction of body weight in the families, including whether and how these understandings are related to family food practices. This chapter highlights the multiple interpretative procedures through which body weight is cast as a social problem such as gender, social class and theories about the cause of body weight diversity. The second half of this chapter uses the accounts of the participants to examine the ways that body weight is 'talked about' within families, and considers how food and body weight practices are managed within the households.

1.3 Summary of Conclusions

A tripartite family food typology was developed from food diaries and interview analysis. The food diaries suggested a similarity between the structure and rhythm of family eating events, yet there were differences in the way the meaning of food and its role in family life were constructed. Although some men contributed to household food activities, the division of food-related household labour was highly gendered with women undertaking the large majority of food-related work. The typology is thus based on how women constructed the meaning and significance of food in family food practices. Three family types are presented based on the conceptualisation of food as a family duty, chore or hobby.

The analysis of the interviews revealed the complexities of empirically investigating the concept of 'obesity'. This research highlights disparities between the biomedical characterisation of obesity and the criteria used by participants to evaluate bodies and problematise body weight. Parents reported an overwhelming reluctance to talk about the topic of weight with their children, particularly daughters. The concept of 'healthy eating' appeared to act as a substitute for talk about body weight, imbuing this concept with particular practical importance.

This thesis makes practical and theoretical contributions to the literature on lay understandings of food, 'healthy eating' and obesity. As obesity was constructed by participants as a middle class social problem, as well as a lower social class problem, the findings of this study suggest that theories related to class-based understandings of fatness and obesity should be revisited.

2 Exploring Food and Health in Everyday Life

2.1 Introduction

Chapters 2 and 3 review the theoretical and empirical background to the study. This chapter explores theoretical ideas related to the study of food practices, and food and health in everyday life more generally. This review of the literature also provides a backdrop for the presentation of the findings in Chapters 6 – 11. Based on the position outlined in the introduction, the emphasis of the review here is how food practices have been explored in the context of everyday life and participants' constructions of meaning related to food and health within these realities.

Although there is considerable overlap between the topics of food, health, body weight and obesity, I have reserved the review of obesity-related material for the following chapter. As these two literatures have developed somewhat separately, I believe that the material related to food and health can be more appropriately considered on its own before introducing the obesity and body weight material.

The literature review presented in these two chapters was conducted by breaking down the research into stages and subsequently drawing on various relevant sub-literatures within the sociology of food, the sociology of health and illness and the growing literature on the sociology of obesity. In particular, the Social Science Citation Index was used to follow the trail of citations and identify key publications and scholars working in the area. This was conducted by using key phrases and search terms in a variety of combinations. An issue arises, however, when using search terms such as 'obesity' or 'healthy eating' as the bulk of literature on these topics is based in a long list of other disciplines such as nutrition, psychiatry, public health, endocrinology and health policy. In such cases search results were filtered for sociological and more general social science results. When the subject matter was relevant to the study, I have also included material drawn from nutrition and public health. For other document types such as books, a more manual search was used such as searching the reference lists of relevant papers and online search engines.

2.2 Food in Everyday Life

In the introduction to this thesis I highlighted the copious attention to healthy eating and diet-related body weight management in Irish social policy. Rather than relying on a mechanical model based on dependent and independent variable analysis, sociologists have emphasised an alternative approach which suggests that 'food choice' should be treated as social (Murcott, 1995). Such a model of inquiry highlights the importance of locating food habits or practices within their context – and treating their context as a part of the subject under study (Murcott, 1988). Moreover it may not be satisfactory to consider food choice alone. Pill (1983) suggests that beliefs about food need to be situated within the much broader context of systems of health beliefs and practices.

Noting the importance of context, this thesis reports on an empirical investigation focused on families in Ireland. It will become apparent that virtually all of the sociological literature referenced here is drawn from studies based in other countries, particularly the United Kingdom, the United States and Australia. There is a limited body of literature on food in Ireland generally. Martin (2004) found that some Irish people denied the existence of an 'Irish gastronomic tradition' altogether, although he argues that one most certainly exists. There is however little academic literature related to Ireland's culinary culture.

> 'Culinary culture' is a shorthand term for the ensemble of attitudes and tastes people bring to cooking and eating. Since 'culture' is understood in sociology and anthropology to mean all that is 'learned, shared and transmitted' among groups of human beings from generation to generation, it is not surprising that the idea of culinary culture has been associated with research of an historical-sociological kind aimed at explaining how different social groups – especially different societies or nation-states – came to develop different tastes and attitudes over time (Mennell *et al*, 1992:20).

Social historians Clarkson and Crawford (2001) have traced the development of what people ate and drank in Ireland from 1500-1920 while also exploring the connection between eating, health and disease. Also historical, Sexton (2001) outlines *A Little History of Irish Food* focusing on cooking traditions and recipes. Sexton, like Clarkson and Crawford (2001), argue that Irish food history has been neglected and what has been done tends to be narrow. She writes that many Irish foods are 'simple and peasant in origin', have been shaped by 'the history of harsh circumstances', and are the 'products of a complex history of conquest and colonisation' (Sexton, 2001:7). It is not the purpose here to investigate a national food identity, and in fact it has been argued that there is no such thing as an authentic national cuisine (Murcott, 2003). However given the importance of context, the lack of literature on Irish food is worth noting as there may be differences between patterns of eating in different national contexts. For example, Kjærnes (2001a), in

his edited collection on eating patterns in four Scandinavian countries, found distinct national meal systems in Denmark, Finland, Norway and Sweden.

With this general absence of Irish specific literature in the background, this chapter reviews literature related to the social context of food practices and 'healthy eating'. It thus explores some material related to food and health as separate subjects, but it also focuses on the complex connections between them. It explores how sociologists have theorised food practices and the meanings related to food and health in everyday life as well as addressing debates within broader sociological theory.

2.2.1 The Sociology of Food and Social Anthropology

In 1983, Murcott (1983a) remarked that sociologists, up to that point, had paid 'virtually no sustained attention' to the study of food and eating. As such, she acknowledges the influence of social anthropology on the general orientation of her edited collection of essays. This influence of social anthropology on sociological approaches to food is one that is widely echoed (Lupton, 1996; Caplan, 1997). Work in this vein, particularly influenced by Claude Lévi-Strauss and Mary Douglas, suggests that the relationship between food and health can be viewed as a language. Such work seeks insights into the rules underlying food consumption. Douglas [1997 (1975); Douglas and Nicod, 1974], for example, examined the meal as a structured social event with a basic, language-like code. Her analysis sought to expose the rules dictating the definition of the traditional British meal, and goes on to suggest that the patterns of food and eating stand for much more than themselves. They are, rather, symbolic of a particular social order.

There is evidence that the rule-based arrangements of meals persists in contemporary eating patterns. For example, Charles and Kerr (1988) identified the importance of the 'proper meal' in households in north England in the 1980s. Murcott (1982; 1983b; 1983c) identified the components of an idealized 'cooked dinner' in South Wales. She also cites the work of Kyle (2001, cited in Murcott, 2003) on primary school children in an underprivileged area of Birmingham which finds that the idea of structured meals was also apparent in the preferences and eating patterns of children. Drawing from this body of work she identifies mismatches between the structure of meals and expert advice on diet as potential "good 'cultural' reasons for a less than well advised diet" (Murcott, 2003:38).

Despite evidence of the continued existence of socially shared routines (Gronow and Jääskeläinen, 2001), Fischler (1980) has argued that rapid changes in eating habits have created a state of 'gastro-anomie'. Similarly Dixon *et al* (2006) has suggested that a proliferation of convenience foods has caused the demise of the meal and 'disinhibited' eating out of the view of social norms.

The structuralist, anthropological literature has been criticized for ignoring historical change and not engaging with the broader social, political and economic context in which food is produced. However Caplan (1997) suggests that the anthropological literature remains extremely influential through its prioritization of the search for meaning, which can be reached through the use of metaphor and symbol, as well as cultural ideas about classification, the human body and the meaning of health. For example, Lupton and Chapman (1995) suggest that 'healthy eating' is often dichotomously conceptualized as 'good'/'bad' and 'healthy'/'unhealthy'. Yet Kemmer (2000) warns that sociological investigations of food need to pay attention to structural forces and an awareness of their dynamics. Building on this theme, the following section explores competing dynamics which are argued to affect contemporary actors.

2.2.2 Theorising Food and Eating: Class, Consumption and Practices

In line with the constructionist position outlined in the introduction, in this section I will attempt to reconcile a number of different debates relating to how food and eating have been theorised, particularly in terms of social class and ideas related to consumerism. Given the research aims, the material is critiqued with an emphasis on food practices, 'healthy eating' and health within family households. The limited material specifically relating to obesity has been reserved for Chapter 3, because I believe it can be more fully discussed with empirical and theoretical literature specific to the topic.

This section focuses on the theoretical shift in emphasis from social class to theories of consumption and subsequent debates in the literature. Campbell (1995) identifies two primary perspectives which mingle in their influence on sociological approaches to consumption: (1) economic or material perspectives; and (2) cultural perspectives influenced by developments in cultural studies, critical theory and postmodern theories. In relation to studying food and drink:

> Here too one can detect much the same division as noted earlier between that fundamentally materialist approach that focuses on food as related to issues of diet or nutrition, on the one hand, and that which treats food (or 'foodways') as codes or symbolic systems capable of semiotic or structural analysis on the other (Campbell, 1995:106).

In Ireland, the National Taskforce on Obesity (DoHC, 2005a) has adopted a position which conceptualizes income and the affordability of healthy foods as the primary barrier to healthy food choices. This 'political arithmetic' approach (Murcott, 2002) typically uses the socioeconomic patterning of food purchases and food access to investigate nutrition and inequalities. The discussion which follows draws on theories of consumption beyond this economic perspective (Campbell, 1995) to view 'choice' in more complex ways.

2.2.2.1 Social Class and Consumption

As a starting point for his analysis of consumption, Warde (1997:8) notes that 'class used to be the dominant social division with respect to consumption', but many social theorists argue that that is no longer the case. Featherstone (1990), for example, comments that rather than conceptualizing social class as the source of differences between social groups, social divisions have increasingly been accounted for by theories of consumption. Since the late 1980s and 1990s (see Campbell, 1995), sociologists have developed a 'fragmented and theoretically disputatious' (Gronow and Warde, 2001:3) sociology of consumption, with increased interest in 'ordinary' and 'routine' consumption.

Defining consumption sociologically presents a challenge because of the disparate perspectives which have shaped consumption's development. Warde (2005:137) offers:

> consumption as a process whereby agents engage in appropriation and appreciation, whether for utilitarian, expressive or contemplative purposes, of goods, service, performances, information or ambience, whether purchased or not, over which the agent has some degree of discretion. In this view, consumption itself is not a practice but is, rather, a moment in almost every practice.

For Warde, therefore, consumption is embedded within practices. A key aspect of Warde's definition is the notion of having discretion or 'choice' over consumption; this raises questions about a large group of agents with a limited amount of exercisable discretion: children. Moreover children are argued to be generally 'invisible' in theories of consumer society and culture (Cook, 2008). The remainder of this section discusses the different ways that theories of consumption have been modeled and how they can contribute to the topic under investigation. The three dominant theoretical approaches to consumption are:

production of consumption; mode of consumption; and lifestyle and identity formation (Featherstone, 1990; Gronow and Warde, 2001; Martens *et al*[1], 2004).

2.2.2.2 Theories of Consumption

Production of Consumption

The production of consumption approach is characterised by analysing the production sphere and the role of the market in influencing consumption. Research into 'environmental' influences on eating habits and obesity fall into this category, as do studies on the effects of food-advertising campaigns (Hastings, 2003), food-industry activities (Nestle, 2002) the influence of food retailers (Dixon, 2002) and 'charismatic figures' such as Jamie Oliver and Oprah Winfrey who comment on food (Dixon and Winter, 2007). Although there has recently been some focus on 'obesogenic environments', in Chapter 1 I argued that nutrition campaigns and state social policies have primarily targeted individual consumption and behaviour change, as opposed to regulating change in the sphere of production.

However in their discussion of children's consumption, Martens *et al* (2004) identify the production of consumption approach as the overwhelmingly dominant approach to children's consumption. Martens *et al*'s discussion is a general one, not specific to food or body weight related consumption, however their argument appears to be strong. For these authors this approach is restrictive, inevitably pessimistic with a 'patronising' tone, and focused on the 'manipulated' child who pesters his/her parents into getting what they want. The authors highlight that such an approach neglects contexts of consumption, by failing to capture how children's consumption takes place in context and the meanings associated with contextualised practices. Both Martens *et al* (2004) and Martens (2005) put out a call for researchers to look beyond the market and conduct research into the broader social and cultural influences affecting children's consumption and learning: including parents, households, schools and other social networks. Unlike nutritional and social-policy approaches which emphasise the role of the individual, the dominant approach of the sociology of consumption has highlighted the role of the market, the sphere of production

[1] Martens *et al* (2004) primarily focus on children's consumption, but this appears applicable to the broader consumption literature. Martens *et al* (2004) also add the trends of material culture and 'ordinary consumption' to their classificatory scheme.

and its relationship to contemporary patterns of food intake and obesity – to the neglect of other key sites of investigation.

Lifestyle, Identity and Eating

A second approach to consumption is characterized by the term 'consumer society'. This idea suggests that modern societies are increasing organised around consumption, including the aestheticisation of everyday life and increased commodification. However a 'consumer society' may also be conceptualised as selfish, hedonistic and alienating with implications for people's sense of self and embodiment (Howsen, 2004). The suggestion is that there has been a reorientation of the personal motivations which underpin culture. Encapsulating some of the prominent debates in contemporary sociology, work of this vein has been classified as a 'lifestyle' or 'identity' approach to consumption.

Postmodern social theory has focused on the role of consumption in everyday life by defining society as consumerist, and by its use of signs as its primary site of analysis and meaning making (Ritzer, 2000). Consumption becomes a symbolic activity rather than an instrumental one. A central concept here is the use of consumer goods by individuals to 'select' an identity or choose a 'lifestyle': choosing goods to convey consciously-crafted meaning to others, and interpreting the meanings of others' consumption choices, which are thought to have replaced traditional social markers such as age, social class and gender. Tensions arise between the autonomy of the individual in identity construction and the influence of traditional sources of identity, particularly social class, but also family, community, gender and age. Theorists such as Beck (1992) and Giddens (1991) emphasise the role of the reflexive individual and his/her instrumental choices in the construction of self-identity: in essence such individuals use the consumption of goods and services to create a sense of self.

The postmodern turn has also been influential in the literature of the sociology of the body – for example in the idea of modifying the 'unfinished body project' in specific ways (cf. Howsen, 2004). Food choice and the bodily effects of eating and other body maintenance activities are relevant as resources through which the reflexive, biographic project of the self is created. Drawing on Foucault, Turner (1984) highlights how the body is a problem of social order, and examines the processes developed in society to contain and manage the human body. Germov and Williams (1999:319) use the term self-rationalisation to refer to

'discourses that attempt to rationally manage and regulate the human body in the context of nutrition and health discourses of obesity, gender, dieting, pregnancy, infant feeding and the family'. However in their article on the 'thin ideal' of women, Williams and Germov (1999) highlight the interplay of both structure and agency in the sexual division of dieting. While structuralist analyses focus on external forces that put pressure on women to conform to a thin ideal, post-structuralist analyses stress the importance of theorising female subjectivity and agency. They argue that both perspectives are necessary to understand why women diet.

Overall, Campbell (1995) points out some important criticisms of postmodern theories: they tend to be theory based and lack empirical evidence; they assume that the consumer and observer have the same understanding of the meaning of goods; and finally there is a danger of generalizing experiences from specific groups to the whole population of consumers (e.g., the 'youth' market, 'yuppies' or the 'nouveaux riches'). For example, Crossley (2004) questions the extent to which empirical data supports theories of 'body consciousness' (see Chapter 3). Martens *et al* (2004) also critique this body of work for neglecting children.

Mode of Consumption

A third approach to consumption is characterized as 'mode of consumption' (Martens *et al*, 2004). This work challenges some of the core principals of the lifestyle/identity formation literature. This approach addresses how people 'learn to consume'. Principally this perspective relates to the interplay of objective and subjective constraints on the consumption of different social groups, and how these constraints are passed through generations. Bourdieu (1984) argues that consumption practices and conceptions of taste are used to establish and maintain hierarchical social class differences. The body itself is the bearer of social value in multiple ways: the material context in which it is located; bodily gestures such as modes of health maintenance; and group-based tastes and preferences. For Bourdieu, consumption is ultimately guided by the deeply-ingrained habitus, which guides taste and preference throughout life. Based on his empirical research, he argues that the food tastes of high status individuals such as professionals tend to be towards the light, refined and the delicate, while working class tastes centre around heavy, fat and the coarse foods. Criticism of this approach tends to centre on the specificity

of Bourdieu's empirical research (France in the 1970s), the denial of consumer agency, and an inability to explain social change.

As Murcott (2003) comments, analyses of this sort are not simple and patterns in consumption and taste are not static. Using a historical, developmental approach, Mennell (1985) examined the quantitative and qualitative indicators of taste in food in England and France over several centuries. He argues that mediaeval aristocrats used sheer volume of food as a display of social status, but once the food supply was stabilised there developed a greater emphasis on refinement and discrimination, making eating large quantities of food vulgar.

Contemporary examples of studies on the social distribution of taste illuminate the shared social attitudes and conventions in the social organisation of the home. As Murcott (2002) argues, such studies are not always primarily geared to the solution of public health problems, and could simply be taken as descriptions of the 'ordinary workings of society'. In a survey of middle and working class mothers in the Netherlands, Belgium and Germany, Hupkens *et al* (1998) found that higher class mothers restricted their children's access to more foods than working class mothers did, and more often took health into account. In contrast lower class mothers more often took into account the food preferences of their children. Similarly Hupkens *et al* (2000) found that higher educated mothers employed more health-oriented and consistent rules on their children's diets. In a qualitative study of lay knowledge in Australia, Coveney (2005) found that parents in a high income suburb were more likely to discuss food and health in technical, nutritional terms. In the lower income suburb, parents were more likely to discuss food in terms related to children's outward appearance or functional capacity.

Drawing on Bourdieu's concept of habitus, Wills *et al* (2009) explored class-based experiences and conceptualisations of diet, weight and health in parents and young teenagers in Scotland. They argue that middle-class participants conceptualised diet-related lifestyle practices as being oriented toward the future, in the expectation of a 'respectable' body and taken-for-granted good health. In contrast, the working class habitus was underpinned by the concept of 'good enough' food and health practices.

This literature also explores the ways that food and eating are situated within the broader activities of routine, everyday family life – a topic which will be discussed again in terms of health (see Section 2.4). The work of Littlejohn (1963) in 1949 – 1951 rural Scotland provides an example of marked differences in the way behaviour was patterned during household meals in working class and middle class households – a difference which Littlejohn argues expresses the differences in the status of the wife in each of the households. This vein of work thus highlights a myriad of activities related to food and eating by examining shared styles of eating which are embedded in the social organisation of the household.

A Practice Approach to Consumption

Recently there has been an increase in emphasis on 'ordinary consumption' (Gronow and Warde, 2001) focusing on practices. Warde (2005) argues that a practice-theory approach provides insights into how consumption can best be analysed. Consumption occurs within practices and is one aspect of practice. Being a competent practitioner, therefore, requires the appropriate consumption of goods and services. For Warde (2005), practice theory is consistent with the view of consumption which stresses that much consumption is ordinary, routine, collective and conventional. Efficiency and effectiveness are stressed, rather than conspicuous consumption or the communication of symbolic messages. Given the frequent nature of eating, and often tedious labour associated with it, this appears to be an important point. Delormier *et al* (2009) have recently argued that food and eating should be understood as a social practice, and draw upon Giddens' structuration theory to explore how rules and resources affect the constraining conditions under which actors make food choices.

2.2.2.3 Defining Practices

This section elaborates on the concept of 'practice', following the suggestion that consumption is just one component within the broader concept of practice (Warde, 2005). Unlike recent work which specifically seeks to develop a 'practice theory' framework for food and eating (Delormier *et al*, 2009), the emphasis in this thesis is on exploring the social construction of food, 'healthy eating', and obesity in the context of food practices in the households of a specific group of Irish families. Thus practices are defined and discussed in this context. I briefly introduce recent theoretical attention to 'practice-

theory', and then consider how the concept of 'family practices' can be used in an empirical research project.

In recent years theories focusing on practices as the 'primary generic social thing' (Schatzki, 2001:1) rather than structure, systems, meaning or individual actions, have been gaining critical attention [see, for example, Schatzki (1996), Schatzki *et al* (2001), Reckwitz (2002) and (Warde, 2005)]. 'The social' in practice theory is found in a mesh of bodily routines, mental routines, knowledge, and objects. It thus crosses the mind/body divide. This is intended as a contrast to other culturalist theoretical ways of locating 'the social' such as mentalism (the mind), textualism (signs, discourses, or texts) or intersubjectivism (symbolic constellations of interactions) (Reckwitz, 2002). The approach incorporates disparate phenomena such as embodiment, objects, skills, 'know-how', practical understanding, and group-oriented knowledge (Schatzki, 2001).

Reckwitz (2002:249) defines 'practice' as:

> a routinised type of behaviour which consists of several elements, interconnected to one another: forms of bodily activities, forms of mental activities, 'things' and their use, a background knowledge in the form of understanding, and know-how, states of emotion and motivational knowledge.

These components form a 'block' of interconnected elements, irreducible to any one element. For Reckwitz (2002) it is practices that explain action rather than single interests or rational choice (as in the homo economicus model) or normative structures (as in the homo sociologicus model). Furthermore, this offers a useful distinction between the concepts of an individual and an agent. An individual is a bodily and mental agent, who 'carries' the practice (as well as a unique combination of other practices).

> Thus she or he is not only a carrier of patterns of bodily behaviour, but also of certain routinised ways of understanding, knowing how and desiring. These conventionalised 'mental' activities of understanding, knowing how and desiring are necessary elements and qualities of a practice in which the single individual participates, not qualities of the individual (Reckwitz, 2002:250).

The individual therefore 'carries' a unique set of practices, which may complement or contradict each other, while the agent carries out a particular practice. Thus practice is the central phenomenon as opposed to the individual, and practices are conceptualised as collective possessions. The approach attends 'less to individual choices and more to the collective development of modes of appropriate conduct in everyday life' (Warde, 2005:146). The approach is useful for research which examines the practices of families with multiple individuals. However in general terms Murcott (1998:11) highlights that 'though such supra-individual phenomena are the objects of study, their investigation still

has to proceed via the actions, the behaviour of individuals and the reports they can provide'.

Morgan (1996:188-191) similarly views practices as a multi-dimensional theoretical project: normal, taken-for-granted fragments of everyday life, but also conveying an active, flexible regularity. Yet Morgan is more concerned with elaborating on the concept of 'family practices'. For Morgan, family practices are those which are dually constructed as having to do with the family – constructed as such by both the observed actors, and through historical conceptualizations. Indeed, family life has been argued to be central to society, as well as linked to notions of morality and the way that the state makes assumptions about family life, such as the responsibility of parents to feed children. Such practices carry an emotional dimension, potentially with personal and moral significance to multiple actors. Although Morgan highlights that 'family' is just one way to conceptualise practices (alternatives include gendered or age-specific practices), he comments that 'they do seem to provide particularly strong links between self and society' (Morgan, 1996:193). Recent literature has focused on family practices, for example the recent 'Changing Families, Changing Food' research programme (see Jackson, 2009), which uses food as a lens to examine recent changes in family life. It draws on Morgan's (1996) work to focus on family practices as a set of processes through which family is created, instead of viewing 'family' as a static structure to which individuals simply belong. As previous literature has emphasized the connections between food and families (see Section 2.3), I have also opted to adopt an approach which examines family food practices.

2.2.2.4 Section Summary

While some theories of consumption have emphasised the role of agency and the reflexive formation of identity, an interest remains on exploring material and cultural relationships between eating and social class. Warde (1997:21) argues that the role of commodity consumption in the formation of self-identity has been exaggerated and that normative regulation and social embeddedness 'retain a tenacious grip on consumption behaviour'. He views contemporary consumption as a process of continual constrained selection among a range of accessible choices. Moreover, four 'antinomies of taste' act as criteria for making choices between food stuffs. These are: novelty and tradition; health and indulgence; economy and extravagance; and care and convenience. Tomlinson (2003),

based on an analysis of the British Lifestyles Survey in the 1980s and 1990s, also found evidence in support of Bourdieu's argument that social class is the major determinant of eating and leisure activity patterns.

To conclude, this section has explored the multiple ways that theories of consumption have sought to move beyond conceptualising socio-economic status as the determinant of taste. Theories of consumption have been modelled in numerous ways, including those which are driven by the sphere of production, the reflexive formation of identity and the social stratification of taste. Postmodern ideas which prioritise consumer freedom have been criticised for a lack of empirical support, while there appears to be some evidence supporting continuing correlations between taste in food and social class. Yet exploring the theoretical ideas underpinning the concept of a 'consumer society' and the reflexive formation of identity suggest that the meaning attached to certain foods should be viewed as a structured process of selection embedded within individual – and perhaps – family practices. Finally this discussion has focused primarily on adults as there has been a widespread neglect of children in the consumption literature.

2.3 Food and the Family

This section explores another influence on food and eating practices: family life. Morgan (2001) notes that while the sociology of the family appeared for a long time to be a trivial concern, in recent decades it has come 'in from the fringe' to the mainstream of sociology. Feminist scholarship played a major role in investigating the experiences of women within domestic situations, including the daily work of housewives (Oakley, 1974), and the role of gender and power within them. Tracing the development of the study of family life, Morgan (2001) argues that the new understanding of family life seeks to be closer to the everyday experience of it, with the experiences of men and children augmenting the feminist scholarship. Literature specific to food and the family appears to mirror these broader developments, including an emphasis on how food is part of the social organisation of the household itself, and the negotiation of relationships within it.

As will be discussed below, there appears to be substantial evidence that the processes through which families produce and consume meals together are where many of the understandings related to food and health are based. However Morgan (2001) insists that it

is important to retain a distinction between households and families in the study of families. Murcott (1986) has made the same argument for the study of home-based food behaviour. Food plays a role in the economic and emotional organisation of households (Eldridge and Murcott, 2000), or their 'emotional economy' (Morgan, 2001). Connections between food and the family have frequently been characterised in functionalist terms: suggesting that 'activities like eating together', and the 'invisible work' involved in feeding the family, are what creates a 'family' (DeVault, 1991:39). Kemmer *et al* (1998), Marshall and Anderson (2002) and Bove *et al* (2003) have explored the role that the merging of food consumption in newly married and cohabiting couples plays in forming a commensal unit. The family has also been stressed as a 'site of acculturation into norms and expectations' for children's eating practices (Lupton, 1996:37) with the lifelong influence of early childhood learning repeatedly stressed (Bourdieu, 1984; Lupton, 1996; Martins, 2006). It is even argued that the meal stands as a powerful metaphor for the family [cf. Douglas, 1997(1975)]. Public concern and commentary on the demise of the family meal should therefore be read as commentary on the nature of family life – even if there is a gap between rhetoric and reality (Murcott, 1997). Jackson *et al* (2009) have recently provided additional evidence from the Edwardian era arguing that concerns about the decline of the 'family meal' are based on questionable evidence.

Power

A key theme in the literature relating to food and the family is power and the assignment of domestic roles on the basis of gender. With a strong feminist influence, early studies drew attention to the ways by which everyday activities reinforced inherent inequalities embedded in domestic power relations. In her study of Welsh mothers, Murcott (1982:693; 1983b) first drew attention to food's connection to the broader, gender-based relationships within families, suggesting that the meal stands for 'the home itself, a man's relation to that home and a woman's place in it'. Subsequent studies also highlighted food-related power inequalities within the domestic sphere in the UK (Charles and Kerr, 1988), in the US (DeVault, 1991), and Australia (Lupton, 1996). These works suggest that it is women who are responsible for 'feeding the family', but that in doing so they privilege the tastes of other family members (particularly husbands/male partners). However in their interviews with fathers, Metcalfe *et al* (2009) found that many men reported eating according to their partners' or children's preferences, and being marginalized from family food activities – including eating alone after coming home from work.

Methodological criticisms have, however, been directed at these studies for neglecting the perspectives of men by only interviewing women. Beardsworth and Keil (1997) point out that men's accounts are rarely heard first hand for theoretical, but also, practical reasons. As the studies tend to focus attention on the individual in the household who bears the responsibility for food, female response groups predominate. Beardsworth and Keil also highlight that the accounts and preferences of children were neglected in these studies. As children have been increasingly recognised as powerful actors in their own right (Prout, 2005), their widespread absence from sociological projects has been increasingly criticised. There has also been some challenge to the centrality of husbands and male breadwinners to family food decisions. Based on a study of Australia in the mid-1990s, Dixon and Banwell (2004:181) report that children exert considerable influence over family diets, and argue that, 'metaphorically, children are displacing male adults at the head of the table'. In their study of parental influence on adolescents' dietary habits, Eldridge and Murcott (2000) problematise the concept of influence altogether and argue that parent/child relationships are neither uni-directional nor uni-dimensional. They suggest instead that it is more appropriate to seek an understanding of how food is a part of everyday living, the social organisation of households and the negotiation of relationships within them.

In relation to domestic roles and food preparation, it has also been argued that many seminal studies of the 1980s are out of date, and researchers must be alert to more recent social, economic and cultural changes (Kemmer, 2000). Lupton (2000) interviewed couples living in rural Australia and found that although the female partner did take the major responsibility for cooking for the family, there was also evidence of a weakening in gendered assumptions about who should cook. This is supported by Metcalfe *et al*'s (2009:16) study of British fathers which found that gendered assumptions about food preparation still existed but were becoming more 'blurred' and 'interwoven'. Beagan *et al* (2008) interviewed Canadian families and found that respondents used gender-neutral rationales to explain why women did most of the food work. Yet they argue that the rationales presented (e.g., time availability, concern for family health and food work standards) are still grounded in unspoken assumptions about gender roles.

Care

The final theme discussed in this section relates to the concept of care in food provision and family life more generally. The work of caring, especially in relation to family practices, is interwoven with notions of morality – including different moral frameworks for men and women (Morgan, 2001). Indeed, the 'family' holds a special position as a 'moral institution' in the Irish state which particularly recognizes mothers and their role in the family. Family-related care and health work is based on gendered social identities (McKie, Bowlby and Gregory, 2004), including 'motherhood' which creates pressure on women to be perfect mothers, devoting all their time to their households and children (Gatrell, 2005). In a study of community-based interventions related to food and health, Green *et al* (2009) found that programme managers and family members both held women responsible for family 'caring' and parenting practices, thus putting the activities of women under particular scrutiny. However Murcott (1983b) also argued that there is evidence that women gain some pleasure and satisfaction in providing meals, even the 'proper meal' which serves as a symbol of gender roles within family life. Ekström and Fürst (2001) have also found that women (at least in part) take pleasure in cooking for families, suggesting a gift-relationship related to a feminine identity.

Changes in working patterns, particularly the increases in women's paid employment, have prompted Kemmer (2000) to argue for the updating of studies relating to domestic food preparation. Warde (1997) argues that women make trade-offs between the antinomies of 'convenience' and 'care', thus creating a sense of tension for women. Others have examined the changing gendered social identities of fathers. Although not specific to food, McKeown *et al* (1998) argue that the notion of a 'good father' has changed. In place of the 'traditional' father (a hard-working breadwinner who is physically and emotionally absent), he notes the emergence of the 'modern' father (pushing prams, performing school runs and emotionally engaged, increasingly sharing housework). McKeown *et al* (1998) identify two perspectives which seek to account for the changes in the role of fathers in the home: the fairness perspective, which emerged from the 1970s feminist paradigm with an emphasis on fairness and 'domestic democracy'; and the developmental perspective, emerging in the 1990s, which emphasises parenting as a way to grow and develop personally through caring for the next generation, along with the promotion of equality in the domestic sphere. In Metcalfe *et al*'s (2009) study of fathers, food and family life, a significant minority of the fathers in the study used their participation in family food

practices to symbolically position themselves as good fathers and partners. However recent analysis of the *Irish National Time Use Survey 2005* (McGinnity and Russell, 2008) provides clear evidence that women are still doing the majority of food-related labour in Ireland.[2]

The 'New' Sociology of Childhood

Throughout this section I have noted the general neglect of children within sociological research. During the past two decades the social study of children has experienced a fundamental change in perspective, commonly referred to as the 'new sociology of childhood' (Christensen and Prout, 2005). Before the 1980s children tended to be marginalised in sociological inquiry (Corsaro, 2005). Their status as subjects acted upon, rather than social actors in their own right, was evidenced by the lack of research with children directly. Moreover, according to Christensen and Prout (2005:46), the value of children in contemporary society is largely invested in their futures. In this model children are viewed as internalising adult cultural values through the process of socialisation. Rather than 'being', they are 'becoming'. Christensen and Prout argue the deterministic character of socialisation processes obscure important aspects of children's lives; thus they emphasise that children's lives need to be valued in the present, not just for their futures. There appears to be consensus, at least within the 'new' sociology of childhood, that children have achieved the status of social actors in their own right within social inquiry (Prout, 2005; Christensen and Prout, 2005).

Summary

This section has explored theoretical and methodological issues in studying families and food. While seminal work in this area was based largely on the accounts of women, more recent work has argued for the inclusion of multiple perspectives, including those of men and children. There has also been an emphasis on examining the complex processes fundamental to the social organisation of the household, and the negotiation of relationships and everyday activities.

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[2] 'Across all respondents, women spend around four times longer on average than men on cooking/food preparation on weekdays (1 hour 18 minute compared to 12 minutes) and five and a half times longer on weekend days' (McGinnity and Russell, 2008:41).

2.4 Health and 'Healthy Eating' in Everyday Life

This section goes on to explore meanings associated with food and eating by specifically considering how health is understood and prioritised within everyday life. To this end I address literature related to understandings of health generally, as well as material specifically relating to the interplay of professional advice on 'healthy eating' and everyday eating practices within the context of family households with young children.

Health, Medical Power and Context

Several lines of sociological inquiry emerge from the misalignment of health promotion goals and broader trends in dietary activity described in the introduction to this thesis. The history of nutritional science has been characterized as having increased tendencies toward rationalisation, surveillance and regulation. Lupton (1996:72) comments that these tendencies are often "supported by 'scientific' claims". Sociologists have frequently critiqued the dominance of medicine by illuminating power relationships, challenging the 'objective' status of medical knowledge and highlighting the social context of knowledge. Some have adopted a critical Foucauldian perspective and highlighted the panoptic gaze of governments seeking to objectify the everyday activities of individuals, and have questioned the extent (if at all) to which the state and health professionals should intervene in people's lives. However a more moderate (e.g., Milburn, 1996) approach highlights ways which social science can assist in understanding lay concepts in a way which is relevant to health promotion research and practice.

In their synthesis of studies of lay health worldviews, Hughner and Kleine (2004) argue that the 'popular sector' (Kleinman, 1978) is not understood in depth. Drawing on Kleinman's (1978) distinction between the professional, folk and popular sectors of the modern health care system, they draw attention to the social practices of health as carried out in families, social networks and communities. Popular worldviews represent 'complex interweavings of information' drawn from multiple sources such as lay knowledge, experiences, spiritual practices, philosophy, among others (Hughner and Kleine, 2004:397). Hughner and Kleine (2004) characterise multiple dimensions of popular sector health research: lay definitions of health; lay explanations for health; lay explanations which include external and uncontrollable factors affecting health; and the place that health occupies in people's lives. Coveney (2005) comments that recently greater acknowledgement has been given to the importance of engaging with lay logic as it is

presented in its own terms, rather than attempting to re-educate people to predetermined standards. In nutrition education there is a long history of assuming lay knowledge is inferior and needs correcting (Crotty, 1995; Coveney, 2005).

> [F]or too long public health nutritionists have paid more attention to a universal, science-based understanding of food which they attempt to impart to clients and communities without an appreciation of lay knowledge, its social origins and the role it plays in structuring worldviews. There needs to be recognition that different forms of knowledge have a logic, a rationality and a sense-making basis, and is an important starting point for health improvement (Coveney, 2005:296).

The remainder of this section discusses different themes which are argued to influence lay conceptions of health and 'healthy eating'.

Skepticism, Confusion and Risk

Counter to the trend of dietary rationalisation is the growth of public skepticism about health professionals. This is linked to a broader loss of confidence in the authority of science (Beck, 1992). It is also argued that late modernity is characterised by an increased focus on anxiety and 'risk' (Beck, 1992) where people have to reconcile different risk issues. The availability of information from multiple sources means that health professionals may be used as a secondary, rather than primary, source of health advice. This turns on its head the traditional doctor/patient relationship and further solidifies the individual as responsible for his/her health and illness (Shilling, 2002) and prompts individuals to reflexively consider complex and often conflicting sources of information on health advice (Giddens, 1991). For example, Fuller's (2002) participants questioned the legitimacy of discussing 'healthy eating' with their general practitioner because the doctor's role was seen as one to treat illness.

The Media

The media has been argued to play a key role in mediating discourses of risk. Karpf (1988) has argued that the media plays a key role in creating moral panics. This issue has been taken up by Saguy and Almeling (2008), who argue that news reporting on obesity has tended to enflame the issue of obesity by selectively reporting on the most alarmist studies as well as emphasising individual blame for body weight through eating and physical activities (see Chapter 3). In their study of media discourses on diet, cholesterol control and heart disease in Australia, Lupton and Chapman (1995) suggest that although the media's presentation of scientific information is limited, it continues to mediate between scientists and the public. This is strongly echoed in the work of Saguy and Riley (2005) and Saguy and Almeling (2008) (see Chapter 3).

Reporting on the accounts of participants in South East London, Keane (1997) found information related to health was perceived to come from a generalised 'they', a homogenous mass made up of scientists, the media, the medical profession, and diet promoters. Her participants reported skepticism concerning governmental sources of information and described the media as an unreliable source of information. Instead of relying on the 'abstract body' central to health promotion discourse, the participants in her study relied heavily on personal experience. This theme is further explored in the following section.

2.4.1 Lay Health Concepts

A significant theme within lay health research investigates the prioritisation of personal experience, and finds that people are skeptical of health education messages because of a misalignment between the two. Davison *et al* (1989; 1991; 1992) showed the relevance of 'common-sense' ideas to preventative health measures and lifestyle modification. Given the complex landscape of relative risk, they argue it is not surprising that people are skeptical eaters. The same authors (1991; 1992) also develop the concept of 'lay epidemiology' to contrast lay and professional understandings of risks. Lay epidemiology acknowledges the importance of lifestyle but also recognizes other forces such as heredity which are out of individual control. An element of fatalism is also evident in this model, which could provide reassurance in the face of uncertainty. The concept of fatalism echoes the work of Pill and Stott (Pill, 1983; Pill and Stott, 1982) on understandings of diet and health in an urban, socio-economically homogenous group of working class mothers. They explored views on the aetiology of illness and found roughly half of their sample held a 'fatalistic' view of illness with an element of predestination and limited moral accountability. The alternative 'lifestyle' view was based on personal responsibility and moral accountability, for example monitoring their families' diets in a much more controlled way.

Balance

Another significant theme within the literature on common-sense approaches to food and nutrition is the theme of balance. In interviews with French mothers with young children, Fischler (1986) found that respondents made an effort to demonstrate their knowledge of nutrition and the importance of it to competent mothering. Most important was the concept

of 'balance', although Fischler's respondents did not use it in a way which neatly corresponded with scientific characterisations of it. In Fischler's study, the respondents' idea of balance incorporated a moral order, and was both self-justifying and multi-dimensional. Balance has been a reoccurring theme in the literature on making sense of food on a day to day basis: making trade-offs between 'good' and 'bad' foods (Keane, 1997; Backett, 1992a; Backett, 1992b); illness prevention (Snow, 1993); multiple dimensions of getting the 'right balance' (Fuller, 2002); and as a discursive organisational principle (Lupton, 2005). Overall there is substantial evidence suggesting that the concept of 'balance' plays a key role in managing everyday food and health issues.

Lay Health Concepts, Food and Families

An important theme to consider within this sub-literature is social-structural differences in the relationship between food and health. For example, Backett and Davison (1992) argue that what is considered to be appropriate behavior is context dependent, with differences in stages of the life cycle particularly relevant to health behaviours such as eating. Blaxter and Paterson (1983) have highlighted differences in understandings of healthy food definitions according to age, and Keane (1997) found age and gender differences in relation to adherence to healthy eating advice. In Calnan's (1987) study, middle class English women placed more emphasis on the constituents of diet than working class women, and working class women stressed the importance of 'three square meals a day'. Calnan and Williams (1991) found that health concerns may be more influential on food consumption in middle-class households than working class households, although they also argue that regardless of social class, health rarely surfaced in people's descriptions of their everyday lives.

Yet research designs which aim to contrast multiple groups, such as groups categorized by social class, may highlight those differences to the neglect of variation within a homogenous sample. For example the work of Pill (1983) and Pill and Stott (1982) identified competing health beliefs in a homogenous sample of working class participants[3]. And finally, similar to the methodological critique of exclusively considering the accounts of women discussed in the food and the family section, studies of health have frequently

[3] Although the sample was deliberately drawn from the group of 'skilled manual workers', Pill and Stott (1982) did find that the nature of health beliefs varied to some extent by the amount of formal education the women had received.

neglected the viewpoints of men and children. One recent exception which addresses health beliefs of men is Gough and Conner (2006).

In what appears to be a unique approach to the study of constructions of lay health knowledge, Backett (1992a; 1992b) conducted a series of interviews with men, women and children in middle class families in Scotland. Working from the hypothesis that class-related material and social circumstances would provide an environment conducive to health promoting practices, Backett identified a 'mismatch' between how people make sense of knowledge about healthy lifestyles and the cultural, social and moral constraints they experience in everyday life – even in a 'health promoting environment'. She argues that decisions and behaviours related to health need to be understood within the 'everyday fabric of family interaction and prioritising' (Backett, 1992b), and that appropriate social behaviour is in turn affected by these lay moralities. Along with legitimising behaviours within social contexts, her participants situated and justified their activities within spectrums of behavior. Such spectrums were both specific (e.g., dietary balance) and general (e.g., health behaviours were not necessarily compatible with 'life enhancing' behaviours). Her study appears unique in that it also included an auxiliary study of the children in the family.

Earlier in this chapter I identified the recent trend towards acknowledging and valuing children's unique perspectives. Interviews with children have repeatedly identified discrepancies between children's food and health related knowledge and behaviour (Backett, 1992a; Prout, 1996; Stewart *et al*, 2006). For example in Stewart *et al*'s (2006) study, children demonstrated knowledge of healthy-eating principles, but they were likely to apply their healthy eating information selectively and draw upon information differently in different social environments (Stewart *et al*, 2006). Similarly Prout (1996) identified multiple value systems in children's understandings of food. 'Morally' good or healthy food was considered to be boring and mundane while food associated with celebrations (especially cakes, chocolate, confectionary) was seen as morally bad, unhealthy and yet highly desirable. That children not only understood these ambiguities, but used them to negotiate social situations, underscores Eldridge and Murcott's (2000) argument that the 'influence' operating within parent-child food relationships is not well characterised as uni-directional or uni-dimensional.

Summary

Although contemporary individuals face multiple – and often contradictory – sources of health-related information, several studies have shown that personal experience, lay knowledge and 'common sense' strategies are utilized to manage the complexities of everyday food and health issues. Management strategies vary by life stage, gender and social class. This supports the argument that health-related activities, including eating, need to be understood within the cultural, social and moral constraints of everyday life – including the daily fabric of family interaction within households.

2.5 Chapter Summary

In this chapter I have reviewed literature which explores the social construction of food and health in everyday life. I have argued that contrary to postmodern and post-structuralist perspectives food and eating activities are not simply a matter of 'choice', but instead need to be understood within the context of day to day activities and structural processes. The social structure of 'the family' and the practices carried out within households appear to be a key site of investigation for understanding food and eating. Furthermore, lay concepts of health which prioritise experience are central to the management of defining and engaging in 'healthy eating'. In the following chapter I turn to the issue of obesity. I first examine its emergence as a 'social problem' in Ireland, and then continue to explore how it is conceptualised within the context of everyday life.

3 Obesity, Body Weight and Everyday Life

3.1 Introduction

This chapter builds on Chapter 2 by focusing on two related issues which intersect with food, health, and families in complex ways: body weight and obesity. It reviews two separate types of material: (1) empirical material related to the biomedical classification of obesity as a 'social problem' in Ireland; and (2) material related to the social construction of obesity and body weight. Following the contextual constructionism approach outlined in the introduction, the chapter reviews material emerging from incompatible theoretical orientations, namely objectivism and constructionism. Although this study ultimately adopts a constructionist approach, empirical data is included to contextualise the fieldwork and develop the methodological strategy of the thesis.

Although there is a vast literature on obesity grounded in other disciplines, the sociological attention to obesity and the social construction of body weight is not nearly as large as the literature on food and health. The work reviewed here has been selected and critiqued based on its relevance to the study's research aims. Given the study's interest in and focus on the food and body weight practices of children, a brief section on food and obesity in schools is included at the end of this chapter. However I will first review the material related to the prevalence and socio-economic patterning of obesity in Ireland.

3.2 Obesity: An Objectivist View

A central theme highlighted in the constructionist literature is the importance of context. The previous chapter explored social structures and processes related to the social construction of food choice, food and health practices. Drawing on a different set of literature, this section empirically explores one specific aspect of the context in which the food practices of the participants of this study took place – namely public attention to obesity. As discussed in Chapter 1, obesity is argued to be a 'global epidemic' (WHO, 2000), with rates of overweight and obesity increasing at 'alarming speed' and requiring a national 'task force' (DoHC, 2005a). More broadly the current preoccupation with body weight in western societies is said to be 'unprecedented' (Coveney, 2008). This section

explores what 'obesity' is and the ways in which it has been identified as a problem in Irish society. In particular, the way that obesity has been associated with social class is examined and related to the methodological approach of the study.

For a study using a social constructionist methodology, the study of obesity represents an epistemological dilemma. From a constructionist standpoint, knowledge is contingent upon human practices and constructionist approaches aim to document the processes through which phenomena come to be constituted as they are. A constructionist methodology therefore highlights the scientifically and socially constructed nature of the concept, rather than taking it as a given. Thus to cite obesity-related statistics as facts creates an epistemological conflict by treating constructs as objective truths. Yet obesity has been a popular and prominent part of public discourse throughout the 2000s. As the references to obesity-related statistics have been a part of the public domain, they are a part of the broader context of participants' lives – even if it is not possible to say to what extent. A contextual constructionist approach (Best 1989; 1995; 2003) takes the position that reference to such facts and statistics allows analysts to conduct research within the broader context of culture and social structure. This moderate approach has been adopted here (see Section 4.2 for a more detailed discussion), and the discussion of empirical literature which follows should be viewed as contextual development for the constructionist analysis which follows.

3.2.1 Defining Obesity

Obesity is a scientific term with a technical, biomedical definition. Using the term 'obese' designates a medical discourse with a medically standardised meaning, most commonly measured using the Body Mass Index (BMI). Other techniques such as waist-to-hip ratio measurements or skinfold tests are sometimes used as supplements, but the BMI has 'become the backbone of obesity classification systems, surveillance statistics and the endeavor to raise awareness of the developing obesity epidemic' (McMaster, 2003:20). These charts are popularly available in doctor's offices, magazines, in gyms and on the Internet. Their use in Ireland as the standard national screening instrument for health services was proposed – in line with several western European countries at the time, notably Britain – in 1979 by Ireland's Food Advisory Committee (FAC, 1979:11). These charts use cut-off points to define various body-weight categories using a ratio of body

weight to height (kg/m^2). According to this model, each stipulated category is associated with a particular set of risk factors or co-morbidities (see Table 3.1).

Table 3.1 Adult BMI Chart with Associated Risk Factors

Classification	**BMI (kg/m^2)**	**Risk of Co-Morbidities**
Underweight	<18.5	Low (but other clinical problems increased)
Normal Range	18.5 – 24.9	Average
Overweight	≥25.0	
Pre-obese	25.0-29.9	Increased
Obese I	30.0-34.9	Moderate
Obese II	35.0-39.9	Severe
Obese III	≥40.0	Very severe

Source: World Health Organisation, 2003:69

The names assigned to these BMI categories vary. For example, different charts can label an individual as 'normal', 'healthy' or 'OK'. A higher BMI is 'overweight' or 'pre-obese'. And a BMI over 30.0 is labeled 'obese', 'fat', 'very fat' or 'morbidly obese'. There is controversy about how these categories are determined[1], but the task here is not to investigate the process of their official definition, but rather to establish the context for the analysis which follows.

The use of these charts comes with a fine-print caveat: see your doctor to evaluate your individual health status. While providing a quick and easy way to quantify and categorise body weights, the BMI as a tool is simplistic. This type of calculation does not distinguish between fat and muscle and it is age, sex and culture independent (WHO, 2003). Importantly, it does not take into account fitness levels, which have emerged as a key component of health, and a pertinent source of protection against many of the co-morbidities that the BMI charts link with body weight. These criticisms notwithstanding, the BMI is used to track broad anthropometric trends in populations. Irish research indicates rates of overweight and obesity have increased since at least 1990 (McCarthy *et al*, 2001).

[1] Oliver (2006) traces the history of the BMI from its first design in the 1830s to its adoption by the Metropolitan Life Insurance Company in the 1940s. He finds that the definition of overweight has changed over the last two decades, namely that it has gone down; in 1988 when the US BMI level for overweight was set to 25, overnight 37 million Americans became officially 'overweight'. Oliver writes that one of the key reasons for this change involved lobbying by the pharmaceutical industry including through the IOTF. He cites numerous examples of conflicts of interest of scientists who are funded by pharmaceutical companies. He describes these connections as a 'health-industrial complex', which is essentially 'a symbiotic relationship between health researchers, government bureaucrats, and drug companies' (Oliver, 2006:31).

Several major studies, using different methodologies, have collected anthropometric data in Ireland (Table 3.2). Variance between the surveys exposes a key methodological issue.

Table 3.2 Anthropometric Studies of Adults in Ireland

	MEN		**WOMEN**		**TOTAL***	
	Obese	Overweight	Obese	Overweight	Overweight and Obese	Normal
1. 1999 SLÁN	12%	40%	9%	25%	42%	58%
2. 2001 NSIFCS	**20%**	**46.3%**	**16%**	**32.5%**	**58%**	**42%**
3. 2003 SLÁN	14%	41%	12%	25%	46%	54%
4. 2007 SLÁN	16%	43%	13%	28%	50%	50%

1. 1999 Survey of Lifestyles, Attitudes and Nutrition (Friel *et al*, 1999)
2. 2001 North South Ireland Food Consumption Survey (IUNA, 2001)
3. 2003 Survey of Lifestyles, Attitudes and Nutrition (Kelleher *et al*, 2003)
4. 2007 Survey of Lifestyles, Attitudes and Nutrition (Morgan *et al*, 2008)

* Comprising less than 1% of the total, underweight is not included in these figures.

The 1999, 2003 and 2007 SLÁNs all report a lower rate of total adult overweight and obesity (42%, 46%, and 50% respectively) than the 2001 North/South Ireland Food Consumption Survey (IUNA, 2001) (58%). One probable reason for these differences lies in the methodology of the data collection: the SLÁN surveys use self-reported height and weight figures whereas the NSIFCS study professionally measured the height and weight of survey participants. Evidence suggests that self-reporting individuals tend to overestimate their height and underestimate their weight (Hayes *et al*, 2004; Morgan *et al*, 2008), skewing survey results in the direction of underestimating obesity. This information may indicate the values of those being surveyed: there is a tendency for people to want to weigh less (or at least have others think they weigh less).[2] For simplicity, figures from the NSIFCS (IUNA, 2001) will primarily be referenced throughout the thesis. Overall, contemporary medical terminology suggests that more than half of the adult population weighs 'too much'. So while it may be deemed medically 'abnormal' or 'unhealthy' to be overweight or obese as classified by the BMI, this raises important questions as to what 'normal' means outside of a medical classification. The body weights of Irish children have also come under public scrutiny.

[2] To address the issue of underreporting body weight in self-reported studies, the 2007 SLÁN professionally measured a sub-sample of respondents and found evidence of underreporting. They found that (Morgan *et al*, 2008:6, emphasis added): 'Combining the sub-sample of measured BMI data for the under-45 and over-45 age groups, 1% of all respondents were underweight (1% men and 1% women), **35% had BMIs within the healthy range** (30% men and 40% women), 39% were overweight (45% men and 33% women) and 25% were obese (24% men and 26% women).

Defining obesity in children is a significantly more complicated task. Growing bodies mean that heights are in a constant process of change. This means BMI cut-off points change for every six months of age and, unlike adult BMI cut-offs, childhood BMIs differ between the sexes. To complicate matters more, there are several standards in use and a lack of consensus on which standard is most appropriate (Griffin *et al*, 2004; DoHC, 2005a). Using one standard instead of another means different rates are calculated for the same population. Three popular published BMI-for-age standards include: (1) UK 1990 reference charts; (2) US CDC centile charts; and (3) IOTF cut-off points.[3]

On a national scale, Whelton *et al* (2007) have published the results of the North South Survey of Children's Height, Weight and Body Mass Index 2002. This is the largest study of its kind in Ireland to date (n = 19,617). Their data, recorded in 2002 and calculated using IOTF standards, suggests that 23% of boys aged 2-16 and 28% of girls in the RoI were either overweight or obese; 6% of boys and 7% of girls were obese. The highest prevalence of overweight was among 13 year-old girls (32%), and of obesity among 7 year-old girls (11%).

These figures are not presented to objectively establish the rate of obesity in Ireland in the 2000s as truth. However, as the statistics related to obesity were frequently used in popular discourse and by the media, I suggest that they are useful for contextualising the study and establishing the way in which obesity was characterised as a problem in Irish society during the period of data collection. There has been robust criticism of the tendency to conflate overweight and obesity, yet it is striking that "it has now become 'normal' to be abnormal, even diseased' (Coveney, 2008:201). A second issue to explore relates to the way in which the relationship between social class, obesity and also patterns of food intake have been characterised by the medical community and presented in the media.

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[3] 3 (1) UK 1990 reference data for age and sex. This classifies overweight and obese children as those with a BMI >91st and >98th centile, respectively. It is based on nationally-representative British data (Cole *et al*, 1995).
(2) US Center for Disease Control (CDC) centile charts, which are also derived from nationally-representative survey data, uses cut-off points at the BMI>85th and BMI>95th centiles based on American data (Kuczmarski *et al*, 2000).
(3) IOTF cut-offs use pooled international data (averaging data from Brazil, Great Britain, Hong Kong, Netherlands, Singapore and United States). Cole *et al* (2000) developed international cut-off points which link to adult BMI charts in order to aid the comparison of different national populations .

3.2.2 Nutrition and Obesity: Socio-Economic Patterning

Anthropometric studies frequently include reports on the socio-economic patterning of obesity and other BMI categories. For example, the Irish data suggests that: increasing age (up to 60) is associated with obesity (DoHC, 2005a), men generally have a higher prevalence of obesity than women (McCarthy *et al*, 2001)[4]; and there are few differences in levels of obesity between those living in rural or urban areas in Ireland (DoHC, 2005a). Patterns related to social class feature prominently in such analyses. Yet in relation to food intake, Crotty (1999) and Germov (2008) argue that class-based differences in food habits and nutrient intakes appear to be diminishing without altogether disappearing. They argue that public discourses which assume that the food habits of the working class are responsible for health inequalities are ill informed. Inspired by Crotty (1999), in the following section I investigate how the relationship between social class and nutrient intake has been characterised and reported upon in Ireland. However in line with the contextual constructionist approach, it is important to position this discussion as 'context' rather than 'truth'. Following the discussion of social class patterns and nutrient intakes, I consider the reported relationship between social class and BMI categories of body weight.

Social Class and Food

Determining social-class position is a complex task involving education and occupation (among other factors). Nutrition studies (Friel *et al*, 1999; Kelleher *et al*, 2003; Morgan *et al*, 2008) typically look for patterns of varying food intake and nutritional adequacy across a range of socio-economic variables. The 1999 SLÁN reported that higher social classes ate more vegetables and consumed more low-fat dairy products, thus reporting that the diet of higher social classes is more in line with dietary guidelines. Additionally, Kelleher *et al* (2002) found a higher intake of fibre, but also a higher sugar intake among the higher social classes. In reference to current nutrition guidelines, the diets of higher socioeconomic groups more closely approximate official dietary-guideline recommendations (Crotty, 1999).

However Crotty goes on to suggest that there is a contemporary tendency towards dichotomous thinking in characterisations about the relationship between food choice, diet and class, and that this tendency needs to be reviewed. She notes that:

> Regardless of what is currently in the literature, the diet of lower socioeconomic groups is commonly viewed as uniformly 'unhealthy'. Recommendations are frequently made for the

[4] This is an unusual pattern. Worldwide this pattern is usually reversed.

> improvement of diet in low-income groups so that it more closely approximates that of the higher social classes, which are often assumed to be uniformly 'healthier'. The food choices and diets of the affluent may thus become an inappropriate surrogate standard for 'healthy eating' by low-income groups (Crotty, 1999:136).

This is an important point. Throughout her paper Crotty (1999:138) questions the extent to which nutritional science has helped in separating 'the facts of nutrition from the prejudices of privilege' through the search for, and creation of, distinctions between social-class groups. To illustrate this point made by Crotty I will briefly examine select results reported by Kelleher *et al* (2002), including the way they are interpreted and presented. This table is a small extract from a larger data set reported in the paper. It reports on the level of adherence to the Irish Food Pyramid.

Table 3.3 SLÁN 1999 – Nutrient Intake by Social Class

SOCIAL CLASS	1-2	3-4	5-6
Achieving recommended pyramid servings (%):			
Cereals, breads and potatoes	39.8	41.7	43.5
Fruit and vegetables	73.2**	65.6	57.3
Milk, cheese and other dairy products	25.2*	24.1	21.0
Meat, fish and poultry	39.1	40.1	41.4
Top-shelf	13.6	14.8	12.9

Source: Table 4: Selected food and nutrient consumption and food preparation patterns according to the Irish social-class scale in the National Survey of Lifestyles, Attitudes and Nutritional SLÁN (1999) Kelleher *et al*, 1999). Social-class variation was significant (three-way group comparison; ANOVA):* P<0.05, **P<0.01

The findings above suggest a predictive, statistically-significant, inverse relationship between social class and intake of fruit/vegetable and dairy products. These points are made in the abstract of the paper. Analysis of the other three categories (cereals, breads and potatoes; meat, fish and poultry; and top-shelf foods) does not produce a statistically significant relationship, and in some cases there were higher levels of achievement in lower social-class groups.[5] Yet, only the two (fruit/vegetables and dairy products) which did find a statistical relationship are reported in the abstract and the general argument is made on this basis that there are social-class variations in the Irish diet. I do not argue that there are no social variations between social-class groupings in Ireland or that variations which do exist are not meaningful. However it is important to be aware of the complexity of such nutritional findings, their interpretation and presentation. It is critical not to interpret such studies as demonstrating a simple case of those in higher social classes uniformly eating healthily and those in lower ones uniformly eating unhealthily. Yet as argued by Crotty (1999) this conclusion appears to be widespread. In teasing out the

[5] See Appendix B for a pictorial representation of the Food Pyramid.

complexities of such relationships and distinctions, Crotty points out that there is a need to separate inquiries into nutrition (e.g., adequate intakes of macro/micro-nutrients), from those of food choice and symbolic consumption.

Social Class and Obesity

Identifying patterns of obesity in different social-economic groupings is complex, with some studies reporting on social class and others on education. In developed countries, previous studies have often found that the prevalence of obesity tends to be higher in lower social classes (WHO, 2003). The often-cited meta-analysis of Sobal and Stunkard (1989:269) found that this was the case in women, but the pattern of obesity in men and children was found to be 'complex and poorly understood'. This point, however, appears to be rarely referenced. An analysis of the Irish data indicates mixed findings.

Data from the self-reported SLÁN studies (National Nutrition Surveillance Centre, 1999; Friel *et al*, 1999; Kelleher *et al*, 2003), which are also cited in the NTFO report (DoHC, 2005a), highlights that lower levels of education and lower social class position are associated with higher levels of obesity. More specifically, the 1999 SLÁN (National Nutrition Surveillance Centre, 1999:9) found that 'respondents in lower social classes were more inclined to be overweight or obese compared to social classes 1-2'. The 2003 SLÁN (Kelleher *et al*, 2003) reported that those with tertiary education were less likely to be obese than those with none/primary/some secondary education, and that while obesity levels had increased in all social-class groupings since 1999, they increased more in lower social classes (Kelleher *et al*, 2003). The 2007 SLÁN (Morgan *et al*, 2008) found no social-class patterns for overweight, but an inverse social gradient for obesity.[6]

Curiously, the NTFO report (DoHC, 2005a:22) ascribes the phrase 'those with lower levels of education were more likely to be obese' to a paper (McCarthy *et al*, 2001) reporting results from the professionally-measured 2001 IUNA study. However education levels are not mentioned in the McCarthy *et al* (2001:1102-1104) paper at all and in fact the report found that social class was not predictive of obesity. It reads:

> Social class was not significantly associated with mean BMI in men or women, in any of the age groups. ... It is important to note that social class was not significantly associated with mean BMI.

[6] 'While no obvious social class pattern emerged for overweight respondents, a social class pattern was evident for obesity. There were higher percentages of obese adults in social classes 5-6 compared to other groups (SC 1-2: 13%; SC 3-4: 15%; SC 5-6: 18%). This pattern was evident across all age groups for men, but not for women.' (Morgan *et al*, 2008:99).

> The Dietary and Nutritional Survey of British Adults reported that those in higher social classes had a significantly lower BMI (Gregory *et al*, 1990).

The authors seem to express surprise at the fact that mean BMI was not associated with social-class groups and they go on to cite a British study which did find an association. However, it is noteworthy that the data cited was not Irish and was published in 1990 (Gregory *et al*, 1990), and was thus possibly outdated. The self-reported and direct-measured studies produced different findings, which may have implications for how obesity is being reported by members of different social classes.

Whelton *et al*'s (2007) professionally-measured study of childhood obesity rates in the Republic of Ireland and Northern Ireland also found no evidence of higher obesity rates in disadvantaged groups. There was evidence that height was inversely associated with socio-economic disadvantage[7], but no consistent trends in the prevalence of childhood overweight or obesity were found (Whelton *et al*, 2007). These authors too express surprise at the findings and even note:

> However, surprisingly, there was no significant variation in prevalence across social class groups in either RoI or NI. The measure of socioeconomic status recorded for this study was the possession of a General Medical Services card in RoI and those in receipt of Low Income Benefits in NI. It is probable that a more significant variation in prevalence of obesity among school-aged children across the island of Ireland would be seen with a more complete measure of socio-economic status (Whelton *et al*, 2007:8).

Similar to Crotty's (1999) point above about attitudes towards dichotomous thinking and 'prejudices of privilege' in attitudes to nutrition, there appears to be a resistance within the medical community to accepting the possibility that obesity is not only a feature of disadvantaged or working class groups.

3.2.3 Summary

It could be argued that the inclusion of this discussion of biomedical characterisations of body weight categories and patterns of food intake sits incompatibly with the otherwise constructionist approach of this thesis and its focus on the processes relevant to understanding everyday food and body weight practices. However I have suggested that the inclusion of this material contributes to a better understanding of the overall context in which the research was conducted.

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[7] Socioeconomic disadvantage was measured in this survey by state-funded Medical Card ownership.

I have specifically suggested that the relationships between social class, nutritional intakes and obesity need to be understood as more complex than a dichotomy between higher and lower classes. Echoing Crotty's (1999) argument that the diets of lower socioeconomic groups are commonly – but mistakenly – viewed as uniformly 'unhealthy', I have argued that there appear to be similar assumptions about the socio-economic patterning of obesity.

In Chapter 2 I briefly introduced Murcott's (2002) three approaches to the sociological study of nutrition and inequalities: 'political arithmetic'; public understandings of nutrition; and the social distribution of taste. Most investigations of obesity and body weight have adopted a framework examining the socio-economic patterning of these issues, to a greater extent than in the case of studies of food. The second half of this chapter returns to the constructionist roots of this thesis. In the next section I review studies which explore the ways that obesity and body weight have been theorised, and in particular consider the social processes which influence lay understandings of body weight and body weight practices in the context of everyday life.

Finally, although an inequalities approach has often been invoked and assumed to be appropriate for the study of obesity, I argue that the class dynamics typically associated with obesity should be re-examined – at least in the Irish case. It will become apparent in the remainder of the chapter that the sociological studies adopting a constructionist approach also tend to focus on working class or disadvantaged communities. There is a paucity of literature relating to the social construction of middle class body weight practices and their relationship to food practices. Although Murcott's (2002) alternative approaches to the 'political arithmetic' are presented to illuminate the sociological contribution to the field of nutrition and inequalities, they may also be useful in exploring a topic where it is questionable if there are any 'inequalities' at all. That is not to suggest that there are no differences between class groupings – on the contrary sociological work on the distribution of taste and the plurality of lay definitions of health suggest there are likely to be differences. I argue that it is a useful sociological project to investigate a middle class sample of family households for this study of understandings of body weight and obesity, and to address shared ideas and practices related to body weight and food as embedded in everyday practices.

3.3 Obesity: Shaping a Social Problem

Contrary to the objectivist approach to obesity which defines obesity as a problem in and of itself, a social constructionist approach shifts the focus to look at the process by which an issue – in this case obesity – has become regarded as a social problem (Spector and Kitsuse, 1977). The discussion of obesity above was limited to a medical characterization, yet this is only one way to conceptualise the issue of body weight. Sobal (1995) argues that there are multiple ways to model obesity – medically, morally and politically – and that these models simultaneously compete in public discourse. This section reviews literature which explores how obesity and body weight more generally have been characterised as a social problem within public definitions, through 'large scale' public rhetoric (Holstein and Miller, 2003a).

Exemplifying the tension between objectivist and constructionist approaches, a vocal minority of social science scholars have questioned the health-related risks of obesity and the BMI classification system. They instead argue that the obesity 'crisis' has the elements of a 'moral panic' typical in times of rapid social change (Campos *et al*, 2006a). To illustrate the political and economic contexts in which decisions about health research and policy are made, these authors highlight the economic interests of researchers who receive funding from pharmaceutical and weight-loss industries as well as state-funded research grants. A small but growing number of social science scholars have been arguing against the existence of 'an epidemic' [Gaesser (2002), Campos (2004), Gard and Wright (2005), Campos *et al* (2006a; 2006b), Oliver (2006)] by highlighting the socially-constructed nature of how obesity is defined, and the problematic nature of linking it to health risks.

Critiques of the 'war on obesity' have reached beyond such challenges to obesity-related medical science. Pieterman (2007) characterises critics of the public crusade against obesity in three ways: (1) those who fundamentally question the existence of an 'obesity epidemic'; (2) those who agree there is a problem but disagree with the medical analysis and put forward different solutions; and (3) those who argue that there should be a cultural appreciation of fat (irrespective of the health consequences of obesity). However given the research aims of the thesis, in this review I focus on how obesity has been framed in public discourses.

3.3.1 Modelling Obesity

Sobal (1995) offers a tripartite model for conceptualizing obesity: moral, medical and political. He begins by pointing out that historically fat has been valued, especially when food is scarce: high levels of body fat reflect an ability to obtain resources and thus higher socioeconomic status (Mennell, 1985; Teti, 1995). This notion is referenced in the NTFO report (DoHC, 2005a): when Ireland was a poorer country, a fat baby ('fat bonny boy'), was considered to be positive. However in the US since the 1920s, and especially since the agricultural and industrial revolutions of the 1950s, fat has been seen as a negative. Fat emerged as badness, laziness, and sinfulness in a distinctly moral model. In this model fat people should be punished as a means of social control for deviant behaviour. 'Fat' is a relational concept, however, and difficult to empirically define.

Sobal notes that the medicalisation of obesity took off in the 1950s, in tandem with a more general process of medicalisation in society. Factors aiding the medicalisation of obesity include: popularisation of the name 'obesity'; an increase in medical organisations' activities involving obesity; development of medical treatments and technologies for its treatment and prevention, for example drugs and surgery; and the medicalisation of dieting. Sobal argues that dieting practices have been institutionalised in society. Although he writes about the US, recent nutritional policies and the NTFO report (DoHC, 2005a) suggest that this is also the case in Ireland. Calorie control, 'a basic nutritional concept grounded in a medical model' (Sobal, 1995:77) is a key component of this practice. What distinguishes this model from the moral model above is that obesity is conceptualised as sickness, rather than badness.

Finally, Sobal describes a political model of obesity. Based on the 1960s American civil rights movement obesity was reframed as neither sickness nor badness. This movement sought to react to the stigmatisation and discrimination against fat people by normalizing fat bodies. First conceptualised as 'Fat Pride' or 'Fat Power', it has grown into the contemporary Size Acceptance Movement. Fundamentally the model suggests that people have a fundamental right to be fat. This political model emerged from the US, but it remains unclear to what extent – if at all – it exists in the Irish context.[8] Sobal concludes that all three of these models exist simultaneously in current conceptualisations of obesity.

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[8] For example there is currently no Irish branch of the International Size Acceptance Association, see http://www.size-acceptance.org/.

> Currently moral, medical, and political models are all being applied to people with high levels of body fat, with a dynamic competition between models permitting multiple definitions of obesity as a social problem. We can anticipate future changes in the social construction of body fat as an issue as competing claims are made to define it as a moral deficit, medical disease or political discrimination (Sobal, 1995: 84).

When Sobal wrote this article, entitled 'The Medicalisation and Demedicalisation of Obesity', in 1995 he argued that the movement toward demedicalisation was growing in the US. Yet since 1995 there has been a drastic increase in health policy attention to obesity, which seems to have further strengthened the medical model of obesity – at least in mainstream discussions and reporting by the media. Body weight appears to have only been framed as a widespread social problem in Ireland beginning in the 1990s, reaching its peak with the formation of the National Task Force on Obesity in 2003 and the subsequent publication of its report in 2005.

3.3.2 Claims-Makers and the Meaning of Obesity

A key theme within the study of social problems focuses on the struggle over the production of ideas and meanings and how such struggles play out in public discourses, such as the media. For example, Kwan (2009) has identified three cultural frames related to the 'fat body' in the American public sphere: the medical frame, the social justice frame; and the market choice frame. These are put forward by the American CDC (Center for Disease Control and Prevention), the National Association to Advance Fat Acceptance (NAAFA) and the food industry group the Center for Consumer Freedom, respectively. Such analyses highlight the competing interests of various claims-makers and the various ways they seek to shape the way people think about the body.

Similar to the discussion of health promotion in Chapter 2, it has been argued that the media plays a key role in shaping public discourse on obesity and body weight, including the way that it represents science related to obesity and body weight. Saguy and Almeling (2008) have explicitly studied the news reporting of obesity science to investigate how news reporting translates scientific studies on obesity to the lay public in the US. They argue that news reporting of obesity has tended to 'enflame the issue of obesity' by selectively reporting on the most alarmist studies as well as emphasising individual blame for body weight. Again in the American context, Saguy and Riley (2005) report on an obesity-related framing contest between 'anti-obesity' and 'fat acceptance' researchers/activists over the true health consequences of obesity. Ultimately they argue that notions of morality play a central role in the scientific controversy over obesity,

resulting in the onus of responsibility for overweight and obesity being placed on the individual, rather than on environmental, factors. Links between obesity and morality are further developed in the media context by Saguy and Almeling (2008), who explore both how obesity science is framed by scientists for news organisations and in turn how journalists report on obesity-related scientific information. They describe a mutually constituting relationship which tends to dramatise the risks of obesity by disproportionately reporting the most alarmist scientific studies.

A second theme within the study of the media's coverage of obesity focuses on examining how the cause of obesity is framed within the articles. Lawrence (2004:56) argues that a 'vigorous frame contest' is taking place in the American news-reporting discourse between frames emphasizing personal responsibility for health and frames emphasizing the responsibility of the social environment in which obesity occurs. Although she finds a move towards the reframing of obesity from individual towards environmental causation in the last two decades in the US, she still reports the existence of an active debate. However Lawrence's data set only covered up to 2003, and so does not include coverage of the heightened attention to obesity in 2004 and 2005. Saguy and Almeling's (2008) study of news reporting argued that the blame for obesity was placed most heavily, although not exclusively, on individual choices.

In another national context, Saguy (2006) examined how the French news media has reported on obesity. Although France has a comparatively low obesity rate and its national food culture is often praised as an enviable example, Saguy finds that obesity has too become a major health concern in France. But while noting similarities in the media's attention to obesity as a national problem, she also found distinct differences between the French and American styles of reporting on obesity. Rather than framing obesity in terms of individual gluttony and personal responsibility, prominent in the American model, the French press tended to frame obesity 'as a product of corporate irresponsibility, a decline of French tradition in the wake of American cultural and economic imperialism, and an injustice of poverty' (Saguy, 2006:225).

Finally, a consideration of the sheer amount of attention given to the topic of obesity by the media helps to develop the context in which the fieldwork for this thesis was undertaken. There were considerable increases in the number of articles on obesity in the US in 2002 and 2003 (Lawrence, 2004) and in France the number of articles with the word 'obesity' in

the full text approximately tripled in France's *Le Monde* from 2003 to 2004 (Saguy, 2006). In Appendix A I have included the results of an electronic keyword search of the term 'obesity' in the Irish national daily newspaper the *Irish Times*. As shown there, there was a sharp increase in newspaper reporting on obesity in Ireland in the lead up to the project fieldwork. As the family fieldwork was conducted in the summer 2005 and early 2006, participants may have been exposed to a heightened amount of news reporting on obesity for over a year.

Summary

In this section I have explored the ways that competing interests have attempted to shape obesity as a social problem within public discourses. Although a medical model appears to dominate, analysts adopting a social constructionist approach have problematised the science relating to obesity by highlighting the processes behind its definition as a problem. I have also reviewed the role of the media in reporting on obesity. The media has been reported to be the site of framing contests between groups promoting competing models of obesity. There may be a focus on individual responsibility in newspapers, consistent with the individual responsibility theme in health policy. While this discussion has drawn attention to competing models of obesity within public discourses, as Holstein and Miller (2003a) note, the analytic attention to social problems has favored large scale public rhetoric to the neglect of the everyday social problems on a smaller scale. Although these studies do not directly address familial practices within households studied in this thesis, they are useful in illuminating the multiple ways in which body weight and obesity have been framed in contemporary public discourses.

3.4 Theorising Obesity and Body Weight

To investigate the subjects of body weight and obesity opens up a broad and varied literature. As the aims of this thesis are specific to the intersection of body weight and food practices in everyday life, the literature reviewed in this section has been selected to explore this area. Although European sociologists may have neglected the topic of obesity until recently (Crossley, 2004), attention to the related issues of body image, dieting and body shape has been substantial. Sociological work on obesity inevitably builds upon this large literature which has been predominantly shaped by the influence of feminism.

That body weight and obesity are viewed as negative in modern western societies is pervasive within the literature (Honeycutt, 1999; Cash and Roy, 1999). Honeycutt (1999:168) comments that 'study after study' confirms that the 'master narrative' about weight is 'overwhelmingly negative'. For example, Sobal (1999) has reviewed the multiple and diverse ways that obesity has been analysed as a stigmatising condition, and the coping strategies people use to overcome such stigmatisation. Other work has sought to investigate the 'cult of slimness'. Fallon (1990) argues that slimness is considered to be a key aspect of physical attractiveness, and that attractiveness is important for the overall positive evaluation of adults. Yet Fallon's work also emphasised that standards of beauty are neither static nor universal. Mennell (1985; 1997) has argued that a fear of fatness developed at the top of the social scale as part of the process of the civilising of the appetite, which resulted from the increased security of the food supply. Although Mennell is primarily concerned with large scale historical trends, he situates obesity within a broader pattern of controlled eating, even linking it to eating disorders. 'Anorexia nervosa and obesity can be regarded as similar if opposite disturbances of the normal patterns of self-control over appetite now normally expected and necessary in prosperous Western societies' (Mennell, 1997:333). This emphasis on individual self-control is an important theme within the literature in this area, particularly in relation to women.

A large body of work has explored gendered differences in food consumption which relate to dieting and aesthetic manipulation. This work is focused on uncovering why dieting is viewed as primarily a female act. Feminist writers such as Orbach (1988), Wolf (1990) and Bordo (1993) have argued that the thin ideal is the outcome of a patriarchal society seeking social control over women's bodies. This in turn is argued to influence cultural beliefs and the gender socialisation of women, and contribute to the development of the massive body image industries. The ways that women participate in a constant state of self-surveillance and modification have also been explored (Germov and Williams, 1999; Williams and Germov, 2008). Based on their interviews with women, Charles and Kerr (1986) argue that virtually all women have a problematic relationship with food because of the inherent tension of their multiple food related roles. They are simultaneously responsible for feeding their family, safeguarding familial health, being an attractive partner and conforming to maternal ideals associated with motherhood. The complicated relationship between food, health and aesthetic concern has been characterised by Lupton (1996) as the 'food/health/beauty triplex'. Yet Beardsworth and Keil (1997) point out that the literature reflects a preoccupation with the predicament of women, often leaving the experience of

men unexplored. Echoing the discussion in Chapter 2, there is also a dearth of investigations relating to children.

Beardsworth and Keil (1997) highlight an important 'puzzle' within this writing on food, fat and body image, namely the paradox of widespread increases in body weight coupled simultaneously with a 'thin ideal'. This paradox raises questions about the reflexive management of bodily practices. Concepts of 'body projects' by Giddens (1991) and Shilling (1993), and Foucault's (1986) 'the care of the self' represent social agents as self-monitoring to achieve bodily ideals reflecting central social values such as 'slimness, fitness, self-mastery, health and efficiency' (Crossley, 2004:224; also Germov and Williams, 1999). Food practices and exercise regimes are argued to play a central role in this self-monitoring. Addressing Beardsworth and Keil's puzzle, Crossley questions how 'body projects', the widespread notions of self-rationalisation and a thin ideal mesh with increases in obesity rates.

Crossley ultimately problematises the body-consciousness thesis. He argues (2004:249) that it is, at least, an 'oversimplification', as rising obesity rates quite simply do not sit happily with the notion of a 'body-conscious' society, whether the inspiration is health or aesthetics.

> Not only do these theories not explain rising obesity levels, they lead us to predict a quite different trend. They imply that bodies are becoming thinner, fitter, more controlled, etc. ... At the very least we are forced to conclude that agents are not policing themselves very effectively and that the body in late modern societies is shaped by other, more powerful factors than thetic 'projects' (Crossley, 2004:228-229).

He suggests there may be contradictory trends in place in society, as well as the possibility that some agents ascribe to the body-consciousness ideals, whereas others do not. He makes the important point that in relation to the body-consciousness thesis, 'the ratio of theorizing and claims-making to empirical evidence within all of these accounts is relatively poor' (Crossley, 2004:224).

To remedy this inattention to empirical evidence Crossley emphasizes the importance of focusing not simply on the individual actor, but on a broader set of practices which he characterizes as 'lifestyle'. Key to his discussion is an emphasis on the routinised and habitual nature captured by this term. Agents may not notice changes in their behaviours, and because body sizes (e.g., thinness and fatness) are relational concepts, unlike obesity which is calculated via a mathematical formula, changes in body weight may not be noticed. They are explained by gradual change and habituation. Gradual changes in habits

ultimately leads to gradual changes in weight and thus weight 'creeps on': it is thus possible for long-term changes to go relatively unnoticed. There is very little sociological research as to how individual agents experience these processes. However before exploring empirical work based on families, I review theories of consumption which have been used to explain body weight trends in modern societies.

3.4.1 Consumption, Body Weight and Obesity

The 'Obesogenic' Era?

Before further exploring the connections between food, diet and obesity, it is important to acknowledge the complex and multiple factors which influence body weight (e.g., physical activity, genetic predispositions to certain body size and shapes, particular medical conditions[9], the use of particular medications). There is a large literature in both in the biomedical and social sciences exploring the factors which affect body weight. This section briefly reviews how the relationship between food and body weight has been theorised within the sociological literature.

Returning to the discussion of theoretical approaches to consumption introduced in Chapter 2, there is a substantial literature on obesity which might be characterised as falling into the 'production of consumption' approach. In the late 1990s the term 'obesogenic environment' began to be used as a way of 'encapsulating changing lifestyles' (Egger and Swinburn, 1997; DoHC, 2005a:70) in early twenty-first century highly-industrialised economies. The term refers to more than simple structural or material objects such as the food supply, drawing attention to a confluence of cultural changes which impede individuals from making 'healthy' choices for body-weight management. For example, Dixon and Broom (2007) write about the 'seven deadly sins of obesity'[10], a reference to environmental factors which contribute to modern trends of obesity. Wansink and Sobal (2007) argue that environmental influences on eating practices produce 'mindless eating'. An increase in the availability and consumption of convenience foods has also been associated with increases in body weight. Dixon *et al* (2006:636) describe convenience foods as 'a super-efficient system for delivering calories', characterised by

[9] For example, Cushing syndrome, hypothyroidism and polycyctic ovary syndrome can all cause weight gain.
[10] The 'seven sins' are: an obsession with consumption; time pressures; parenting demands; obsessions with technology; a reliance on cars; the marketing of unhealthy products; and competing sources of advice.

calorie density, super-sized portions, extremely fast consumption and grazing (see also Rozin *et al*, 2003).

The parallel developments of a rising prevalence of obesity and the development of a social system providing easy access to inexpensive and high calorie foods have been commented on by sociologists such as Mennell (1985). Van Otterloo (1995:112) remarks that 'fatness is only possible in a situation of affluence'. Several analysts have theorised about the relationship between food and body weight with a particular emphasis on social class. In his paper, 'Big Fat Globalisation: Towards a Sociology of Obesity', Qvortrup (2006) theorises obesity in relation to the effects of globalisation (e.g., labour market deregulation) to explain the trend of higher rates of obesity in lower social classes. He argues that those in low paid and insecure employment are subject to labour-market conditions which cause them to eat high-energy foods and prevent them from exercising, thus causing higher rates of obesity. Based on my analysis of the social class distribution of obesity in Ireland in Section 3.1, it is unclear if and how this thesis relates to obesity in Ireland.

Keohane and Kuhling (2007:149) also take a globalisation approach in their *Cosmopolitan Ireland: Globalisation and Quality of Life*, where they discuss the phenomenon of overeating. Here obesity is positioned specifically as a consequence of overeating, located in the 'moral lack of modern civilisation, a problem exacerbated by the anomic and egoistic currents of globalisation' and, like Qvortrup (2006), as a symptom of global restructuring of industry and segmentation of the labour market. They highlight the 'mutation of the meal', which leaves an unsatisfied collective social body:

> Obesity is symptomatic of desire for an ideal form that is prematurely cathected into material content (food in this instance) and cannot find satisfaction there. Modern consumer society is perpetually and insatiably hungry. The essential question is 'hungry for what?' What value is really sought in the over-consumption of food? What moral form (moral fibre, perhaps) is food an always-inadequate substitute for? What higher ideal, what good, is left in abeyance – calling out for more – in our insatiable, ravenous appetite for such fetishes as perfect pasta or sushi; authentic Provence/Thai/Indian; organic slow unadulterated and pure food; or perhaps most commonly of all, our desire for real, wholesome, home cooked food – 'soul food': good food as a simulacrum and substitute for the good life? (Keohane and Kuhling, 2007:141)

They argue that obesity (as well as binge drinking and depression) is related to cultural pathologies of the social body, a result of the cultural and social shifts of globalisation. They specifically focus on the breakdown of the shared – and particularly family – meal, and the detrimental effects of living in a 'consumer society' (see also Chapter 2). In their work the authors use two contradictory ways of characterising overeating (and thus

ultimately obesity in this model) related to social class: (1) as related to, and ultimately a consequence of, social-class gradients and the misdistribution of resources (pg. 172); and (2) as a result of affluent individuals/societies seeking enrichment through 'unbridled consumption' (pg. 145). Unfortunately the work of both Qvortrup (2006) and Keohane and Kuhling (2007) are empirically undeveloped and unsupported, and in fact Keohane and Kuhling (2007) put forward contradictory trends without explanation.

Summary

Increases in obesity rates have been theorized using individual, social and environmental explanations. While food is just one component of these explanations, it is one which has received copious attention. Moreover the literature suggests that food and eating activities are actively used by individuals to manipulate their body weights. There is a significant literature dedicated to exploring the ways which individuals engage in the reflexive management of the body, including by ascribing to a 'thin ideal'. Yet recently it has been argued that the 'body consciousness thesis' is an 'oversimplification' because it only focuses on ideals, and crucially because it ignores the wider context in which body weight related practices are conducted.

3.5 Body Weight and Food Practices in Everyday Life

In line with the emphasis in Chapter 2, this section returns to the central focus of the thesis by exploring ways in which the meaning of body weight and its relationship with food are understood within the context of everyday life. The literature reviewed in the first half of this chapter reviewed the multiple ways that body weight and obesity have been characterised by the medical community, the media and other 'claims-makers'. I have also argued that obesity (and body weight more generally) has been positioned as a social problem by multiple actors who seek to frame body weight in competing ways. This section shifts focus by reviewing literature which explores how activities related to the problematised relationship between body weight management and food are carried out within the context of everyday practices. Such literature addresses (although not explicitly) Holstein and Miller's (Miller and Holstein, 1989; Holstein and Miller, 2003a) concept of 'social problems work' (see Section 4.2), as it relates to whether and how body weight and body weight management activities are identified, recognised and interpreted as social

problems. Although the literature has tended to focus on females, I have sought to examine literature which highlights a broader set of household and familial practices.

Interpreting BMI Categories

As discussed in Section 3.3, obesity has been modeled as a medical, moral and political issue (Sobal, 1995), with the medical model particularly dominant in social policy and in the media. McElroy and Jezewski (2000) argue that normative and cultural frameworks are integral components in defining and achieving a state of health and treating illness. This brings into view the community in which illness is experienced, especially the responses of caregivers and core social units: families, peers and local communities. Yet given competing models of obesity and body weight (Sobal, 1995), it appears vital to consider if and how biomedical body-weight categories are used and interpreted in everyday contexts. The existence of the BMI as a classificatory system reveals little about whether individuals use it as a method of evaluating and determining 'appropriate' weights or how body weight is framed within everyday activities. Recent social science studies have addressed this issue by seeking to elaborate on discrepancies between medicalised measures of body weight (i.e., the BMI) and everyday conceptualisations. All of these studies found discrepancies between biomedical and life world definitions of 'fatness' and 'healthy' body weights.

Studies by Monaghan (2007; 2008) and Warin *et al* (2008) are gender-specific. Monaghan's (2007:592) work with men in English slimming clubs found that men distanced themselves from the BMI through a variety of arguments: that it failed to recognise physical fitness ("even Arnold[11] is 'obese'"); that BMI ideals were too extreme and would cause men to look and feel ill; and it failed to recognise any sort of body type diversity. 'In short, men may be clinically overweight or obese but not view themselves as such even when aware of and acknowledging height-weight charts' (Monaghan, 2007:605). Using a critical framework, Monaghan (2008) argues that messages about the unacceptability of larger body sizes create material processes of oppression and marginalisation, along with internal personal conflict. Warin *et al* (2008) found that medically-defined obese mothers did not identify themselves as obese. Instead their weight interacted with their roles as mothers in a variety of ways, for example seen as a self-sacrificial symbol of maternal security to their families, or as a way to encourage self-

[11] 'Arnold' refers to Arnold Schwarzenegger the internationally famous body builder, movie star and (more recently) politician.

acceptance and discourage eating disorders in their children. In both of these studies medical conceptualisations of body weight were not just not used, but were actually rejected in everyday contexts.

Wills *et al*'s (2006) study of socio-economically disadvantaged teenagers in Scotland also found that BMI body-weight categories had little relevance in everyday contexts. They argue that BMI body-weight categorisations are 'too simplistic to take account of the complexity of feelings that young teenagers have about their own and others' bodies' (2006:404). Like the studies of Monaghan (2007) and Warin *et al* (2008), the authors found that those teens clinically classified as overweight or obese commonly accepted their own bodies without striving for thinness, and that the teenagers in the study frequently disagreed with others' perceptions of fatness. Weight loss was even discouraged. Claims of 'I'm so fat!' by others were sometimes viewed as attention seeking. (The appropriate response to this declaration is, 'no, you're not!'). This was also reported by Nichter (2000) in her study of teenage girls. In general, health-related talk of 'obesity' was sidelined in favour of other non-health related discourses.

A fundamental aspect of lay conceptualisations of obesity is the language used by individuals to discuss obesity. Wills *et al* (2006) found that fat was used as a straightforward descriptor of body size as well as one with a derogatory meaning. 'Fat' and 'big' were commonly used as well as terms such as 'chubby', 'heavy', 'podgy', 'stocky' and 'tubby'. Warin *et al* (2008) add 'big boned' and 'cuddly' to this and note that the use of such language provides distance from a medical discourse of disease or stigmatised social category. Experiences of weight were placed in 'broader narratives, in which prominence was given to their own life histories and gendered relationships with family, food and changing experiences of embodiment' (Warin *et al*, 2008:6). Overall these studies suggest that the term 'obesity' is recognised as being a part of a health discourse, but the use of the term (and thus the health discourse more broadly) does not feature prominently in everyday conceptualisations of body weight, and appears to be rejected in some cases.

These studies structure their accounts of understandings of weight using biography and everyday experience. Moreover they utilise concepts such as gender and class. Warin *et al* (2008) compare women drawn from two differing socio-economic groups; Monaghan (2007) characterises the typical participants of his studies as white working-class males; and Wills *et al* (2006) study teenagers living in socio-economically disadvantaged areas.

Overall, in these studies there appears to be a focus in the literature on participants drawn from disadvantaged and working-class backgrounds, neglecting middle-class groups. As argued in the first half of this chapter, middle-class groups are often by default assumed to have healthy diets and body weights. One recent exception is Wills *et al* (2009) exploration of class-based experiences relating to body weight and health (see Section 2.2.2.2). Wills *et al* found that middle-class parents and teens were focused on having 'respectable' bodies, and that it was important to avoid becoming overweight. Although many middle-class parents and teens said that they did not want to appear to be judgemental toward people who were overweight, they frequently simultaneously adopted a moralistic discourse.

Exploring Links Between the Social Distribution of Taste and Body Weight

Van Otterloo's (1995) study 'Taste, Food Regimes and Fatness: A Study in Social Stratification' examines how the social distribution of taste links with patterns in body weight. The study seeks to 'throw some light on a few correlates of fatness anchoring in aspects of lifestyle' (van Otterloo, 1995:112). She is interested in the practices of professional and working class families which, 'have to do with taste, food choices and health, food regimes (especially those limiting or regulating much fat and sweet foods), body images and body management'.

Van Otterloo uses the work of Bourdieu (1984) to explore how tastes in food guide and relate to class-based ideas about the body: 'the body is the most indisputable materialisation of class taste' (Bourdieu, 1984:190) (see also Chapter 2). For example, strength and power are valued features of the working-class male body, whereas middle-classes bodies are valued for health, lightness and slimness. The work of Bourdieu thus moves beyond the reporting of epidemiological patterns to exploring the socio-cultural values associated with class-based notions of eating and body management; it explores class-based values related to eating and body weight management as somewhat separate from statistical trends.

Overall van Otterloo (1995) found comparable tendencies to Bourdieu's work in her sample of professional and working-class Dutch mothers.[12] It is important to note that her study is premised upon the belief that there is an inverse social-class gradient in obesity

[12] The year the interviews were conducted is not mentioned in the paper.

rates (although the data she cites to support this is based on Dutch data published in 1983). She says of her participants, 'it is striking that, even in our small sample, we only met fat-looking mothers in the working-class group while they were lacking in the other' (van Otterloo, 1995:124). While van Otterloo's study provides important insights, it highlights several relevant empirical weaknesses. Firstly, she only interviews mothers (neglecting fathers and children) and she is limited by a lack of data to describe their body sizes beyond her own visual evaluations. Second, methods of recruitment for the study are not made clear. As higher educational qualifications have been found to be associated with increased levels of appearance and body weight dissatisfaction in women (McLaren and Kuh, 2004), the recruitment of middle class participants who are dissatisfied with their weight may be difficult. This is, however, purely speculative. Finally, given my problematisation of the assumption that there are higher rates of obesity in lower social classes, using Bourdieu's analytical framework may inadvertently introduce this expectation into a study.

3.5.1 Body Weight Practices in Families

Other work has sought to investigate how day-to-day activities related to body weight are embedded within broader family practices. In their study of disadvantaged women with a 'healthy' BMI in Australia, Welch *et al* (2009) found that the women overwhelmingly described their weight-related activities as 'work' and 'management'. Their study suggests that women's body weight practices were embedded within a broader set of responsibilities as mothers and partners, such as childcare, partner support and (paid) work. The authors also report that 'weight work' required the management of emotions. This 'emotional weight work' was reported to be influenced in complex ways by their own family backgrounds, particularly relating to the food and weight activities of their mothers. As discussed in Chapter 2, the domestic labour associated with family health management is highly gendered, with women predominantly undertaking caring and health work within families. In an analysis of a Finnish Internet discussion, Kokkonen (2009) found that explanations of childhood fatness were constructed as the fault of the child's parents, particularly mothers. In this analysis a 'fat child' is viewed as a 'visible sign of improper mothering', producing distorted relationships to food (Kokkonen, 2009:344). Examples include the use of food as an emotional reward, inappropriately managing household food activities and spoiling children with food.

Other work has examined how the activities of mothers contribute to the understandings of weight in families with children. Jackson and Mannix (2004) argue that mother blaming has been identified as a pervasive problem in professional medical literature, including in relation to childhood obesity. Mother blaming involves scrutinizing the actions of mothers in ways that those of fathers are not, and 'these behaviours and actions are often linked to family and child health outcomes in ways that male activities are not' (Jackson and Mannix, 2004:150). Mother blame is also associated with anorexia. Vander Ven and Vander Ven's (2003) analysis of expert accounts of the etiology of anorexia nervosa argues that there is a long history of linking deficient mothering (e.g., qualities such as ambitiousness, a career-orientation) and anorexia in children. In their historical analysis they link anorexia-related mother blaming to changing ideas about proper social roles for women. In a related theme, there is a growing literature linking the employment patterns of women to high body weight in children (Crepinsek, Burstein and Abt Associates, Inc, 2004; Anderson *et al*, 2004). This association is noted with interest in the Irish National Taskforce on Obesity Report (DoHC, 2005a:61). Although these bodies of work are always worded very cautiously, there is an inevitable undercurrent of blame targeted towards mothers. There is a paucity of literature relating to the roles of fathers, weight management, healthy activities and family practices.

As discussed in the introduction, there has been a particular concern about managing (i.e., safeguarding) the body weights of children in recent health policy. Indeed, expert opinion informs parents about the proper way of managing children (Coveney, 2006). In a comparative historical analysis, Stearns (1999) has argued that how societies construct and interpret the issue of children's eating and body weight results in different weight-related social trajectories. To illustrate this point, he contrasts the medical and cultural regulation of children's body weight in post-WWII France and the US, arguing that different attitudes to childhood eating, and related eating practices, have contributed to the differences in contemporary adult obesity rates in the two countries. While the French stressed careful discipline and control, American constructions of childhood eating stressed indulgence and a belief in childhood innocence. Familial practices related to children's body weight, including patterns of talking about body weight, supported these different cultural understandings.

> In ways simply unimagined in France, American parents might easily prefer to praise their heavy child, burdened already with the knowledge that he or she was not measuring up to conventional beauty standards, than to venture enough comment to help him bring daily eating under control (Ambrose and Strickland, 1985 and Baumeister, 1993, cited in Stearns, 1999:25).

Thus feeding children, and related body weight regulation, is situated within a broader set of everyday interaction and parenting practices.

As discussed in Chapter 2, there has been increasing attention to the 'child-centred' nature of parenting in relation to food (Dixon and Banwell, 2004). This is situated within the broader realm of children's rights (Coveney, 1999). Coveney (1999; 2008) has argued that the child-centred nature of contemporary parenting advice renders children 'problematic', especially in relation to children choosing nutritious foods. He argues that the recent problematisation of children's (high) body weight has positioned the child in three, intertwined ways: as sick, innocent and anti-social. Using a Foucauldian approach, Coveney suggests that attention to the 'government of girth' has intensified the panoptic gaze across populations, and objectified the everyday activities of individuals, including children. This gaze may be particularly severe when focused on body weight because of its visual quality.

There appear to be limited empirical studies which examine body weight practices in families, particularly middle class families. In their study of parents of disadvantaged teenagers in Scotland, Backett-Milburn *et al* (2006) found that parents ranked dietary issues as a low priority compared to other risks to which the parents perceived their children susceptible. Importantly, the parents in their study also suggested that they considered issues related to body shape and size as less problematic than teenagers' mental health, particularly the risk of becoming overly preoccupied with weight loss. In a related study on young middle class teenagers in Scotland and their parents, Wills *et al* (2009) found that parents wanted to shield their children from dieting practices, and considered discussions about weight to be a 'no go' area, unless the children themselves initiated the conversation (Wills *et al*, 2009:11). The authors found that parents felt ill-equipped to talk to their children about body weight, particularly overweight, and argue that supportive resources are necessary for the parents of teenagers to help them deal with body-weight related issues. There appears to be a lack of studies on younger children. In a broad sense this attention to mental and physical health in everyday life links back to the work on lay health concepts discussed in Section 2.4 (Pill, 1983; Pill and Stott, 1982; Backett, 1992a; Backett, 1992b; Calnan and Williams, 1991). However, there appear to have been changes in the broader healthy policy and public discourse since those studies were undertaken. The 'obesity epidemic' is arguably a phenomenon of the 2000s. Although those papers explore

related themes, there is little explicit mention of body weight and if or how it is conceptualised within a 'health' framework.

3.6 Eating in School: Lunch at the Interface?

The final section of this chapter shifts focus away from the household as the site of family activities to consider practices related to children's eating within schools. Although this shift may appear abrupt, I will attempt to illuminate the ways which family, school food and body weight practices intermingle. A consideration of schools opens up a somewhat separate set of literature. The material reviewed here has been selected for inclusion on the basis of its relevance to the research aims, in particular exploring the ways which family and school food practices intermingle.

The contemporary education system in Ireland is a state-financed, albeit religiously-managed, system sub-divided into four levels: primary, secondary, tertiary and adult education. In the school year 2005-2006, 3160 primary schools ('national schools') were funded by the Department of Education with over 450,000 children aged 4-12 in attendance (Department of Education, 2007). Ninety-eight percent of children attending school did so in public-sector institutions (European Commission, 2005). While the state school system provides free formal education for children, the Constitution of Ireland identifies the family as having the primary educative role (Government of Ireland, 2002).

Numerous actors take part in school management, from official bureaucratic bodies including the Minister of Education, Department of Education and Science and other official bodies such as the National Council for Curriculum and Assessment (NCAA) to individual school management teams, teachers groups and parent organisations. Despite the centralised nature of the state system, there remains a strong tradition of respecting the individual school ethos. Indeed the EC (2005:7) points out that 'a very large number of decisions are taken locally' at the school level, thus suggesting the potential for considerable inter-school variation despite a centralised system of administration.

A consideration of national patterns in the organisation of school meals reveals substantial variation. Gullberg (2006) argues that the universal provision of school meals in Sweden stems from an ideology of using the meal to build a 'better and far more successful and competitive society and nation' (Gullberg, 2006:341). Gullberg's work comparing Swedish and Australian school meals highlights sharp differences between these two systems:

Swedish schools historically encouraged and catered for 'gastronomic values', while Haden (2006:10) laments the Australian schoolchildren's practice of "'eating' from plastic boxes in the playground". In Ireland, the large majority of schoolchildren bring packed foods from home to eat in school.[13] As lunches are packed at home by parents, yet physically consumed in the school environment, school lunches would seem to be 'at the interface' of parental and family practices. In their ethnographic study of a co-educational multi-ethnic primary school in the UK, Burgess and Morrison (1998a) found that children's food choices in school were becoming increasingly parental and personal matters, yet they were 'subject to discipline, containment and control' on educational premises. Although illustrating the complexities of feeding children at school, in a broader discussion of sociality, Morrison (1996:656) found that parental choice was prioritised over school staff except in very exceptional circumstances.

In Ireland, attention to nutrition and the principles of 'healthy eating' are part of the nationally-standardised curriculum in the subject Social, Personal and Health Education (SPHE). Nutrition education is now expected to be a component of basic education (Lupton, 1996), and recent policy attention to healthy eating and food as a tool for weight control may have amplified its perceived importance. Burgess and Morrison (1998a; 1998b) argue that the ways in which food and eating activities are organised and understood within schools makes coherence between theoretical food knowledge and practical activities, like eating snacks or meals, 'challenging and contentious' (Burgess and Morrison, 1998a:227). Overall, their work highlights the relevance of the social construction of meanings about food and eating and underscores the importance of addressing eating and learning activities within their everyday context. For example, they argue that food is intimately connected with struggles for control in multiple ways between teachers, parents, children and school staff. However the schools in which they conducted their fieldwork did not have written food policies, whereas this appears to be increasingly the case elsewhere.

Echoing the wider recognition of children's autonomy discussed in Chapter 2, and the overall process of individualisation, Gustaffson (2002; 2004) has argued that this has given rise to tension in school meals policies in the UK, particularly the idea of risk management.

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[13] An Irish National Teacher's Organisation (INTO) survey found that 91% of fourth class pupils (approximately age 9-10) packed their lunch at home. Some disadvantaged schools offer free fruit to pupils and lunches for those most in need. (INTO, 2005).

In a broad review of British school meals policies, Gustaffson (2002) argues that children's agency in school food practices has been confined to 'end of the line decisions' (2002:694) where children are able to choose from catered school dinner options. Recognising the problems around children choosing 'healthy foods' and 'balanced' meals, Gustaffson documents how recent British policies have sought to incorporate nutritional guidelines where meals are provided in schools, producing a 'regulated autonomy' (Gustaffon, 2004:61). However in Ireland, given that the large majority of pupils bring packed lunches, attention to ways in which school food and eating activities interact with family food practices may be more relevant.

Schools and Healthy Body Image

How to address body weight and obesity in schools is an even more contentious issue than school policies relating to food. Promotion of 'healthy body image' appears in the SPHE curriculum. Share and Strain (2008) perform a critical analysis of the educational recommendations of the NTFO report (DoHC, 2005a), and argue that these recommendations, which on the surface appear to address structural factors contributing to obesity, actually individualise the issue and make children and families responsible for 'doing the right thing' as individual social agents. They argue that: "this discourse tacitly embeds unequally configured power relations that are likely to sustain existing social inequalities, specifically in respect of restricted opportunities for less advantaged groups to adopt 'healthy' eating habits" (Share and Strain, 2008:241). Techniques aimed at addressing obesity need to respond to the 'social, economic and material realities of schools'.

Schools are argued to be a key site in which children understand bodily deviance and normality. Harjunen (2002) demonstrated how the school is one of the central places where girls learn the boundaries of the acceptable and ideal female body through interactions with both school health officials and peer groups. There is evidence that efforts to address obesity in schools often reinforce the vulnerability of obese students in the school context. 'Rather than promoting social inclusion, the HSP[14] has the potential to exacerbate their marginalisation' (Curtis, 2008:417). A heavy focus on healthy eating and physical activity in the school curriculum turn acts of eating and exercise into hotbeds of ever more increased social surveillance by both teachers and peers. Even more severely, Evans *et al*

[14] HSP refers to the UK National Healthy School Programme (HSP) which was developed to promote social inclusion. Childhood obesity is one of the key issues to be tackled in the scheme.

(2002:191) argue that socially-constructed notions of overweight and obesity are 'discursive corollaries to the cult of slenderness, when expressed in the curricula of schools, may be seriously implicated in the production of disordered eating and ill health'. All of this points to the need for a greater understanding of how issues of body weight and 'healthy body image' are navigated in Irish schools. Although a full investigation of these issues is beyond the scope of this thesis, the food, eating and body weight related backdrop of the school serves as a key contextual site for analysing family food practices.

3.7 Chapter Summary

In this chapter I have reviewed a wide range of literature relevant to the related themes of obesity, body weight and food practices. Although there is an extensive literature exploring the issues of 'body projects' and 'body consciousness', these concepts do not appear to adequately explain lay understandings of body weight, obesity and the relationship they have to food practices. Indeed, the work of Backett-Milburn *et al* (2006), Warin *et al* (2008), Monaghan (2007) and Wills *et al* (2006) suggests that individuals may reject medicalised categorisations of body weight. This thus highlights that lay understandings of body weight need to be situated within the context of everyday practices, understandings of food, and broader day-to-day priorities. I have also reviewed the biomedical concept of 'obesity', and highlighted critiques which emphasise its socially-constructed nature. Yet a 'medical' model of obesity is just one way that obesity has been modelled in broader public discourse. In this context, it appears that there is still a need for further exploration into the role that body weight, obesity and their relationship to food have in the context of families. I have argued that a middle class sample of Irish households with young children will offer useful insights into these issues.

4 Methodology

4.1 Introduction

The two preceding chapters have directed attention to the social processes used by individuals and families to construct meaning and shared, tacit knowledge. The literature described there has also been set into a particular context through presentation of material drawn from nutritional and medical discourses of 'health' in the Republic of Ireland in the 2000s. In this chapter I consider the philosophical tensions of drawing on material from competing epistemological orientations, and present a methodological justification for the empirical work undertaken for this thesis.

This brief chapter is dedicated to exploring and finding a way through the methodological debates on theoretical orientation, the challenges of undertaking a mixed methods research project, and broader considerations of quality in a social science research project. According to Silverman (2005) a discussion of methodology should both explicate the theoretical assumptions underpinning the research and be straightforward about the contingent factors affecting the data. Chapter 4 addresses the theoretical underpinning, while the chapter which follows provides the specific details of the research methods and how the research was undertaken.

4.2 Social Constructionism: Knowledge and Reality in Research

There is a wide range of literature on the philosophies of social science and related methodological implications, typically framed in different ways. To explore these issues I found Crotty (1998) and Mason (1996) to be particularly useful for thinking about general approaches to social research, and Best (1989; 1995; 2003), Loseke (2003) and Holstein and Miller (2003b; 2003c) for social constructionism. The discussion below draws particularly upon these resources.

Methodological debates are typically centred on epistemology and ontology, and their influence on social research. Epistemological issues relate to theories of knowledge or 'what it means to know', while ontological concerns relate to debates about the structure of

reality, or 'what is' (Crotty, 1998). The epistemological and ontological stances adopted in a given piece of social research influence how it is carried out and understood; thus their consideration and clarification is essential.

A key epistemological debate centres on the differing approaches of objectivism and constructionism. An objectivist epistemology, often associated with positivism and quantitative methods, holds that there is an objective truth 'out there', waiting to be discovered. As Sobal and Maurer (1995) highlight, nutrition scientists characteristically adopt an objectivist position focusing on the prevalence, patterns and severity of particular problems. This is evident in the way that nutrition and body weight issues have been characterised in Irish society, as discussed in Chapter 3. Objectivism suggests that a meaningful reality exists independently of any consciousness of it, and thus it carries intrinsic meaning (Crotty, 1998). Alternatively postmodern approaches emphasise the multiple and fragmented nature of contemporary experience, relying upon a subjectivist epistemology which sees meaning as imposed upon objects. Constructionism holds that meaning is not 'out there' waiting to be discovered, but rather that reality is constructed. Thus constructionists do not focus on uncovering 'facts', but rather investigate the processes which contribute to the construction of collective social meanings. This thesis adopts a constructionist approach. There remains however considerable debate within constructionist camps as to how epistemological and ontological concerns can be satisfactorily reconciled in practice. Clarification is therefore needed in relation to how such stances relate to methodological concerns and to specific research methods.

In his discussion of epistemological stances, Crotty (1998:42) defines constructionism as, 'the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context'. Thus when conducting social research, constructionist approaches aim to document the processes through which phenomena come to be constituted as they are. As the focus of this research is on the exploration of understandings of food, eating and obesity within families, its approach is essentially constructionist. Attention is centred on the participants' constructions of meaning related to food and obesity within the 'realities' of their everyday practices. Yet the adoption of a social constructionist approach raises important questions in relation to a key term embedded within the research aims, namely 'obesity'. Chapter 3 highlighted a debate in the literature concerning the scientifically-constructed nature of

obesity and the general context of obesity as a 'problem' in Irish society. As Crotty (1998:16) notes:

> if we seek to be consistently constructionist, we will put all understandings, scientific and non-scientific alike, on the very same footing. They are all constructions. None is objective or absolute or truly generalisable. Scientific knowledge is just a particular form of constructed knowledge designed to serve particular purposes – and, yes, it serves them well.

From a constructionist standpoint, a social problem is dependent on public definition. While constructionists would agree that 'obesity', defined using the BMI, is a scientific construction, there is debate about the place of such constructions within social research. The first point I will discuss relates to how the analyst uses objectivist 'facts' and social or scientific constructs in his or her research.

One prominent version of social constructionism, based on the work of Spector and Kitsuse (1977), has emerged from the study of social problems and the sociology of deviance. This body of work has subsequently generated different strains of interpretation, with several varieties of constructionism evident in the literature. Best (1989; 1995; 2003) makes a distinction between 'strict constructionism' and 'contextual constructionism': the former maintains that only the definitional process under study should be described, with no recourse to 'facts' or other objectivist assumptions, while the more moderate contextual constructionism takes the position that the claims under study need to be situated in their cultural and structural contexts, and part of this contextualisation may require references to 'facts'. Social constructionism more generally has been accused of 'ontological gerrymandering' (Woolgar and Pawluch, 1985), where an analyst selectively applies scepticism, allowing or denying acceptance of particular conditions depending on his/her attitude towards them. Best (1989; 1995; 2003) has argued that to a certain degree ontological gerrymandering is inevitable, but it is not a problem that should thwart empirical analyses. Reference to 'facts' and statistics in the public domain makes research relevant to public debate and allows analysts to conduct analyses in the context of culture and social structure. Thus careful reference to statistical information and other information about the condition under study are useful, as these may offer socio-historical information about the research question. For contextual constructionists, 'it is irrelevant that the information used to make the evaluation is itself a social construction and rhetorical claim' (Holstein and Miller, 2003b:7). This thesis adopts a contextual constructionist approach. The discussions in Chapters 2 and 3 draw on this form of constructionism to justify the inclusion of statistics and 'facts' with an objectivist grounding in an otherwise constructionist study.

More specific to the research aims and focus of the study on everyday practices is Holstein and Miller's (Miller and Holstein, 1989; Holstein and Miller, 2003a) concept of 'social problems work'. Although most sociological analyses of social problems have concentrated on how social problems have been constructed by claims-makers (Miller and Holstein, 1989; Holstein and Miller, 2003a; Loseke, 2003), the concept of social problems work also includes the everyday activities undertaken by individuals to make sense of their experiences. Miller and Holstein (1989:5) define social problems work as:

> any and all activity implicated in the recognition, identification, interpretation, and definition of conditions that are called 'social problems'. Social problems work can be any human activity contributing to the practical 'creation' or 'understanding' of an instance of a social problem.

This includes the evaluation of social problem claims (such as the claim that obesity is a problem) as well as the potential use of claims as cultural resources (such as the BMI as a definition of obesity or the prevalence of obesity in Ireland as reported in newspapers). I argued in previous chapters that obesity has been identified as a social problem in Irish public discourse; the government has defined it as a social problem in health policy and through the creation of the National Taskforce on Obesity, and the media has also been an active participant in positioning obesity as a social problem (see Appendix A). This thesis is, however, concerned with the construction of shared meaning within family practices related to food and obesity, rather than on claims-making in scientific or media discourses. The focus is therefore centred on taken-for-granted shared cultural meanings in everyday life within families. Within the contextual constructionist approach, references to 'healthy eating' and 'obesity' in large-scale public rhetoric can be potential resources for everyday social problems work. As will be discussed in the next chapter, media representations of 'healthy eating' and 'obesity' were drawn upon in the interviews as part of the participants' context through the use of media boards. This approach is consistent with Loseke's (2003:198) warning that contextual constructionism allows analysts to carefully make references to the objective world 'as long as the questions remain tightly focused on the process of creating human meaning'. For Loseke (2003), strict constructionism is easier to defend on theoretical grounds, but contextual constructionism is easier to defend when attention is turned to topics exploring how 'practical actors' engage with the work of understanding social life.

Social constructionism is rooted in several theoretical and philosophical perspectives. The sensibilities of phenomenology and ethnomethodology inform all types of social constructionism (Loseke, 2003). The phenomenological perspective, influenced by the work of Alfred Schutz, suggests that human social life is characterised by meaning and

thus needs to be studied differently from objects studied by the natural sciences. Understanding how humans create this meaning and establish a sense of normality is central to the phenomological tradition. Ethnomethodological influences include the work of Garfinkel (1967), who studied how meaning making is a practical activity and what people do to create meaning in everyday life. Expanding on these influences on social constructionism, Miller and Holstein (1989) elaborate on how the constructionist approach can be used to examine social problems. They suggest that when social constructionism is used to examine a social problem, it draws on a Durkheimian concern with the importance of pre-existing ideas, and that these collective representations can be used as cultural resources for human meaning making. Drawing on these ideas, social constructionism is categorised as an interpretative theoretical approach, as it is concerned with 'how humans interpret, or make sense of, our lives' (Loseke, 2003).

I have now identified the theoretical underpinnings of the research as social constructionist, specifically adopting a contextual constructionist stance. By drawing on selected, 'objective' statistics relating to nutrition and obesity in Chapter 3, I have attempted to position the study in the wider social and historical context. Although I referred to 'facts' and statistics, with the adoption of a contextual constructionist approach, I have distanced myself from a positivistic perspective where 'facts' and 'truths' can be produced objectively, and instead adopted an interpretative constructionist approach focused on shared human meaning making and the ways that people make sense of their everyday lives. The following section discusses the relationship of this perspective to the research design and, given the differences between qualitative and quantitative research already touched upon, how these can be satisfactorily reconciled in a mixed-methods approach. As constructionist approaches are influenced by ethnomethodology, which highlights social interaction as a key site of analysis, I consider if and how interviews and alternative methods of data generation can be effectively used for analysis.

4.3 Mixed Methods

Silverman (2005) issues a warning to postgraduates to think carefully before adopting multiple methods in a study. Mason (1996) too advises that mixing multiple methods requires careful thought and consideration on technical, ontological and epistemological levels. While acknowledging that there are challenges with which to contend, Greene

(2007: xi) argues that mixed methods can contribute to a 'better, more insightful understanding of complex phenomena'. This section addresses the challenges of mixing methods.

Creswell and Clark's (2007) long definition[1] of mixed method research captures the complexities inherent in mixed methods research. Using both quantitative and qualitative methods, conducting mixed methods research involves reconciling opposed philosophical assumptions as well as methodological differences over collecting, analysing and interpreting different types of data. Methodological debates about mixed methods research centre on the feasibility of mixing paradigms and the maintenance of paradigm integrity. Recent decades have seen increased attention to mixed methods, including: paradigm debate in the 1970s and 1980s; a period of procedural developments in the 1990s; and increased interest throughout the 2000s (Creswell and Clark, 2007). Some advocates of qualitative research (Denzin and Lincoln, 2005) have particular concerns about mixed methods research: that quantitative research is prioritised, leaving qualitative work in an auxiliary role; that it takes qualitative research out of its 'natural home'; and that mixed methods research does not use critical, interpretive qualitative methodologies. Yet recent work has highlighted how mixed methods research can be 'qualitatively-driven' (Mason, 2006) and enhance the goals of qualitative research (Creswell *et al*, 2006).

Mason (2006) argues that mixed methods research, or using 'multi-dimensional research strategies', can enhance the logic of qualitative explorations of the social world. She particularly highlights the strength of qualitative research in making context explicit in explanations. Thus quantitative data can play a useful supporting role, for example in guiding sampling strategies or using quantitative data to describe the social and historical context of a case (Creswell *et al*, 2006). Pushing beyond 'paradigm wars and theoretical stalemates', Mason (2006) argues against strategies of 'triangulation' (which seek to corroborate data generated from opposing worldviews), and instead addresses the challenge of integration through 'meshing methods'. On meshing methods she notes (Mason, 2006:20):

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[1] 'Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of the data and the mixture of qualitative and quantitative approaches in many phases in the research process. As a method, it focuses on collecting, analysing and mixing both quantitative and qualitative data in a single study or a series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone' Creswell and Clark (2007:5).

> But how can this be done without sinking into a relativist mire, where we have many different and fragmented descriptions of social experience, but no real explanation of anything? On the face of it mixed-methods approaches are trapped between the devil and the deep blue sea. I think the answer lies in how we construct our explanations and what we expect them to do. Explanations do not have to be internally consistent to have meaning and have the capacity to explain. Indeed if the social world is multi-dimensional, then surely our explanations need to be likewise?'

Her solution lies in recognising that explanations are 'multi-nodal' and 'dialogic'. Mixed methods explanations address the multiple axes and dimensions of the social experience (multi-nodal), as well as recognising that multiple relevancies and questions can be held together in creative tension within a given explanation (dialogic).

In a review of studies integrating quantitative and qualitative research, Bryman (2006) encourages researchers to be explicit about the grounds on which multi-strategy research is conducted. This draws attention to the importance of clarifying the purposes of carrying out multi-method research. I have thus far argued for a contextual constructionist epistemology and a mixed method research design which is 'qualitatively-driven'. This thesis has adopted, in Creswell and Clark's (2007) terms, an 'embedded research design', where the quantitative data is supplementary to the qualitative. The research aims do not necessitate a mixed-methods research design, the mixed method strategy was implemented at the data collection and analysis stages. In total there are three strands of data, one qualitative and two quantitative: qualitative interviews, a structured questionnaire and a structured food diary. (A separate fourth data strand, related to the analysis of newspaper articles on obesity, has not been included in this thesis. However a small extract can be found in Appendix A). As advocated by Mason (2006), the mixed methods approach was not adopted for the purposes of triangulation, but to: (1) use multiple methods to generate a more comprehensive account than one alone could provide; and (2) augment the qualitative interviews with data generated from the structured food diaries.[2] Sandelolski (2000) highlights the potential use of structured questionnaires as a guide for purposeful sampling and an instrument to provide a fuller description of cases; in my research structured questionnaires were completed by participants in advance of the interviews and used for these purposes.

The combination of methods used in this study was adopted because they were the most suitable methods available. To address the research aims, an interactive method such as interviews was required, but also one that was flexible enough to accommodate unforeseen

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[2] These rationales conform to 'completeness' and 'enhancement' in Bryman's (2006) terms.

issues. I opted to conduct interviews, rather than participant observation, because of the difficulty in gaining sustained access to families with young children, as well as the logistical challenge of conducting participant observation with multiple family members simultaneously. To access how meaning is constructed related to body weight and obesity, interviews also seemed a more appropriate choice than participant observation. However the research is also interested in the routine nature of family food practices, both within the household and beyond. Taking into account the challenge of asking participants to recall the details of food practices over several days, the food diary was added as a supplemental method. The questionnaire was designed primarily for recruitment and sampling purposes. Participants first completed the questionnaires and food diaries, and were then interviewed at a later date.

4.3.1 Qualitative Data: Interviewing

I have now argued for a constructionist position and that interviews, supplemented by food diaries and the questionnaire for sampling purposes, were the most suitable methods available to address the research aims. In this section I consider the limitations of interviews in terms of data generation and consider how the use of data generated from them can be used consistently within the aims of the study.

Silverman (2001: 87-98) highlights that varying approaches cast very different lights on interviews. He compares: positivists, who focus on obtaining a 'pure' interview free from bias and on obtaining the 'truth'; emotionalists, seeking 'authentic accounts' depicting an authentic reality; and constructionists, who highlight the interactive nature of the interview and the influence of this interaction on the construction of the interview. Adopted radically, the constructionist approach suggests that no knowledge can be obtained from an interview because the research focus should shift to how interview data is generated. Additionally postmodern views question how it is possible to know what constitutes data and explanation at all if 'we can make ourselves and our worlds any way we choose' (Dingwall, 1997:63). For a researcher seeking to use interviews, 'the possibility that interviews are meaningless beyond the context in which they occur is a daunting one' (Miller and Glassner, 2004: 125). But as Melia (1997) notes, in practice researchers have to be less epistemologically squeamish and get on with it.

Despite these critiques, especially daunting if taken in radical form, Miller and Glassner (2004) argue that information about social worlds is achievable through in-depth interviewing. In their view, interviews 'provide us with a means for exploring the points of view of our research subjects, while granting these points of view the culturally honoured status of reality' (Miller and Glassner, 2004:127). Adopting a moderate constructionist approach to interviews treats interviews themselves as social constructions arrived at through the interaction of the interviewer and the interviewee (Dingwall, 1997; Melia, 1997; Silverman, 2001; Miller and Glassner, 2004; Holstein and Gubrium, 2004; Murphy and Dingwall, 2003). Interviews themselves then are a social encounter in which knowledge is actively constructed in collaboration. Viewing interviews this way has important implications for how the data generated in them should be subsequently treated.

For Holstein and Gubrium (2004), the solution lies in addressing both 'what' data is generated in the interview process as well as 'how' the talk is produced. This approach requires showing how the interview responses were produced without losing sight of meanings produced from them. In other words this involves 'showing how what is being said relates to the experiences and lives being studied in the circumstances at hand' (Holstein and Gubrium, 2004:156). This approach distances itself from postmodern suggestions that question how we can know anything about the world. Miller and Glassner (2004) argue that 'finding reality in interviews' is possible, even if researchers only have 'stories' to do so. Murphy and Dingwall (2003) stress that interviews produce 'accounts' of actions, feelings, understandings or other phenomena. Although the accounts produced from interviews may be problematic because of how they are produced, Dingwall (1997: 60, original emphasis) makes the point that 'data are never *merely* accounts or versions, such that any reading is as good as any other'. In recognition of these points, and in an effort to make explicit how the research was undertaken, Chapter 5 provides the details about how the interviews were conducted.

It has been argued that interviews are the products of social interactions, but they are also a form of directed conversation (Lofland and Lofland, 1995), more or less structured in form. They differ from naturally-occurring activity; in an interview a participant is asked to describe and reflect upon his or her experiences in ways seldom occurring in everyday life (Charmaz, 2006). Interviews are interactive, producing accounts which are deliberately put 'under stress', requiring respondents to demonstrate competence as a participant in a conversation, as well as competence as a member of the community under investigation

(Dingwall, 1997). This thesis is based on semi-structured interviews, which introduced some structure into the interview process, but not to the extent that the interview conformed to a structured interview in the positivistic sense – seeking 'truth' and with intent to remove bias. 'Active listening' and probing were used to clarify participants' meanings and direct the interview (Kvale and Brinkman, 2009). This semi-structured approach embraces the flexibility, focus on interpretative understanding and attention to matters of context and complexity which Mason (1996) argues characterises qualitative methods.

4.3.2 Quantitative Data: Food Diary and Questionnaire

I have argued that this thesis is 'qualitatively driven', yet it uses two types of quantitative data to enhance and complement the qualitative interviews. As the thesis is focused on family food practices and their organisation within households, I opted to supplement the qualitative interviews with food diaries to generate data related to the organisation of family food practices. Family food practices are complex; they involve multiple individuals, multiple events throughout a given day, and are both routine as well as flexible. The ability of a diary to capture multiple food and eating events over several days, appeared to be an attractive option to enhance my understanding of family food routines. The form diaries take in social research vary; they can act as an *aide-mémoire*, a free-flowing account related to a particular log entry, or record of a particular situation the writer wishes to describe (Burgess, 1994). This section focuses on the nature of the data generated from the food diaries, and how this data fits into this research project.

The diary is a recognised form of social activity (Alaszewski, 2006), yet diaries vary widely in their form – from simple logs to highly-structured formats. The epistemological concerns discussed in Section 4.2 are also relevant to diary research and how data generated from diaries is treated. While a positivistic approach would view diary data as a straightforward record of activities, the social constructionist approach adopted here views knowledge as actively created or constructed through the processes which individuals use to organise and make sense of everyday life. Diaries involve the creation of records, in this case in text form, 'which make use of social conventions to make sense of and present what is happening to an individual' in a particular context (Alaszewski, 2006:120). Thus diaries can provide access to taken-for-granted facets of social life which are not easily

accessed or articulated through interviews (Alaszewski, 2006). However the structure and format of diaries in social research can vary widely depending on the particular project.

Diary design requires attention to multiple concerns. While researchers should make use of established designs 'to avoid reinventing the wheel', each project has its own unique purposes and 'researchers should use methods of data collection and analysis which will enable them to achieve their purpose efficiently, effectively and in a way which is considered acceptable by the users of their research' (Alaszewski, 2006:24). First, diaries should be structured to avoid requiring too much time for data recording, as well as considering the extent of intrusion into participants' lives (Burgess, 1994). Second, a 'balance' is necessary between an 'open' and 'structured' approach; diarists should be guided to issues relevant to the project, but also be allowed to express themselves (Alaszewski, 2006). Burgess (1994) highlights the significance of instructions in influencing the diarist, and the related issue of the extent to which diary responses will be comparable in the analysis stage.

With these issues in mind, I drew upon the work of de Castro (1994) and adapted his diet diary to fit the needs of the project. Although the model used by de Castro is based in a positivistic paradigm, I drew upon the basic design as a way to present participants with a format that was both time efficient as well as flexible. Participants were prompted to fill in basic information about 'food events' (Douglas and Nicod, 1974; Mäkelä *et al*, 1999) in a structured manner: information pertaining to the time, date, people present and whether they consumed a meal snack or drink. They were also prompted to choose up to two from a list of structured influences on their eating event ('taste', 'convenience', 'cost', 'family likes it', 'health properties', 'made for me' or 'other'). However participants were free to describe in their own language the various food, meals and drinks consumed and were offered an open section to discuss their comments and/or feelings. Thus while they were provided with some structure, they also had some flexibility to describe their eating events in their own terms. This moderately structured approach also facilitated a degree of comparison between individual diaries.

While the structured nature of the data collection would allow it to be classified as quantitative, the flexibility of design produced a combination of data which I would argue puts it into a 'grey' area of the quantitative-qualitative divide. As participants were free to describe eating events in their own words and provided with an opportunity to

contextualize and comment upon their responses, there are some elements to this data which are typically considered to be qualitative. In the analysis phase, the seven structured 'food influences' were not treated as specific variables or analysed using statistical inference, but were used as indicators of general trends (see Alaszewski, 2006). The analysis of this data was challenging, and overall I engaged in what Tashakkori and Teddlie (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009) call 'qualitising' data. This involves the generation of qualitative profiles or narrative profile types. I used what they call 'holistic qualitative profiling' to explicate the features of the food practices of individuals and families, and form groups based on impressions, rather than statistical profiling or attribute scoring (see Section 5.6.1). As noted by Sandelowski (2000), this approach lends itself well to grounded theory study, which was the overall methodology adopted. Overall, the food diary method offered a useful approach to generate data which was more detailed and extensive than would be possible from interviews, and less invasive than a technique such as videotaping or participant observation. The diaries also offered an opportunity to collect information on multiple individuals simultaneously.

4.4 Grounded Theory

Linking the constructionist theoretical underpinning and the specific research methods employed is the research methodology. This 'plan of action' (Crotty, 1998) links the use of particular methods to desired project outcomes. To conduct the research for this thesis I adopted a grounded theory methodology. Grounded theory was first put forward by Glaser and Strauss (1967), who advocated developing theories from research 'grounded in data', rather than deducing testable hypotheses from existing theories. Their approach emerged at a time when, according to Charmaz (2006), positivism was gaining strength, and researchers focused on refining existing theory rather than on new theory construction. Glaser and Strauss (1967) sought to develop an approach which provided conceptual understandings of phenomena, taking qualitative data to a more conceptual level. Based on coding and a process of constant comparative analysis, emerging theory was said to be grounded in data.

Several versions of grounded theory have developed since Glaser and Strauss's initial formulation, and Glaser and Strauss themselves have taken the methodology in different directions. Glaser (1992) has remained focused on the discovery and emergence of data.

However Strauss, joined by Corbin (Strauss, 1987; Strauss and Corbin, 1998), developed a detailed set of rigorous procedures with which to analyse data, moving the process towards verification. Glaser contends that Strauss's version forces the data and is unnecessarily tedious (Glaser, 1992). Despite its initial aims to distance itself from positivistic assumptions, grounded theory itself garnered criticism for basing itself on positivistic assumptions and verifiable objective reality. A third version has been developed by Charmaz (2000; 2005; 2006), who advocates a constructivist grounded theory based in the interpretative tradition which acknowledges and embraces the role of the researcher. Charmaz promotes grounded theory as 'a set of principles and practices, not as prescriptions or packages' (Charmaz, 2006:9). Glaser (2002), in turn has questioned if constructivist data exists at all, argued that grounded theory is not constructivist, and suggested that Charmaz's version is driven by the particularities of her own substantive interests.

The use of grounded theory in a social research project thus presents the researcher with certain dilemmas. Grounded theory appeared to be a promising way forward; indeed Best (2003) suggests that constructionist research is well suited to grounded theory. However it has been argued (Charmaz, 2006) that there is a potential danger of 'forcing data' though excessive attention to systematic procedures, or the suppression of reflexivity because of the formulaic nature of the method and positivistic underpinnings. I have adopted the approach of Charmaz (2006), which places priority on the phenomena of study and views both data and analysis as created from shared experiences and relationships with participants. This approach fits particularly well the general theoretical underpinning of the project and the methodology of interviewing described in Section 4.3.1. Moreover a constructivist approach studies how, and sometimes why, participants construct meanings and actions in specific situations. Thus it aims to show the complexities of particular views and actions, rather than finding a single core category or notions of variable analysis.

4.5 Quality in Research

The final section of this chapter returns to the matter of ontology and its relationship to quality in research more generally. Although I have taken a social constructionist approach which distances itself from a positivistic stance on objectivity and truth, I have also argued that it is possible to 'find reality in interviews' (Miller and Glassner, 2004). According to

Creswell and Clark (2007), mixed methods are so new that researchers have yet to reach consensus on the criteria that might be used to evaluate or assess the quality of mixed methods studies. The quantitative and qualitative research traditions have typically used different language and criteria to judge quality in research, and specific procedures to some extent vary according to research design. As I have argued that this research is qualitatively driven, I have drawn on discussions of quality focusing on qualitative research.

While natural scientists tend to assume the existence of an objective reality which is 'out there', the opposite pole, typically associated with postmodernism, denies that objective truth exists at all and instead positions research reports as humanly-constructed 'versions' of the world. However as qualitative research has distanced itself from the positivism associated with naturalistic science and embraced interpretative approaches, a key concern within qualitative research is the consideration of how qualitative research can contribute to a sound evidence base. More moderate approaches seek to reconcile the crude realism associated with scientific views of validity and reliability and an extreme position advocating that all truth is relative. The concept of subtle realism, as advocated by Hammersley (1992) and more recently in the context of health policy research by Murphy and Dingwall (2003), is one such approach. Seale (2004) describes this approach as half-way between the poles of realism and idealism.

Murphy and Dingwall (2003) set out a subtle realist approach to qualitative research which emphasises credibility and quality, rather than display of scientific 'truth' or equally valid relativistic versions of reality. They acknowledge that while it may be impossible to 'establish incontrovertible truths', they also distance themselves from the postmodern practice of treating all truth claims as true, noting that reality has a way of 'talking back'. After all, 'even a postmodernist cannot play football with a broken leg' (Murphy and Dingwall, 2003:12). Instead they argue that it is possible to build a credible knowledge base through rigorously challenging assumptions and taking steps to limit potential error. This involves, for example, a commitment to understanding data in the context of its production, searching for contradictory evidence and being transparent about the methods used to collect it. Reality is not infinitely malleable; any representation will be partial, but the goal should be to write as faithful a picture as possible.

While I have adopted a constructionist approach which holds that meaningful reality is socially constructed, as Crotty (1998) notes, that is not to say that it is not real. Crotty (1998:63) argues that, 'contructionism in epistemology is perfectly compatible with realism in ontology'. However it is not the 'naïve realism' from which Hammersley (1992) distances himself. Through reflexivity, making the research process explicit, and recognising that both interviews and the reports of researchers are accounts, rather than statements of 'truth', it is possible to conduct rigorous and credible research (Hammersley, 1992; Murphy and Dingwall, 2003).

4.6 Conclusion

In this chapter I have explicated the theoretical underpinning of the thesis, while seeking to take seriously methodological debates regarding knowledge and reality. I have adopted a moderate constructionist stance, 'contextual constructionism' (Best, 1995; 2003), which focuses on the processes which contribute to the creation of collective definitions and the social origin of meaning, yet is also concerned with situating analyses in their socio-historical contexts. This theoretical underpinning has guided the overall approach of the research project, including the way that I as an analyst have used 'facts' drawn from an objectivist paradigm and included them in this constructionist study. The social and scientific construction of obesity and the nutritional characterisation of healthy eating at the time of the fieldwork are a part of the broader cultural and structural context in which the research was conducted. More specifically, they contribute to the broader framing of healthy eating, body weight management and obesity as a 'social problem' in Ireland. As such I have included a discussion of them in Chapters 2 and 3, but at the same time I acknowledge their constructed nature.

As Miller and Holstein (Miller and Holstein, 1989; Holstein and Miller, 2003a) highlight, most sociological analyses of social problems address high level claims makers. This includes, for example, the scientists who define what 'obesity' is, state agencies who declare 'obesity epidemics', and the media which prints news stories framing obesity as a problem. My research addresses the neglected 'social problems work' that is carried out in the course of smaller scale everyday practices which link public, collective representations to aspects of everyday reality. Although this research is focused on exploring the participants' relevant everyday practices and lay knowledge, the broader context is an

important backdrop to this research. This context was introduced in the participant interviews (see Section 5.3.2.3) and as such plays a role in the broader research process.

To address my research aims I have used a mixed methods study, however I have also argued that the analysis and handling of the data is 'qualitatively driven' (Mason, 2006). It uses interviews supplemented by structured food diaries, and questionnaires for sampling purposes as its data streams. Although the work focuses on the constructed nature of meaningful reality, I have distanced myself from the idea that interviews, and indeed research reports, have no meaning. The subtle realist approach (Hammersley, 1992; Murphy and Dingwall, 2003) does not seek to describe an objective external reality, instead it suggests that the political and interactional contexts of data generation need to be considered. This subtle realist approach is complemented by constructivist grounded theory (Charmaz, 2006), the methodology guiding the inductive analytical process. The chapter which follows details the research methods used in an effort to clarify how the research was undertaken.

5 Research Methods

5.1 Introduction

This aim of this chapter is to provide a detailed account of methods used to generate and analyse the data presented in Chapters 6-11. The chapter is largely organised in 'natural history' form (Silverman, 2005) to demonstrate the rationale used to design and carry out the research 'in process'. Thus its main sections include the pre-fieldwork, fieldwork, and analysis phases. However before this chronological approach begins, I address some overarching issues related to the evolution and refocusing of the study as a whole. The fieldwork for the thesis was carried out between February 2005 and January 2006.

5.2 Research Aims

The research aims of the thesis are listed below (see also Chapter 1).

Main aim:

To investigate the socially-constructed meaning of food, 'healthy eating', and obesity, within the context of family food practices, in a sample of middle-class Irish families with young children.

Specific research aims:

- To explore family food practices, and potential differences in these between households, in a sample of middle-class Irish families with young children
- To examine lay understandings of 'healthy eating', body weight and obesity in family food practices and investigate if and how they may be related
- To investigate lay understandings of body weight and obesity within family food practices, and consider if and how they may be related to medicalised understandings of body weight and obesity

As a response to the substantial attention to obesity and its relationship to 'healthy eating' in the Irish media and in Irish health policy, and given that evidence suggests that there are also differences in how obesity is framed in different national contexts (Saguy, 2006), the following research aim was added to the project:

- To explore how obesity was framed in Irish newspaper reporting and compare it to the framing of obesity in other national contexts.

This dimension of the research was developed to enhance understanding of broader media (specifically newspaper) discourses related to food, health and obesity in Ireland leading up to and during the time period when the data was collected. However the addition of this aim complicated the progression of the research process and upset the research timetable to greater degree than anticipated. Although it is difficult to quantify its exact disruption, it added at minimum an additional six months to the overall project timetable. Because of the complexities involved in combining this aim to an already mixed methods study, I have only included a limited extract from the analysis of the newspaper reporting. This brief extract can be found in Appendix A. It is included as a piece of contextualizing information, rather than addressing a thesis aim; it can be used to enhance understanding of the socio-historical context in Ireland leading up to and during the fieldwork period. This analysis is not directly related to the interviews or other data collected for this thesis.

5.2.1 Refocusing the Study

It is necessary to discuss the overall evolution of the study, from its conception and initial funding in 2004 by the Office of the Minister for Children to the aims presented above. While the focus on family food practices was always at the heart of this research project, the initial project design also sought to identify gaps between familial practices and professional medical approaches to eating and body-weight management. Throughout the research process it became increasingly clear that this research aim was problematic, as it presented troublesome epistemological inconsistencies and did not accurately reflect the progression of the research. The research aims were therefore adjusted in order to clarify the research focus and address the problematic nature of seeking to align participants' practices and constructions of meaning with objectivist medical approaches.

Another component of the original conception of the study was to include participants with a variety of body sizes and/or weights in the sampling strategy. Given the high level of attention to the general trend of increasing body weight in society, and its positioning as a social problem characterised as overweight and obesity, the original conceptualisation of the project involved introducing a comparative element into the research design related to

body size and/or weight. The original conceptualisation of the project introduced a degree of variable testing using BMI categories to create groups of 'normal' and 'overweight'/'obese' participants. Despite the problems associated with using the BMI discussed in the previous chapters and its own status as a scientific construction, I reasoned that including participants of a variety of shapes/weight had potential to illuminate this subject area – especially as obesity was a focus of the study. Although using a discourse of obesity introduced an objectivist concept into a constructionist study, inviting criticisms of ontological gerrymandering, there appeared to be few classification systems other than the BMI available. For example, van Otterloo (1995:124) used the subjective description of participants in her study, 'we only met fat-looking mothers in the working-class group'. Although this comment was only made as an aside and was not used for sampling purposes, such a subjective approach is inherently problematic and unacceptable. The easy calculability of the BMI appears to be one of the reasons for its success as an epidemiological tool, and it was undeniably one of the reasons for its adoption in the original conceptualisation of this study. However a lack of alternatives is, on its own, not justifiable reasoning.

Over the course of the project, my own views on the subject matter and appropriateness of this approach shifted. My experience was similar to Oliver (2006:ix); he writes in his book *Fat Politics*:

> When I first became interested in obesity, I, like most Americans, assumed it was a major health problem. ... In trolling for a topic, I happened across an article that described the soaring growth of obesity and its catastrophic consequences. I became intrigued and soon had all sorts of questions about how the 'obesity epidemic' might be handled as a political issue. ... Then I started to do the research. And that's when my mind began to change – for the more papers I read and the more experts I interviewed, the more I realised that there was a real problem with my basic argument. Most of the claims about obesity were based on shaky evidence.

As the research progressed, its direction shifted. However the shift occurred after some key decisions, such as sampling, had been made. A particular issue arose related to characterising families using the BMI classification system. As Mason (1996) notes, viewing characteristics as variables implies that variables are expressions on which objects differ, and explanations are fashioned on the basis of analysis of connections and relationships.

> This is anathema to many qualitative researchers partly because of the inadequacy of the labelling process whereby concepts are turned into variables ... but also because of the superficial, circumstantial and one-dimensional nature of social explanation which they see it as producing (Mason, 1996:88).

Use of the BMI as a variable is an example of introducing 'ontological gerrymandering' into the research design. In contextual constructionism terms, this is different from using statistics or other 'facts' to inform the contextual backdrop of a study. As the research progressed the problems involved with the original approach emerged. This combination of events prompted a shift in focus from the original conceptualisation to one that focused more tightly on the meaning-making activities of the families' practices, particularly in combination with the shift in project aims discussed above. However obesity remained a key topic of the study and the research continued to use the concept.

5.3 Before Fieldwork

5.3.1 Sensitising

Prior to beginning the fieldwork, a sensitising phase was carried out in order to enhance my familiarisation with the research topic and to hone the research design. During this period attention to obesity increased dramatically in both the media and the Irish government. It was announced that an Irish Taskforce on Obesity was being formed by the Irish government, and the topics of both 'healthy eating' and obesity garnered a high level of media, public policy and research attention. Given the large amount of attention dedicated to obesity and heavy focus on its relationship to food and health leading up the fieldwork stage, I opted to adopt a social problems framework. Thus the specific timing of the fieldwork was heavily influential in the research design and approach to the interviews.

Although attention to obesity was prominent within the mass media and public policy arenas, there was substantially less published sociological literature on the topic. Indeed Crossley (2004) issued a call to address this dearth of attention, provocatively titling his paper, 'Fat is a Sociological Issue'. This relative paucity of literature on empirically investigating obesity created a challenge for me, especially as a novice researcher. However as time progressed, more literature related to the topic was published.

In addition to consulting the literature, interviews were carried out with several Irish health, food and nutrition professionals. A list of these participants, including additional details on their professional qualifications, can be found in Appendix C. Confidentiality and anonymity were not guaranteed; their names are used in this report with permission. Three of these interviewees were conducted with public health professionals with

experience in conducting nutrition and anthropometric research in Ireland. These interviews were used to further my understanding of how the topics of food consumption and trends in body weight had been researched by public health professionals, and to obtain information about the latest research in these fields. They were of varying degrees of formality. Only the interview with Dr. Sinead McCarthy was audio-recorded and transcribed. Although these interviews provided a forum to discuss how food and body weight-focused research was conducted in other disciplines, and were helpful in terms of getting insights to how obesity was being examined in the Ireland, the resulting material was not formally used in the research, especially as I distanced myself from explicitly medical approaches as the project progressed. I did however obtain useful information relating to methods of participant recruitment in schools and the logistics of conducting research in schools more generally.

Additionally two interviews were conducted on the topics of food in schools and food education. An interview with Mr. John Lahiff was conducted on the development of Social, Personal and Health Education (SPHE) in Ireland and the role of food in the curriculum. After an opportunistic meeting, Dr. Laurence Swan was interviewed on the topic of his involvement in the 'Food Dudes' fruit and vegetable programmes which were being piloted in several Irish primary schools. Finally during the participant recruitment process, discussions with three primary school principals informed the research as well as three interviews with First Class teachers. The interviews with teachers were eventually incorporated into the research. Although the research design was focused primarily on families, the discussions with the principals and teachers provided useful insights into school classroom eating policies, school food activities and didactic SPHE activities. They highlighted the importance of relationship dynamics between the school, teachers, parents and children in terms of the process of feeding children in school. I was not granted access to the classroom for participant observation purposes. The interviews with the teachers were audio-recorded, transcribed and coded. (See Section 5.6 for additional details on analysis).

The original research proposal focused on middle class families and consultation with the literature during the sensitising phase encouraged me to retain the middle-class focus on the study, for two reasons. First, there was a general paucity of contemporary research on obesity and the middle class. Second, the inconsistencies in the nutrition and public health literature relating to rates of obesity in different social classes, coupled with questions that

Crossley (2004) raises about the body consciousness thesis, suggested that a middle class study would be useful to further illuminate these areas.

During this sensitising phase I also confirmed that I would include food diaries as a methodological tool. After reviewing the literature, I was particularly eager to adopt an approach which would capture the complexity of activities associated with food practices. Reckwitz's (2002) definition of practices emphasises the interconnectedness of bodily activities with mental activities and background knowledge. Food diaries appeared to be a useful tool to capture participants' reports on the detail of eating routines as a complement to the interviews.

Backett and Alexander (1991:37) note that talking to children about health-related beliefs and behaviours is a 'daunting methodological task'. With this in mind, I paid particular attention to the literature on research methods with children. Both Backett and Alexander (1991) and Mauthner (1997) note that drawing activities are useful tools to begin interviews with children, as this activity and subsequent discussion has the ability to put children at ease and create rapport.[1] I thus decided at this point to include a short drawing activity in the children's interviews for the purpose of rapport building, rather than for data analysis.

My interaction with this literature on methods and children exposed me to a wide variety of innovative methodological approaches beyond the conventional qualitative interview, including Backett and Alexander's use of 'activity photographs'. At this point I began to consider the use of photographs in both the child and adult interviews. Harper (2002) argues that photo elicitation, the simple idea of inserting a photograph into a research interview, offers a different kind of information than words alone; it can enhance communication and evoke information, feelings and memories which are related to the photograph's particular form of representation as well as enhancing communication between the interviewer and the interviewee, 'who rarely share taken-for-granted cultural backgrounds'. As noted by Westcott and Littleton (2005:148), 'the introduction of an object or artifact into an interview context can dramatically impact on the process of joint meaning-making, serving as an effective joint referent'. I opted to include a series of visual

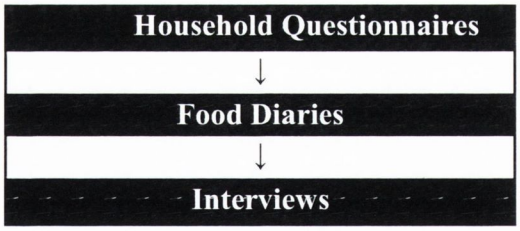
[1] While overall this technique is useful, problems with the technique have been noted. Free drawing may suffer if children have little experience of drawing, are unconfident, may offer 'diffuseness' if they do not trust the research process or are passively resisting revealing personal material (Veale, 2005).

props in the form of media boards to initiate discussions about 'healthy eating' and 'obesity' as topics in the Irish public discourse. (See Appendix D). I also explored the possibility, and eventually adopted the approach, of including a photo of a physical body in the interview for two reasons: (1) to initiate discussions about a variety of body sizes without having to use discursive labels; and (2) to act as a joint reference for discussions about the different shapes and sizes of bodies. (See Appendix E). At the time, photographs of individuals were frequently included in news articles reporting on obesity. I considered a range of photographs, however I ultimately did not feel comfortable using an image of an identifiable adult or child for research purposes. I thus opted to include Stunkard *et al*'s (1983) figure scales as general indicators of body shape variety. I contacted the author and the shapes were used with permission. In an effort to provoke discussion, I alternated the order of the bodies rather than leaving them in the scaled continuum.

5.3.2 Preparation of Research Materials

The preparation of the project materials is presented in the order below because it is the order in which the participants were engaged in the research process.

Figure 5.1 Sequence of Family Research Methods



5.3.2.1 Questionnaires

Questionnaires were designed for both adults and children in order to gather background information about the participants. (See Appendix F). It was anticipated that a questionnaire would be completed by (or for) each member of the household. The questionnaires collected information on: age, place of birth, nationality, time spent living abroad, marital status, home ownership, education, employment, household income, pregnancy (for female adults), disability, food allergies, height and body weight. A

modified questionnaire was developed for children to include child appropriate information such as whether they were looked after at home or in a crèche, or their class in school.

As the questionnaire was intended for use as a recruitment device as well as case description, questions relevant to social class classification were included. Occupation, following the Irish Census classifications, was the primary tool used for classification. However given the complexities of measuring social class, particularly for families/households (Morgan, 2001), the questionnaire also collected information on education, home ownership and income. Questions were adapted from the Irish Census. The questionnaire also included questions on height and body weight to calculate each individual's BMI. At this stage in the research the BMI-related family classifications were still a part of the research design.

5.3.2.2 Food Diary Preparation

As discussed in section 4.3, food diaries were used to complement the interviews. The diet diary work of De Castro (1994; 2000) and considerations from the *Eating Patterns: A Day in the Lives of Nordic Peoples* study[2] (Mäkelä *et al*, 1999; Kjærnes, 2001b) were used to design the food diary. The diary was designed to record 'food events' (Douglas and Nicod, 1974; Mäkelä *et al*, 1999), rather than predetermine a set pattern of meals and/or snacks. Yet, I wanted to introduce enough structure into the food diary to encourage comparable responses, a challenge highlighted by Burgess (1994). See Figure 5.2 for an example extract of how a 'food event' was recorded, and Appendix G for the Food Diary instructions and a full example sheet.

[2] This study was based on a telephone survey.

Figure 5.2 Food Diary Extract: A Food Event

Fri – Sat – Sun **Time: Begin_____ End: ____**

# of people present _____ **Relationship_____**

Food prepared by_____ **Homemade OR Ready Meal/Pre-Prepared**

Meal – Snack – Drink (← please circle and describe below)

What influenced your choice? (please circle up to TWO)						
Taste	Convenience	Cost	Family likes it	Health properties	Made for me	Other

Comments/Feelings?

The diary was designed to capture the 'routinised behaviour' and 'forms of bodily activities' of practices (Reckwitz, 2002). This approach was selected because it provides far more detail than would be possible from memory recall and more information than would be possible for me to gather using an observational ethnographic approach. The diaries of individual family members could then be used to build a picture of family eating routines, including how they 'eat as a family', over a three-day period. Below I discuss specific aspects of the diary design.

Firstly, I was concerned that the diary would be easy to complete. Ease of use seemed particularly important as they were being designed for families with young children, for whom there were likely to be time pressures. The diary also needed to be suitable for the needs of this particular project, specifically that they were being completed by multiple family members sharing a household – including children – rather than individual adults. I therefore sought to take into consideration that the diaries of some participants, most notably children, may be completed by another person and that some participants' food activities may be largely in the control of another individual or individuals (e.g., a parent).

Participants were asked to complete the food diary for three days: Friday, Saturday and Sunday. While the choice of these days does not provide data for weekdays, I made this decision for two reasons: (1) participants were likely to have more time to fill out the

diaries on weekends (thus making them more likely to participate); and (2) it would be possible to follow up potential differences between weekends and weekdays during the interviews. As the food diaries were designed to complement the interviews, I had concerns about generating an excessive amount of data as well as providing participants with a daunting task.

The diaries were designed to capture a variety of information including what Kjærnes *et al* (2001b) identify as *the eating system* [eating patterns (When?), meal format (What?) and the social context of eating events (With whom?)]. Specific prompts included:

- when the food was eaten (day, time, length of eating event)
- with whom the food was eaten (number of people present, relationships)
- who prepared the food
- whether the food was homemade or pre-prepared
- whether the food consumed was a meal, snack or drink
- a blank space for recording what was eaten or drunk
- the choice of up to two of seven potential influences on their food event: taste, convenience, cost, family likes it, health properties, made for me, or other
- an additional space for addition comments or feelings.

I previously stated that the diary work of De Castro (1994) influenced the design of the diary, particularly the format. De Castro was however interested in variable measurement and used a series of measures to collect data on variables such as mood ('depressed – elated'; 'calm – anxious') and satiety ('full – hungry') using scales. As variable analysis was unsuitable to the project and I was not interested in the same data type as De Castro, I omitted these variables from my design. However as I was interested in generating data on influences at the familial level, I created my own set of potential influences. The options took into consideration influences drawn from the food and the family literature, including modified versions of Warde's (1997) 'antinomies of taste'[3] ('cost', 'health properties', 'family likes it') and recognising the influence of the social context of food ('made for me', 'family likes it').

[3] Warde's antinomies of taste include sets of oppositions: novelty and tradition, health and indulgence, economy and extravagance, care and convenience. I did not want to introduce scaled responses into the design; I drew upon these more broadly.

Absent from this list is information pertaining to the quantities of food eaten. There are already extensive Irish nutrition studies (Friel *et al*, 1999; Kelleher *et al*, 2003; IUNA, 2001) detailing this information. For participants, reporting this information would substantially increase the amount of work involved in completing the diaries. Moreover the analysis of quantified food portions typically uses nutrient analysis software. Engaging in this type of analysis would deviate from the aims of the research.

Each food diary was supplied with enough 'food event' logs for three days. Mäkelä *et al* (1999) found that participants in their study reported at most nine food events per day. Using this as a guide, each participant was supplied with a food diary containing thirty-six food logs for the three days. (The diary was comprised of six double-sided sheets of paper with three 'food event' logs on each page, plus a coded cover sheet and instructions). Each family and participant was assigned a unique identification code which was printed on the cover sheet.

Finally as Burgess (1994) highlights, instructions are an important component of diary work. The diaries were sent out with an instruction sheet providing basic instructions for completion including encouragement not to alter eating patterns as a result of completing the diary. This was not an attempt to reduce 'bias', but rather acknowledges the constructionist co-creation of the data in diary text form (Alaszewski, 2006).

5.3.2.3 Interview Guide Preparation

Interview topic guides were drafted based on the literature review and sensitising phase. Two types of interviews were conducted: (1) adult and (2) child. The interview guides for both adult and child interviews can be found in Appendix H.

Adult

The interviews were designed to be semi-structured in order be sensitive to organisational and time pressures, but also allow for flexibility in question order. Time was a particular concern because it was anticipated that several family members would be interviewed consecutively over an afternoon or evening. Questions were designed to be open ended and use wording which would not lead participants in a particular direction. Although the guide was written and used as a memory prop in the interview, it was also important to conduct 'active listening' (Kvale and Brinkmann, 2009) and create a relaxed atmosphere while

being sensitive to direction of the 'guided conversation' (Lofland and Lofland, 1995). Thus, if appropriate, the question order was varied.

Interview guides were designed to complement the information gathered from the food diaries. The first introduced was general household organisation related to food (e.g., food shopping, cooking). This was a natural extension of the food diary, and a relatively straightforward topic which could build rapport and put the respondent at ease. Questions then turned to food and health. Discussions about obesity and body size were conducted last. The following props were used for the photo elicitation exercise.

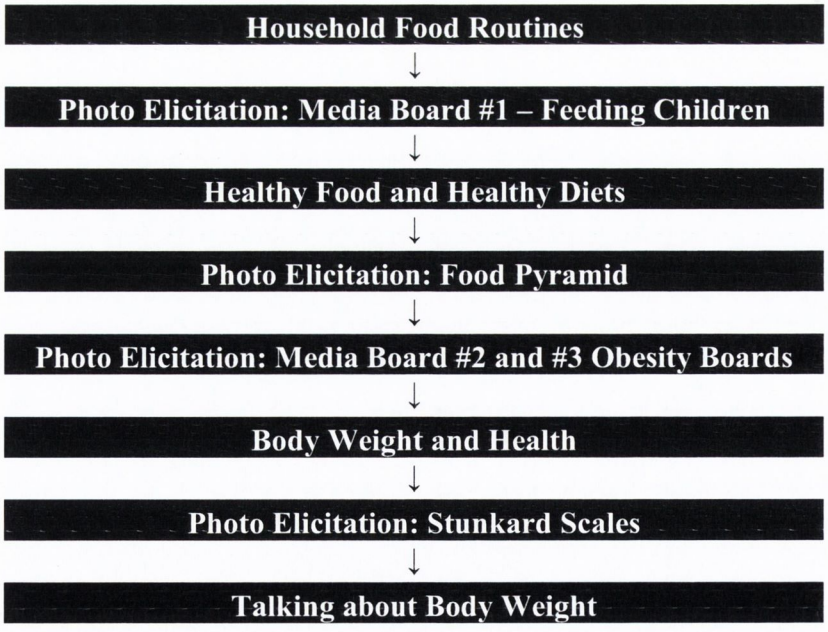
(1) A Food Pyramid (See Appendix B)

(2) Three 'media boards' with headline clippings from national Irish newspapers (See Appendix D) on the topics of healthy eating, obesity and childhood obesity

(3) Two boards (one male, one female) with figures from the Stunkard Figure Scales. (See Appendix E)

Questions were first asked in general form and, if required, probes were used to further the discussion.

Figure 5.3 Adult Interview Schedule – Topic Order



While the interview guides were initially designed with a relatively long list of questions, the project followed the basic tenet of grounded theory whereby the focus of the research is progressively sharpened as the analysis is undertaken.

> Grounded theory interviewing differs from much in-depth interviewing because we narrow the range of interview topics to gather specific data for developing our theoretical frameworks as we proceed with conducting the interviews (Charmaz, 2006:29).

Thus the questions and focus were narrowed as the research progressed. Questions upon which more emphasis was placed are identified in the interview guide with an asterisk.

At the beginning of each interview, I briefly re-introduced the project and explained how the information would be used (i.e., for a doctoral dissertation). I also reviewed the terms of anonymity and confidentiality and reminded participants that they were free to withdraw from the research at any stage of the process. Permission to digitally audio-record their interview was requested. As questions about body weight have the potential to be sensitive, I also informed participants that they were free to interrupt, ask for clarification or refrain from answering any of the questions. At the end of the research participants were asked if they had any questions related to the research.

Child Interviews

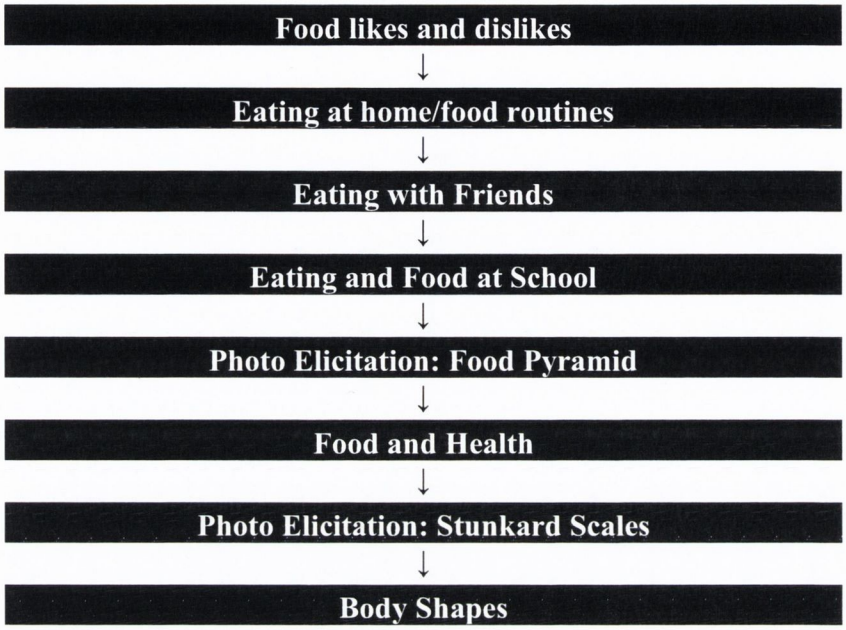
Conducting interviews with children requires special consideration. While the study was focused on six to eight year old children, the explicit focus was not just on the child, but also on their families. Thus the child interview guide was, to some extent, a guide for the six to eight year old as well as siblings. This produced a significant methodological dilemma: the research activities needed to be age appropriate for a variety of ages (in practice ages four to seventeen years old). I needed to 'talk to children on their own terms and in a non-threatening manner' (Backett and Alexander, 1991:35). I intended to include children aged five and over in the interview process, however one three year and two four year olds were very keen to participate as they did not want to be left out of the research activities. Using guidance from Mauthner's (1997) discussion of age appropriate methodologies, a flexible approach was adopted depending on the ages of participants from each family, but always based around the six to eight year old child.

For children younger than ten years old, the interviews began with a drawing activity. Children were asked to draw their favourite dinner or foods[4]; and then the interview would begin by discussing the drawing. The interview guides were purposely kept short, as the

[4] For approximately the first half of the interviews the children were asked to draw their 'favourite dinner'. After the majority of children drew similar dinners, I then began to ask them to draw their 'favourite food'. The drawing primarily played the role of an 'ice breaker' in the interviews.

practical constraints of interviewing children required them to be shorter than the adult interviews. Using the drawings as a point of departure, the interviews began with food likes and dislikes, and then moved to eating at home and with friends, eating in schools, food and health and ending with a discussion about body shape.

Figure 5.4 Child Interview Schedule – Topic Order



Similar to the adult interviews, the child interviews also narrowed as the study progressed (see Appendix H). Interviews began with a brief project description, an assurance that I would not tell anyone what was said in the interview, including their parents, and an emphasis that their participation was voluntary. As power dynamics between adults and children can exacerbate the imbalance of power already present in an interview situation, I was careful to emphasise that they could stop the interview at any point. Children's permission to record the interview was also requested (in addition to parental permission).

5.3.3 Ethical Considerations

Ethical considerations were at the fore of every stage of this research, which adopted a rights-based perspective (Hill, 2005). In particular, the unique ethical issues involved in working with children were recognised and special consideration was given to protect their rights, freedoms, safety and dignity at all times. Issues regarding eating practices and body weight were potentially sensitive to research participants and sound ethical practice was built into the study design to avoid harming the participants. The project data is subject to the full confidentiality and other safeguards of the Data Protection (Amendment) Act

(2003) and the Children First National Guidelines for the Protection and Welfare of Children (DoHC, 2004). Additionally it was guided by the Sociological Association of Ireland's good research practice guidelines and was reviewed by a Trinity College Dublin review committee.[5]

The following specific considerations were agreed:

- An information sheet was provided to parents briefing them on the project and the voluntary nature of the project stressed
- Written consent form (to be signed by both parents)
- Verbal consent was obtained from adult participants to be interviewed and for the interviews to be audio-recorded
- Parental and child consent was acquired for children's interviews
- Double consent to audio-record children's interviews
- The right to withdraw from the research at any time was reiterated during the data collection
- An assurance of anonymity and confidentiality (including intra-household, school and public) would be given
- Parents were informed of children's interview topics and shown visual materials before beginning the interviews with children

While these steps provide a firm ethical ground from which to proceed, my most serious concern throughout the project was causing emotional distress in the interviews themselves. As indicated by the literature this required 'care and skill on the part of the researcher not to press a child too far' (Hill, 2005:73), in particular with the issue of body weight. This was also applicable to adults.

5.3.4 Sampling

This mixed methods study draws on qualitative sampling techniques. The sampling strategy adopted was purposive rather than representative, a strategy which demands critical thinking about the parameters of the population under study (Silverman, 2005). Although the study draws on grounded theory, theoretical sampling such as that advocated by Charmaz (2006) involves gathering data to develop emerging theoretical categories.

[5] The project was reviewed and approved by a TCD Sociology Department committee.

The practicalities of recruitment made the recruitment of additional families difficult, thus the sampling strategy is best described as purposive rather than theoretical in a grounded theory sense. Yet such a purposive approach is concerned with making links between theoretical propositions and the data (Mason, 1996).

As discussed in previous chapters, the study was specifically designed to explore the practices of middle class families with young children living together in households. To capture the views of middle class respondents, respondents were recruited from schools located in areas generally regarded to be 'middle class' and from occupations classified according to the Irish CSO Census classification scheme. A TCD staff member with expertise in Dublin urban geography was consulted along with Irish Census Small Area Population Statistics. An area with numerous schools in a reasonable proximity was selected.

A number of parameters were set for the sampling for a mixture of practical and theoretical reasons. These parameters reflect the original aims of the study, which as discussed in Section 5.2.1 were later refocused. These original sampling parameters are described below:

- **Age of Child -** Each family would include a six to eight year old child attending a local national school. Similar to Backett and Alexander (1991) I reasoned that, theoretically, families would be at a similar point in childrearing and, given the relatively young age of the children, children's care – including food-based practices – would still fall largely within parents' control yet be beyond the concerns of babyhood and infancy. As recruitment was anticipated through schools, targeting individual classes appeared to be a practical way forward; thus the relatively narrow parameter of six to eight year olds was selected to incorporate children from primary school First and Second Classes.

- **Irish Married Couples -** As childhood appears to have a significant effect on taste development (Bourdieu, 1984; Lupton, 1996), families were sought where the parents were reared in Ireland. This is an admittedly simple marker of 'Irishness'. However as the research was not a study of this concept per se, it was reasoned to be adequate. The stipulation of 'married' couples does not imply that to a couple

needs to be married to be a family; it was designed this way in order to obtain a similar sample of families and to foster comparisons with previous literature.

- **Age of Mother** - The mother's age would be between twenty-five and forty-four, inclusive. The intention of this parameter was to encourage the recruitment of a sample of families with mothers of a broadly similar age. More specifically this would likely exclude families where the mother gave birth to the six to eight year old as a young teenager or relatively late in the childbearing years.

- **Families with a Range of BMI Values** – The study was originally conceptualised as having two groups of participants: (1) all family members falling into the 'normal' BMI category; and (2) at least two family members falling into the 'overweight' or 'obese' BMI categories, including one child.

As discussed in Section 5.2.1, problems with this sampling parameter emerged as the study progressed. The study was refocused only after sampling decisions had been made. In the original project conceptualisation the intention was to create body-weight related groups for comparison, including participants from a variety of body weight/sizes. While obesity was the scientific concept highlighted as a social problem in Ireland, body weight was by implication the key issue, and in particular bodies classified as 'normal' or 'healthy', and those which were not – 'underweight', 'overweight' and 'obese'. While I was eager to include a variety of body sizes in the study, and in particular those characterised as 'weighing too much' by biomedical standards, I did not want to undertake recruitment through medical organisations or weight loss centres where medicalised conceptualisations of obesity were likely to be dominant. I thus opted to conflate overweight and obesity so as to facilitate my recruitment strategy of finding participants who were classified by the medical community and the state, as weighing 'too much' relative to their height. There are problems associated with this strategy, and these are discussed in the final chapter.

Miles and Huberman (1994) warn: 'with high complexity, a study with more than 15 cases or so can become unwieldy'. The project design proposed to examine 12 families as part of this project. With at least three interviews in each of the families, the projected number of interviews was at least thirty, but depending on the number of children in each family, possibly more. Exploring family practices using individual family member interviews presented a challenge in respect of resources, because the high number of individual

interviews quickly limited the number of families which could reasonably be included in the study. However twelve families appeared to be a reasonable compromise and thus an appropriate sample size. The final number of participating families was higher than this number. This will be discussed in Section 5.4.2.

Interviewing principals and teachers was not part of the original project conceptualisation. The decision to interview teachers was taken during the sensitising and recruitment phase of the project. Before recruitment it was not possible to determine how many schools would be willing to participate in the project, nor how many would be needed to recruit the necessary number of participants. Thus I decided to interview one teacher from each class from which the pupils were recruited (in the initial wave of recruitment). Three teachers were interviewed as part of this project, although their participation is secondary to the family interviews.

5.4 Recruitment

The recruitment process was undertaken in two main phases: (1) school recruitment; and (2) recruiting lay participants through schools. Two waves of participant recruitment through schools were conducted. Initial school contact was made in November 2004 with the recruitment process continuing until May 2005.

5.4.1 School Recruitment

As discussed in the sampling section, a particular Dublin suburb was targeted to recruit families via schools. To identify suitable schools, a list of primary schools in Dublin was obtained from a government website which included information on school contact information, location, size, whether and pupils were boys or girls. From this list I identified six possible schools, based on size and location. Additionally I targeted mixed-sex schools. To recruit schools I first contacted principals with a letter. An example of one of these letters can be found in Appendix I. One principal, eager to participate, contacted me directly. These initial letters were followed up with phone calls to gauge the interest of the principal and, if appropriate, set up a meeting. In total six primary schools were contacted.

It was at this point that difficulties with recruitment began. As I made my follow-up phone calls, gaining access to principals proved to be difficult. Secretaries acted as gatekeepers,

and I found myself being either asked to leave messages or to call back at different times. It was not uncommon to leave messages and never receive a return phone call. I would then have to wait a suitable amount of time to make another call so as to avoid being overly aggressive. I was unable to make contact with two principals, and one declined to participate because he stated that he had two other researchers in the school at the time and he felt he was 'doing his bit'. Three schools expressed an interest at this stage and follow-up meetings were arranged. Principal meetings went smoothly with all three schools willing to participate. Once assured that the project would not require obtaining pupils' home addresses and that participation was voluntary, principals had few questions. An issue arose, however, with one of the schools; the principal informed me that his school had 'Disadvantaged Status', although from the principal's perspective there was a mix of socio-economic groups represented in the school. As this was the principal who contacted me directly and he was very keen to take part, I agreed to continue his school's participation. In retrospect, I should have eliminated this school from the project at this point, however as will be discussed no participants from this school actually participated in the project.

Background information about each of the three participating schools is presented below. The intent is to provide information about the access sites, such as size and community characteristics, as well as the extent of each school's participation in the project. For purposes of clarity, the three schools are referred to as 'Disadvantaged School', 'Irish School' and 'Large Local School'. Each of the schools varied in character and ethos. To avoid exposing the identity of the schools, I have described the size in approximate numbers.

Irish School

The Irish School was the smallest of the three schools participating in the project with approximately two hundred children in the school and thirty-one in the First Class. It was mixed sex, with both boys and girls attending. The principal described the school community as 'middle class'. This school is distinctive because pupils are educated in Irish and English. Communication with the pupils' parents is also in Irish. The school appeared to pride itself on a strong sense of community, possibly related to the self-selection process of choosing to go to an Irish school. The school is surrounded by housing estates and open fields.

Large Local School

The Large Local School appeared to be a large catchment school in the area. The primary school was divided into two sections: Junior and Senior. There were almost two hundred children divided equally between the First and Second classes and almost four hundred in the Junior National school. The Large Local School was mixed sex, with both boys and girls attending. Its size indicates that it was a major school in the area, incorporating a variety of social-class groupings. The principal suggested that the school was largely middle class, but about twenty-five percent of the students came from a lower-socioeconomic background. The Large Local School is surrounded by housing estates and open fields.

Disadvantaged School

The Disadvantaged School is a medium-sized school with approximately 300 children in total, and approximately fifty children in each of the First and Second Classes. Each of these classes was divided into two teaching groups. This school was mixed sex, with both boys and girls attending. The first meeting with the principal revealed that it had 'Disadvantaged School' status, a fact of which I was previously unaware, and thus received extra funding and teachers. He remarked that some of the parents were 'so dysfunctional you wouldn't believe it' and 'although they had some Travellers, most were settled now'. The school was located close to a shopping centre with a variety of shops including a supermarket.

While I was able to recruit three schools to participate, there were certainly challenges. The key factor in a principal's willingness to participate appeared to be their available time and, perhaps, their perception of the willingness of other staff to take part. An interest in the topic may have also influenced some principals to participate. It is not possible to be definitive about why some schools opted to participate and others did not.

5.4.2 Family Recruitment

Recruiting participants was a difficult exercise. To comply with data protection legislation and to protect privacy, it was agreed that a recruitment packet would be distributed by teachers to all pupils in the school's First Class(es). In wave one, participants were given a packet containing the following: (1) an introductory letter; (2) a project information sheet; and (3) a stamped return envelope. (See Appendix J for an example of the introductory

letter, and Appendix K for the project information sheet). This packet was accompanied by an introductory letter from the school principal. The introductory letter from me briefly outlined the project and asked parents to return the form to me in the pre-paid envelope if they were interested in participating. Principals had strong opinions about the most suitable timing for distribution, sometimes indicating that the most suitable time was several weeks away. They appeared to be concerned about overloading parents with requests and/or information. Thus the timing for initial contact in wave one ranged from February to March 2005. The results can be found in Table 5.1 below:

Table 5.1 Results of Participant Recruitment by School – Wave 1

School	Total in Class	Positive Response – initial contact	Response % Positive	Number completing Interviews	% Completing Interviews
Disadvantaged School	51	1	2%	0	0%
Irish School	31	9	29%	4	13%
Large Local	93	13	14%	6	6%
TOTAL	175	24	14%	10	6%

Upon receipt of the contact form, I telephoned the respondents, explained what the project would entail and confirmed that they were happy to participate. The participant from the disadvantaged school withdrew at this point.[6] If they agreed to participate in the next stage of the research I inquired about the number of members in the household and posted project questionnaires and consent forms to them. (For consent form, see Appendix L). Upon receipt of their questionnaires and confirmation that they fulfilled the project sampling criteria, I posted each family the following items: (1) a brief letter of introduction; (2) a food diary for each member of the family; and (3) a stamped return envelope. The subsequent return of the questionnaires and diaries was staggered and slow to the extent that I became anxious whether I would have enough participants to complete the study. After two weeks I made follow up phone calls to those families who had not returned the food diaries. At this point twelve families dropped out, although some indicated they had simply 'forgotten'. One family from this first recruitment wave dropped out at the interview stage. As the school year was coming to an end and I was concerned

[6] The principal of the Disadvantaged School suggested that I send a reminder letter to the parents of the First Class, which I did. It was also his suggestion at this point that I make myself available in the school to answer parents' questions, which I did, however no parents attended this question and answer session.

about attrition during the interview stage, I opted to undertake a second round of recruitment in May as the connections with the schools had already been formed.

A second wave of recruitment was carried out at two schools in May 2005, the Disadvantaged School and the Large Local School. The time lapse between the two rounds of recruitment was two to three months, depending on the school. The Irish school opted not to participate in the second wave because the principal felt it was too close to the end of the school year and parents would be too busy. The previous round of recruitment had highlighted a problem with the separate mailings of the questionnaires and food diaries, so for this round of recruitment I put the questionnaires in with the initial project information sheet. Pupils in the school's Second Class were given packets containing: (1) an introductory letter; (2) a project information sheet; (3) questionnaires (three adult, four child); (4) a consent form; and (5) a return envelope. Additionally it was agreed that a project post box would be placed in the school so parents could return the forms and questionnaires at the school rather than mailing them. Table 5.2 below lists the response rates:

Table 5.2 Results of Participant Recruitment by School – Wave 2

School	Total in Class	Positive Response – initial contact	% Positive	Number completing Interviews	% Completing Interviews
Disadvantaged School	50	1	2%	0	0%
Large Local	90	11	12%	6	7%
TOTAL	140	12	9%	6	4%

My communication with the principal of the Disadvantaged School suggested that the principal had specifically asked the one responding family from this school to participate. I was uncomfortable with this coercion and at this point did not want to include a participant from this school in the study. I thus contacted the participant, thanked her for her offer of participation, but indicated that her participation was no longer required. As indicated in the above chart, eleven families returned questionnaires and consent forms. However in total five were lost at the diary stage. From this recruitment wave six families participated in the interviews. Excluding the Disadvantaged School, the following response rates were recorded for the total project:

Table 5.3 Results of Participants from Irish School and Large Local – All Recruitment

School	Total in Class	Positive Response – initial contact	% Positive	Number completing Interviews	% Completing Interviews
Irish School	31	9	29%	4	13%
Large Local	183	24	13%	12	7%
TOTAL	214	33	15%	16	7%

As Table 5.3 shows, sixteen families completed the project through to the interview stage. Excluding the Disadvantaged School, this represents a response rate of seven percent for total project completion. (If the Disadvantaged school is included in these figures, the total number of pupils contacted is 315, and the response rate drops to five percent.)

Recruitment efforts had a relatively low response rate. The low level of response raises questions about the nature of the final sample. Because this was explicitly a study of families, it required the consent of numerous people. If even one member did not want to participate it would preclude the whole family from participating. It became apparent during the recruitment process that women acted as gatekeepers: filling out forms, fielding phone calls and organising interviews; thus their interest in the project appeared to be particularly important. Time could also have been a factor, especially given that the research had several stages: questionnaires, food diaries (over three days) and interviews. Relatively high motivation was required for project participation. There was relatively high attrition during the food diary stage which suggests that families were unwilling to undertake this activity. It is also possible that families did not want to reveal information about their food and eating activities, especially during a time period when nutrition, 'healthy eating' and obesity were prevalent news items. Although these are possibilities, it is not possible to definitively comment on this topic.

Among those participating, at least one member of the family may have had an interest in food or nutrition. The sample seemed to have a particularly high number of 'foodies' (see Chapter 6). This is not the only reason families may have participated however, altruism (or pity) also seemed to play a part as well: one participant specifically stated that he completed a Masters degree and had had trouble finding participants; another had a friend seeking out participants for a research study and so empathised with a researcher seeking

study participants. The fact that the study was funded by the Office of the Minister for Children was definitely an advantage during all stages of the recruitment process.

After the respondents returned the food diaries, I contacted them to arrange interviews. One of the first families contacted withdrew from the research process citing the fact that her husband and son did not want to participate. She sounded distressed. The way that the food diaries were completed suggested that she (the wife/mother) had completed all of the family's diaries. It seemed likely that it was she who was interested in participating in the project rather than her family. Because of this early experience I was unsure how many families would actually be willing to participate in the interviews. Even after I had interviewed ten families (the target in my project proposal), I was reluctant to exclude the remaining families from the project as they had already participated as far as the food diaries. Thus in total the final number of families participating in all stages of the research process was sixteen. The number of individual interviews completed was as follows:

- 29 adults (27 individual adult interviews; 1 couple interviewed together); and
- 40 children (9 individual child interviews; 14 group child interviews, interviewed in groups of 2-3).

Such a sample offers the possibility of looking at a range of similar and contrasting cases, illustrates subgroups, facilitates comparisons and adds confidence to the findings; however including this number of participants in the sample also produced a large amount of data. Details of participants' characteristics can be found in Table 5.4.

Table 5.4 Participant Characteristics

ID No.	Family Name[7]	First Name[8]	Age	Social Class[9]	Full or Part Time[10]	Household Income[11]	Education	BMI Category[12]	School
1	**Anderson**	Alison (Mother)	38	1	FT	90,000+	Degree and professional Qualification	Healthy	Irish
		Alex (Father)	39	1	PT		Degree and professional Qualification	Overweight	
		Alan	7					Obese	
		Ava	5					Obese	
		Amy	3					Obese	
2	**Boyd**	Brenda (M)	44	2	PT	45,000-60,000	Professional Qualification	Overweight	Irish
		Brian (F)	41	2	FT		Third	Healthy	
		Brianna	7					Healthy	
		Bridget	4					Overweight	

[7] Families were given a pseudonym surname in alphabetical order A – R. First names, with a corresponding letter, were then applied to each family member in order to facilitate the easy identification of family group members.

8 M = Mother; F = Father.

[9] Social class groups based on Irish Census 2006 Definitions: 1 Professional workers; 2 Managerial and technical; 3 Non-Manual; 4 Skilled manual; 5 Semi-skilled; 6 Unskilled; 7 All others gainfully occupied and unknown. The occupations used to determine social class for these social class groups are based on Irish Census 2006 Occupation Classification, which is based on the UK Standard Occupational Classification with modifications to reflect Irish labour market conditions. This system has been in place since 1996. See Central Statistics Office (2009). Participants listed 'At home' reported being stay-at-home mothers.

[10] Full-time (FT) or part-time (PT) worker.

[11] Based on participants' reported household income in € (Euro), before/after tax unspecified. Total gross household income average for 2005 in Ireland was reported at €51,078 (CSO, 2006).

[12] BMIs calculated using self-reported data. Children's BMI classified using the British Growth Standard 1990.

* indicates an error in reporting body weight.

ID No.	Family Name[7]	First Name[8]	Age	Social Class[9]	Full or Part Time[10]	Household Income[11]	Education	BMI Category[12]	School
3	**Cheyne**	Chloe (M)	42	1	PT	90,000+	Doctorate	Healthy	Irish
		Cian (F)	40	1	FT		Third Level	Healthy	
		Carl	7					Healthy	
4	**Dunnington**	Denise (M)	39	At home, formerly 2		90,000+	Third Level	Healthy	Irish
		Dean (F)	38	1	FT		Masters	Healthy	
		Dervla	7					Healthy	
		Danielle	5					Obese	
		Dylan	2						
5	**Eckhard**	Ellen (M)	39	At home, formerly 2		90,000+	Professional Qualification	Healthy	Large Local
		Eric (F)	43	2	FT		Degree and professional Qualification	Overweight	
		Evan	10					Healthy	
		Eve	7					Healthy	
		Emmet	5					Healthy	
6	**Flanders**	Fiona (M)	39	At home		45,000-60,000	Third Level	Healthy	Large Local
		(F) NP							
		Faith	13					Healthy	
		Fergus	10					Healthy	
		Felicia	7					Healthy	

ID No.	Family Name[7]	First Name[8]	Age	Social Class[9]	Full or Part Time[10]	Household Income[11]	Education	BMI Category[12]	School
7	**Gibson**	Grace (M)	40	At home, formerly 2		75,000-90,000	Secondary	Healthy	Large Local
		Gene (F)	40	2	FT		Secondary	Healthy	
		Greg	7					Overweight	
		Glenn	4					Healthy	
		Gavin	1					Healthy	
8	**Hanson**	Hannah (M)	42	2	PT	45,000-60,000	Masters	Healthy	Large Local
		Henry (F)	41	1	FT		Degree and professional Qualification	Overweight	
		Adult Child NP							
		Hal	9					Overweight	
		Howard	6					Healthy	
		Hector	3					Healthy	
9	**Irving**	Imelda (M)	45	At home, formerly 2		60,000-75,000	Third Level	Healthy	Large Local
		(F) NP							
		Ian Adult Child NP							
		Iris Adult Child NP							
		Ida	16					Healthy	
		Ivana	7					Healthy	

ID No.	Family Name[7]	First Name[8]	Age	Social Class[9]	Full or Part Time[10]	Household Income[11]	Education	BMI Category[12]	School
10	**Jackson**	Jessica (M)	43	2	PT	90,000+	Professional Qualification	Overweight	Large Local
		Jake (F)	45	1	FT		Professional Qualification	Overweight	
		Jane	14					Healthy	
		Jeff	10					Overweight	
		Jade	8					Healthy	
11	**Kehoe**	Kay (M)	39	2	PT	75,000-90,000	Third Level	Healthy	Large Local
		(F) NP							
		Keelin	13					*	
		Keith	10					*	
		Kyle	8					*	
12	**Layton**	Lynette (M)	43	At home		60,000-75,000	Technical/ Vocational	Healthy	Large Local
		Luke (F)	50	2	FT		Technical/ Vocational	Overweight	
		Leroy	11					Healthy	
		Louis	10					Healthy	
		Lydia	8					Healthy	
		Laura	3					Healthy	
13	**McDermot**	Meredith (M)	45	2	PT	45,000-60,000	Third Level	Healthy	Large Local
		Matthew (F)	48	2	FT		Masters	Overweight	
		Mark	9					Healthy	
		Mandy	8					Healthy	

ID No.	Family Name[7]	First Name[8]	Age	Social Class[9]	Full or Part Time[10]	Household Income[11]	Education	BMI Category[12]	School
14	**Newson**	Nadia (M)	42	2	PT	75,000-90,000	Secondary	Underweight	Large Local
		Nathan (F)	45	2	FT		Technical/ Vocational	Healthy	
		Niamh	14					Healthy	
		Ned	12					Healthy	
		Nicole	7					Healthy	
15	**Popkin**	Pamela (M)	45	4	PT	45,000-60,000	Secondary	Overweight	Large Local
		Peter (F)	47	2	FT		Professional Qualification	Overweight	
		Pauric	16					Healthy	
		Patrick	14					Healthy	
		Patricia	11					Overweight	
		Paige	8					*	
16	**Ridler**	Rose (M)	39	At home, formerly 2		90,000+	Professional Qualification	Healthy	Large Local
		Richard (F)	39	2	FT		Professional Qualification	Overweight	
		Ryan	11					Healthy	
		Rebecca	8					Healthy	

Class determination is not a straightforward exercise. Debates about the use of different class measurements raise issues concerning the relationship between class and family practices, particularly the terminology related to marriage, households and families (Morgan, 1996). In particular there is a difficulty related to positioning women and children in a class system based on occupationally-based measures. To address this problem of the fluidity of family boundaries in class determination, Morgan (1996:53) highlights linkages between the market and domestic life, commenting that 'experientially, if not theoretically or methodologically, class begins at home and in the neighborhood'. Morgan thus argues against sole reliance on occupationally-based measures of class in the analysis of the family or household as a unit, and argues for more qualitatively-based understanding with more complex and developed indices. With this in mind, Table 5.4 presents a variety of information which contributes to building up a picture of the social class positioning of the families in the study.[13]

As it is the aim of this study to sample 'middle class' families, it is necessary to consider how these multiple measures relate to this broad heading. The CSO, the source of the occupational categorizations presented here, explicitly do not classify class as 'middle' or 'working'. All adult participants reported themselves to be homeowners. The occupations listed by participants were all classified as Social Class 1 (Professional Workers) or 2 (Managerial and Technical); the only exception was a mother working part-time as a hairdresser (Social Class 4). Although five of the families reported approximately average income by indicating their household earnings were in the €45,000 - €60,000 income band[14], the majority of participants had higher than average incomes. Six reported incomes of over €90,000 per year. Education levels were relatively high with twenty two of twenty nine adults reporting third level education or a professional qualification. Those reporting secondary level or technical/vocational qualifications were all in managerial positions. There is therefore, along some measures such as income, some variation within the sample of participants. Similarly some of the difficulties relating to categorizing social class by occupation, as well as in families and households, highlighted by Morgan (1996) arose. For example Brian Boyd worked in a trade industry but in a managerial capacity, and had a

[13] To protect the identities of the participants, their social class group number based on their reported occupation is reported rather than the occupation itself. This consideration was reasoned to be appropriate because multiple participants were drawn from the same school classes. In a limited number of cases, when a participant's occupation appeared to be relevant to the presentation of the data, information relating to occupation is presented in the findings chapters.

[14] According to the CSO (2006), approximate gross average annual income in Ireland in 2006 was €51,078.

third level education. Similarly Luke Layton worked in a trade industry but in a managerial capacity. Although Pamela Popkin's work as a part-time hairdresser is classified as Social Class 4, her husband is classified as Social Class 2. Social class identification, particularly when considering family and household units, is not an easy exercise, however I cautiously argue that all the families qualify as middle class.

A minor issue arose with the sampling parameter related to the age of the mother. While the initial framework called for the mothers' age to be between twenty-five and forty-four, three of the women were forty-five. Although the objective of relative uniformity was still achieved, in retrospect, this sampling parameter was not suitably thought out.

5.5 Fieldwork

After the return of food diaries, participants were contacted to arrange interviews. The interviews were completed in two main phases: recruitment wave one from June to August 2005 and wave two from October to November 2005. One family moved house during the fieldwork stage, and was unable to complete the interview until January 2006. Interviews were therefore conducted during both school summer holidays and the school year. Interviews were arranged at the convenience of the participants, which required taking into account summer holidays and multiple schedules. As the interview process involved conducting multiple consecutive interviews, I set a limit of interviewing a maximum of two families per week.

5.5.1 Piloting

Both food diaries and interviews were piloted. Two rounds of pilot studies were conducted during the diary design. First I completed a three-day food diary pilot myself. Filling out the diaries myself highlighted the monotony and work involved in completing a food diary. Although limiting the diary design to three days over a weekend meant that I would not be collecting data over weekdays, I decided that as the diaries were supplementary to the interviews, the three days would suffice. At this point I also added a feature to distinguish between 'homemade' and 'ready meal/pre-prepared' food. A colleague (and family with children) conducted the second pilot study round. Feedback was collected and minor adjustments made. The sizes of the comment boxes were increased to facilitate completion

and the diary directions were expanded and clarified. The issue of parents completing diaries for children was also evident from the pilot. I thus sought to highlight in the diary directions the importance of capturing the child's perspective in the diaries if parents were involved in the child's diary completion.

Due to a scheduling conflict, it was not possible to conduct the pilot interviews with the same family, so the interviews were piloted on a family to whom I was introduced through a personal contact. One important point that emerged in the piloting phase was the importance of informing the participants in advance about the specific length of time required for interviews. The pilot interview spent a considerable amount of time on the questions related to household organisation, thus leaving little time for questions related to body size and health. The importance of time management was highlighted as a result. I removed several 'warm up' questions from the interview guide relating to household organisation and added a question about differences between food practices on weekdays and weekends.

5.5.2 Conducting Interviews

Two main types of interviews were conducted: teachers and family interviews. Each of the three school principals arranged an interview with one First Class teacher from their school in April 2005. In the case of the Large Local School and the Disadvantaged School, which each had more than one First Class, the principal selected the teacher to be interviewed. Interviews were conducted during school hours in an available empty room in the school (library, classroom and teachers' break room). As the interviews were conducted during the school day, the time available was limited; each interview was approximately thirty minutes. Teachers were given a project information sheet and given a brief introduction as well as an anonymity and confidentiality guarantee. (See Appendix M for the teacher interview guide.) Although the original intention of the interviews was exploratory, material from two of the three interviews (Large Local, Irish School) has been included in the findings chapters. (The Disadvantaged School was omitted from the study). As the research progressed, the relationship between the school, parents and children increased in importance, and I thus opted to include them in the study. The interviews were digitally audio-recorded, transcribed and coded.

Family interviews were arranged at a time when all household members could participate, typically evenings or weekends. All of the interviews were carried out in the family home,

with the exception of two which for practical reasons were carried out: (1) in a coffee shop; and (2) in a participant's place of work. Home interviews had numerous advantages. Participants, and especially children, were at ease and I was able to interview them consecutively. Given the time constraints of interviewing multiple family members in one evening or weekend day, adult female interviews typically lasted 45 minutes, with some lasting up to an hour. I typically found the male partners more difficult to interview, male interviews typically lasted 30 – 45 minutes, although one was 60 minutes. Children's interviews typically lasted 15 - 30 minutes including the drawing activity. Adults were interviewed separately, except for one pair interviewed together due to time restraints. Depending upon the ages of children, they were interviewed individually or if possible in similar age groups. Participants were typically greeted with 'small talk' and a brief introduction to the research project. I reviewed the confidentiality and anonymity guarantee, and permission to record was requested. Parents were briefed about the content of children's interviews and shown children's interview materials before commencing interviews with children. Double consent was requested for children's interviews.

Interviews were conducted in two waves. This proved to be helpful for two reasons. Firstly the initial group of interviews was conducted during the summer, while the later interviews were conducted during the school year. In the second case there was more talk and reflection on school-related routines by parents and it was easier to engage the children in talk about school lunches and food-related school lessons. The second reason this was useful relates to a change in school food policy. The Large Local School implemented a new healthy-eating policy at the start of the 2005-2006 academic year. Families from this school who were interviewed over the summer were only able to anticipate the new healthy-eating lunch policy, but families interviewed in the second wave were able to provide experiences of the new policy and their reflections on it.

As suggested by Mason (1996) all interviews began with a 'warm up question'. In adult interviews this related to basic descriptions of household food organisation. In child interviews this consisted of discussions of their drawing, which was completed either at the start of the interview or while a parent was being interviewed. I attempted to interview parents, particularly the wife/mother first so as to create rapport and put parents at ease before interviewing the children. Interviews were designed to be semi-structured, however the order of the questions was varied depending on the direction of the interview. Kvale and Brinkmann (2009) remark upon the 'art of second questions' whereby decisions about

which dimension of a subjects' answer to follow-up on is like a chess game. They note that interviewers are required to have knowledge of the interview topic, a sensitivity toward the social relationship of an interview and knowledge about what to ask. This required being sensitive to situational cues rather than focusing too intently on the interview guide.

Time had to be managed carefully in the interviews especially given the time constraints associated with consecutive interviews. While some interviewees spoke at length and appeared to enjoy the interview process, I felt others – particularly some of the adult male interviewees – had little interest in taking part and seemed to lose interest quickly. As recommended by Lofland and Lofland (1995), for each interview a fresh interview guide was used to take notes and act as a memory aid to ensure that all of the interview topics were adequately covered.

All interviews were digitally recorded for future transcription. None of the participants appeared to be troubled by the recording device and it served as a point of interest and curiosity for the children. As the interviews were being recorded, only a small number of 'jotted notes' (Neuman, 2003) were made during the interviews as memory triggers. I frequently found that stopping to take notes broke the flow of the interview. However a full fieldwork diary was maintained throughout the research project which recorded all gatekeeper and participant contact. Immediately after interviews an extended set of field notes was written up, seeking to record unrecorded direct quotations and capture the participants' emic perspective, before moving on to explore my etic perspective with inferential and analytic notes. All of these notes have been maintained and referred to throughout the research process.

Adults were interviewed separately and in private, but in one case due to a limited amount of time, I interviewed the wife/mother and husband/father together. I attempted as much as possible to interview children in groups of similar age (e.g., younger than ten, ten and over, but each case depended on the particular family and the available time). It was sometimes difficult to find a private place to conduct the interviews, especially the child interviews; a few of the mothers 'hovered', restricting privacy. A considerable degree of flexibility was necessary when conducting the children's interviews. I originally intended to interview each of the children separately, but after a 'spontaneous' group interview during the first family interview, I altered my strategy and began to interview children in age appropriate groups. While interviewing the first child in the project (a seven year old), her five year old

sister ran into the room, started asking questions and refused to leave – even after her sister angrily told her to do so several times. At first this seemed to disrupt my interview schedule, but it quickly became apparent that the group interview approach had many advantages. It may have prevented children from disclosing some information (for example, that they did not want their brother or sister to hear), but also had benefits: children seemed significantly more at ease; they had a natural interaction which enhanced the overall interview dynamic; and it reduced the amount of overall interview time. All of the children were invited to do the drawing (up to approximately age ten). While all of the children were invited to participate in the discussion, I also informed the children at the start of the interview that the project was based around children in the six to eight year old's class. I made efforts to get responses to interview questions from all of the children, however if the discussion went off course, I would ensure that I had the six to eight year old's response before moving on to the next theme.

While the open-endedness of semi-structured interviews allowed adult participants to talk freely – and often uninterrupted at great length – this was less common in the interviews with children. It was expected that the children would at times be shy or unsure of what would be expected of them in a research interview, especially as this was our first meeting. Thus the interviews with children tended to be more interactive and undoubtedly as a researcher I was more a part of the 'conversation' than a passive interviewer listening to long accounts of their experiences. This was particularly the case with younger children. Using sibling group interviews was a useful way to address this challenge, as the children could interact and talk with one another.

Special attention was given to how the children's interviews would be conducted and in particular the style of the interview. Questions were specifically designed to be open-ended, avoid interruptions, respect silences, and work towards empowering the child (Westcott and Littleton, 2005). Additionally Westcott and Littleton (2005:154) note that building trust, humour, and perhaps most importantly, a 'spirit of adventure is essential if we are to understand context, competence and joint meaning-making in interviews with children'. I attempted to follow the advice of Greene and Hill (2005) in being aware that: children may want to please the adult researcher (even more so than in an adult-adult relationship); they may be used to being directed by adults and thus answer questions they don't understand; and a clear recognition of the power imbalance is necessary.

While the interview guide did not change substantially during the course of the interviews, as discussed in the Interview Guide Preparation section questions became increasingly focused during over the course of the interviews. This is consistent with a grounded theory approach (Charmaz, 2006). In particular I was able to condense the use of the media question prompts and focus questions more tightly.

Families were not advised of any compensation for participating in the research, but upon completion of the interviews each family was given a cinema voucher equivalent to one ticket per participating family member. At the end of their interview children were given the opportunity to choose from a selection of stickers (with parental permission). I sent each family a letter after the interview to thank them for their participation.

5.5.3 Reflexivity and Positioning

Chapter 4 highlighted the status of the interview in constructionist research as an interactive encounter, where data is co-constructed between the interviewer and the interviewee. Put another way, Greene and Hill (2005:11) note that, when interviewing children, 'it is clear that the characteristics of the researcher matter' (Greene and Hill, 2005:11). This also applies to adults. As has already been noted above, the interview is a negotiated encounter.

> If the interview is a social encounter, then, logically, it must be analysed in the same way as any other encounter. The products of an interview are the outcome of a socially situated activity where the responses are passed through the role-playing and impression management of both the interviewer and the respondent (Dingwall, 1997:56).

Thus my own influence on participants is of import. Every interview began with a brief introduction to the project, including the fact that this project was not coming from a nutrition department, but rather sociology. I also emphasised to both adults and children that there were no right or wrong answers, and that it was not a 'test'. I stressed my interest in their thoughts and opinions. Nevertheless my encounters with the families often began with a few joking comments from family members about how they 'put out the fruit bowl' for me or how 'there's no sweets in this house'. I was conscious of the fact that participants would amend responses to make them more socially acceptable and 'healthy'. While I did not explicitly tell participants that I do not have children at the outset of interviews, many participants inquired. I found this disclosure to be quite important in that this insight reframed them as the 'expert' on parenting and feeding children.

Another concern is the extent to which parents coached their children to give socially acceptable answers which emphasised healthy practices. The following extract is drawn from the start of my interview with seven year old Carl Cheyne.

SH Will you draw a picture?

Carl Yeah.

SH Let's see... (getting out drawing materials)

Carl What do I have to draw?

SH If you could draw your favourite food

Carl Favourite healthy food?

SH No just favourite food.

Carl I'll just do healthy food cause... (pause)

SH You just have to do your favourite food ever! You can draw whatever you want.

Carl My favourite food is healthy. Quite healthy.

SH What is it?

Carl Let's see vegetable soup, chicken and potatoes.

While this seems a likely example of parental coaching, my sense was that after the first few minutes of the interview, the children were relatively open about their 'true' preferences and ideas, often whispering so that their parents wouldn't hear.

Participants were not the only ones engaging in impression management: I had my own roles to negotiate in a variety of situations. Although discussing the work of an anthropologist conducting ethnography, Marcus's (1995:112) point is useful:

> In practice, multi-sited fieldwork is always conducted with a keen awareness of being within the landscape, and as the landscape changes across sites, the identity of the ethnographer requires renegotiation. Only in the writing of ethnography, as an effect of a particular mode of publication itself, is the privilege and authority of the anthropologist unambiguously reassumed, even when the publication gives an account of the changing identities of the fieldworker in the multi-sited ethnography.

Different situations required different roles. With principals I needed to be competent, trustworthy and professional enough for them to agree to facilitate access, but at the same time relaxed enough so that they would discuss relevant challenges and problems within the school. This was also the situation with teachers; I did not want to appear to be

evaluating their SPHE teaching or teaching styles.[15] 'Identity negotiation' was also required during the family interviews.

Professional status, gender, race and age may affect the interview, and data gathering more generally (Charmaz, 2006). Although all interviewees were roughly determined to be 'middle class', the research project included a diverse group of (family) participants: wife/mothers; husband/fathers; children of both sexes and ranging in age from four to seventeen. I was aware that my gender (female), class position ('middle'), age and – given the subject matter – body size was part of the social interaction. All participants were informed that the research was being undertaken as part of a doctoral dissertation; my student status may have been of benefit – rather than being an 'expert' I was in the role of a learner. As I was twenty-nine years old while carrying out the field work I was also approximately ten years younger than the participating parents. At the time of the interviews, my body weight was approximately 135 lbs. Using BMI, at 5'7" my calculated BMI was approximately 21.1 or in the 'normal' or 'healthy' range. I made an effort to dress appropriately and professionally, yet also recognise that as interviews were taking place in homes, participants were likely to be casually dressed and informal.

Another aspect of my biography important to consider is that I am American. This played a role in several ways. There is a common association between the United States and high levels of obesity, and many participants referred to this in the interviews. Some participants seemed to take extra care in explaining 'how things work in Ireland' in order to cross the Irish-American cultural gap. Some parents used the fact that I was American to pique curiosity in their children so that they would participate in interviews. Some families eagerly discussed holidays taken in the US.

While I took care to consider ethical issues in the research design stage, they also emerged during the interview stage. As Mason (1996) notes, the use of interviews for data generation raises a number of ethical issues. These relate to what is asked, how you ask it, the limits of what participants reveal, guaranteeing confidentiality and anonymity and power relations within the interview. Although I sought double consent for the child interviews, it is difficult to know if children felt they could actually 'say no' in the situation. The authority of adults in such a situation is such that it raises questions about

[15] Two of the three teachers interviewed were new to teaching that year, so I was especially aware of this during those interviews.

children's consent while trying to 'give them a voice'. However my biggest ethical concern related to the use of the BMI in the project.

5.5.4 Ethical Issues in Interviews

As has been previously discussed, studying 'obesity' within the context of this constructionist project has posed ontological and epistemological difficulties, and these continued into the interview phase. The questionnaire included a question about height and weight, thus I was aware of how each participant had reported their height and weight (or how it had been reported for them by a parent or spouse) before the interview. I used this information to calculate their BMI before the interview and went into the interview with this awareness. However during the interviews I did not present this information to them, even during explicit discussions of the Body Mass Index. BMI charts are widely available, and a small number of participants indicated an awareness of their specific classification. Two participants reported a BMI category different to what I had calculated for them. As I was interested in exploring how participants themselves created meaning about these concepts, I opted not to challenge them or introduce my calculations of the participants' BMIs into any of the interviews. I was anxious that this would further emphasize unequal power relations within the interview context. However not allowing participants to challenge or discuss this categorisation of them meant that a measure of power was also exercised. I was acutely aware of this during the interviews, and felt discomfort about it. However ultimately I opted to focus on exploring the meaning participants reported, without introducing the medicalised and BMI-specific conceptualisations that I had calculated into the interviews.

More generally, researching body weight – which has the potential to be sensitive – was difficult. During the time period of the fieldwork, obesity was a prevalent news item and was the subject of a government taskforce initiative. It was in this context that obesity was broached using the media boards. As it was a prominent part of public discourse at the time, and in particular given its connection with food and eating, I felt it was a logical and reasonable topic to broach within the interviews about food and 'healthy eating'. However the participants had been informed that the project was focused on food and eating, and related 'topical issues'. Lofland and Lofland (1995:39) remark that participants should be given a straightforward and audience-appropriate account of the proposed research. But simultaneously they also suggest that a bit of account 'fudging' is a fairly widespread

practice, and quote Roth (1970: 278-279) who argues that for numerous reasons all research is 'secret in some ways'. They suggest that such entry problems should be considered strategic, rather than ethical. To some extent I felt that my approach raised problems about how participants were informed about the content of the interviews. This was a source of worry and anxiety throughout the project. To deal with this I broached the topic of obesity by acknowledging its existence as a media and policy issue (if the participants had not already broached the topic themselves) and concentrated on being responsive to participants' handling of the topic. Many participants made the transition into personal discussions of body weight themselves, however if I sensed that the participant was at all uncomfortable, I refrained from engaging in 'personal' talk or phrasing questions in ways that were directed at them personally. I never asked pointedly personal body weight questions unless the interviewee opened up the topic this way and appeared comfortable in the discussion. My concern was even more heightened with children. While many of the children brought up the topic of body weight and obesity on their own, I did not ask any questions that related to their own body size or weight.

Many of the adult participants commented that they enjoyed the interview process and found the subject matter interesting. The children, to varying degrees, also appeared to enjoy the novelty of the interaction, and attention to their thoughts and feelings. However as interviews are social contexts, and the rules of social conventions apply, it is possible that participants would not express displeasure or inform me of discomfort. With this in mind I sought to put participants at ease and treat them with respect, and be sensitive to their responses at all times.

5.6 Analysis

Upon completion of the interviews, they were transcribed in full. Although it is best practice to transcribe interviews immediately upon completion, this was often difficult to do. Several family members were interviewed one after another in the same session, meaning I had large amounts of material to transcribe at once. I transcribed approximately two-thirds of the interviews myself, including all of the interviews with children, helping me to familiarise myself with the data. A professional transcriber, briefed to transcribe verbatim, transcribed approximately one third of the interviews. Upon receipt of the transcriptions I reviewed them against the audio files.

Darmody and Byrne (2006) note that analysing qualitative data can be very labour intensive and time consuming. I found the analysis phase was very challenging. I identified with Blank's (2004:187) comment that some qualitative researchers can face 'an embarrassing surplus of data'. The manner in which the recruitment process developed, with the two waves of recruitment for fear of attrition, meant that I included a higher number of families in the project than previously anticipated. I thus had a large amount of interview data, coupled with the food diary and questionnaire data streams. The stages of data analysis were not strictly separated by data type. While I had read over each families' food diary before conducting the interviews, my formal analysis of the food diaries was undertaken after the interviews were conducted. Therefore the experience of conducting the interviews is likely to have affected my analysis of the diaries. Additionally the analysis process began during data collection itself, as the research became progressively more focused (Charmaz, 2006).

5.6.1 Diaries

Diary analysis provided a particular analytical challenge. The diaries included a variety of information presented in different formats, from at least three individuals in every household. This included the amount of time taken over a meal, who prepared it, a description of the food, an indication whether it was a meal or a snack as well as reflections on food choice influences. There was also an unexpected challenge: it was immediately evident that not all the family members had completed their own diary. I am not an expert on hand writing, however it was clear that in several cases the mother of the family had completed the diaries for all of the family members. It was expected that an adult would help young children complete their diaries, but in some families the wife/mother completed the diaries of teenage children and husbands. Although this is a finding in itself, the possibility that food choices were likely to have been somewhat filtered through her perspective must be taken into account.

The formal diary analysis involved an iterative process of data reduction and analysis with a focus on building up a picture of family food practices. Reviewing the diaries, it became quickly apparent that there was a common pattern among all of the families; food events were ordered into a common classification system and order: meal (breakfast), snack, meal (lunch/dinner), snack, meal (dinner/tea), snack. Based on this pattern a diary analysis sheet

(see Appendix N) was created for each individual family member. The details of each food event over the three days were recorded on a single sheet (e.g., approximate time taken, others present, qualitative content of the meals). I also included the structured 'influences' on this sheet, in effect tallying the number of times each influence was indicated for each food event over the three days. After a diary analysis sheet was completed for each individual, I attempted to examine the diary data at the family level. A diary analysis notebook was created, and in it I recorded detailed notes about each food event, the structured influences and the general organisation of practices at the family level. I repeated this process for each family. During this process the food diaries, field notes and interview transcripts were at hand, and I consulted them in order to further contextualise the information recorded in the food diaries (i.e., who prepared the meal, special notes, thoughts or feelings recorded by the participant, contextual details, if respondents remarked if this was a typical three-day period or not). In this way I analysed how the families' meals were coordinated and other patterns of food intake indicated by the diaries at the family level.

As discussed in the previous chapter, the structured design of the food diaries was formally quantitative in nature, however I engaged in a process of 'qualitising' the data (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009). As I reviewed and re-reviewed the data collected from the food diaries and the interviews, I began to identify groups. Although I did take into account how the respondents' reported their 'influences' on each food event, the developing groups were not explicitly based on statistical profiling or attribute scoring. Rather they were based on a combination of influences, patterns, general household food organisation and other impressions collected from the data. Taskakkori and Teddlie (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009) call this process 'holistic qualitative profiling'. As I analysed the data, groups began to form and each additional family was compared against the groups and if necessary another group formed. This approach relies on the overall impressions of the investigator, making the specific information providing the basis for the profiles difficult to present or unavailable.[16] Three family food practice types, presented and discussed in detail in Chapter 6, emerged from this process.

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[16] Teddlie and Tashakkori (2009) comment that profiling techniques should be used cautiously because they may present an oversimplified view of the groups under study. However they also note that more work needs to be done to expand the techniques of qualitising quantitative data. The flexibility integrated into the structured, qualitative design may make this data a good candidate for such profiling.

5.6.2 Interviews

After transcription interviews were imported into the NVivo 7 software program for analysis.

> Qualitative software is a methodological tool that facilitates analysis to a great extent by allowing easy access to the data for continuous reviewing and theory building. Analysis, on the other hand, consists of coding, categorising and theorising in the framework of a theoretical body of literature and is not merely a description (Darmody and Byrne, 2006: 130).

In addition to interview transcripts, all field notes, analytic memos and responses collected from the questionnaires were imported into the Nvivo database; thus it was possible to link interview transcripts with participants' background information as 'case attributes', creating a flexible database for coding, categorising and data retrieval.

In Section 4.4 I identified the approach of Charmaz (2006) as the main influence on my approach to the use of grounded theory for data analysis. However a rather long road was travelled before reaching the decision to embrace Charmaz's constructivist approach. The data analysis process was a long and tedious one, made substantively more difficult by the subsequent refocusing of the study after it was already underway. Even worse, the failure to fully clarify and develop the theoretical approach of the study at the outset made the initial attempts at coding a confusing and demoralising process. There were many times when I found myself overwhelmed by the number of codes, without structure or focus. This was a waste of both time and energy. However progress was made after the refocusing of the study and the clarification of the overall approach. To begin, I undertook what Lofland and Lofland (1995) call 'housekeeping' coding, to simply organise major features of the data in mundane terms. See Appendix O for the coding tree.

Charmaz's (2006) constructivist grounded theory was appealing in several ways. At the start of the coding, I found myself going back and forth between the work of Strauss and Corbin (1998) and Charmaz[17] in order to learn about using the grounded theory method. At first, I found the structured approach of Strauss and Corbin (1998) appealing. However

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[17] See chapter six in Charmaz (2006) for a useful overview of objectivist verses constructivist grounded theory. She views objectivist data [associated with Glaser (e.g., 1978; 1992)] as residing in the positivist tradition and thus attending to data as 'real in and of themselves and does not attend to the processes of their production' (Charmaz, 2006:131). Constructivist GT on the other hand 'places priority on the phenomena of study and sees both data and analysis as created form shared experiences and relationships with participants' (Charmaz, 2006:130). She identifies herself as firmly in the constructivist camp and Strauss and Corbin (the other major players in GT methodological guides) as having 'positivist leanings' but still 'acknowledging interpretivist views'. Perhaps most importantly she notes that, 'whether you judge a particular study to be constructivist or objectivist depends on the extent to which its key characteristics conform to one tradition or another' (Charmaz, 2006:130). Most studies do not work at the margins. This study leans toward the constructivist version by acknowledging the shared experiences and relationships with project participants.

after the 'open coding' process, I found Strauss and Corbin's approach of identifying a single core category difficult, and I felt it was forcing the analysis into a framework which was unhelpful. This may have been because my research aims involved two somewhat separate literatures, namely food and body weight, and moreover the mixed methods approach appeared to artificially separate part of the investigation of food practices from the investigation of body weight. To some extent the coding structure reflects this dual focus, as well as the integration of 'housekeeping' and analytical coding processes. Ultimately I found Charmaz's flexible, constructivist approach a better fit to this project.

While a grounded theory approach calls for the inductive generation of theory, it is has been criticised for attempting to divorce the analysis process from the literature. Nevertheless, it is important to have the theoretical approach clarified at the start of the research in order to know what you are looking for (e.g., processes, meaning). This clarity is necessary to avoid a simplistic code and retrieve description of study findings. Analysis and coding was focused on the idea of uncovering the social processes related to participants' eating and weight management practices. Successive levels of coding were undertaken to further refine themes: develop categories and concepts relevant to eating and weight management practices. Field notes, memos and transcripts were frequently revisited.

A final difficulty of the use of grounded theory in this study relates to its focus on simultaneous data collection and analysis. As previously discussed, the large volume of interviews conducted in a short space of time made a proper grounded theory analysis of the material difficult. Necessarily the analysis violated the 'first grounded theory mandate' of analysing the emerging data (Charmaz, 2006: 47) and theoretically sampling based on the developing analysis. It was therefore difficult to conduct grounded theory in a 'pure' form, because during the research process I was not fully engaged in the analysis process. Additionally, I was somewhat limited by my recruitment of participants through schools meant that it was not practically possible to continuously recruit new participants based on the emerging analysis. Although the line of questioning in the research interviews narrowed, I was still to some extent reluctant to stray too far from my interview schedule. In conjunction with the problems experienced at the start of the research, it was sometimes difficult to fully reach the point of saturation in a grounded theory sense because I did not have as much data on some specific themes as I would have liked. Practically speaking, this means some of the categories reached the point of theoretical saturation (particularly

those relating to 'healthy eating' and 'balance'), while others, in an ideal world, would have benefited from further development (particularly those related to body weight and obesity). Further lessons learned from the study will be reviewed in Chapter 12.

5.7 Chapter Summary

This chapter has presented the research aims and a 'natural history' account of the research undertaken for this thesis. In adopting this approach, as suggested by Silverman (2005), I have sought to provide the detail behind carrying out of the research 'in process'. I have sought in this chapter to document the rationale behind the research design and the data analysis to facilitate understanding of the data in the context of its production. The following chapters present the findings from this research. These findings are then discussed and positioned within the broader field of literature in the final chapter of the thesis.

6 Food Diary Analysis: Three Family Types

6.1 Introduction

The constructionist approach outlined in Chapter 4 highlights the focus on participants' constructions of meaning related to food and obesity within the realities of their everyday practices. The data presented in this chapter addresses the thesis aim of exploring the food practices of families, and differences between them, and also establishes a context for subsequent findings chapters. This chapter presents the food diary data in two parts. The first section begins the exploration of the 'realities of their everyday practices' by examining how food practices are structured within the households in terms of meals, snacks and other individual and family eating events. The rationale for the presentation of this material is to establish and investigate the everyday activities which the constructionist model argues that participants use to make sense of their practices.

The second half of this chapter continues the analysis by setting out a family food practice typology. I begin to examine how different families construct meaning related to their food practices in different ways. Three family types are presented in the analysis, and I ultimately argue that food plays a different role in each of these family types. The role food plays in the different family groups, and the meaning attributed to it, ranges from a family duty to a chore and to a hobby. Central to this typology is the organisation of family food activities and the meaning which the wife/mother attaches to food and cooking activities.

As discussed in Chapter 5, the analysis of the food diaries was undertaken after the interviews were completed. While interview data is not formally presented in this chapter, the interview material undoubtedly informed the analysis presented in this chapter. This chapter utilises the concept of 'holistic qualitative profiling' (Taskakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009) to create the tripartite typology. There are important limitations on the data. Food diary data was collected primarily on weekends – Friday, Saturday and Sunday. The data collected on Friday allows for some discussion of weekday patterns, although this is an unusual weekday in that there is no school or (possibly) work the following day. Reports from interviews further informed differences between weekday and weekend routines.

6.2 Eating Patterns

This chapter begins by examining typical meal types and their patterning throughout the day in terms of timing and content. It is worth noting that several participants reported delaying completing their diaries because they were 'waiting for a normal weekend'. This suggests that the participating families had a set idea about what their practices should be like – their own perceived 'regular' eating patterns. This supports a view of practices are characterised as 'open sets of nonregularised action' (Schatzki, 2001:7); thus flexibility is an inherent part of their character. It also gives an early clue about the existence of 'mental structures' guiding the eating practices of the families.

6.2.1 Structuring Eating: Meals and Snacks

A pattern quickly emerged early in the food diary analysis. There was variation between and within households, but the majority of participants reported following a remarkably similar daily pattern of meals and snacks, including the types of foods consumed. Variation between households was relatively minor, pointing to the existence of a shared collective food culture – even if with some inevitable diversity. The most typical pattern consisted of three meals per day with one to two other eating events throughout the day called either 'snacks' or alternatively 'supper' if it was eaten in the late evening. The following short section outlines the main eating events as a way to establish the cultural and historical specificity in which the individual eating practices were grounded. More specific familial patterns are discussed in the second half of the chapter.

Breakfast

'Breakfast' was eaten first thing in the morning on Fridays, usually from 7am - 9am depending on the participant. On Saturdays and Sundays breakfasts were typically a bit later. Breakfasts overwhelmingly consisted of cold breakfast cereals, toast with butter/jam or an oatmeal-based porridge. This was occasionally supplemented by fruit, yogurt, or a boiled egg. Less common weekend breakfast foods included sausage rolls, pancakes or special breads (e.g. 'hot cross buns'). Beverages for adults included coffee or tea; children tended to drink fruit juice, milk or a dilute fruit drink. There was a noteable absence of the 'Irish Breakfast', as it is characterised in hotels and B&Bs throughout Ireland, consisting of a combination of fried eggs, sausages, bacon, white/black pudding, beans and/or tomatoes.

Snack 1/'Elevenses'

Adults often had a mid-morning coffee or tea, sometimes with a biscuit or special bread product (e.g., scone, Danish, croissant). Children's snacks had more variation, especially depending on whether or not they were in school/summer camp or at home. Typical snacks included fruit, sandwiches, crackers and cheese, biscuits, chocolate bars, yogurt and fruit-dilute drinks. For one family Sunday 'Elevenses' was an important part of the family's weekend tradition; it centred on eating a freshly home-baked good together.

Lunch/Dinner

A mid-day meal was eaten by both adults and children from 12pm – 2pm. If breakfast was consumed later on the weekends, then the mid-day meal would equivalently be pushed back. For the most part this was a cold meal called 'lunch' and consisted of white or brown wheat-bread sandwiches. A ham and/or cheese filling was an overwhelming favourite with chicken, tunafish, egg, 'Billy Roll'[1] (children only) or chocolate spread (children only) were less common. Soup, fruit, biscuits, crackers, chocolate bars were common additions. The rare exception to the sandwich pattern occurred when a parent's (in all cases the husband/father) place of employment had a food canteen supplying cooked, and often subsidised, food during the day.

There was more variation on the weekend (i.e., Saturday and Sunday) usually related to children's schedules: children's parties, picnics, fun fairs and other weekend outings involving a variety of 'party' or 'treat' foods such as pizza, sausage rolls, ice cream, chocolates, candy floss and a variety of other sweets. These foods were often eaten by both children and adults. Trips to McDonalds also featured as a weekend treat as well as a higher incidence of cooked lunches for kids: chicken wings, ready meal burgers as a treat from the weekly weekend shopping trip or leftovers from Friday night's meal.

The mid-day meal on Sunday served as an important point of distinction. For some – but not all – of the families this was a hot cooked meal very closely resembling Murcott's (1982) description of the 'proper meal' in South Wales. When this meal was hot it was called 'dinner' and consisted of roasted meat (overwhelmingly chicken), roasted potatoes and one to two vegetables with gravy. While there was most certainly a sub-group of

[1] Billy Roll is a processed meat product served in slices. It is round with a face-like design on it. This was often mentioned with some regret by parents. For example, Luke Layton, 'one of them likes this Billy Roll stuff, you know I think it's terrible but they like it!'

families eating this 'proper dinner' on Sunday mid-afternoons, it was a clear minority amongst participants. Families not engaging in this pattern ate a cold meal, often 'superior' sandwiches (e.g., 'better' bread such as a French baguette instead of sliced pan bread, a wider variety of filling choices), which was still called 'lunch'.

Snack 2

A second snack or beverage later in the afternoon (3pm – 4pm, depending on the time of lunch) was common. There was considerable variation in this snack, although the majority tend to fall into what is typically considered to be 'junk food'. Adult snacks included coffee, tea, ice cream, beer/wine on weekends, popcorn, fruit, yogurt, sweets, chocolate, baked goods, biscuits or smoothies. Kids similarly ate ice cream, crisps, sweets, Lucozade (a sports drink) and other soft drinks, popcorn, milk, bread, cereal, smoothies, or tortilla chips. While there was considerable variation between households when it came to engaging in this food event, there was remarkably little variation within households. In other words, families tended to eat no snacks, eat similar snacks, or be 'grazers' as collective units.

Dinner/Tea

As the food diary data collection only covered three days (Friday, Saturday and Sunday) it is not possible to fully comment on week days (excluding Friday). From the data collected on Friday evenings, and based on discussions in interviews, it appears that a hot meal was usually eaten on weekday evenings (anywhere from 5pm – 8pm), often called 'dinner' and sometimes 'tea'. A wide range of meal types were consumed by the families, typically in one course altogether on the same plate. An international influence on meal types was evident. Common meals included: Italian dishes such as lasagne, pizza, spaghetti bolognaise or spaghetti carbonera; beef or chicken burger meals and oven chips with salad/vegetables; meat and two vegetable variants such as frozen fish, chicken pieces/casseroles, or lamb chops plus potatoes (oven chips, mashed, baked or boiled potatoes) and vegetables (salad, sweetcorn, coleslaw, carrots); Chinese dishes (stir-frys, made at home with jarred sauce or takeaways); Indian dishes (curry, korma); and outdoor barbeques were common for some participants in the summer. Characteristic 'Irish' dishes were very limited: beyond the 'meat and two veg' variant [which is actually common in many countries such as Wales, as demonstrated by Murcott (1982), and the Nordic Countries (Mäkelä *et al*, 2001)], the 'traditional' Irish bacon and cabbage was made and consumed once.

If a large meal was consumed at mid-day, for example after a Sunday 'proper dinner', a light, cold meal would be taken, usually sandwiches. In this case the light meal was typically called 'tea'. The stronger position of meat (especially roasts) on Sundays echoes the tradition characterised in Britain (Murcott, 1982; Charles and Kerr, 1988) and the Nordic countries (Mäkelä *et al*, 2001).

Snack 3 /'Supper'

Depending on the time of dinner, some participants also reported having an evening snack. Tea and biscuits was a popular combination, as well as sweets, ice cream, fruit, chocolate, an alcoholic beverage (wine, beer, or spirits), crisps, popcorn, cereal, cereal bars and yogurt. This was often more substantial on Friday or Saturday evenings (e.g., a toasted ham or cheese sandwich or 'toastie'), especially if dinner was eaten early and/or the adults were drinking alcohol. Some participants identified this late evening food as 'supper'. This was consumed anywhere from 8pm – 11pm, and possibly later if participants were at a party or bar/pub during the evening.

The issue of snacks deserves a bit more attention, as they in particular have been singled out in the literature and the media as a problem. It is noteworthy that patterns of snacking were strongly influenced by household in the sampled families. First this draws attention to the influence of the immediate family in influencing not just the qualitative content of food, but also the rhythm of its consumption. Snacks were not just individualised eating events, but very often shared between family members. Overall snacks did not replace meals, the major exception being when children or families were at long birthday parties or other special events. Snacks were consumed as additions to meals, rather than an alternative eating structure of 'grazing'.

6.3 Three Family Types

This section of the analysis explores the families' practices by utilising the information drawn from individual food diaries, as well as by bringing together the food diaries of the respective family members to examine the detailed food practices at a familial level. Although the families participating in the project had broadly similar rhythms of consumption (as discussed above), through a process of constant comparison I identified three types of family food practices based on broader organisational patterns and other influences indicated by individual family members. I have assigned names to the three

family types described in detail below: 'Proper Mothers'; 'Modern Traditionals'; and 'Food Enthusiasts'. The majority of families fit clearly into one or other of these types, however I will also discuss common characteristics.[2]

This section of the analysis does not directly deal with the issue of body weight or obesity, but rather addresses the thesis aim of providing empirical detail of the food practices of middle-class Irish families and examining differences between households. However the analysis presented here is nevertheless relevant to the overall thesis. Firstly it acknowledges the important, but frequently neglected, point that not all middle-class food practices are the same. The three different patterns are discussed in terms of: (1) organisational characteristics; (2) the types of meals consumed; (3) and the key 'influences' indicated by project participants.

It is important to note that wives/mothers had a dominant role in all phases of project participation (recruitment, set up, completing the food diaries), as well as the provision of food for the families. Despite my best efforts to prevent an overemphasis on wife/mothers in the family research, their influence and views had a significant impact. This is evident in what follows. But rather than viewing this as an overemphasis on the role of women, I would argue that it demonstrates the overwhelming importance of gender in the food practices of the families, and in family life more broadly. With one exception, which is discussed in detail, the wife/mothers were primarily – if not solely – in charge of the households' food production and management. The section which follows discusses the relationship between gender and food in more detail.

6.3.1 Proper Mothers

Five families are characterised as being Proper Mother (PM) families: Anderson, Cheyne, Dunnington, Layton, and McDermot.

Food Practices: Organisation

Despite my point about the strong relationship between mothers and food noted above, a key point of this research is to consider the practices of the whole family and not just the

[2] Based on food diary data, two of the families (Anderson and Boyd) straddled two patterns. In both cases particular circumstances strongly influenced their daily practices, but material drawn from the interviews suggests that if their scheduling circumstances were different, their practices would have better fit into another category. For this analysis I have placed them according to their food diary data.

perspective or practices of the mother/wife. However the first family type is defined by the concept of a 'Proper Mother' and her role in the family's food-related activities. In short, Proper Mothers mothers took responsibility for virtually all food-related activities and heavily emphasised the role of food provision in the creation and maintenance of a successful family life. This related to two particular issues: (a) a desire to conform to traditional conceptualisations of motherhood (e.g., self-sacrificing, dutiful); and (b) an explicit concern about the health of husbands and children. Those mothers that leaned more toward the 'traditional' image of a mother tended to avoid complaining or making disparaging remarks about food-related work, while those that were more health focused were open about their mixed feelings about being responsible for everyday cooking for the family. Although there were two distinct motivations evident in this group, all of the families in this group appeared to be motivated by a belief in 'family duty'. Regardless of their impetus, a sense of motherly obligation to the family appeared to be the driving force of the family's food practices.

Wife/mothers were in charge of virtually all food-related activities, including relating to the research project. To start, several of the Proper Mother wife/mothers filled out all of the family food diaries: their own, their husbands', as well as the diaries of the children.[3] For young children, this was not unexpected; however Proper Mother wife/mothers also filled out the food diaries of older children and teenagers who had the ability to do it themselves. Although the husband/fathers in this group acknowledged that they were capable of cooking at least a few meals (as backup in the event of the wife/mother's occasional absence), the Proper Mother wife/mother was entirely in charge of food routines: planning meals for all family members, food shopping and cooking. This was the case both in families where the wife/mother was a stay-at-home mother and those where the wife/mother had paid employment. (Three wife/mothers in this groups were stay-at-home mothers and one worked part-time; the fifth case, the Andersons, is treated as an exception and profiled below). PM wife/mothers had reasonably tight control of the kitchen and food, and there appeared to be a sentiment that it was her duty to keep other family members both fed and healthy. Husband/fathers would cook (self-defined) 'simple meals' if the wife/mother was away or on weekends, and treat the children to trips to McDonalds, or other 'treat' food outings.

[3] It was clear who filled out the food diaries by the handwriting, repetitive style and the use of specialised terms.

Prominent Meal Types

Rules and regimentation featured highly in this group and are the defining characteristic of its routine. For some, especially 'dutiful' mothers, daily dinners were set to a fixed pattern [e.g., (frozen) fish on a Monday, spaghetti bolognaise on a Tuesday, etc]. Weekly, 'proper meals' for Sunday dinner featured highly in this group, although there was some flexibility in relation to this for those more interested in health. The 'proper meals' consisted of roasted meat, roasted potatoes, one or two vegetables and gravy. The roasted meat was consistently chicken or turkey. The one exception to this was controversial: during the weekend of the food diaries the McDermots had a pork roast, which caused some upset for the children in the house. Although the mother had filled out both children's food diaries, she relayed the children's feeling about the new meat, including 'pork is poison' (Mark McDermot – food diary). From discussion with the wife/mother, it did not seem likely that pork would be served for Sunday dinner again. Those with a stronger interest in health had specific rules influencing the daily routines such as: a piece of fruit must be eaten at breakfast; Coca Cola is not allowed; and only porridge for breakfast during the week, cereal is for weekends. These rules appeared to be enforced, with only occasional deviations.

Another key characteristic of this family type is that both parents and children would all eat the same evening meal (or mid-day meal on Sundays) with limited tailoring to individual preferences. The meal would be consumed together, 'as a family'. While special accommodations may, on occasion, have to be made in order to facilitate children's activities or a husband/father arriving home late from work, in these families it was reported that everyone tended to eat the same food, and eat it together. Although takeaways were sometimes taken on weekends, ready meals from the supermarket were frowned upon.

Key Influences

The food diaries also prompted individuals to report on the motivations behind their eating events (see Appendix G). In particular they were prompted to indicate up to two of the following influences for each eating event:

- Taste
- Convenience
- Family likes it
- Cost

- Health properties
- Made for me
- Other.

'Taste' was the most frequently indicated influence for all 'Proper' Mother families (and in fact this is true for every single family in all of the family types); 'family likes it' was also popular for this group. The wife/mothers in Proper Mother families tended to be the only person in the family to indicate 'health properties' as an influence. (Exceptions were 'Health Enthusiasts', see below). The wife/mother was solely responsible for the whole family's food planning, shopping and cooking. Looking after the health of the family also appeared to be her responsibility. The wife/mothers in this group – especially the 'dutiful' ones – were reserved about expressing their own personal food preferences, claiming to 'like everything' or 'eat everything'. It is remarkable that father/husbands and children in these families barely mentioned health properties at all; they were much more likely to indicate 'taste' or 'made for me'. These fathers were also likely to treat children to fast food, sweets, and crisps on the weekends.

Although I have emphasised the wife/mother's role in food and health management in this profile, I am not suggesting that the father/husband had no interest or awareness in health matters. Instead, it appeared that they were not routinely responsible for it, or responsible for incorporating health principals into their family's eating practices. Thus it did not feature highly in their own perceived food influences. Husband/fathers expressed less interest in dietary routines and dietary 'balance', but did on occasion emphasise the health properties of particular foods. In this way the husband/father did have an important influence on the whole house. For example, Matthew McDermot banned butter from his house. (More specific issues relating to food preferences and food knowledge are expanded upon in the chapters that follow – the task here is simply to identify patterns). While husband/fathers may have had a strong influence regarding specific product types, the wife/mothers were responsible for collating family members' individual viewpoints and then planning and carrying out the food-related routines of the household.

The families in this group resonate with the widespread ideal evident in broader discourses which emphasise that family meals are an important element in maintaining family cohesiveness and health. Again, although the role of the wife/mother has featured heavily in this discussion, I would argue that other family members' tastes were routinely taken into consideration; this issue is specifically addressed in the chapter which follows. This

section ends with a profile of one of the families which 'straddles' two categories. This in depth view is used to illustrate the important role that food plays in 'making a family a family', and how these priorities are shaped by everyday life circumstances such as work.

In-depth Profile: The Andersons

Being 'Proper' to Reinforce Family

The Anderson family was unique amongst the participants because during the study they were in the midst of a serious lifestyle change. During the course of the project they moved house and the husband/father and wife/mother switched paid-employment and home-carer roles. Alex (husband/father) left his high-intensity job, including significant and extended foreign travel, and became the main child carer and began working part-time from home; Alison (wife/mother) changed from working part-time to full-time work. They reported in the interview that they did this in order to establish a better quality of life for their family and to give the other partner the chance to pursue career goals or spend time with their children. When the family members filled out the food diaries, they had not yet moved house, and the father had just arrived back from two weeks of work travel. Although the Andersons are not a perfect fit in the Proper Mother category (in terms of gender distribution of labour, concepts of 'duty', etc.), the data reported in the food diary suggests that they fit it to some extent. The data suggests that their lifestyle decisions were made in an effort to re-enforce family cohesiveness.

After Alex was away for two weeks for work, the family spent the whole weekend together eating largely the same foods together at every meal, which were mostly cooked and hot. Over the course of the weekend eating together appeared to be an explicit effort to reinforce family. (For example, other Proper Mother families ate more frequently outside-the-home on weekends). Sunday included a 'proper' Sunday dinner including roasted chicken, potatoes and vegetables. In filling out her food diary Alison dutifully completed the section of the diary which prompts for information as to who cooked the meal. Alison did most of the cooking throughout the weekend, and in reporting this in her own diary she would write 'self' or 'me' when asked who prepared the food. But for the 'proper' Sunday lunch, she wrote 'Mum', even in her own diary. It was as if she was not cooking the food for herself, but rather for the children and the family in general. Although this family does not fit the 'traditional' image of a male breadwinner employment pattern, food appeared to be used here throughout the weekend as a symbolic reinforcement of the family unit and individual familial roles.

6.3.2 Modern Traditional

Five families fit into the Modern Traditional (MT) category: Boyd, Irving, Jackson, Kehoe and Popkin.

Food Practices: Organisation

Like the Proper Mother families, Modern Traditional wife/mothers had a tendency to complete the food diaries of all of the family members: their own, their husbands' and those of their children, regardless of age. Within this group, there seemed to be some 'rebellion' happening, in that husbands and children would fill out the first entry or two, but the rest of the diary was then completed by the wife/mother.

Like Proper Mother families, the wife/mothers in Modern Traditional families were responsible for the household food routines, but – importantly – were more likely to express it as a chore rather than a family-building duty. Food and the specificities of food-related health did not appear to be particularly interesting to them, but rather something that they had to do for the household as a wife/mother. Like the Proper Mother families, the husband/fathers in these families were not regularly involved in cooking or preparing meals, but they did contribute to the preparation of food events such as weekend breakfasts, sandwiches and snacks. Modern Traditional husband/fathers also often contributed to food shopping. One example is Health Enthusiast (see below) Peter Popkin who was employed as an emergency medical technician and part-time fire fighter; health and physical fitness were thus of employment and personal interest for this participant. He did some cooking for the family and in fact was regarded by his children as a much better cook than his wife. It must be noted though that the children's emphasis was not on his cooking skills, but rather their mother's lack of them. In contrast to the Proper Mother families, the control of the kitchen and food supply was somewhat more relaxed. While it was not necessarily an 'open door' policy where children could take what they wanted whenever they wanted it, the wife/mothers in these households did not appear to have the same sense of obligation to keep everyone in the household fed. Thus children could – within limits – simply help themselves if they were able, or if the wife/mother was busy.

Prominent Meal Types

Evening meals in these families tended to be meat and two vegetable variants with the occasional curry or pasta dish. There was little formal organisation and meals tended to be

planned and prepared on the same day. Cooked dinners were eaten in the evenings on all of the days, some with wine and some without wine. A 'proper' mid-day Sunday dinner did not feature in the responses of these families. The consumption of takeaways and pre-prepared ready meals from the supermarket was heaviest amongst all of the groups, and the families in this group consumed the highest levels of what are typically considered to be 'junk foods' (e.g., crisps, chocolate bars, donuts, sweets). Meals were sometimes skipped entirely, although this was only amongst adults or teenaged children. It was uncommon in all of the groups for young children to skip meals. Overall, the eating practices of this group were reported as the most ad hoc and flexible.

Key Influences

Analysing the reported influences on eating practices was difficult for this group because some of the diaries were not filled in completely. Relative to the other groups, there appeared to be a lack of enthusiasm and interest in the details about reporting the food and the eating activities of the family. In general, the 'health properties' of food were reported as a low priority for these families[4]. 'Health properties', as an optional influence to select on the diary, was rarely indicated and in some cases it not mentioned in any of the family members' diaries. 'Taste', 'convenience' and 'family likes it' were the dominant influences reported in this group, with 'convenience' having particular importance. Family life simply appeared to not be centred on food and eating as important family activities.

6.3.3 Food Enthusiasts

Six families were classified as Food Enthusiasts (FE): Eckhard, Flanders, Gibson, Hanson, Newson, and Ridler.

Food Practices: Organisation

As the participants were recruited voluntarily through schools for a project on 'family food practices', it is not surprising that some of the volunteering families had individuals with a keen interest in food. While this certainly cannot be said of all of the participants, the final group is named 'Food Enthusiasts'. Two of the wife/mothers in this group had substantial backyard food gardens. As the majority of the interviews were conducted in the summer time, there was some discussion about fruit and vegetable gardening. Children were especially enthusiastic about garden produce. Food Enthusiasts viewed baking and cooking

[4] The exception to this were Health Enthusiasts, such as Peter Popkin.

as hobbies: they frequently made homemade baked goods and also reported including children in the process.

In all of the Food Enthusiasts families, it was the wife/mother who reported having a strong interest in food. Families in the other groups occasionally, if rarely, had a husband/father who also reported having an interest in food. But to have strong impact on the daily food practices of the families, the 'food enthusiast' also had to be the one to regularly plan, shop, prepare and cook the food on a regular basis. Four of the wife/mothers in the FE group were stay-at-home mothers, and two worked part-time. The wife/mothers reported being overwhelmingly responsible for planning meals, food shopping and cooking for the entire family, with the possible exception of a weekend breakfast or an occasional sandwich. In several cases the mere mention of a husband/father doing the cooking resulted in snickering or outright laughter.

Prominent Meal Types

While all of the other family types tended to have only one cooked meal per day, Food Enthusiasts often had two cooked meals per day on the weekends (at mid-day and in the evening), especially the children. Unlike the Proper Mothers, Food Enthusiasts did not tend to have a Sunday 'proper' mid-day meal for the whole family. Cooked dinners tended to be in the evening and they served as a focal point of relaxation and enjoyment for family members – even if this meant adults and children consumed separate meals. Two of the families did cook a Sunday 'proper' dinner, but these were in two versions – one for the adults and one for the children. Wine was sometimes consumed by adults with this evening meal. The following profile examines this case in more detail.

In depth Profile: The Ridlers

Food Enthusiasts: Modifying 'Proper' Meals for Adults and Children

On Sunday afternoon Rose Ridler, a Food Enthusiast wife/mother reported cooking what could be classified as a 'proper' roast dinner for her family (including a 'granny'). However both she and her husband ate a modified version of the meal: (roast) chicken Caesar Salad, while the children ate the 'proper' roast dinner with roast chicken, roasted potatoes and a vegetable. This meal echoes the 'proper' dinner tradition, but still incorporates the particular tastes of the adults: they are still engaging in cultural traditions and eating together, but are indulging their own preferences at the same time. In this case the emphasis appeared to be maximising enjoyment, rather than having the family share the same foods.

Key Influences

While Food Enthusiasts did on occasion indicate 'health properties' as an influence on their practices, their diary responses reported a broad range of influences. This is a good place to note how the meanings and definitions of the food diary prompts could be interpreted in different ways. When 'convenience' was used by Modern Traditional families, it was frequently linked to a trip to McDonalds or a supermarket ready meal eaten in the home. But for Grace Gibson, a 'convenient' Saturday afternoon lunch consisted of homemade sweet potato and broccoli soup with a salad and bread. This strongly suggests that there are different interpretations of what 'convenient' could mean to participants.

The families in this group appeared to take extra care when filling out their food diaries. Diaries were completed in great detail. They were most often completed by each individual his/herself, although still in one case they were completed entirely by the wife/mother and in another by a Health Enthusiast father. The way in which the diaries were completed also suggested that the families were talking about the influences on their food practices as they were completing the food diaries. For example, in all of the food diaries 'cost' was mentioned only a handful of times, but for their Sunday night pasta dinner both Grace Gibson and her husband Gene Gibson indicated that 'cost' was the main driver of the meal. As this was the only time where cost was mentioned in their food diaries over the three days, it seems likely that they were having discussions about their food and why they were eating certain meals. This also seemed to be happening with the children, at least to the extent that the children and adults were sharing the influences and discussing individual meals.

6.3.4 Key Individuals: The Health Enthusiast

Some individuals require a special mention for their own characteristics. I have classified Chloe Cheyne (PM), Dean Dunnington (PM), Peter Popkin (MT), Nathan Newson (FE) and Rose Ridler (FE) as 'Health Enthusiasts' based on their particular interest in health, as well as the role an enthusiasm for good health appeared to play in their food practices and broader family life. Health Enthusiasts are drawn from all three of the family groups.

A Health Enthusiast is not a family type, but rather a (male or female) parent who appeared to have a particularly strong interest in health and in particular an interest in the connection between food and health. Five Health Enthusiasts have been identified in the families: two

female and three male. It is likely that the majority of participants in the study would have proclaimed some degree of interest in health, particularly mothers. In fact one of the participants not included in the Health Enthusiast group here is a medical doctor. The use of the term Health Enthusiast here refers to a combination of factors drawn from both the food diaries and interviews. These individuals placed great importance on health concepts, and at the same time engaged in relatively strict health-related eating and exercise routines which also impacted on the rest of their family. It is the degree to which the individuals expressed an interest in health in their food diaries and interviews, combined with the expression of this interest in their daily eating (and exercise) practices, which prompted me to classify them as Health Enthusiasts.

Previous literature, discussed in Chapter 2, and the food diary analysis suggest that women (i.e., the wife/mother) are responsible for the routine organisation of family food practices. Being in charge of household food practices does not mandate an interest in food however; some women reported being very interested in food and enjoyed cooking and their food role in the family, but others did not, finding it to be a chore and a source of annoyance (see Chapter 7 for an in-depth discussion of this topic). Similarly, just because men were not routinely in charge of food practices, this does not mean that they had no interest in food. Some husband/fathers reported being interested in food, although this was a minority. Most husband/fathers appeared to have little interest in food and cooking beyond enjoying their meals as cooked for them. Having an interest in food, and being the wife/mother, was the combination that appeared to have the most influence on family practices.

Table 6.1 summarises the characteristics of the three family types based on my qualitative profiling of the food diary data.

Table 6.1 Summary Chart of Family Type Characteristics

Family Type	Proper Mothers	Modern Traditionals	Food Enthusiasts
Families in Category	5	5	6
Families	Anderson Cheyne Dunnington Layton McDermot	Boyd Irving Jackson Kehoe Popkin	Eckhard Flanders Gibson Hanson Newson Ridler
Key Characteristics of Family Type	FAMILY/HEALTH DUTY	CHORE	HOBBY
Primary Food Responsibility	Wife/mothers	Wife/mothers	Wife/mother
Role of Husband	Backup cook	Shared some related chores	Little/none – often childlike
Organisation	Regimented schedule or rules	Same-day planning, ad hoc	Flexible, creative
Individualism vs. Collectivism	Strong principle of everyone eats the same food	Not dedicated to the same meals, ad hoc	Some modification/separate eating for adult enjoyment
Responsibility for health	Wife/mother	Wife/mother	Wife/mother
Attitude Towards Health	Mother's duty	Not a priority, obligation	Mother leads through example – strong link between health and food quality
Wife/mother food preferences	Suppressed	Taste and convenience	Outspoken: high quality and taste
Ready meals	Frowned upon, but sometimes	OK, sometimes supplement home cooking	Frowned upon, rare

6.4 Chapter Summary

The first section of this chapter explored the data reported in the three-day food diaries related to the structuring and rhythm of 'food events'. The participating families reported a broadly similar rhythm of three meals plus zero to three snacks per day. Individual family members within a given household reported following a similar rhythm of meals and snacks over the course of a day. The second half of this chapter examined in detail the organisation, types of meals produced and consumed by family members and the key 'influences' reported in the food diaries. Using this data and, as the analysis was completed after the interviews, some data generated in the interviews, I created and named three 'types' of families based on 'holistic qualitative profiling' (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009) to discuss features of the family food practices. In all three of the family 'types' the wife/mother played a dominant role in the organisation and production of family food. There was however variation between the three groups which appeared to be related to how the wife/mother constructed the meaning of food in her daily activities, as well as its role in family life.

Overall the data suggests variation within middle-class family food practices, and that this variation is strongly influenced by the role and meaning of food in family life as constructed by the person responsible for the organisation of routine food practices. In all but one case, this person was wife/mother in the family. The remaining findings chapters draw upon interview data to explore many of the issues referenced in this chapter in more depth. The difficulties associated with integrating these data types are discussed in the final thesis discussion chapter.

7 Providing Food for the Family

7.1 Introduction

This chapter explores the participants' interview accounts of how food practices were organised in their households. As discussed in Section 2.3, the literature has identified processes related to families producing and consuming meals together as a key site of understanding related to food and health. By reporting on the social construction of the organisation of household food labour and the negotiation of food-related activities and relationships, the findings presented in this chapter unpack the day-to-day context in which the food and eating practices of the families take place.

The substantive focus of this chapter is the gendered context of routine responsibility for the provision and preparation of everyday food for the households. While women were reported to be largely responsible for everyday meals, this chapter also discusses the varied roles of men and other family members in food practices. The second half of the chapter discusses how parents, particularly mothers, sought to make meals harmonious activities for the family, in particular their children.

A note on the integration of diary and interview material: As discussed in Section 4.3, 'meshing methods' poses challenges (Mason, 2006). Although Chapter 6 presented findings based on the analysis of the food diary data, the remaining findings chapters present the interview data. It is important to recognise the implications of using these different data types. Chapter 6 used the structured diary data to examine the types of foods consumed and the structural organisation of the eating practices of the families. It drew largely on the structured 'influences' based in the diary design to create the tripartite typology. However the material in Chapters 7-11 uses the data generated from the semi-structured interviews to explore participants' socially-constructed understandings of the relationships between food, health and body weight. I have argued in Chapter 4 that this research is 'qualitatively-driven' (Mason, 2006), using an 'embedded research design' (Creswell and Clark, 2007). My approach to the presentation of the findings draws upon Mason (2006) in acknowledging that these two methods may produce explanations which lack an internal consistency and hang together in 'creative tension'; however they may illuminate different dimensions of social experience. With this in mind, in the remaining

findings chapters when referencing participants I include their 'family type'. Yet in recognising the potential incompatibility of the data, I have not based the remaining findings on the typology itself.

7.2 Gender and Family Food

The complex relationship between eating, household food production and family sociality was explored in the interviews. Interviews with parents began with questions about different stages of the home food production process, including food provision and preparation/cooking routines of the household. In their descriptions of the family's food routines, a minority of families mentioned concepts such 'healthy eating' or efforts at producing 'balanced meals', but none of the participants specifically mentioned body weight as a factor in their food production routines. This could suggest that: a) body-weight management is not an explicitly important factor in family food routines; or b) that discussing body-weight management in the context of such an interview is inappropriate. With this in mind, this section sets aside the issue of 'healthy eating' and body weight and focuses on the gendered organisation of food provision within families and the food activities reported by various family members.

The first half of Chapter 7 explores how and why women and men explained that women were largely responsible for family food routines. The first point I will make is that the wives/mothers constructed their role, as being responsible for the household food provision, as a practical arrangement within their given circumstances. A variety of explanations will be discussed, but they all are constructed in partnership with their husbands' role in the wider organisation of paid and unpaid labour. The second point I will make relates to explanations men gave for their contribution to the labour associated with food, in particular the extent to which they enjoyed cooking and working with food or felt it should be done a certain way. The section ends with a discussion of the only case in which the husband/father was responsible for the cooking.

7.2.1 Women: An Obligation

It was reported by all adult respondents that women were responsible for the household tasks related to food practices with only one exception – the Andersons, who had recently

switched roles as the main 'breadwinner'. The role of gender in the production of food in these households was immediately striking. While overall women were responsible for the great majority of all aspects of the various stages of family meal production – food shopping, meal planning, food preparation/cooking – men did participate, variably, in some activities. However the participation of the men served to reinforce that the production of family food was the responsibility of women. Cooking, coupled with more general preparation and serving, is perhaps the most visible indicator of who is in charge of the household's food routines, and discussions about food in the interviews tended to centre on this activity. However, food shopping was at times a contested activity.

Several themes arose out of the discussions about food labour relating to obligation and food responsibility. It was clear that, for the women, cooking and other food work appeared to be an obligation which was unavoidable. 'Well I do all the food shopping, surprise, surprise' (Nadia Newson – FE). Enthusiasm for cooking varied, and many made complaints about the tasks for which they were responsible, however most reports suggested that there was an inevitability of women taking responsibility for household food activities. This also appeared to be linked to the point they were at in the family life cycle (i.e., two-parent families with young children). Men did not report having the same obligation related to food labour, and the extent to which they participated in food activities was within their control in that it was constructed as optional rather than obligatory. The explanations given for the organisation of household food activities were frequently constructed around broader divisions of paid and unpaid labour and associated demands on time.

Divisions of Labour

Eleven of the sixteen families reported that wife/mothers were in charge of regular food routines, with the husband/fathers cooking only occasionally. Some of the Proper Mother and Modern Traditional husband/fathers appeared to have the skills to cook, yet they only did so occasionally. The following account from Jessica Jackson (MT) provides an example of how the participant explains that she does the cooking because she works part-time, whereas her husband works full-time. She simultaneously distances herself from 'traditional' male/female roles, while acknowledging that her current situation does in fact echo a more traditional pattern.

SH Who does most of the cooking or is it

Jessica I do all the cooking.

SH You do all the cooking. And does, would Jake do any or?

Jessica Em, he can, he does, he can cook yes certainly he can cook but no generally I do because I work part-time. I only work in the mornings so I'm home in the afternoons and I would generally have the meal fairly ready by the time he comes home. So that's just the pattern we fallen into you know, very traditional.

This respondents' account suggests that being 'traditional' is not a personal characteristic or something that necessarily describes her values, but rather simply a 'pattern' which describes their current arrangement because of her husband's paid labour commitments. Thus to some extent it 'made sense' that she did the cooking because she was home. Jessica goes on to explain how she came to work part-time rather than full days.

SH Do you find it hectic or

Jessica Yeah I used to find it more so, I used to work eh, three days a week and one of the main reasons that it all fell apart was because I'd be bringing children home and they would be hungry, I'd be hungry, you know we would all be hungry and myself and Jake would be trying to cook meals. We'd have a crying child or whatever and that was, you know so it was one of, one of the big reasons why I just kind of said, no life's too short.

Although she discusses how the task of cooking was shared when they were both working full days, the explanation offered relates to her decision to alter their work commitments to ease the feeding of her family. There was little discussion as to how the apportion of household and paid labour would be assigned. This theme was likely to have been significant in the families sampled because all of the wife/mothers worked either part-time or not at all (exception discussed below). Kay Kehoe (MT) discusses how it makes sense that she does the cooking for the household because she is at home:

Kay Kehoe: And I'd organise what we'd eat and because he works, like he wouldn't be home 'til six or so. It would be me that would do the dinner and it would be me who'd organise most of the cooking and that. But even at the weekends so, well we share, but as I'm here more time I do more of the cooking.

Thus the arrangement was practical and 'made sense' because of the overall arrangement of labour in the household. Similarly:

Lynette Layton (PM):The cooking, well mostly because em, I'm here because I'm at home I do the cooking. But Luke would come in and he would do it or he'd do it on a Sunday and he'd cook as well, it's not problem to him cooking either.

While there certainly were some complaints by women about the chore of cooking and how it was a mundane task, for the majority of the participating families there was very little questioning about whose overall obligation it was to actually cook when time pressures became an issue. None of the women in this group reported making an effort to alter the overall distribution of labour. This further suggests that it was considered 'normal' for women to take full responsibility for food preparation when time pressures became overwhelming.

Women's obligation to cook appeared to be balanced within a broader set of required household tasks.

> Meredith McDermot (PM): I do it [cooking], 99 probably percent of the time. My husband used to em, we moved house about three years ago to here and I suppose he did a huge lot of DIY and he seems to have stopped the cooking. He used to before that, Sunday was his day for cooking em, that he used to enjoy kind of experimenting and trying different things em. You know like do from the cookery book. But he did it, but now no. So I do it nearly all the time.

Thus the explanations of why women were responsible for cooking were embedded within broader distributions of paid and unpaid labour, both in and out of the house.

Men are 'Unable' to Cook

Four families, all of whom were characterised as 'Food Enthusiast' families, reported a different explanation for their household organisation of food labour. In these families the wife/mothers did all of the cooking and the husband reported being completely 'unable' to cook or contribute at all. Cooking for these men extended to 'beans on toast' or 'spaghetti hoops on toast' (Nathan Newson – FE) in the absence of his wife Nadia, but not beyond.

> SH Who cooks in your household?
>
> Nadia I do.
>
> SH Yeah, everything?
>
> Nadia I was on a rant in work today about people coming in and saying, 'what's for lunch'? 'What's for dinner?' So I do all the cooking really. If Nathan, if I'm out and if Nathan is here he'll do beans or scrambled eggs or that's the, but that's fine as well.

Fiona Flanders (FE) remarks about her husband:

> Fiona Flanders: No, nothing, he gets up in the morning and he does himself beans on toast and that's the sum total of what he can cook. I went away a few years ago to em, South Africa and he bought it for me as a present, I didn't know I was getting it and we had to have crash course in cooking lessons, I had to leave lists and lists and lists of how to cook. Like go to Superquinn, buy a cooked chicken you know and then put potatoes in the oven and it was the stories when I came back were just hilarious. How he did the roast potatoes and they were black on the outside and raw on the inside and you know. But sure, he's fine. So no he doesn't cook, very bad. It's his mother's fault. It is, it's always, it is totally.

Both of these women complain about the lack of their husband's contribution and skills, and their own responsibility for food routines within the family, but still conclude that it is 'fine'. At this stage in their familial life cycle, they appear to have developed a routine. As described in the previous chapter, all of the wife/mothers in the Food Enthusiast group claimed to have a strong interest in food and cooking and – despite occasional complaints – on some level enjoyed cooking and food in a general sense. While the daily chores of cooking and household food responsibility generated complaints, at the same time these women accepted the responsibility, and even offered explanations as to why their husbands were 'unable' to cook.

The men in these four families offered accounts which supported those of their wives; they did not cook because they lacked the skills in cooking. For example, Richard Ridler (FE):

SH Do you enjoy cooking or would

Richard I don't know. This is terrible, I swore I'd never end up like this. Fantastic ideals a few years ago em, do I enjoy cooking? I don't know, well I suppose I'd have to say no because I don't cook. Em, the last time I cooked Rose was in hospital and that must be the last time I cooked a meal. I make breakfast and tea and but I wouldn't try and do something big like a meal. Em, I've gone to the takeaway. I've ordered pizzas. I, em, pay the bill at restaurants so eh, no.

I interpreted Richard's comment about 'paying the bill' at restaurants as a joke explaining why he does not cook, however this comment returns to the point made above about shared labour – both paid and unpaid. Participants appeared to balance the time demands of paid and unpaid labour within the household with men all working full-time and women either working part-time or solely at home (exception noted below). However at this point in the family cycle there appeared to be very little explicit negotiation about how household labour would be divided. Participants appeared to fall back on traditional roles with men in paid labour and women undertaking unpaid labour in the home, such as cooking. Richard's comment, 'I swore I'd never end up like this' could be interpreted as a desire to reject 'traditional' gender roles. However despite his 'fantastic ideals', in his own situation he does not cook at all, his wife does all the food labour – and he pays for it.

While Richard hints at a lack of skill, Henry Hanson (FE) explicitly states: 'I can't cook. I can't cook, that's about it. I can't cook anything'. He goes on to explain that it is not possible for him to be interested in cooking because that is not the way he was brought up.

Henry Hanson (FE): It was interesting there was a programme on there recently or there was an article about good habits about eating and it basically said that the only way to change people is to teach them how to cook at a very early age. Because then they'll be interested in food. So, but I wasn't. My mammy cooked me everything, so no Hannah does all the, all the shopping.

Henry found justification for his lack of interest in food in the television programme, and this justification extends to how his own household food routines are organised. Similarly Nathan Newson (FE) explains his lack of interest in food as the result of his upbringing.

SH Do you like cooking at all?

Nathan No.

SH No, yeah.

Nathan Nil point. Well I used to live in a flat on my own 20 years ago and you'd have to cook but I've no interest in it at all. Em, food to me is functional.

SH Yeah, fuel?

Nathan It's fuel yeah eh, although I've come to learn with more through Nadia's family who really enjoy their food and they have a very strong sense of food. All her family. em, both her

> parents in particular her father as well em. It's not that we didn't have a strong sense of food ourselves, but eh, when I was a kid I used to be more interested in watching the football on TV and having my dinner on my lap, which you know, that's just the way it is. Em, so I don't, I don't cook.

In these households the sole responsibility of the wife/mother for the various aspects of food practices appeared to be defined by their husbands' lack of skill and/or interest in cooking. However in all of these families, the wife/mother's 'strong sense of food' appeared to balance out their partner's total disinterest. While all of the women mildly or jokingly complained about their husbands' lack of contribution to the cooking, the tone in the discussion was one of mocking. For example, it's 'his mother's fault', rather than an assumption that the arrangement was appropriate. Although it was unarticulated, it is possible that the division of labour here was 'negotiated' as a task one partner simply does not enjoy or is 'unable' to do, while the other partner enjoyed it. However because this interpretation was unarticulated, it is difficult to comment further.

7.2.2 Men: An Option

The reported contribution of the husband/fathers to cooking activities in the study was minor compared to women, yet differences between men were also evident. Two men [Peter Popkin (MT) and Alex Anderson (PM)] reported contributing to the everyday, routine chore of household cooking (separate from relaxed weekend meals, see below), but only when their work schedules allowed it (shift-work, and part-time work, respectively).[1] One male participant appeared to have a strong interest in food, Gene Gibson (PM). He reported enjoying fruit and vegetable gardening and making homemade gourmet pizzas on the weekends. However these tasks seemed to be undertaken because of his personal interest in food, rather than as a routine family responsibility. In total eleven of husbands/fathers, largely drawn from the PM and MT family types, served as 'back up cooks' (when the wife/mother was away or on weekends) or occasionally participated in the preparation of relaxed weekend meals.

A Matter of Time

The emphasis on cooking 'if there was time' was a key theme for the participating men. This again highlights that cooking for the majority of men in the study was an option rather than an obligation. The accounts of Chloe and Cian Cheyne (PM) also illustrate how for

[1] Peter Popkin contributed depending on his shift-work schedule. (He was reported by the children to be a better cook than his wife). Alex Anderson contributed because of the Anderson's change in paid-labour organisation.

the women cooking is obligatory but for men it is optional. The following account of the Cheyne family is a typical example:

> Chloe To stock up other bits and pieces yeah so I tend to do all of it [shopping]. At the weekend then Cian might, depending on, he tends to do the cooking maybe on a Saturday or you know Sunday so he might decide kind of on a Saturday or Sunday what we're going to have and he would kind of run up and, run to the store because it's very close by us you know.

It is noteworthy that Cian cooks when 'he decides', rather than as an obligation. Chloe's account is supported by her husband Cian.

> SH And do you, do you cook at all or does Chloe do most of the cooking?
>
> Cian I can't. Sometimes at the weekends, but not during the week. Probably, definitely probably one day at the weekend, sometimes two. Chloe probably tells it otherwise, 'he never cooks'. You can check that.
>
> SH Do you like cooking when you do it on the weekends?
>
> Cian Yeah, yeah, when I have time yeah.

Cian has the skills to cook, but feels he is restrained by time pressures to the extent that he cannot participate in the daily, routine cooking.

Similarly, Brian Boyd (MT):

> SH And do you like cooking?
>
> Brian I do enjoy it yeah, if I have the time, yeah. Yeah I mean at the weekends I do you know. I mean I maybe find more of a pressure on the odd occasion that I do it in the evening and it would be a very odd occasion that I would cook on a week day evening. But yeah, I enjoy it yeah. Em, I do, you know, I cannot get everything ready at the right time. I really believe that's the art of the cooking, but apart from that, yeah.

The men's accounts of cooking were consistently constructed around the issue of time. This is further highlighted by Jake Jackson (MT) in the excerpt below, who again returns to the issue of time and labour.

> Jake She does virtually all the cooking. Eh, I like doing cooking if I get a chance, like if there's a dinner party I like making a starter or something, but I just don't get the time generally.
>
> SH It's a time issue?
>
> Jake It's a time issue again yeah.
>
> SH Yeah.
>
> Jake If I had more free time I'd like to cook you know, but unfortunately Jessica does all the cooking. But I'm the full-time worker. She's the part-time worker. So it's one of her jobs.

In this excerpt Jake Jackson notes that it is 'unfortunate' that his wife does all the cooking and he simply does not have the time to do cooking himself, apart from weekends. The Jackson family is discussed in more depth in the section because of their unique division of labour related to food provisioning – specifically food shopping.

Doing it 'Right'

Given the heavy emphasis on the production of consumption approach in the literature on children's consumption (Martens, 2005), it is useful to explore how families reported the provisioning process. A link between cooking and shopping was evident: the vast majority of food shopping was done by the women in the households. In thirteen of the sixteen households, women were responsible for the main shopping (weekly or a couple of times a week), with men's role being to top-up as necessary. There were three exceptions: the Jackson (MT) and the Popkin (MT) families, and the Andersons (PM) discussed at the end of this section. In our discussion of shopping, at first Jake Jackson (MT) suggests that he did the shopping in order to help his wife with the domestic labour. However an alternative motivation quickly emerged:

Jake I'm the hunter, gatherer, yeah no. Em, that's purely because it's chore, that's my chore to do sadly. It's to give Jessica a break.

SH And do, like do you discuss what you get beforehand or?

Jake Em, generally Jessica would make a list of the food but em, I'd have discretion obviously of quality and what and all that sort of stuff. Like we do argue a bit over food, if she went to a shop she'd get stuff I wouldn't like and if I went to shop, she wouldn't generally mind. But I'd be upset if she brought stuff home. I'd say, 'what did you buy that for? I'd normally buy the other product?' You know.

SH Yeah, just in terms of different brands or different types of food?

Jake Eh, different types, quality food that sort of thing. Jessica would just buy stuff I'd read labels and make sure it was all healthy and all that sort of stuff. Jessica would just pick up stuff and carry on so. Yeah I suppose I'm the serious shopper, yeah. The main man for getting food into the house.

Although he begins by suggesting that he does the shopping in order to help his wife, he then reveals that he is dissatisfied with how she performs the task. Peter Popkin (MT) has another reason for doing some of the family food shopping: cost.

Pamela Em, we would both do the food shopping. He does the shopping and I do the weekly shopping. So I go and do the weekly shopping. Now things have changed since before Christmas, Peter was working shift so he was at home quite a lot, so in the day time. So he used to go every day to the shops and he buys up all the bargains. And I'd go once a week and do the shopping. Now he's working 9 to 5 I do most of the shopping now. But he still manages to get in when they're selling things off at 6 o'clock and buys all the bargains.

SH Oh right.

Pamela So we do. He is a very good shopper, so we do. Em, but I do the, there'd be no cleaning stuff got and things like that if I didn't do it, don't you know. So.

SH And when you do, like, when you shop, would you make em lists or?

Pamela No.

SH Have planned.

Pamela No.

SH So it's just

Pamela I just go, I know. Now I do, he slags me because I could have ten tins of beans in the press where I wouldn't have checked em before I go, but in general I have a good idea and I would probably use sort of the same stuff every week. Now that I'm doing most of the cooking now that he's not, em, working shift. He used to do the cooking before.

Peter Good, this is good.

SH And who, while we're on shopping, do you find food expensive in Ireland or do you find?

Pamela Yes.

Peter It is, it's expensive but then it's not, depending on when you buy or where you buy.

Pamela If you shop like Peter it's not expensive because he gets things for nothing when they're selling them off three for the price of one and all that. Em, yes when I go to England or Spain or anywhere I can't believe how cheap things are. And it's not until you go away than you notice how cheap, how dear we are here. It's definitely dearer here.

Peter We're getting there, and it has increased. We're getting done there's no doubt about that. That's one of the reasons I go bargain, I won't say bargain shop I'd say I know a guy who has meat and stuff like that and I like to see it at the right price, a cut down price. I'll grab it then.

The Popkin family was the only family to emphasise cost in their food shopping in their interviews. Their reported income was in the €45,000 - €60,000 range, which is an approximately average household income in Ireland (see Chapter 5). The Popkin's income was on the lower end of the reported incomes of the sampled families, however Pamela Popkin mentioned a specific reason they were concerned about cost: their family structure. With four children, including two teenage boys, Pamela Popkin reported having to buy large volumes of food to satisfy her family, in particular her sons ('one chicken fillet wouldn't feed those two big fellas'). Both Peter Popkin and Jake Jackson have specific reasons to shop which relate to their desire for control over how the task is performed.

An Exception: The Andersons

The only family who reported sharing cooking and food preparation tasks was the Anderson (PM) family, also profiled in the previous chapter, Section 6.3.1. After they moved house, Alison and Alex switched 'breadwinner' and 'carer' roles so that Alison could further her career as a doctor, and Alex could spend time with his family after years at a high-intensity job with significant foreign travel. At the time of the interviews, Alex worked part-time from home and was in charge of the household task of cooking while Alison worked full-time.

Alison Anderson (PM): Well I'm off these two weeks so we just decide amongst each other like ten minutes beforehand like who will cook dinner and who will do something else. Usually because I am the main breadwinner at the moment I would come home and Alex would have the dinner or bought a ready to go one. So you know he would do the kids' lunch.

The reports of the Andersons are exceptional within the sample – they are strikingly different in how the tasks of cooking are shared. Alex reports that since they were first married they had always shared cooking duties.

> SH And would you have cooked, say before all this [the change of roles]?
>
> Alex I would have yeah, I mean we've always cooked. And yeah, you know like yourself we, yeah I liked to do it, for years once you left home, I left home after, I left home at 21 or whatever so you were living in flats, apartments and digs and whatever else of course you cooked for yourself. When we got married we always, we always shared the duties. It wasn't like one or the other and primarily when I eh, for a long part of my working career I've been away Monday to Friday so I've lived in hotels and running off airplanes for the last eight years in particular.

This egalitarian approach was evident in their approach to the household task of cooking as well as their attention to their careers – at least at this point in time. Alex noted that 'if you'd have asked us these questions in August you'd get a completely different set of answers'. The Anderson's unique approach to the organisation of food-related household labour is a marked contrast to the constructions of household labour in the other families highlighted at the start of this chapter.

7.3 Summary

The first half of this chapter has highlighted the gendering of food practices in the participating households. I have explored the different ways that respondents largely constructed the routine tasks of food provisioning and cooking as the responsibility of women. The majority of families organised their daily activities, particularly their paid and unpaid labour, in a way that gave primary responsibility to women. Although some men reported 'enjoying' cooking if they 'had time', and the majority reported having at least some cooking skills, cooking for men appeared to be an option, rather than the obligation facing women. Many of the couples reported rearranging their employment in a way so that, at this point in the family cycle, their household labour reproduced 'traditional' labour patterns of a male breadwinner. At the same time, they reported distancing themselves from the same tradition – their arrangements were thus a matter of practicality, rather than driven by a set of values. However the underlying assumptions relating to who would perform unpaid, household labour did not appear to be challenged. The section has also discussed an exceptional case, which further highlights how the roles of home and paid labourers are negotiated ones.

7.4 Creating Fulfilling Food

In the previous section I explored how women were typically responsible for routine food responsibilities – including food shopping and everyday meal provision. The first point I make in this section relates to whether and how the food tastes of different family members are incorporated into family meals. I examine how the wife/mothers sought to create harmonious mealtimes within the practical constraints of food labour. The second point in this section relates to food practices which extend beyond routine meal provision. I examine other types of food consumption, as well as a more extended set of relationships involving food and eating. This section argues that while routine meal provision is an important aspect of family eating practices, a broader set of food experiences are also a regular part of food routines.

7.4.1 Creating Harmonious Mealtimes

Discussions about meal planning were conducted within a broader set of questions about how food practices were organised within the households. For example I inquired if there were ever arguments about food as a way to probe about food and eating conflicts. As wife/mothers were responsible for most regular meal provision, meal planning was part of this broader discussion. As the project and participant recruitment was focused on children within the household, my probing in the interviews tended to focus on children rather than husbands. Thus I have a limited set of data specifically addressing potential differences between adult male and females within the household. Although a few female participants mentioned conflicts, I do not have the data to fully explore this issue; thus the below discussion focuses on children.

As women were largely responsible for carrying out routine tasks related to food, they also reported being responsible for planning the content of the meals for family members. Managing the preferences of family members required special attention, in particular with regard to the content of cooked dinners. There was some variation in whether or not mothers insisted that everyone – both adults and children – ate the same food. For example, those families fitting into the Proper Mother and Modern Traditional categories families appeared to be more focused on the preferences of the family as a whole rather than making compromised to satisfy the tastes of children. The women in Modern Traditional and (especially) Proper Mother families reported cooking evening meals which were a compromise between all of the members. Efforts would be made to avoid

'confrontation' with children on a regular basis. For PM families this tended to be achieved through rules and regimentation, and in MT families through greater compromise. The wife/mothers in the FE families, however tended to have stronger opinions about what they themselves were eating for their evening meal – often including, but not restricted by, the tastes of others.

All of the participants in charge of food and eating agreed that planning meals is hard work. Given that wife/mothers were largely responsible for routine food shopping and cooking, it is not surprising that they were also responsible for planning the content of meals. Participants reported that food routines were based around a weekday/weekend pattern with more structured weekdays and more flexible weekends. The season also had an influence on family eating patterns, with more structure and organisation necessary during the school year and more flexibility in the summer. This included taking advantage of good weather, with barbeques and picnics, as well as family holidays. The real tedium came with planning the day-to-day tasks of feeding. All of the main cooks complained of boredom, even Food Enthusiasts. Proper Mother Chloe Cheyne[2] summed this up well:

> Chloe Cheyne: I absolutely loathe the whole, the whole, if somebody could just say to me, do this on Monday, do this on Tuesday, do this on Wednesday, it would be fine, I probably find that the most tiresome thing of the entire week, I don't actually enjoy cooking at all, I see it as something that has to be done and yet I would place a reasonably high priority on eating a balanced meal. ... So mealtime tends to be a very social time, but I do have that thought somewhere in the day like, oh God what is for dinner today? Well I, I hate it you know.

It is noteworthy that no one mentioned the planning of breakfasts, lunches or snacks. The evening or cooked 'main meal' of the day is the only one that received any mention. Breakfast and lunch appeared to be default routinised meals, while the cooked evening meal required special attention – planning, providing and cooking it. To facilitate planning, two of the mothers [Lynette Layton (PM) and Meredith McDermot (PM)] had a weekly schedule of meals (e.g., fish on a Monday, spaghetti bolognaise on a Wednesday, stew on a Thursday); interestingly both of these women came from a rural background. The typical pattern of planning for the other wife/mothers was less structured: staple ingredients (meat, potatoes, vegetables) would be purchased and then creatively put together as meals on a daily basis throughout the next few days. In the words of Rose Ridler (FE):

> Rose Ridler: I would never know what I was going to have for dinner on Thursday if it was only Monday. No, I don't do that at all (laugh). It is a day, maybe looking as far as tomorrow, but not looking further than that.

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[2] Chloe Cheyne was one of the PM mothers who was more health oriented.

The practicalities of cooking for the family – including different tastes and for different schedules – appeared to be a consistent source of irritation for those in charge of food practices. For example, Hannah Hanson (FE):

SH And do you enjoy it?

Hannah I am a good cook and I like cooking but I don't enjoy cooking for the family because of the different tastes. It's got this kind of blandness now, I'd like kind of maybe Thai something you know with and it's, I don't get to cook that kind of thing.

SH Is there, are there arguments about food or is it just

Hannah No it's just, I don't like that, so it tends to be I have to make things that I can do pasta and I might have a Bolognese sauce and Howard eats pasta with butter and he won't eat the Bolognese so it has to be something that can be, I'm not going to do lots of different meals so it has to be something that can be mix and match and it's usually bland because of it. The lowest common denominator you know.

Mothers sought to make mealtimes pleasant – or at least argument free. One aspect of creating harmonious mealtimes was to make meals that would be enjoyed – or at least tolerated – by all members of the family. Thus avoiding confrontation is an important aspect of meal planning. In this account Fiona Flanders (FE) explains how she tailors what she cooks to the tastes of her children.

SH Are there ever any arguments about food or you know contested points about certain foods?

Fiona What, like I don't want that?

SH Em

Fiona You get that about vegetables the odd time but you're just told well they're on the plate and you have to eat them. It's kind of carrots, sweet corn, peas, corn on the cob, that's about all the vegetables they do so they'll eat them, sometimes there's a little bit of a, it's very rare because I kind of cook what I know they're going to eat so I don't, I'm not up for a confrontation on a daily basis.

Although Fiona cooks what her children will eat, this also has limits – they simply 'have to eat' vegetables, but the vegetables she cooks appear to be 'acceptable' ones for the children.

The previous chapter presented evidence that meals and snacks were often collective eating events (as opposed to individual food events). This section explores if and how the families sought to reconcile the issues of individuality and collectivity in their eating practices. Although many individuals reported that they ate the same foods as their family members in their food diary, not all family members reported eating identically. There was substantial variation on this issue: many Proper Mothers insisted that everyone share the same meal, with Modern Traditionals and especially Food Enthusiasts somewhat more

flexible. For example, Proper Mother Lynette Layton insisted that everyone eat the same foods for dinner:

SH Sure, and do you ever have to cook, do you ever feel you have to make separate meals for each person or do you just say no?

Lynette No, I say no, they all eat the same, I don't go around, well you're eating chicken and she'll have beef, no, sorry, I know that's, that's my rule, we all eat the same and if you don't eat it, you don't eat it but you try it.

For Imelda Irving (MT), providing meals which please her family is a part of her shopping routine.

SH Would you buy say, buy things that you wanted to buy? Or would you plan out meals for the week and have, you know the list that you have things that you want to get, the ingredients for the weekly meals?

Imelda Yeah em, I find that there are favourites in the, you know that everybody likes. You know so I tend to make things that everybody likes, I'm not into doing different meals for, you know, for different people. Em, so I tend to make similar things every week you know with a little bit of a change here and there. And I do buy cookery books and every so often I'll go through, take our recipes that I like and I'll go and buy specially for that. But I do, I have a few recipes that I just use all the time and then intermingle it then with something a bit different you know.

In this account there appears to be an implicit assumption that she wants to provide food which pleases the entire family. She does not want to cook separate meals, so her other option is to make food everyone likes. She does not appear to question the need to provide meals which please everyone. Jessica Jackson (MT) found herself cooking separate meals for her children, but then began to question why she was doing this.

SH And are there ever any arguments about food in the house?

Jessica Yeah huge arguments about

SH Huge?

Jessica No not huge they would be things like yeah things like I would find I would drift into cooking something separate because somebody, I know somebody doesn't like something and then I would suddenly realise why am I doing this? You know really come on guys you've all just to give a, it's trying new things that has been the difficulty, getting them to try out new foods yeah. Like I might cook a lasagne or something and they say, oh I don't like that. And they haven't even tried it so it's, the row would be over just try it, if you don't like it that's okay but try it you know. And they're very reluctant to try new things.

In this account, Jessica reframes the confrontation about urging children to try new foods. She comments that if her children 'don't like that's okay', suggesting that she may not choose to cook that food in the future, or at least her child would not have to eat it. These accounts suggest that children are expected to try foods before refusing to eat them, but there is still a suggestions that this mother still wants to provide her children with food they enjoy (or at least tolerate).

A situation arose in the interviews related to sharing food and sociality on the topic of meat. The issue of eating meat became a problem in one family, seemingly related to the project food diary. Seven-year old Jade Jackson decided to become a vegetarian after filling out the project food diary.

Jade I had it…I was a vegetarian for I think four days afterward that.

SH You were?

Jade My Mom thinks it is a silly idea to be a vegetarian. (laugh)

SH (laugh) Why were you a vegetarian for four days?

Jade Cause I just wanted to be a vegetarian for four days and my mom said I could!

Jade's older sister later revealed that her mother had a strategy to deal with Jade's newfound vegetarianism. Jane Jackson (14) notes, '(laugh) yeah Mum kind of got really sick of it and she told her to go get some chicken nuggets from McDonalds. So she kind of broke Jade's vegetarian stuff.' Jade's mother (Jessica Jackson – MT) did not mention her strategy in her interview. Although I do not have the data to support this interpretation, my overall impression was that Jade's mother objected to her vegetarianism not on health grounds, but rather as an issue of deviance and non-conformity from the rest of the family. Vegetarianism was not a specific interview theme, and none of the participants claimed to be vegetarians (excluding Jade Jackson for four days). Meat-based meals were common in all of the families. Brenda Boyd notes: 'I would find meat products very expensive. I think they are expensive. But we always have it every day of the week! (laugh) We have to have meat. It's a real Irish thing.' Meat appeared to play the most important role for MTs and PMs, and a significant but lesser role for FEs. There is however limited interview material to explore this more fully.

Parents, particularly mothers, reported being very aware of the food preferences of their children. Mark McDermot (9) (PM) noted about his mother: 'she knows what we like'. Children seemed to express their likes and dislikes through two main tactics: verbally or through refusing to eat. Refusing to eat appeared to be an especially effective tactic when parents were not present, such as in school as discussed in Chapter 9. However the inconsistent and fickle tastes of young children also meant that parents needed to work to stay attuned to children's changing tastes. Jade Jackson (7), for example, remarked that, 'I kind of like tuna and I kind of don't. I kind of not like lasagna and I kind of like lasagna too'. It is possible that these are examples of children being 'difficult' or changing their mind, but it is also possible that these children simply may not have had the vocabulary to

articulate their preferences between, for example, two different ways of making lasagne. On this topic of changing tastes, several parents reported being frustrated by the strong influence of their children's friends. Alex Anderson (PM) noted 'the herd instinct' of young children and Lynette Layton (PM) told a story about daughter Laura (4) who suddenly stopped eating yogurt with fruit in it after one of Laura's friends said something negative about the yogurt having lumps in it.

Parents also reported that children within the same family often had different food likes and dislikes. This seemed to perplex parents, who in their view had raised their children in the same environment. These different tastes made constructing family menus a challenge. The data suggests that there are substantial differences between children within families. For example, Henry Hanson (FE) discusses the preferences of his children Hal (9), Howard (6) and Hector (3):

> Well certainly Hal would eat a horse, he'd eat anything you'd put in front of him. Very little he wouldn't eat. Hector you know he mightn't, but Howard is dreadful. You'd nearly have to put tomato ketchup on everything for him, you know just to get him to eat it. He's very pernickety yeah. I'd eat most things and Hal is like me yeah.

These different tastes and variations in children's willingness to eat made planning menus challenging for mothers (and fathers in the case of Alex Anderson). However the data strongly suggests that mothers constructed mealtimes as occasions to be enjoyed – or at least tolerated – by everyone.

Issues specifically related to bodily health were not a major theme in the participants' discussions of the organization of family food routines. The exception to this was related to children who reported having a medically-diagnosed food condition. In all cases these conditions were reported in the questionnaires and then subsequently discussed by mothers during the interview process. Five families each had one child with a medically-restricted diet:

- Glenn Gibson (4) (FE) had severe eczema which was irritated by common foods such as wheat, sugar and strong spices;
- Alan Anderson (7) (PM) and Jeff Jackson (10) (MT) were diagnosed as lactose intolerant;
- Emmett Eckhard (5) (FE) had a limited diet related to his autism; and
- Dylan Dunnington (2) (PM) had an egg and peanut butter allergy.

When a family had a child with a special diet requirement, it seemed to make it somewhat more likely that all of the children would be given separate meals. Although unarticulated, the logic seemed to be that if a special meal needed to be prepared for one child, it was easy enough to prepare something separate for the other children too. However in the Gibson house, where Glen's eczema was irritated by many common foods, Grace Gibson reported that Glen's food irritations had the effect of 'cleaning up' the diet of the whole family (e.g., little or no fizzy drinks or 'junk food').

7.4.1.1 Food, Family Life and Childhood

Food-related sociality appeared to be an important theme for all these families, although this was expressed in different ways. To begin with, sociality appeared to be related to the very notion of being a family, as was touched in the previous chapter. This was always discussed in terms of the main hot meal of the day. Breakfasts and lunches were rarely mentioned and played a much lesser role in meal sharing. When children are very small (infants and toddlers), they appeared to be excused from the family meal because of the need to be fed regularly and on their own schedule, rather than that of their families. However once children were no longer eating 'baby' foods (e.g., jarred or specially-pureed fruits and vegetables), eating together became a central part of family life. Proper Mother Chloe Cheyne comments:

> Chloe Cheyne: I would see having a family meal together every evening as probably the most important thing we do in the day as a family em, and that, and that's kind of a whole you know I suppose it's kind of a behaviour around being a family that I would see sitting together and having a meal is actually really important and training ground for things like introducing children to kind of em, the foods you're eating that sort of thing you know.

Mothers in particular emphasised the importance of having family meals. Mealtimes served as a key training site for manners and sociability.[3] Children require training in the practice of eating properly. Proper Mother Alison Anderson comments:

> Alison Anderson: We are at the stage where we think they should sit down and eat with us -- and they would prefer to be watching telly -- and trying to get them all in to eat together. But I think they are beginning to like it, you know everyone sitting down together to eat.

The emphasis here is on the social aspects of food and sharing meals, rather than the food alone. Yet the food itself also played an important role, particularly the notion of

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[3] Socialising and training children was emphasised for younger children, while creating independence was more important for older ones. In families with teenaged children, the 'supervised autonomy' described by Basset *et al* (2007) was evident. However as the focus of the research is six-eight year olds, this is noted, but left to be more fully investigated in another project.

developing children's palates. Many of the parents were determined to train their children to eat a wide variety of foods. This appeared to be important for both now and their future. This was particularly true in the case of the Food Enthusiaists. Gene Gibson (FE) notes: 'Especially since the kids were born, because we do try to instill into them the value of good food'. The importance of having family meals was stressed as a weekend activity, particularly Sundays, where the proper meal (including roast chicken) featured heavily.

Adults also appeared to reflexively consider the importance of their children's childhoods and thus pay special attention to how their food practices were being carried out. Adults also discussed their own childhood food practices. Overall, adults discussed the food-related influences of their birth families in two primary ways: (1) as a foundation to their taste development and food routines; and (2) the role that their own parents and family members continued to exhibit in their own lives. Many adults also had strong opinions about the role food plays in their partners' lives and the effects this had on food in their marriage. As mentioned in the previous section, several women expressed mild dissatisfaction about their partners' limited contribution to food preparation, and even their taste in food (although no labour 'renegotiations' were reported). Taste development, food skills and knowledge were frequently attributed to be the responsibility of mothers. In fact mothers appeared to be held responsible for lifelong food-based knowledge and tastes. As Fiona Flanders (FE) said of her husband's lack of cooking skills: 'It's his mother's fault. It is, it's always, it is totally'. For these women, the notion of a childhood food heritage appeared to be an important feature of the overall family food dynamic.

First, I will review a few examples of how childhood eating served as the foundation of food knowledge. Food Enthusiast Nadia Newson on her own birth family:

> Nadia Newson: I think it depends yourself on the way you've been brought up, what type of food you've eaten as a kid. Em, I would consider that I suppose. I'd be fairly interested in food as well so, em, you know you have to have convenience foods but I would cook so I suppose em, and I know a lot of houses they don't anymore.

I went on to ask Nadia whether 'they' [meaning the children] were picky, and surprisingly she begins by discussing her husband. She then goes on to contrast her own childhood experiences with her perception of her husband Nathan's childhood food experiences:

> Nadia Newson: Em, Nathan is [picky]. Yeah Niamh (age 14) was always a good eater. Ned (age 12). Nathan was picky when we got married first, very picky in that he was the eldest in his family and there was only the two of them and I think he maybe he was indulged. So if he didn't like something he didn't have to eat it. Whereas I was one of eight so it was, you know you got your dinner and you ate your dinner and that was it.

Similarly, Henry Hanson (FE) views his own disinterest in food and cooking as related to his upbringing.

> Henry Hanson: It was interesting there was a programme on there recently or there was an article about good habits about eating and it basically said that the only way to change people is to teach them how to cook at a very early age because then they'll be interested in food so but I wasn't, my mammy cooked me everything so no Hannah does all the, all the shopping.

This is not to say, though, that cooking skills are entirely dependent on parental enthusiasm and childhood experiences. Although Modern Traditional Kay Kehoe (MT), 'doesn't have a great love of cooking', she remarked that 'my mother's a dreadful cook, so I wouldn't be too bad. My mother's dreadful, she burns everything'.

Adult participants were not specifically prompted to discuss the perceived influence of their own childhood on their contemporary eating practices, but still many participants, male and female, mentioned it as an important influence. The influence of mothers, in particular, continued to play an important role in the adult participants' lives. In terms of the family categorisations, Food Enthusiasts particularly emphasised the role of their families in the development of their food practices; five out of six of them positively mentioned the role of their own families. For these Food Enthusiasts, food was a shared hobby, with the whole family participating in food-related activities. Some Proper Mother and Modern Traditional families also mentioned the influence of their families, but not with the same intensity or importance as the Food Enthusiasts. In the following account Grace Gibson (FE) discusses the role that food plays in her family life – and explains her love of cooking as an inheritance from her own mother.

> Grace Yeah during the week I would [cook] and then like Gene is great at the weekends. Often we make pizzas from scratch and the dough and they all do out their own pizza and roll it out and throw it in here and do whatever,. But we'd make, like I wouldn't even buy pancake batter, we'd make them from scratch. Like we kind of try and make a lot of things.
>
> SH From scratch yeah.
>
> Grace But I'm not a whatever about it I, like say sometimes now we make jam. If we go up to the fruit farm and pick fruit and make jam but yet I still go and buy jam. But I wouldn't buy Tesco value water with junk and food colouring added.
>
> SH Yeah, and do you enjoy the cooking that you do?
>
> Grace Oh I love cooking yeah, that's probably from my mother. Like she was one of these women that never, I think I'm bad but she never bought anything processed. Like every single thing that woman made she made from scratch. And stock for soup and everything like that. Sometimes I do that now you know, I get notions, like we make a lot of soup.

Food played an important role in the family activities of the Gibsons. It was a shared hobby of both adults as well as the children. Grace explained that her son Greg (7) loved

cooking programmes on television and it was actually Greg who wanted to participate in the research project – specifically because it involved food.

As implied in the above discussion, the data strongly suggests that children of all ages were not just passive individuals waiting to be fed only during routine meals, they were active and very creative in expressing their preferences and trying to obtain the particular foods and meals they enjoyed. In Chapter 6 I noted that in PM households the wives/mothers kept reasonably strict control of the kitchen and food supply. Treat and snack foods were often purchased as part of the weekly shop, but access to the kitchen was strictly controlled. However 'robbing' food was mentioned by the children, often whispered with giddy excitement. Louis (10) and Leroy (11) Layton (PM) describe how the children in their family sometimes get sweets, including their sister Lydia (7):

Louis (laugh) I like sweets!

SH And are you allowed to have them?

Louis Ehm no we keep on him and Lydia keeps on climbing up and robbing em

SH (laugh)

Leroy I don't.

Louis So sometimes I go undercover.

Leroy I don't. I don't do that, that's what Lydia does. I just go to the shop and buy it.

SH (laugh)

Louis Oh yeah when you was younger he was caught.

SH (laugh)

Leroy Like around 50 times.

Louis So funny.

Leroy Well what can you do?

SH And what happens when you get caught?

Louis You get in trouble. (laugh) And then we get sent out and then our Mam is fuming.

Maintaining control of the kitchen was especially a challenge for the mothers with older children. Here, Patricia (11) and Paige (8) Popkin (MT) describe the consequences of her brother's theft:

Patricia If it was something that she wouldn't allow us to have like she'd say no

SH What aren't you allowed to have? The sweets?

Patricia Well we have sweets a lot, sometimes like on Saturdays. On Saturdays we have sweets cause we go out with my Dad's friends so we'd have sweets but not really much.

Paige We aren't allowed to have biscuits anymore because my brother ate all the biscuits without asking.

Patricia Yeah

SH (laugh) And so no one's allowed to have them?

Paige Yeah.

These excerpts demonstrate that children are active actors within family food routines, and at times seek to circumvent the control that their mothers have over their food supply.

7.4.2 Food Beyond Meals

Although wife/mothers reported being overwhelmingly responsible for buying and cooking 'regular' food, the interview data suggests that there are numerous other ways that children obtain access to food, for example by asking fathers, grandparents or friends. Fathers in particular appeared to play an important role in accessing treats, and there was a certain sense of excitement, and even an element of collusion, in this bonding activity. The children had a clear understanding of who to go to when looking for something special to eat. They recognised the 'treat man' and went to him to access food outside the 'regular' shopping and feeding routines. In the following exchange Lydia (8) and Laura Layton (3) (PM) describe how they obtain crisps:

SH Do you get them [crisps]?

Lydia Well we don't really ask for them like we well, if someone comes over we get them and we sometimes get biscuits but we don't ask for them they just give them to us.

SH I see. Is it something that you want or

Laura (laugh)

Lydia Well sometimes say well yesterday I wanted a pack of crisps and so did my sister and I asked my Dad, 'do you want a pack of crisps Dad' and then he asked me do me and Laura want a pack of crisps and I said, 'yes please'. And he and I was like 'I'll get them!'.

This quote by Lydia Layton raises another important point: having friends visit is a great opportunity for children to obtain treat foods. The large majority of the mothers reported that at some point in the interview that they keep some kind of goodie or treat in the house in case their children's friends visit. For the children, having visitors, going to a friend's house and especially going to birthday parties were excellent opportunities to gain access to, and enjoy, snack foods. Evan (10) and Eve (7) Eckhard (FE) describe how Evan stockpiles candy and sweets at birthday parties so he can circumvent his parents' control.

Evan You have to stock up on sweets and bring them home.

SH (laugh) There are no sweets at home?

Eve No, not really.

Evan Then you can eat them in your room when your parents aren't watching.

SH (laugh) What kind of stuff do you bring back then?

Evan Crisps and bars.

However some mothers found this to be a source of extreme frustration. Grace Gibson (FE) notes:

> But yeah in most friends' houses, like there's one friend in particular, and Greg says, oh you're allowed to put salt on your dinner and you can just go to the press and eat whatever biscuits and sweets you want. Then there's another house he went to and he came home and he said, he'd five bars and I nearly killed him. I said, what did you take them for? He said, she kept offering them. So things like that now, that's what you're up against.

Not supplying treats also has consequences for parents: if no treats are served, children could opt to play at another house with a generous supply.

In Depth: The Laytons

Food and the Guest Relationship

An excellent illustration of the food/guest relationship – and how it can be manipulated – took place during the interviews with the Layton family. When I arrived at the house Lynette and Luke (the parents) served me tea. I drank this tea throughout the interviews. The two youngest Layton children Lydia (8) and Laura (3) were interviewed last. Towards the end of their interview, Lydia told me about a cake that her mother had baked that afternoon. Suddenly she seemed to have an idea, she looked at me and said, 'actually she baked the cake for you'. Before I could respond, she called her mother into the room and said, 'show Suzanne the cake that you baked her!'. At this point Lynette Layton looked at me with what I interpreted as discomfort. Everyone in the room knew that she had not baked the cake for me, but now she was stuck. I suspect she felt that it was impolite to admit that she had not baked the cake for me (even though that fact was obvious and I would not have been insulted). This was compounded by the fact that she had only just finished emphasizing the importance of healthy eating in her own interview. Despite my protests, everyone was served cake – including Lydia.

Sweets and other treat foods appear to play an important, and not always negative, role in both family and peer relationships.

The data highlights how there are different 'types' of food shopping. My initial question about the organisation of food shopping resulted in responses about who is responsible for, and physically carries out, the 'regular', 'main' shopping. This activity appeared to

describe mundane shopping for staple items such as bread, milk, every day dinner ingredients, and other such staple foods. Further probing revealed multiple secondary types of food provision. Husband/fathers, grandparents and other networks such as friends also had an important influence on access to food. Particularly significant here was the role of most fathers as 'the treat man'. Hannah Hanson (FE) describes her husband's role in shopping:

> It might be for sweets, it would be more like down to the local shop you know. It would be the treat, he's the treat man you know, and the burger man.

In the following excerpt Nathan Newson (FE) describes how he shops with his wife:

> Nathan Well you know, I love going shopping with Nadia for the grocery shopping.
>
> SH What do you like to put in the cart?
>
> Nathan Oh, ok, what I like to put in the cart are fizzy drinks, eh biscuits, although I do like fig rolls and they are one of the better ones, em, sweet cereals the ones that already have the sugar coating on them, but I only use them as half my cereal because I use the Fruit and Fibre for the other half. I believe in moderation em, and eh the red wines and stuff like that. I would, yeah they'd be the ones I'd generally put in. I might put in you know yogurts. I wouldn't be putting in the meats or the fruit or the veg. I put in bananas because I eat loads of bananas.

Nathan's giddy tone suggested that he was aware of how this might be interpreted as childlike – and in fact he seemed to enjoy it. His role here was not in provisioning for the family: he puts bananas in the cart because he eats loads of them.

Self-provisioning in the form of gardening was also a source of food for two Food Enthusiast families. The Hanson and Gibson families had backyard gardens where they grew fruits and vegetables. The children in these families were extremely enthusiastic about the gardens and specifically mentioned garden produce in the interviews. Fruit was particularly popular with the Hanson boys. Hal (9) and Hector Hanson (3) said:

> Hal We love things from out the back
>
> SH and raspberries?
>
> Hal raspberries and gooseberries and little tiny berries, herbs, apples,
>
> Hector apples
>
> Hal pears, peaches

At the start of the interview their brother Howard (6) drew this picture when asked to draw what he likes to eat:



Grace Gibson noted that her son Greg (7) would eat scallions from the garden: 'Greg would go out in the garden and pick a couple of scallions and eat them no bother to him'. The children of families with gardens appeared to have the strongest overall interest in food of all the children taking part in the project.

Throughout the interviews it became increasingly clear that the market was not the only avenue to food products. For many families, grandparents were also reported to be a popular source of food. Nathan Newson's mother would regularly supply the children with homemade brown bread and Gene Gibson's father would often buy boxes of fruit for the Gibson family. However the main emphasis was on grandparents' role in supplying treats to the children. For example, the Kehoe (MT) family had a tradition of going to their grandparents for chips every Friday (a treat) and a Gibson (FE) grandfather would give treat foods, such as donuts and fizzy drinks, to his grandchildren while on outings such as the zoo. Rebecca (8) and Ryan (11) Ridler (FE) remarked:

> Rebecca (laugh) When, like if there is someone minding us then, like our Nanny, she gives us millions of sweets.
>
> SH She does?
>
> Rebecca Ice cream and a bar
>
> Ryan And another bar

It was reported in the food diaries that the Ridler children had numerous sweets/treat foods with their grandparents over their food diary weekend. Overall, the food practices of the families suggested a much richer and broader network of food practices than just looking at family dinners or imagining children pestering parents while at the supermarket. Treats and junk food, for example, played an important role in the relationships: (1) between fathers and children; (2) between grandparents and children; and (3) within adult and child peer networks.

One topic frequently mentioned in 'healthy eating' and obesity public discourse is the issue of food advertising and the influence of advertising in shops, especially advertising

directed at children. Children indicated in the interviews that they would sometimes put in requests for particular products such as special yogurts (e.g., Milky Bar yogurts, Frubes, or Müller brand yogurt with chocolate balls). Parents could accede to or ignore the request while in the shop if children were not present. Shopping with children was reported by parents to be a source of irritation, so most mothers simply did not bring them along. When mothers lacked childcare and were forced to bring children to the shops, they reported using multiple strategies to deal with their children's requests for food. Just saying 'no' was the most popular, as well a 'maybe another time' or 'later' (which never happens) (Denise Dunnington – PM). Another option was explaining that there was a shopping list that could not be deviated from or that there was not enough room in the kitchen to store extra products (Brenda Boyd – PM). Overall, very few parents mentioned or complained about food advertisements or other market-related pressures.

7.5 Chapter Summary

The participants' accounts of their household food-practice organisation strongly suggest that routine food responsibility is constructed as 'women's work'. However rather than associating this gendered organisation with traditional values, participants explained the organisation of household labour in relation to the broader division of parental paid and unpaid labour. The respondents did not appear to question or negotiate these roles between partners at this point in their family life stage, but rather it appeared to be a responsibility of the wife/mother in the household. Men engaged in cooking if and when it suited them. The exception of the Andersons highlights the negotiated relationship between household food production and wage labour, particularly at points of drastic role change. Yet the reports from the other families suggest that these relationships are taken for granted, or at least unarticulated.

This chapter also explored how respondents appeared to construct mealtimes with children as activities that should be harmonious and relatively free from conflict. Thus a degree of compromise and a desire to accommodate children's tastes were viewed as being important aspects of family food practices. Furthermore, a range of food activities were reported by participants, and these appeared to play an important role in a broad set of extended familial and peer relationships.

8 Constructing Healthy Food

8.1 Introduction

Chapters 6 and 7 focused on exploring the participants' food practices, including the general structure of their everyday practices, differences between the different families, the role gender plays in food practices and accommodation of different tastes within family food practices. This chapter addresses the second, specific research aim by examining lay understandings of 'healthy eating'.

Data from the food diaries suggested that 'health properties' is not the most important influence on the participants' food events. 'Taste' and 'convenience' were more often reported as influences on individual food events (see Section 6.3). This chapter uses interview data to delve more deeply into participants' own constructions of 'healthy food' and a 'healthy diet'.

Data from both adult and child interviews is presented to explore how participants construct the meaning of 'healthy eating' and the role that health plays in eating practices. The adult interviews introduced the topic of healthy eating by showing participants Media Board 1 (see Appendix D), which featured article headlines about feeding children (see Sections 5.3.1 and 5.3.2.3). Example headlines include: 'The Recipe for a Healthy Child', 'We're Just Parents Who Can't Say No' and 'Most Food Marketed to Children Unhealthy, Report Says'. Therefore the interviews with parents were conducted within a framework which referenced eating healthily as a social issue problematised within broader public discourse. As discussed in Chapter 4, social problems work (Miller and Holstein, 1989) includes activities implicated in the recognition, identification, interpretation, and definition of social problems. This chapter thus explores how adult participants interpret and define 'healthy eating' within the reality of their own family eating activities as well as within the broader context of attention to eating as a social problem. Although children were not shown the media board, they also drew upon references to healthy eating as a problem.

The chapter is presented in two main sections. First, participants' categorisations of food as 'healthy'/'unhealthy' and 'good/bad' are presented. The second section discusses how

participants use the concept of 'balance' in a variety of ways to explain their own food practices.

8.2 Constructing Dichotomies: Good/Bad, Healthy/Unhealthy

In this section I examine the way that participants' accounts of 'healthy eating' were structured around the dichotomies of 'healthy' and 'unhealthy' foods. This 'healthy/unhealthy' dichotomy was linked to notions of morality with healthy foods classified as 'good' foods and unhealthy foods classified as 'bad' foods. Throughout this section I attempt to unpack the ways that participants classified foods into these two categories. Section 8.2.1 begins by discussing food classified as healthy and unhealthy, while Section 8.2.2 attempts to unpack the concept of 'balance'. However even brief descriptions of healthy and unhealthy foods by participants often drew upon a myriad of concepts, so at times intertwining of concepts is apparent.

8.2.1 Eating 'Healthy'/Good Foods

Fruits and Vegetables

I begin this section on a reflexive note. In Section 5.5.2 I discussed the challenges of interviewing children. Perhaps the most challenging interview I conducted as part of this project was my interview with the Eckhard children, Evan (10) and Eve (7). At the start of the interview I could sense that the children were nervous and unsure about how to answer my questions. Additionally, I conducted the interview in a room adjacent to where their mother and father were sitting, and I had the sense that they were deliberately listening to the interview. After approximately five minutes, their father Eric entered the room and said, 'it's just a survey, she's not going to take you away from us or anything!' He reassured the children that the interview was 'not a big deal' and they should relax and just answer the questions. After this intervention the children did appear to relax, and the interview went more smoothly. This was one of the few cases where I conducted the parental interviews after the children's interview. The excerpt below is taken from my interview with their mother Ellen Eckhard (FE). At this point in the interview Ellen is commenting on why she thinks her children were reluctant to speak to me. Her explanation centers on their (lack of) fruit and vegetable consumption.

> Ellen Eckhard: I think, because they know that they don't eat fruit and veg and that, and eh, they would probably have been a bit worried. But not much you know, but they know if they could have told you, 'yeah I eat fruit, pieces of fruit and three veg a day' then they'd have no problem. But they weren't able to tell you that so they were probably a little bit em. (...)Yeah see I would have always

say, 'guys you know you're supposed to eat a bit more fruit and veg' and you know so they know that I have a right and wrong feeling about it and they don't do it you know. It's not that they can't. They won't, you know. It would be on the side of the plate forever. No, but they're fine, you got the truth from them that's the main thing.

This extract highlights the symbolic role that fruit and vegetables appear to play within family food practices. Fruits and vegetables were universally viewed to be healthy. And in this case Ellen feels that eating fruits and vegetables is 'right' – a position she reports that her children understand to the extent that they were reluctant to speak to me for fear as being perceived as 'bad'. Going even further, the event possibly suggests that the children were concerned that their parents would be perceived as 'bad' because they themselves did not eat as many fruits and vegetables as they feel they should. Ellen suggests that I 'got the truth from them', however this desire to report eating healthily for fear of being perceived as a moral failure is one that hangs over all the interviews. Fruit and vegetables were constructed as the most important symbol of healthy food. For example, Jessica Jackson (MT):

SH How would you describe healthy food?

Jessica Healthy food? Em, I would, oh well obviously things, the first things that come to your head are things like you know fruit and vegetables and salads sort of thing em.

Children also strongly reported fruits and vegetables as being 'healthy' and 'good'.

Jade Jackson (8) (MT):

SH What's healthy food?

Jade Things that are good for you?

SH Which ones are good for you?

Jade That and that and that and that and that

SH The lettuce and corn and broccoli and juice and orange and apple.

The importance of children consuming fruits and vegetables was reported in the accounts of both adults and children, however this was most apparent in interviews with smaller children. In the following account Ida Irving (16) (MT) is discussing her sister Ivana's (7) school food policy. Ivana is sitting on the other side of the room drawing her picture in preparation for our interview.

SH Are there any rules about what you can and can't bring?

Ida No not in secondary school but in Ivana's school you aren't allowed to have sweets or chocolate and things. Isn't that right Ivana?

Ivana mmm

SH They are very strict huh?

Ida Yeah they are trying to get a healthy diet for the little kids.

SH Like what's healthy? What do you mean?

Ida Like instead of crisps and chocolate or whatever biscuits and stuff like apples and carrots sticks (laugh) or something. I don't know.

SH So, like fruit and veg. What's unhealthy?

Ida Sweets, biscuits and donuts and it's just like crap that you shouldn't really be giving them.

Ida emphasizes the importance of small children having fruit and vegetables, however her emphasis is clearly on primary school children rather than older, secondary school children. Respondents rarely linked fruit and vegetable consumption with body weight control or specifically identified fruit and vegetables with nutritional terms such as low calorie or low fat, however fruit and vegetables were often contrasted with foods which are 'crap' (Ida, above) or food which you would 'get fat' if you ate, as in the case of Nicole Newson (7) (FE).

SH What's healthy? What do you mean healthy?

Nicole Um we have to have fruit and things.

SH Why do you think you have to have a healthy lunch?

Nicole (laugh) Um, don't know.

SH Hmmm. Do you think they will come in and say, 'oh you have to have an unhealthy lunch!'?

Nicole No.

SH Why wouldn't they say that?

Nicole Cause then you'd get fat and things.

SH Oh. So then do you have a healthy lunch.

Nicole Yeah

Overall fruit and vegetables were universally viewed to be 'healthy' and 'good', and there was a distinct moral imperative that parents should feed their children fruit and vegetables and children 'should' eat them.

Proper and Wholesome Meals

A second type of 'healthy' food practice involved eating 'proper' or wholesome dinners. This theme tended to focus strongly on the meal called 'dinner'. For example, Grace Gibson (FE): 'dinner dinners as we call them. There's a lot in how you say it.' However the concept of eating 'proper' meals was typically extended to include three meals per day. In the following account Nadia Newson (FE) elaborates on her idea of eating healthily.

> Nadia Newson: Em, not doing too much snacking. You know, having, we would always have breakfast. Em, we'd always have our lunch and we'd always have a dinner. And I find the days that you don't make proper dinner as I call it, they're hungry all night whereas if they've had a dinner they go off then and they're not hungry em. So that's maybe what I consider healthy eating you know.

Nadia highlights the term, 'proper dinner' to symbolise a meal which fills up and satisfies her children, rather than leaving them hungry. However her discussion also extends to regular and routine breakfast and lunchtime meals.

Respondents drew heavily on the symbolism of the meat-potato-vegetable meal in their descriptions of healthy food. In describing proper meals, respondents frequently discussed the foods their mothers served them as children with a focus on the mid-day meal as 'good' and 'healthy'.

> Nathan Newson (FE): My own mother would have cooked very good food for us over the years em, there. My mum and dad are in their late 70s early 80s and they eat well every day. They have their em, midday dinner as we had it in Ireland – potatoes and meat and vegetables and gravy with a starter of fruit beforehand and a dessert after and a cup of tea and that, everyday. And that's how I've always known food. Food is breakfast, you might have a cup of coffee. You have your dinner at lunchtime and you have your tea in the evening. And you might have, my mother is great at porridge and stuff like that which I hate myself but I would have grown up knowing about good food but not necessarily partaking of it myself.

Similarly:

> Mathew McDermot (PM): I suppose kind of yeah, you know the standard things, cereal for breakfast and bread or toast and then we would have usually, for lunch we'd always have em meat, there would always be some sort of meat except for maybe one day of the week, we'd always have meat and potatoes and the usual kind of things that. (...) A full meal, very much so with vegetables, potatoes and meat like it was good, healthy food and in the evening we would have a lot less alright, we'd have you know, we'd have a very plain meal for evening, it would be two slices of bread and maybe a slice of cake and that would be it. There wouldn't be much there in the evening and there wouldn't' be any supper.

For these adult respondents, the proper meal of meat, potatoes and vegetables was the symbolic centrepiece of a healthy and good pattern of eating.

A final thread which ran throughout this theme was the importance of having the proper type of food at the appropriate time. Data from the food diaries suggested that there were distinct foods and combinations of foods which were consumed at different meal times. The interview data, such as those above, suggests that eating the appropriate food at the appropriate time is also an important component of eating healthily. In the following account Niamh Newson (14) (FE) and her brother Ned (12) discuss the connection between her school's new (healthy) food policy and the recent news reports on obesity. In her account she highlights the connection between eating the 'right' amount of food at the appropriate meal.

Niamh So that's what I think it is and also it is just your country looks healthier if everyone is eating kind of a healthy diet. Like seeing these people. I was in training, I do a lot of running so I was training a lot last Saturday and this guy just sat down on the park bench and ate through ate through a whole of food in the space of like an hour and half while we were running like. Things like these big sausage rolls and these things. And I was like, how can you do that?!' That's disgusting!

Ned And it was probably in the morning too was it?

Niamh Yeah it was like 10 o'clock in the morning and he was sitting there eating all this stuff you'd have for like dinner. And you wouldn't even have that much for dinner. Blaaagh. It's horrible. So

Ned Uuugh (fake vomit sound)

Niamh highlights the inappropriateness of eating sausage rolls and 'dinner' food in the morning, as well as identifying the amount of food as 'horrible'. In addition to reporting that it was possible to eat 'too much' at specific meals, respondents also reported that it was possible to eat too little. Adult and teenagers reported that eating too little also had negative consequences and should be avoided as it was an unhealthy behavior. Richard Ridler (FE) commented that he felt his wife had, at certain times, become too thin.

Richard Ridler: Rose, Rose doesn't eat properly, I hope she told you that. She doesn't sit down and eat. She has us all eating well and she said she picks all day so she doesn't sit down for a proper dinner. She sits down for what looks like a microcosm of what everybody else is em, eating which, I'm glad to reveal that now.

Richard appeared to express some discomfort about reporting his wife's eating habit of eating very little to me. It was clear in the accounts that there was a 'right' and 'wrong' amount of food which was appropriate to consume. Eating both 'too much' and 'too little' had unhealthy and morally wrong undertones.

8.2.2 Avoiding Bad/'Unhealthy' Foods

Complementing the participants' accounts of 'healthy' and morally good foods were foods characterised as 'unhealthy' and morally bad. An understanding of bad and unhealthy foods appeared to be as important as definitions of good, healthy foods in the participants' constructions of healthy eating. There were three major types of unhealthy foods which participants identified in their accounts: sugar and sweets; processed foods; and fat.

Sugar and Sweets

The children reported an overwhelming negative association between sweets and teeth problems. For the children, the most common reason that sweets were 'bad' was because of tooth decay. In the following two accounts, the children are looking at the picture of the

Food Pyramid which I used in the interviews. In the following account, Carl Cheyne (7) (PM) is examining the foods located at the top of the pyramid.

Carl Choose very small amounts of these. (...)

SH So these food these are you are supposed to have small amounts?

Carl Yeah, very small amounts.

SH Why is that?

Carl Because they are very bad for you.

SH They're very bad for you.

Carl They rot your teeth. There's chocolate, um

SH I think it's fizzies?

Carl Chocolate donuts.

SH Why do you think certain foods these foods are good for you?

Carl Because um ah you are allowed to have them everyday. And you aren't allowed to have them everyday cause they rot your teeth. But if you have these everyday it will be fine!

Similarly, Mark McDermot (9) (PM):

Mark They have too much sugar in them.

SH Oh right. What happens if you have too much sugar?

Mark You're teeth, and you will get fillings.

Using the Food Pyramid to prompt discussions of healthy eating, particularly with the children, runs the risk of prompting child to rely on lessons from school to explain their ideas about healthy eating rather than their own constructions of healthy eating. Keeping this in mind, I attempted to use probes to get the children to rephrase and discuss relevant concepts in their own words and in effect move away from simple descriptions based on the Food Pyramid. Despite this, I found that the children, particularly those under 10 years old, relied heavily and enthusiastically on experiences from school. For example, in the following account with the Hanson (FE) brothers [Hal (9), Howard (6), and Hector (3)], Hugh is explaining that his school has a new healthy eating policy this year.

SH So, why do you think they have the healthy eating policy? Why did they bring that in?

Hal Healthy eating

SH So what's that?

Hal They want us to be the best school.

SH Sorry?

Howard The best school

Hal They just want us healthy.

SH Oh. And why would like the sugar and stuff make you unhealthy?

Hal Teeth

SH The teeth. So you get, what cavities?

All (Laugh and Hal looks nervous)

SH (Laugh) Open your mouth! (laugh)

All (Laugh)

SH I'm just kidding.

Hal He got them painted over.

SH I'm just kidding.

Hal He got them painted over.

SH So it's just the cavities, yeah?

Hal Um huh.

Hugh's explanation for the school's implementation of the new healthy eating policy first references the fact that the school wants to be the 'best school'. Hugh's account appears to suggest that the absence of a healthy eating policy or having children eat unhealthily in school is perceived badly. The children appeared aware of a competitive element connected to the status of 'health'. Although he does not elaborate on his 'best school' comment, his response suggests that Hugh is aware that there is a failing linked with unhealthy eating and not being 'the best' school. Several children mentioned this idea. When Hugh elaborates he moves away from the 'best school' interpretation and discusses the connection between sweets and teeth. Although Hal becomes self conscious during this discussion about teeth, his mother Hannah adamantly denied that Hal's teeth problems were related to sweets because all of her children ate similar diets. Hannah's explanation for Hal's teeth related to a genetic deficiency particular to the individual child.

A link between sweets and teeth problems was not just reported in the accounts of children, adults also reported being concerned about sweets causing teeth problems – although this concern was only for children. Adults did not report being concerned about the impact of sweets on adult teeth. For example, Fiona Flanders (FE):

> Fiona Flanders: They know that there are certain things in the shop that they're not allowed to have and I'd say they'd use any occasion to try and get them because they're kind of barred you know like these chewy, anything that's chewy, sticky toffee, lollipops, they're not allowed to have. I don't mind them having sugar-free gum, they can kind of have that and popcorn. I'd have an endless

> supply of popcorn, but all these sticky things now they're not allowed to have. I'd prefer they actually sat down and had a bar of chocolate you know. And they all know that they have to eat it fast as opposed to drawing it out. It's more for their teeth. We've had so many problems with the eldest one [Faith – 13], with her teeth.

Similarly:

> Meredith McDermot (PM): I suppose I mean I don't stop them eating sweets but I would tend to encourage them to eat at meal time is a better time to have their sweet from a sugary point of view, do you know from the dentists. The dentists say don't be giving sweets, but if you are don't have ten sugar attacks in the day. Have it with your meal you know, so em, they would. (...) Summer camp down the road at the moment, so that's what they had. Like today a sandwich and biscuit and two sweets.

The local dentist appeared to be very active in trying to promote healthy eating with local patients and in the local schools. She featured in several of the parent and child accounts, as well as the accounts of the teachers and principals. Interestingly the dentist's promotion of healthy eating did not appear to be well received. Every time the dentist was mentioned it was with contempt and irritation. No one mentioned this particular dentist in a favourable light. The accounts suggested that the dentist had criticized school principals, teachers, parents, and children, blaming their poor diets and school food policies for her patients' teeth problems. For example, Kay Kehoe's (MT) son Kyle (8) had a run in with the dentist:

> Kay Kehoe: You know, the dentist said it's from sweets and stuff but it's not because the others, they don't eat that many. Now as I say he loves his rubbish and would only eat his dinner once he knew there was something little coming, nice coming after but em. The others are the same like and their teeth are fine so, think it's, his uncle was the same. So I think it might be something.

The reports are somewhat contradictory in this case. Both Kay Kehoe and Hannah Hanson denied that sweets caused tooth problems in their children, yet a connection between sweets and tooth decay featured heavily in the accounts in many of the adult accounts and all of the children's accounts.

If the primary concern related to the consumption of sugar and sweets was children's teeth, some adults and teenagers also expressed concern about the effects of sugar consumption on the body more generally. For example, Denise Dunnington (PM) expressed a particular concern about the effects of sugar on both children and adults.

> Denise Dunnington: The thing about, you know, children and their kind of ideas about the body and stuff like that. And then you know the diabetes risk and things like that. So you have to be, it keeps it, em I suppose topical or whatever. (...) When you go for that bar of chocolate, it is, I shouldn't really be having this, but I'll maybe just eat half of it maybe, as opposed to eating the full thing in one day, you know this type of thing.

Concern about sugar appeared to play a strong role in this whole family's practices. Denise's husband Dean reported that he does not eat sugar in the mornings because it

makes him 'bloat'. In a continuation of the data extract presented above, Ida Irving (16) (MT) discusses the impact of eating 'crap' (i.e., sweets, biscuits and donuts).

SH So what happens if you eat too much of the crap that you are talking about?

Ida If I ate it?

SH If anyone, say. Imaginary person Johnny.

Ida (laugh). Feel sick. For teenagers or whatever the skin is really important. Gain weight (laugh). I don't know. I know myself I don't really like to eat it. Like sometimes you feel like you really want to have it and other days you just don't want it. Just want something healthy you know?

Concerns about eating sweets thus appeared to be somewhat different for children, teenagers and adults. For teenagers skin appearance was a particular concern. Several participants also reported a particular concern about the mental and bodily effects of sweets on children. This is best illustrated in the account of Richard Ridler (FE). In addition to his full-time job, as a hobby Richard worked on weekends as a children's entertainer. In this extract Richard discusses the impacts of sweets on children.

Richard Ridler: So I do children's parties and stuff like that em, most weekends and I see the effects. Every weekend, you know sweets and Coke and all this sort of stuff and it absolutely sends kids wild. So if you're trying to educate and sort of settle people's minds down and get them to concentrate it's wrong from that perspective and it's also wrong from just a nutritional perspective. You need to be encouraging people to eat properly.

Thus eating sweets was also seen as 'wrong' from an educational standpoint as sweets do not facilitate learning. It is bad for the 'mind' and for children's concentration, although permissible during celebrations.

Processed Foods

A second major type of 'unhealthy' and 'bad' food reported by participants was processed and packaged foods. Although not exclusive to Food Enthusiasts, respondents from this frequently drew on this theme. For Grace Gibson (FE) a key point was to get food in its most natural state possible:

SH What do you think makes food healthy? Or what is healthy food?

Grace I suppose in its most natural state, that if you can buy it in it's most natural state, like I can't understand why people buy tinned carrots you can find carrot, you know.

Similarly:

Dean Dunnington (FE): The more processed things are typically you know the less good they are for you or the more the goodness has gone from them so the closer you get to the unprocessed cooking the better plus you get the home cooking typically is better you know so that would seem to be my rule of thumb.

Grace and Dean's extracts highlight a key point made by respondents, namely that processing food removes its natural goodness and making it unhealthy. Thus unhealthy, processed foods could be contrasted with healthy food.

> Richard Ridler (FE): Just a basic mixture of vegetables, meat, fruit, would strike me as a healthy diet, I think it's, if you're eating sort of stable, or staple Irish foods and not eating rubbish, processed rubbish and sweets so you can't go far wrong.

For mothers especially, convenience products such as ready meals were likely to be reported as unhealthy, and their place in the family diet needed to be monitored, but not necessarily eliminated altogether. In the following account, Rose Ridler (FE) expresses contradictory views on ready meals. On one hand she regards them as unhealthy, but she also acknowledges that she still sometimes buys them.

> Rose Ridler (FE): I wouldn't like ready meals at all. I wouldn't see that as being our main diet and I would steer right away from that, em, I would read off the ingredient list. I don't tend to go for ready meals. I really don't, em, taste-wise they are good. The taste is good but I know they couldn't be good for me or for my family. (...) But I can see how convenience food is handy and why parents go towards it and they are really interesting topics. And they are obviously conversation points with the other Mums as well.

In her similar account, Fiona Flanders references Jamie Oliver, whose programme Jamie's School Dinners was broadcast just before the fieldwork began.

> Fiona Flanders (FE): Fresh, I think fresh em, definitely fresh yeah, as fresh as possible you know, that would be the main thing and I definitely think the less processed the better, like I would have a tendency to do these chicken gudgeony things but I have a tendency to make them myself as opposed to, I'll always have a packet in the freezer just in case or like, a packet of chicken gudgeons out of the supermarket. But I've a tendency if they want chicken gudgeons that I'll make them myself. I just think the less processed the better. I think there's so much, actually Jamie Oliver really showed it how much crap that these.

Although they are regarded as 'not good' for the family, convenience foods and ready meals still have a role within family food practices and serve as conversation points with other mothers. As discussed in Chapter 6, the consumption of convenience and processed foods was more frequently reported in Modern Traditional families than in Food Enthusiast and Proper Mother families, but even in the short three days of the food diary, all of the families consumed some sort of convenience or processed-food product, even those that spoke at length of their unhealthy characteristics. Many children also reported negatively about convenience foods. For example, Greg Gibson (7), the son of Food Enthusiast Grace and Gene Gibson:

> SH What do you think unhealthy food is?
>
> Greg It's packaged foods.

A special distinction was made for fast food in the participants' accounts. Although fast food was universally reported to be unhealthy or 'bad', none of the participants reported

that they had or planned to cut fast food out of their diet. For example, fathers frequently reported that their wives were responsible for their children eating properly, while they treated their children to trips to fast food restaurants such as McDonalds.

> Eric Eckhard (FE): Ellen would be particularly conscious of, you know, that they get a good breakfast, dinner and tea so if you're actually following that then you're, in a sense steering them away from it. I might be going somewhere with the kids and come back and say will I bring them to McDonalds?

However adults also reported fast food to be unhealthy for adults as well as children. In the following extract Richard Ridler (FE) discusses what he typically does for lunch.

> I'd say four times out of five we go out of the office. It depends on how busy it is really and what's going on. But I mean, at the moment it would be four times out of five out of the office either to a sandwich shop and sit down and have a cup of coffee and a sandwich em, or and that would be the norm. Not as regularly to a, you know to get a pub grub, and then today I had a Kentucky Fried Chicken. Bad day today, so a mixture.

Thus while universally characterised as unhealthy and morally bad, fast food still appeared to play a significant role in the food practices of the participants, particularly the relationships between fathers and children.

Fat

The final theme in this section presents participants' accounts of dietary fat and fatty foods as unhealthy and bad. There was some discrepancy about the types of fat which were regarded as negative. For example, Hannah Hanson (FE) reported that she would only use real butter. In the interview she objected in principle to using margarine or other butter substitutes. On the other hand, Matthew McDermot (PM) refused to have butter in his home because he associated it with his father's early death.

> Mathew McDermot (PM): I kind of got it into my, even though all my own father's disease had nothing to do with cholesterol at all em, but I got it into my head that you know butter is bad. I suppose it was another cultural thing around the time. This would have been I suppose late '70s, early '80s where everybody thought butter, that was it like, 'don't go near butter', 'don't go near fries' and that was seen as, if you did those two things, didn't have too much fries, didn't have to much butter you were fine. And I always thought, yeah my father ate a lot of fries and you know ate butter so I stopped taking many fries. I don't eat, even now, don't, I love sausages but I always think, ah I'm eating, I feel I'm eating fat and I generally will not touch butter. We don't buy butter here and that's the way I'd like to keep it. (...) I think it was kind of emotional too because I had already associated butter with you know coronary disease and you know my father's early death from coronary disease so em, yeah I don't know how rational it was, but I would not go, even now I wouldn't touch butter.

In this extract Mathew McDermot identifies his rationale for refusing butter as the emotional connection between butter and his father's death. He claims that his beliefs and actions are not 'rational', but he nevertheless refuses to have butter in his home. He is also concerned about the level of fat in other foods such as sausages and French fries. Overall the accounts of the participants suggested that high fat diets were considered unhealthy. For example Fiona Flanders (FE): 'while I'm healthy in a lot of ways and I might use oil

sprays and various things I have an awful lot of downfalls as well, like they love butter'. The concern about fat also extended to cooking methods. A small but substantial number of participants reported that fried food was unhealthy. For example, Lynette Layton (FE):

SH What do you think em, healthy food is?

Lynette Healthy food is grilled or baked, try and not fry, try and not deep fry.

A concern that fat was unhealthy was also evident in the accounts of children, although this was more common in teenagers than younger children. In the following extract, the Popkin brothers discuss the food that is available for them in their school's canteen, which is open once a week. Although they usually bring a packed lunch from home to school, they are sometimes given lunch money to either buy food from the school canteen or purchase their food in a local shop. According to Pauric (16) and Patrick (14) Popkin (MT), the food in the shop is the preferable option.

SH (laugh). And do you said something about healthy food there [a local shop]?

Pauric Well it's healthier

Patrick (laugh)

Pauric It's not exactly healthy, but it's healthier.

SH What makes it healthier?

Pauric Because the food in the canteen is terrible.

SH It's that bad?

Pauric It's greasy

Patrick It's greasy and fat.

According to their reports, the school canteen's food was 'terrible' because it was greasy. Although teens more frequently reported a connection between fat and unhealthy food, younger children also reported on this connection. For example the Hanson brothers Hal (9), Howard (6) and Hector (3) in the following account:

Hal I don't know…we're allowed to have popcorn but we aren't allowed to have crisps.

SH Do you have any ideas? Why no crisps?

Howard They have salt and vinegar and

SH What does salt and vinegar do?

Hector Salt and vinegar, that's what I love!

Hal Fatty

SH You love them, do you?

Hector Yeah!

Hal Fatty, very fat.

SH Fat

Hal Loads of fat.

SH Is that bad?

Hal Yeah

SH Why?

Hal Um because you get fat!

Howard (laugh)

In this account Hal identifies crisps as fatty, although in his account he specifically references salt and vinegar as the unhealthy components rather than dietary fat. Yet an overt connection is made between dietary fat and weight gain.

8.2.3 Summary

This section has reviewed how participants dichotomously characterised foods as 'good'/'healthy' and 'bad'/'unhealthy'. While the categorisation of foods as healthy and unhealthy is a relatively straightforward exercise, the way that the families constructed healthy and unhealthy foods as part of their family practices exposes the roles they play in broader, everyday family life.

Good and bad foods appeared to play a highly symbolic role within the food practices of the households. For example, children's consumption of fruit and vegetables appeared to be recognised as a symbol of both competent parenting and healthy children. Within the context of the interview, violating this familial representation appeared to be a major concern for some of the children. Understandings of family roles related to the consumption of healthy and unhealthy foods also appeared to be strongly gendered. Mothers were reported to be responsible for ensuring that children received a regular diet of healthy foods, while fathers reported treating children to fast food and other treats. Finally, there is some evidence which suggests a connection between consuming 'healthy' foods and the notion of status and social differentiation – expressed as being 'the best school' by Hal Hanson.

8.3 Creating 'Balance'

The second half of this chapter specifically explores the concept of 'balance' and the varied ways which in participants used the term in their accounts. Participants often used nutritional science concepts to describe their conceptualizations of healthy food and eating practices, although for the most part this was a casual usage of basic terms such as carbohydrates, protein and vitamins. Adult women in particular tended to draw upon these concepts in their descriptions of healthy food. Men often referenced one or two, but did not include them in their accounts as frequently as the women. Using food groups to emphasise concepts (meat, fruit and vegetables, potatoes) was more common than the use of nutritional terms for both men and women.

The concept of balance was a central feature of the participants' conceptualisations of health. This section of the report attempts to unpack three different ways that the term 'balance' was used by the participants: balancing 'good' and 'bad' foods; including 'variety'; and balancing food and activity levels.

8.3.1 Types of Balance

Balancing 'Good' and 'Bad' Foods

The discussion of 'balance' begins by building on the participants' conceptualisations of 'good' and 'bad' foods. For many participants, a balanced approach to eating was achieved by including both 'good' and 'bad' foods in their diet. 'It's just eating a little bit of everything, but don't go overboard' (Lynette Layton – PM). Using the concept of balance, foods classified as 'unhealthy' or 'bad' could be included in a diet as long as an overall balance was obtained. For example, Denise Dunnington (PM): 'as far as I'm concerned a little bit of everything is okay, as long as you don't get completely obsessive of anything or you know'. This focus on the avoidance of 'obsessing' about foods or particular types of foods was common amongst both adults and teenagers. In the following account, Pauric (16) and Patrick (14) Popkin (MT) highlight that both healthy and unhealthy foods need to be consumed in appropriate amounts.

SH And what do you think healthy food is?

Patrick Salad

SH (laugh)

Patrick Fruit, bread, pasta

Pauric Everything is really healthy as long as you don't eat too much of it.

SH Right

Pauric And a lot of things can be unhealthy if you eat too much of it.

Thus both healthy and unhealthy foods can be included in a diet, but both have the potential to be 'unhealthy' if consumed excessively.

However participants also highlighted that a healthy diet 'should' also include foods which are classified as 'bad'.

> Fiona Flanders (FE): I think it's kind of a balance, I think everybody has to have a little bit of something bad as long as they are eating some fruit and vegetables and healthy things as well it's not too bad to have a few. (...) Get everything and I think a bit of the bad things isn't bad for you really, you know.

The successful inclusion of 'bad' or 'unhealthy' products within an appropriately balanced diet thus highlights that participants are not just consuming foods based on health grounds. For example eating foods on the basis of taste and enjoyment appears to be regarded as a 'healthy' activity – as long as it is undertaken within appropriate boundaries. As Jane Jackson (14) (MT) points out, food for enjoyment, rather than health reasons, is an important feature of an overall life balance.

> Jane Jackson: Like if you kept on eating bad foods all the time you would get really ill. So it is important to eat good food as well. And have a balanced diet, sort of. But you don't have to go exactly by the rules all the time, cause then you would have a very boring life kind of!

As suggested by Jane, respondents appeared to equate healthy food with being boring and eating healthily as 'following the rules'. Yet for mental health, and for purposes of pleasure, it is important to also eat for enjoyment as well as health. Even when dietary restrictions are carried out for specific health purposes, participants suggested that they needed to strike a balance between their bodily health and their mental health – and eating for pleasure appeared to play a key role in an overall healthy lifestyle.

> Nathan Newson (FE): Em, so I would probably understand the good things about food but maybe not em, shall we say follow what I should follow. Because I've high cholesterol, so I'm supposed to be on, eh the non-fat diets etc., So I've seen the nutritional information and sort of acknowledged its existence and em, eaten various foods in moderation. I did actually go on a, what I'd call a rabbit food diet when I was diagnosed first because my cholesterol was up way high, 10 on a scale of 3 to 6. And it brought it down to about 5.97 or whatever through eating no butters, no salt, very little sugar, brown bread and lettuces. But it nearly did my head in so I said, you know you've got to strike a balance between the two. I think being aware of it is, is as important as anything else.

The concept of balance was also linked to larger scale patterns of obesity in the accounts of some participants. A widespread lack of dietary balance was provided in some accounts as an explanation for increasing rates of obesity on an international scale. However as

indicated in the extract below, fast food and sweets can still be a part of a balanced diet, as long as it is in moderation.

> Jake Jackson (MT): Em, we've seen em, articles on the news mainly, mainly about kids in America but we've seen some recently about the UK and Ireland, where it's on the increase and obviously that's related to diet. I don't think any our kids are obese at all they're all quite skinny to be honest and eh, again I think it's because they have a fairly good balanced diet. Now they do go to McDonalds and they do eat lots of sweets but eh, I would, I don't know what's causing the obesity but it must be down to you know just eating the wrong sort of food you know and not having a proper balance so we're aware of it, but it doesn't, it's not something that we feel is relevant to us in our family you know.

In this case, obesity or an inappropriate body size appears to be one indicator that a diet is not properly balanced. Parents reported using body weight as a way to evaluate the overall healthiness of family eating practices (see Chapter 11).

Including 'Variety'

A second way that participants used the term balance was to describe the importance of including a variety of foods in an individual diet. The use of nutritional terms was used particularly in this way. For example, Rose Ridler (FE and Health Enthusiast), who was taking a course in nutrition during the fieldwork period, describes healthy food as 'balanced nutritionally, that it is vitamins, minerals, protein, fat, carbohydrates, healthy'. Parents, particularly mothers, reported evaluating children's diets to ensure that children were obtaining nutrients from the spectrum of dietary components of food.

> Fiona Flanders (FE): Well basically that they get enough fruit, vegetables, protein and carbohydrate in their diet and enough vitamins. Now I also would supplement them with vitamins throughout the year periodically, not all the time. I've a tendency that I'll buy a packet one week I won't buy a packet for two weeks and then I'll buy a packet again so they're constantly getting a multivitamin as well. So that they get enough calcium, vitamins, the whole lot in their diet. They also do need fat, I don't believe in giving kids eh, low fat, you know these slimmer, I don't know, I don't do slimmer things you know.

Similarly, Alison Anderson (PM):

> SH What is a balanced diet?
>
> Alison Ooh. Well I would think just having mixtures of fruit and vege and meat and protein and then your carbohydrates but I think the carbohydrates have to be less processed so that they last a long time in their systems so they get energy from it for longer. Well I suppose a certain amount of fluid a day, preferable water, but none of mine like water. I'm afraid we failed there miserably. All their cousins drink water, they love water, but mine don't.

Adult men had a similar view on the concept of balance, although they tended to refer to general categories of food to describe the ideal components of a diet rather than nutritional concepts. For example, Cian Cheyne (PM):

> SH You were talking about specific foods there but what is a healthy diet?
>
> Cian Em, probably a balanced, balanced diet.
>
> SH What does that mean?

Cian OK so it's probably the right balance of protein and vegetables and probably low on fats and eh, roughage I think, I don't know what the eh, the food term is for you know bran flakes and that sort of stuff, probably the right balance of that em, probably everything in moderation not too much of any one food type, that's probably balanced.

Similarly, Richard Ridler (FE) comments:

SH What makes a diet healthy? You talked a bit before about balance

Richard What makes a diet healthy? I believe em, a mixture of meat em, starchy potatoes, em, rice or whatever, em vegetables. I think just a mixture of those things I think it's things like fish are important. I think it's difficult to get kids to eat fish. But like just a basic mixture of vegetables, meat, fruit, would strike me as a healthy diet.

Respondents also highlighted the importance of consuming the appropriate amounts of each group.

Jake Jackson (MT): I think it's all about balance to be honest, a mixture of all sorts foods are necessary you know and less of some and more of others you know and that's the secret, getting the balance. I think you need all sorts of food in your diet, not just one sort you know.

Respondents did not quantify particular amounts of dietary components or food groups, but instead generally referred to the existence of appropriate amounts of different types of foods. This system did not prioritise one particular group, but instead required the inclusion of multiple food groups. Omitting a particular food group could have health consequences. Meredith McDermot (MT):

SH What do you think healthy food is?

Meredith Em, I suppose I think healthy food is a balance of all you know those things that you would have, your carbohydrates eh, proteins, fats, d'you know. They're all needed but in proper quantities I suppose. And maybe we tend to skew a bit you know. Healthy food I would think would have fruit instead of a biscuit or, you know, in that sense. But I certainly know, like say cereals and breads and pastas and all those are good and they fill you up. I suppose at different stages I've been anaemic and people say eat more meat or you know kind of, I think sometimes diets tend to look at kind of one thing you know em, to the exclusion of others and I suppose I think that is unhealthy.

Vegetables appeared to be a vital component in children's dietary balance (as well as being a symbolic 'good' food as discussed above). Brian Boyd reports: 'I might like to see them [daughters Brianna (7) and Bridget (4)] eat more veg just because I think in terms of balance you know I think it would be good.'

To achieve an appropriate balance of foods, parents frequently reported substituting foods for those that their children did not like or otherwise refused to eat. Thus there was an element of strategy and negotiation between parents and children. There appeared to be a focus on dietary balance within a given day. Thus particular foods needed to be traded off or substituted to ensure an appropriate number of food groups. In this way the concept of balance appears to echo dietary tools such as the food pyramid.

> Chloe Cheyne (PM): I tend to probably balance the fact that he doesn't eat huge amounts of vegetables with getting much more fruit into him. So I'd buy good quality, like Kelkin who make a really good fruit juice that's just pure fruit. And he would drink a large glass of that in the morning and maybe have a banana as well or a pear, soft fruit in the summertime. So I think he has a good diet, you know but em, I suppose I give him, he likes plenty of the good things and I give him what he likes and then try to compensate for the things that I wish that he would eat you know so. (...) [Carl] doesn't particularly like cereal or milk, and I can't argue with that because I actually don't like milk myself so we would try and balance it with things like cheese and yogurt, if he doesn't drink milk, but I would actually try and you know keep the things that aren't good for you to a minimum and try and encourage fruit and vegetables, em, having some dairy products, at least having a balance of that in the day.

Thus mothers reported working to find appropriate substitutions for items their children would not eat. Although making substitutions for vegetables was most commonly reported, mothers worked to ensure that children received a broad spectrum of food groups.

Balancing Eating with Activity Levels

The third, and perhaps most interesting, use of the term balance in the participants' accounts was used to refer to an overall energy balance between food consumption and activity levels. Mothers, in particular, frequently reported using this strategy to monitor their children's diets. It also appeared to be used as a justification for the inclusion of sweets in children's diets.

> Alison Anderson (PM): Well I suppose that's what I mean by a balanced diet – a balanced lifestyle then I suppose. I would let mine have sweets, I used to let mine have sweets if they would walk to the shop and buy them. That was the only way they would be allowed to have sweets was if they realized you had to use up some of the energy, like you have to exercise and then get sweets.

In the following account, Meredith McDermot (MT) expressed concern about the appearance of her children's food diaries. It was important for Meredith to emphasise that her children were very active over the weekend that her family completed the food diaries and thus had 'worked off' the sweets and foods that they had consumed. As the food diary did not have an activity component, she appeared to feel that the overall 'balance' of her children's lives was not accurately communicated.

> Meredith McDermot (MT): So you know I suppose your eating habits, I suppose when we were doing the weekend thing, like they were on a football summer camp that kind of thing, So I remember thinking, God this is horrific lunchbox we're writing down here. And they had a party I think that day too, but they were after doing five hours of sports d'you know what I mean? So I think you know from your study or whatever that you have to I suppose, you have to balance or I think I try and balance I think you know. I'd say, 'go outside and kick the football' and then if they come in and they want, not necessarily want something sweet, but they've worked something off you know what I mean so I suppose I'm conscious of OK, balance the food they eat with the exercise d'you know what I mean? And they would be quite active kids you know, we don't have Playstations and things like that so they tend to be more out exercising you know, having fun games, not out exercising as such.

An emphasis on balancing food consumption with activity levels was also present in the reports of older children and teenagers. For example, Patricia (11) Popkin and Paige (8) Popkin:

SH Why is that bad?

Patricia You shouldn't really eat too much food cause it'll damage you, but um if you eat the right amount and exercise the right amount you just you can be like perfect.

SH And how do you know what the right amount is?

Patricia Like you should eat a lot from the bottom [of the Food Pyramid]. Like milk and cheese is good.

None of the participants quantified the amounts of food and exercise required to achieve an overall balance (for example by using calorie counts or specifying a particular amount of exercise required for each day). However the notion of an energy ration balance appeared to be strong. The Food Pyramid was frequently used by children – although not adults – to discuss healthy eating.

8.3.2 Balance and the Food Pyramid

The final section of this chapter provides a brief discussion of the Food Pyramid as reported in participants' accounts. As discussed in Section 5.3.2.3 a laminated copy of the Food Pyramid was used as a prompt in the interviews. As the Food Pyramid is the most prominent tool used in nutrition education in schools (see Chapter 9), I opted to include a brief discussion of it in both the adult and child interviews. It is not surprising that none of the adult participants reported using the Food Pyramid as a tool for guidance in their daily food practices, however some participants did report having a 'loose' idea about it (Chloe Cheyne, PM). Mothers' accounts suggested that some parents felt that they 'should' use the Food Pyramid, even though they did not.

Figure 8.1 The Food Pyramid



For example, Denise Dunnington (PM):

SH What do you think about it [the Food Pyramid]?

Denise Em, well no, no, yes I would try to follow it I suppose. I know, it's, you know.

The accounts suggest that conforming to nutritional guidelines may be perceived as a requirement for healthy eating and possibly good parenting, despite the fact that it was not actually used as a daily tool in participants' food practices.

The strongest reactions to the Food Pyramid came from teenagers and older children. Many teens responded to the discussion about the Food Pyramid with outright laughter. For example the Popkin brothers Pauric (16) and Patrick (14) (MT) below:

SH And did you do the Food Pyramid in school?

Patrick Yeah

SH What do you think of that? Like would you use the Food Pyramid to make decisions?

Patrick No! (exaggerated laugh)

Pauric (exaggerated laugh)

Although Patrick and Pauric laughed at the idea of the Food Pyramid, both actively discussed concepts associated with healthy eating in the interviews and even appeared to

have an interest in eating healthily. Thus it was the tool itself, rather than the concepts of food and nutrition, which appeared to provoke the negative reaction from them.

However younger children, to varying degrees, reported a more positive and open attitude towards the Food Pyramid. Those children who were interviewed during the school year (rather than during the summertime) often discussed how the Food Pyramid was used in the classroom. Several children from the Large Local School reported that the Food Pyramid was used in the classroom as a guide to having a balanced and appropriate diet. In the following extract, Ivana Irving (7) (MT) reports that the Food Pyramid is used as a tool in her classroom to enforce her school's new food policy. Although school food policies are discussed in more detail in the following chapter, the extract below is presented here to highlight how the Food Pyramid is actively used as a tool to teach children about the concept of balance. In this case it appears to be specifically used to emphasise the role that sweets and other treat foods should have in an overall diet – and more specifically to legitimatize the ban on sweets and other treat foods at school lunches.

SH Have you ever seen this? [Food Pyramid]

Ivana Yeah, I have it in my classroom.

SH Do you learn about it?

Ivana No. It's different b/c they have eyes.

SH It's a different version?

Ivana Yeah.

SH What do you use it for?

Ivana Well, we put it up near the lunch table so we know that we aren't allowed to like eat it.

SH Not allowed to eat the food pyramid?

Ivana No! (laugh) Not allowed to eat those [top shelf foods].

SH Oh I see. What would happen if you eat them?

Ivana You would get in trouble.

SH Do you eat them at home?

Ivana Yeah.

SH What happens?

Ivana (pause) I don't know.

SH (laugh) Why do you think the teachers don't want you to eat things in this category?

Ivana Because they want us to be healthy.

SH Oh. What do you mean healthy?

Ivana I don't know. When I got into 2nd class the principal just said we aren't allowed sweets and we have to keep healthy.

SH Oh. What would happen if you were unhealthy?

Ivana I don't know.

SH Would you grow another eye right here?

Ivana You'll get fat.

SH Oh.

Ivana Like him (points to Male Stunkard laminate).

SH Like Mister #2.

Ivana Yeah.

In Ivana's account the use of the food pyramid appears to have moved away from the overall concept of balance towards restricting the higher shelf foods – particularly sweets. The only context in which the Food Pyramid was actively used to guide choices was in schools.

8.4 Chapter Summary

This chapter has reviewed how participants constructed 'healthy eating' within the context of their food practices. Understandings of food and health appeared to be constructed around the basic concepts of 'good'/'healthy' and 'bad'/'unhealthy' foods. This basic dichotomy was then, in various ways, was used to create a system of overall 'balance'. Obtaining balance within a diet could be achieved in multiple ways, including achieving a metaphorical balance of good and bad foods, including a variety of food nutrients and balancing energy ratios.

However the symbolism related to these concepts appears to be deeply embedded within everyday family practices as well as the participants' moral evaluations of themselves and their families. A functionalist theme was apparent in those that emphasised the importance of obtaining sufficient nutrients to satisfactorily meet the body's need for nutrients. Yet often the same participants would emphasise the importance of positioning eating activities within a broader 'life balance'. Thus eating for health was just one element of the role of food in everyday life. Moreover the multiple conceptualisations of 'balance' could justify a wide variety of food practices, as obtaining a balance could be conceptualised in multiple

ways. Indeed, participants also indicated that non-food factors such as activity levels needed to be considered in the metaphorical 'weighing up'. Speaking reflexively, this made obtaining an accurate or representative snapshot of a participant's 'healthy eating' activities impossible. This appears to be particularly important given the strong moral symbolism of eating healthily.

The notions of morality underpinning understandings of health were thinly veiled. I began this chapter by discussing how the Eckhard children appeared to perceive the interview as a test of both the healthiness of their diet, as well as the competency of their parents to parent them. This raises some questions about the extent to which interviewees would be open about both the contents of their diet, as well as their ideas about the importance of 'healthy eating' in their eating practices.

9 School Lunches: At the Interface

9.1 Introduction

This chapter draws on two types of interview data to explore its themes. First, accounts from parents are used to discuss the activity of packing children's lunches to eat in school. All of the children in the sampled families brought packed lunches from home to eat in school. Mothers were typically responsible for packing these lunches. The first section of this chapter explores how deciding upon the content of children's lunches involved a process of negotiation between parents, children and schools. The second half of the chapter draws on the interviews conducted with teachers and to a limited extent the unrecorded discussions from meetings with principals, as well as literature on teaching 'healthy eating' to primary school children. I review the participating schools' food policies and draw on the teacher accounts to examine how the food policies are applied in classrooms on a day-to-day basis. Finally, I discuss how information about food and food-related health issues are taught in the First Classes of the participating schools. By focusing on school lunches, which are packed by parents at home, the aim of this chapter is to explore how school food policies focusing on 'healthy eating' are interpreted and shaped by parental activities, and created and enforced by school officials in partnership with parents.

9.2 Parents: Navigating a Lunchbox 'Minefield'?

As children's school lunches consisted of packed lunchboxes from home, parents had discretion over what they put into their children's lunchboxes. Thus the children's school lunches were an extension of each family's food practices. However many parents reported that the content of school lunches was a contested issue on a variety of levels. To explore this issue I asked the adult respondents how they know what to put into their children's lunchboxes. Feeding children lunch in school had to be coordinated between: what mothers wanted to pack; what their children wanted (and would eat without parental supervision); the school's official healthy eating policy and its enforcement in the classroom. The following section explores the views of parents as reported in the interviews.

9.2.1 Negotiating with Children

Given the discussion of household labour in Chapter 7, it was not surprising that mothers were primarily responsible for packing lunches for children in school. Alex Anderson was the only exception to this pattern. The following extracts were typical. Lynette Layton (PM) notes:

> SH Sure, what about in school? How do you know what to put in the lunchboxes?
>
> Lynette Well now you see this is for mother again.

From Henry Hanson's (FE) perspective:

> SH And what about em, the kids lunches do you
>
> Henry I don't do anything. I, I get the kids up and I make the beds and I put away the washing. You know dishwasher and just clean up the kitchen. But she gets them their breakfast. And, em, I won't be doing it tomorrow morning because I've to be off by seven, but she gives them their breakfast and makes their lunches.

The first issue reported by parents that I will explore is the necessity to provide lunches for children that the children would eat without parental supervision in school. The following account of Denise Dunnington (PM) typifies how parents would struggle to find and provide food for their children that the children would actually eat in school.

> SH How do you know what to put in school lunch box?
>
> Denise Now, they do, sometimes they do and sometimes they don't. As I say I put in the little cherry tomatoes they'd eat those. But em, they might, Danielle (5) might eat a banana or an apple or bring an orange with her, but Dervla (7) won't. Dervla actually is the, is the hardest person for lunch, she eats very little at lunchtime, at school even though now she's eating pita bread with, loaded with salad and stuff, which is great. But em, during, last couple of months ago like she would, pancakes, you know those pancakes that you buy in a packet? That's all she'd eat for her lunch. So I had to give her those you know what I mean. She wasn't eating her sandwich. She'd leave the sandwich in her bag rather than eat anything you know so I suppose I should have been up at 7 o'clock in the morning making pancakes, but I wouldn't. I don't go there.

Children bringing home their lunch from school uneaten appeared to be viewed as worrisome, and thus parents seemed to feel that they had to seek out foods that their children would agree to eat in school. In the above account, Dervla would 'only eat' pancakes for her school lunch, although this was for a limited period only. Her tastes appeared to have moved on to the 'great' option of pita bread and 'salad and stuff'. It would seem that parents, mothers more specifically, needed to stay attuned to their children's evolving tastes and desires. For Denise Dunnington, 'knowing' what to put in the lunchbox is thus shaped by the preferences of her child, and more specifically her willingness to eat what is packed for her.

At times this involved making compromises with children, trading off one item for another. For example in the following account, Rose Ridler (FE) reported that she insisted on her children having brown bread, but this was made as part of a compromise so that she would occasionally concede to 'chocolate bread'.

SH How do you know what to put in the school lunch boxes?

Rose Um, well I would be fairly strict we would be we only eat brown bread here so everything has to be with brown bread in the sandwich. Em, I forfeited the white bread so that they could still have chocolate bread. I went with that. We are all going brown bread. I've gone with the good. Again. In school they have a fruit break, so they have to eat the fruit break so there is always fruit in their box, which can 9 out of 10 times comes back.

Although the school has a dedicated 'fruit break', Rose highlights that the fruit is often brought back home uneaten. Rose highlights a key issue that was reported by all of the mothers (and father, in the case of Alex Anderson). It was widely reported that much of the food sent to school in lunchboxes is not actually consumed by the children during their food breaks. This is further highlighted by Alex Anderson (PM), who has recently taken over the preparation of his children's lunches.

SH And what about school, how do know what to put in the lunches?

Alex Oh that's great, that's the book I'm going to write. That's a huge marketing place for this country because no one know what to put in. And if you talk to any of the other, the other mums, if you talk, everyone puts stuff in, I'll give you the cynical view and then I'll deal with what we do. Eh everyone puts all like good stuff into the lunchboxes so it looks good, the lunchbox is 70% of the time comes back uneaten yeah. So standard meal in lunchboxes, brown bread with ham or not ham, butter or whatever right. Some level of fruit, popcorn is allowed and popcorn is seen as a treat, but it's the very salty popcorn, and a drink. So they pretty much get that. They sometimes get cheese and sometimes get a yogurt drink. They sometimes get grapes eh, so you try, but that's the basics right. Eh, or crackers is the other piece right. Now they, they get that in, they get milk in school. So there is, you subscribe for milk for the term and the milk gets delivered to the school eh, but we give them, so they get that and eh, I would say nearly 70% of the time it comes back uneaten or a bit of it comes back uneaten.

Alex's wife Alison noted about her children's lunches: 'They love popcorn. That is the one thing we have managed to stick to from the beginning. Each one of them gets a packet of popcorn, and at least that gets eaten you know'. These accounts suggest that packing lunches involves compromise and negotiation with their children, so they 'at least' eat something during the day. For these parents, some compromise appeared to be a preferable option to having their children eat nothing during the school day. Importantly it recognises the power and discretion that children are able to exercise in school in relation to food. Some parents appear to be making tradeoffs between morally 'good' foods and those which viewed to be less so.

Several parents expressed particular concern about the context in which their children were actually eating in school. The teachers, children and parents all reported that children had

approximately ten minutes to eat their lunch, after which they had a play break. Jessica Jackson (MT) comments about her son Jeff's (10) lunch:

> Jessica Jeff doesn't tend to eat his lunch in school at all. It goes in full and comes home full. He's terribly slow. He's really, really slow so they only get 10 minutes to eat lunch and he doesn't manage it.
>
> SH 10 minutes, that's
>
> Jessica They've 10 minutes to eat lunch and then they go out and play in the yard. So he just doesn't manage anything in 10 minutes like you know. He might eat the bar, he might eat half a sandwich but that would be about it. So I feed him when he comes home.

This issue appeared to irritate some parents because they felt that ten minutes is too short an amount of time to expect children to eat their meal. Moreover the limited supervision available during lunch did not encourage children to eat what they had brought in with them.

> Chloe Cheyne (PM): I think the school could be doing more to be promoting nutrition and children and to be encouraging children to eat. Of course, particularly when they're small because they get very sidetracked by the social engagement and they often are so busy talking and so busy. And Carl is absolutely falls into that category of being far too distracted by the company to be bothered eating his lunch. You know, but it is a source of frustration because I think that eh, I think, I mean I've got less and less hung-up about it but the more I talk to other parents, particularly when he was a junior infant, I used to get extremely annoyed that you know he wouldn't be having anything since 8 o'clock in the morning, you know what I mean?

Other parents reported that their children were not eating lunch because they were busy with tasks during lunchtime, such as passing out milk from the school milk scheme (Nicole Newson – FE). Although Chloe Cheyne refers above to the 'social aspect' of eating, she is actually referring to the play going on between the children, rather than conviviality and socialisation related to the meal. Socialisation related to enjoying food, and slow-paced consumption, appeared to be absent. Instead the children seemed to quickly consume a sandwich (or whatever was packed for them) before playtime.

9.2.2 Peer Pressure

Peer pressure related to school lunches was reported to be a common feature in the accounts of the mothers. Envy for particular foods at lunch appeared to have a strong influence on children's experiences of eating in school, as well as influencing how mothers packed lunches and the feelings mothers had about the content of lunches more generally. Mothers appeared to be particularly concerned that their children wanted to eat the same types of food as the other children in their class in school; a concept that Alex Anderson labelled 'the herd instinct'.

> Alex Anderson (PM): Then they'll eat because they're in with their group. They're in with their friends and if everyone is eating it they'll eat. If everyone eats, they'll eat. There's a bit of herd instinct when they're younger right.

This idea was only discussed by parents in terms of eating sweets and other treats while in school (as opposed to eating 'healthy' foods such as fruits and vegetables). While compromise on the types of foods included in the lunches was widely evident in the accounts, six mothers [Brenda Boyd (MT), Grace Gibson (FE), Lynette Layton (PM), Nadia Newson (FE), Pamela Popkin (MT), and Rose Ridler (FE)] reported that they refused to supply their children with 'treats' in school lunches, despite pressure from their children and accusations they were providing 'boring' lunches. Thus in addition to considering children's personal food likes and dislikes, parents also had to consider how their children's lunches compared to the lunches of other children and the social consequences of standing out. For example:

> Rose Ridler (FE):I would put in a very boring lunch for my children and my children will come back and tell me that they are getting laughed at in school because they have no treat or no bar. And Rebecca would say that her friends give her things in school because they feel sorry for her.

Similarly:

> Pamela Popkin (MT): It's very, very difficult when you say, I do a lunch and there'd be a roll and or a sandwich or whatever and maybe I might put a biscuit, I don't put a biscuit in because they eat that and they leave the fruit so I put the mandarin orange and a sandwich and that is what they get every, in their lunch. But when they go into school there's ones beside them and they have little packets of biscuits and they have em, bars. And they, it's very, very hard for me to try and do the right thing towards my kids, because they whinge at you. Ah, ah, so and so, so and so gets this and you know it's. But they shouldn't be allowed, that's my opinion on it anyway.

In the following account Grace Gibson was discussing the influence of other children on her son Greg's eating patterns when he started attending school. She reports that she was among a minority of parents who insisted on restricting chocolate bars and sweets in her son's lunch.

> SH Em and did things change when he went to school?
>
> Grace Yeah. But the lunchtime thing became a bit of a nuisance because they started off with having just, on a Friday they could have a bar or something small. But gradually over time it evolved into, kids were bringing it every day and there's only three people in Greg's class, himself and two others and I just didn't give in. And I felt sorry for him. But if I had done baking or anything like that I'd stick in something because I felt at least a homemade bun isn't, you know, what goes into it and that. And like we brought it up with so many parent association meetings and everything. Then, eventually now this year they've come down on it, but there's a complete ban on everything. Like they won't let chocolate spread or Frubes or Petits Filous or anything like that and it's all kind of fruit, water, fruit juice and sandwiches and that's the end of it and they won't allow homemade stuff either because then they said you can't draw the line between what's a homemade bun and what's a bought bun. So I'm happier.

School policies could be used to avoid problems in the classroom associated with some children having sweets (or other treat foods) and others not, however parents reported having to work to stay attuned to how the rules were being enforced in their child's classroom. For example as time went on Meredith McDermot (PM) made some concessions in how strictly she adhered to the school's no sweets policy.

> Meredith: The school, it varies I suppose, it sneaks in. They have, I suppose a healthy eating thing. They have a fruit break, em, so they're only allowed bring fruit for that. So sometimes I suppose they might bring cheese strings or something but they tend to bring an orange or an apple or something. At one stage I suppose they were certainly discouraging any sweets in the lunchbox, but some of the kids have them so they tend to maybe get two wine gums or something and a biscuit is what they take. But I think in September again the school is trying to you know get rid of all the sweet things, you know what I mean. But I think it either has to be in fully or it's not because, the kid beside you is having their chocolate biscuit and you're on your orange.

These parents appeared to have two main concerns about packing their children's lunches: 1) it put pressure on them to include sweets; and 2) they felt it was unfair on their children to have no treats included in their lunch when others did, especially when they were being 'laughed at' by other children. During the following interview, Brenda Boyd's (MT) children Brianna (7) and Bridget (4) wandered into the room during the interview with their mother. As I was asking Brenda what she puts in her children's lunchboxes, the children interrupted to discuss how a classmate was not adhering to the school rules.

> SH What about in school? How do you know what to put in the lunchbox?
>
> Brenda Um, very regimented at school. They have a policy – no fizzy drinks, no crisps, no chocolate. So they can have a plain biscuit
>
> Bridget But Sinead's bringing chocolate!
>
> Brianna You're allowed chocolate spread like once a week!
>
> Brenda A chocolate spread sandwich once a week. Well they are actually strictly not.
>
> Bridget Yeah like Sinead
>
> Brenda Well, strictly not. But the teacher in the Baby Infants said the other children don't notice. But I said, 'well actually they do', because Bridget starts it this year looking for chocolate spread sandwiches which she hadn't. But the girl beside her was having it in her lunchbox. The mother was sneaking it in but they are very – it's brilliant from that point of view the school are really and they inspect the lunchboxes.

Although in principle the school (Irish School) has a healthy eating policy, Brenda reports that it is occasionally abused by parents, and loosely enforced by some teachers. Brenda herself appears to be positive about the terms of the policy, but seems to provide a mixed account about the extent to which it is enforced.

As indicated above, six of the mothers specifically emphasised in the interviews that they refused to compromise with their children and put treats into their children's lunchboxes.

The extent to which the other mothers compromised, 'gave in', or simply put treats into the lunch box willingly is difficult to comment on. It is possible that some may not have wanted to discuss this in the interview. All of the parents reported being aware that their child's school had a healthy eating policy, although their familiarity with it varied. Mothers discussed the details of their children's food policies with more depth than fathers, and both mothers and fathers reported being frequently corrected by their children about specific school food policy rules. Because the policies and the way they were enforced changed over time, it appeared difficult for parents to fully be aware of policies.

Children appeared to be keenly aware of the details of food policies, and the consequences of breaking the rules. The willingness and desire of children to bring in banned food products appeared to vary in different children. For example Denise Dunnington (PM) explained that her older child Dervla (7) would absolutely never agree to bring in a restricted food item, whereas her younger child Danielle (5) would do it 'not a problem'. The following two accounts review the perspectives of different children, and the varying extent to which their peers adhered to the school food policies. The first extract is taken from a group interview with Alan Anderson (7) and his sisters Ava (5) and Amy (3) (PM).

SH What kind of stuff are you not allowed to bring to school?

Ava We aren't allowed to bring crisps, we are not allowed to bring chocolates

Alan No, Ava we are allowed on Fridays

SH Oh on Fridays. Why aren't you allowed to bring them?

Alan Because

Ava Cause no treats only on Fridays

Alan yeah

SH What would happen if you bring them in?

Ava If you bring them in not on Fridays you get in trouble.

Alan But there is one thing I know that the teachers don't know.

SH What is that?

Alan Everyday .... Everyday some kids in the class, the kids go up to the freezer, take a chocolate and put it into their pocket and when they go to school, at the assembly, they'll take the chocolate out of their pocket and eat it secretly.

SH They do?

Alan Yeah on non-Fridays I think

SH What would the teachers say if they found out? What would happen?

Alan They already know, but they don't know when. They are always trying to track them down but they never get 'em. It is impossible to get them, they are so great at it, they are great spies aren't they? They are just like me. I used, the teachers couldn't find me either. They were anywhere in the class. You would be looking around and when you would look at the ground and see this kid under the table eating something secretly.

In the next account, Carl Cheyne (7) (PM) discusses how a friend of his was given a chocolate bar by his mother. Although Carl and Alan were in the same class at the same school, their perceptions of eating sweets in school are quite different.

SH Does anyone ever try and sneak anything?

Carl I don't know, but once it was so funny. My friend Tom and he didn't ever notice and his Mom put a chocolate bar in and he was like 'oh my God I'm not eating that!'

SH (laugh)

Carl He was like 'oh my God' he just found it was there it was like 'oh my God I'm not eating that!'

SH Chocolate!

Carl Oh my God I am not eating that! And then he hid it away from everyone. And like later he sneaked out and threw it away.

SH (laugh)

Carl I saw him.

SH That's so funny.

Carl He threw it away he didn't want chocolate bars.

SH That's your friend Tom?

Carl Yeah and he would get in trouble.

SH Oh I see.

Carl He did not try and eat it. He didn't even try.

The reported experiences of children therefore varied, and although parents did seem concerned about children's lunch experiences being fair, it is unclear how many children wanted or were willing to eat treats in school – at least amongst the children in this 6-8-year old age group. There was some suggestion from parents and teachers that as children grew older, it was more difficult to deter them from eating sweets and treats in school.

9.2.3 School Food Policies: At Home

School food policies were relevant to two main interview questions. I first asked parents how they knew what to put in their child's lunch box, and secondly what role they believed schools should have in guiding what children eat. In the context of these two questions, parents frequently discussed their opinions on school food policies and the role that

schools should play in children's lives. Broadly speaking, the parents participating in this project reported in principle being satisfied with the food policies of their schools. Examples include: 'great' and the policies are 'brilliant' (Hannah Hanson – FE); 'it makes it so much easier because there is no pressure on you' (Brenda Boyd –MT); 'they should play a huge role and I always think that because we've been watching Jamie's School Dinners recently' (Richard Ridler – FE); and 'parents can do what they want outside of school' (Brian Boyd – MT). However Pamela Popkin (MT) reported being positive about the policy, but that they should be 'stricter', because the policies in place are 'not enforced'. Others had more moderate views, and while supporting the policies generally, were also concerned that policies could become too extreme. Ellen Eckard (FE) noted that policies are 'important', but if too strict they might create taboos. She suggested having bars allowed one time per month. For Dean Dunnington (PM):

> Dean Dunnington: I think its role, if any, should be informative rather than prescriptive. Because I think if it's prescriptive it becomes big brother and there's going to be a rebellion against it.

Alison Anderson (PM) reported that policies should be 'balanced' and Luke Layton (PM) 'flexible', 'because some parents might not have the time' to make lunches. Similarly Lynette Layton expressed concern that children would be blamed for the contents of their lunches which were packed by parents: 'it's not the children really, it might depend on the parents' situation'. Fiona Flanders (FE) emphasizes the challenges of feeding fussy eaters at school:

> Fiona Flanders: They're really encouraging healthy lunches, I don't think they should enforce it, I think it should be down to an individual decision, I think there's a lot of kids who are so fussy I don't think it's fair to say you have to bring a sandwich.

Finally two parents reported that children's lunches should be a parental responsibility only. For example, it should be 'left up to the parents really'(Cian Cheyne – PM) and Jake Jackson (MT), 'I don't think the school should have any role in foods, in food at all to be honest'.

Adult participants also discussed the efforts of the school to encourage parents to conform to their school food policies. In the following account Hannah Hanson (FE) discusses the school's food policy over the last few years.

> SH What about in school, em how do you know what to put in the lunchbox?
> Hannah Well they've told us what they can't have I mean it's been, they're very, it's a very good, they have a policy in the junior school (...) It will be Easter two years, I can't remember, but they don't allow, certainly for the last couple of years, they don't want bars and they allow homemade cake and biscuits. There's no crisps. They've never allowed crisps I think even 20 years ago they didn't allow crisps. Em, I think it was because of the mess rather than anything. They don't allow crisps now. They're allowed popcorn and they're

encouraged with the food pyramid thing, you know it's like, like maybe sort of, they're given a list of things. We've had a, and like we've got a talk on healthy eating policy

SH To the parents?

Hannah I think that was offered, I don't think I went, but you know they had, leaflets came back with the food pyramid suggestions for lunchboxes. So they've been quite proactive and it's now, they've got it into the culture in the junior part of the school is just the kids will largely monitor each other. 'Oh he's got a bar', you know. And it will be noticed and it will be repeated to us in newsletters, 'that it's come to our attention' and you know 'it's very difficult for other children'.

Fiona Flanders also discusses the school's use of the Food Pyramid in attempting to encourage children to conform to their healthy eating policy. The school thus appears to be using the Food Pyramid as a teaching tool for children as well as, according to Hannah Hanson's account, using it to communicate with parents.

Fiona Flanders (FE): They just em, sent home a note at the beginning of the year and they do it periodically throughout the year. We're introducing a healthy scheme and then they'll, somebody will come in a talk to the kids about the food pyramid and blah, blah, blah. And you know that's kind of how it works, even in the last few weeks the principal sat them all down and told them all you know, they 'shouldn't be bringing in a bar in their lunchbox' and the whole lot. They take it on board at that age, they really take it on board, the older ones not so much you know, the younger ones yeah.

Finally, Rose Ridler commented that introducing a healthy eating policy has the potential to exclude children if their parents do not comply with their restrictions.

Rose Ridler (FE): The problem is the parents that have been going toward the healthy eating policy are going to do that anyway and the parents that they are after to get to do it would still not do it. You can't force a parent into making that sandwich and they are the very kids that need it. I mean most parents would be quite conscientious about what goes in the lunchbox in the schools that my kids would be or in this area but em it doesn't take away from the pressure. If there is, this other child has a Mars Bar and a pack of crisps but if the other 30 kids are saying well I'm with majority who are eating ok, that also makes that child stand out and they could feel uncomfortable because their parents aren't going with the healthy eating. Yeah, it's a minefield! It's just a lunchbox! (laugh)

Rose again emphasises the social aspects of eating, and the potential danger of excluding children, whether it is in terms of 'healthy' or 'unhealthy' foods. Overall her description of a 'minefield' appears to sum up the various tensions reported in packing and regulating children's lunchboxes from the parents' perspectives.

9.2.4 Summary

The first section of this chapter has focused on the home-based production of children's lunches for school. In this section I have explored the complex process of negotiation which mothers engaged in order to determine what to pack their children for lunch. Parents reported being concerned about providing children with food that their children would

agree to eat, and would likely be consumed within the limited amount of time allotted for school lunches, as well as taking into consideration the school's food policy and how it was enforced by individual teachers. For parents, both social factors and considerations about 'healthy' and 'unhealthy' food items contributed to how they constructed appropriate school lunches for their children.

9.3 Schools: Making Policies, Encouraging Parental Cooperation

The second half of this chapter draws on a different set of data in its presentation of findings. This section begins by presenting the school food policies as explained to me by school officials, and then explores, from the teachers' points of view, how these policies are developed in the school and enforced in the classroom. Accounts from two teachers are drawn upon in this section. In the Irish School there was only one teacher for the school's First Class, who is the teacher I interviewed from the Irish School. The Large Local School had two First and two Second classes. The principal of the Large Local School informed me that she selected a particular teacher for me to interview because she was 'interested in food'. The second half of this section discusses the official Social Personal and Health Education (SPHE) curriculum and discusses the relationship between the official food and health curriculum and children's school lunches.

9.3.1 School Food Policies: At School

This section presents the school food policies of the Irish and the Large Local Schools. As discussed in the first half of this chapter, the manner in which school lunch policies were enforced varied between schools, between teachers and over time. The policy information listed below was collected from school principals during the Spring 2005, and in the case of the Large Local School, changes to the policy during the 2005-2006 school year are discussed.

Irish School

The Irish School had the strictest of the school food policies. The Irish School policy was put forward by the school under the remit of promoting health and safety to all the children in the school. The following chart summarises the written food policy at the Irish School, as given to me by the school principal.

Table 9.1 Irish School Food Policy

Designated Acceptable Food Items	Forbidden Food Items
• a sandwich (or its equivalent)	• sweets
• fruit/vegetables	• crisps
• a drink (water/milk/fruit juice)	• chocolate
• yogurt or plain biscuit (optional)	• fizzy drinks

The school policy also dictated that there was to be no sharing of food items and children were required to bring their lunch rubbish back home in their lunch boxes. The rubbish policy was the same in both schools. (This alerted parents as to what was/was not consumed and also reduced the amount of rubbish that the school needed to dispose of itself). This school's strict food policy appeared to have been in place for a considerable length of time, as the teacher (a first year teacher) interviewed from this school had actually attended the school herself as a child. She did note that the policy had become even stricter in recent years (i.e., 'now they are only allowed plain biscuits'). Additionally the principal reported to me that in the past the school had given out lollipops to students as a monthly reward, but this had been abandoned in recent years at the suggestion of the local dentist due to the concern about dental health.

Large Local School

As mentioned above, during the course of the fieldwork, the food policy of the Large Local School underwent a change at the start of the 2005-2006 academic year. While in principle the school had a healthy eating policy during the 2004-2005 academic year, it was applied sporadically and subject to abuse. The morning break was intended to be a 'Fruit Break' to encourage the consumption of fruit, but had spread to other food items as well such as yogurt and cheese. Sweets and chocolates were discouraged, but not forbidden, leading to some children bringing them in, and others not. The policy was widely understood as 'suggested', but not compulsory. The principal appeared to have used the momentum of healthy eating in the media and in state policy initiatives to make changes to the food policy at the start of the 2005-2006 school year. The new policy could be summarised as follows:

Table 9.2 Large Local School Food Policy

Designated Acceptable Food Items	Discouraged Food Items
• fruit/vegetables	• sweets • crisps • chocolate • fizzy drinks

This policy of this school aimed at excluding 'junk food' items from the school, other foods such as sandwiches were part of the normal routine, but the policy focused on having children eat only fruit at the first 'morning' or 'little' break, and banning junk food at the main or 'big' food break. However the long tradition of allowing chocolate bars on Fridays seemed to be an exception to the policy. Similar to the Irish School, the Large Local School had in the past given out lollipops as a reward to pupils participating in a recycling drive, but this practice had been abandoned, again after criticism from the local dentist. Several parents and children also discussed the banning of lollipops in the family interviews.

Lunch in School

For the children, lunchtime tended to be a relatively quick and 'loud' (Louis Layton) affair. Children would eat in their classroom with their friends before going out for a play break. All of the teachers reported that the time allotted for lunch was approximately ten minutes.

> Large Local School Teacher: They come in in the morning and they have their lunchbox they put them on a lunch bench. That's the wet area. It's a separate area that has lino on it and they stand and eat at lunchtime. And their lunchbox would be left there all day there. So that they are taken out first thing in the morning and that's that job done. And they usually have, they stay at the same places you know each day. They stay with their friends and eat. They don't sit. Well a few of them (laugh), a few of them that would mess with food would have to sit. That you know they haven't earned the right to stand with the rest of them and they have to sit for a while and then back again when they behave themselves. That kind of thing you know.

This provides a stark contrast to the school lunches in Sweden described by Gullberg (2006) described in Chapter 3. There were no dining room tables, chairs or crockery, and as reported above, minimal interaction with the teacher.

The consumption of branded products is a particular concern which raises the question of the market as educator. In contrast to the parental interviews, which did not emphasise branded products or advertising in children's eating practices, the teacher interviews suggested that some specific products which captured the attention of pupils were in heavy demand. For example, the Large Local School teacher did find food marketing troublesome:

> Large Local School Teacher: The Fruit Winders they just look so interesting and they look like such fun you know. They are so long, they are about a half a meter in length and they are rolling these things out and sucking their way through it. And there is also a Frube frozen yogurt thing. Yes, definitely the marketing is just huge and the children just fall for it hook, line and sinker. And then the peer pressure as well. Some really child who's 'cool' in the class has something and you know you have to have it. That starts very, very I'd say Junior Infants. I've been hearing about Fruit Winders and Frubes since Junior Infants.

While she highlights food marketing as a source of the problem, when she elaborates she identifies peer pressure and the social influences popularising certain products, rather than the market itself. In addition to creating pressure for 'unhealthy' products, there appeared to be pressure to avoid 'healthy' foods. The Large Local School Teacher remarked on how the students in her class laughed at one of her students who had brought in celery:

> Large Local School Teacher: So it is kind of incidental [learning] and maybe sometimes when they have their lunch and um a child in my class had celery and the other children laughed at her. And you go over and you say, 'oh that is just, I just love celery' and 'may I have some' kind of thing you know! This kind of thing you know, in a nice informal way as well.

Peer pressure in the lunch context does not mean just restricting 'junk' foods; it can also mean being dissuaded from eating 'healthy' foods or foods that diverge from the classroom norm. These extracts highlight the highly social element of children's lunches and the importance of 'fitting in'.

9.3.2 Encouraging Cooperation

For the school, convincing parents to cooperate with the school food policy appeared to be an important, but difficult task. In some cases obtaining cooperation was reported to be problematic and served to highlight the tension between competing forms of authority. One tactic that schools used to 'recruit' parents to participate in the schools' recommended practices was to inform them of the school policies prior to the child's enrolment in the school. The Large Local School Teacher (LLST) commented:

> LLST: Most parents would say that, most parents would see that everything going on in the school is wonderful really. I think the parents in this school particularly are very supportive. And before the child starts in JI [Junior Infants] there is an informative meeting, I think in June and then I think they have a meeting then in September. Just to tell them exactly about school policies and they sign off on the school policies as well and the policies have been drawn up with the parental body, so there has been consent all the way. And there has been cooperation and you know it hasn't just come from the teachers. It's from all the parent body really and the Board of Management. So everyone has signed off on these policies and they were sent home and there are drafts and they had a chance to look at them and if they didn't approve of something they could come up with something else so. It has really been with the cooperation with all the parent body. So it is good.

Having parental support was seen as vital to forming new food policies, and this highlights the negotiated and collaborative nature of their food policies. This seems to be particularly important in the Irish case because most parents have some choice as to which school their child attends. For example, attending a specific school in Ireland is not compulsory (i.e., schools are not strictly assigned by geographical region). Such 'voluntary' attendance in a

school highlights the importance of the individual school ethos and the importance of having cooperative and satisfied parents.

A key issue highlighted by teachers was the role they play in the enforcement of the school lunch policy and obtaining ongoing parental cooperation in this activity. In the following quote, the Large Local School Teacher discusses potential change in its food policy.

> LLST: Now I think from June on there is some talk – with parental backing – it has to be brought to the board, um trying to encourage the children not to bring in bars. Now I don't know I mean, you know I've got my own little boy in the school and on a Friday, because he's eaten healthily all week I would often put in a bar, just for Friday. So anyway, that's the latest thing.

As noted above, the Large Local School Teacher is both a teacher in the school and the mother of a seven-year old in the same school. Here she describes the tension she feels when enforcing rules. It is noteworthy that she reports that ultimately she believes that parents have the responsibility of feeding their children what they want.

> SH So if there were a parent who was constantly sending in bars or really going overboard about the bars, would you approach them or just leave it be really?
>
> LLST (Intake of breath)
>
> SH It's very tricky?
>
> LLST Yeah it is because you see that I have the two hats. I have the two hats of the parent and um and the teacher and really I think it's the parents' duty to see that their children are eating. We can encourage, but I don't think we can actually sit in judgment on them. We can do what we can to encourage. But I don't think we can actually ban it or. I know of children in the school who won't eat fruit and that's it. And I've had them in my class and I just, if you say to the parents they say, 'look I try'. And I know they would try! 'I try at home and he won't eat fruit' and that's it. … So um there are some children that have bars everyday and I don't know that you can actually tell their parents that you aren't allowed.

In this case, the teacher rejects a role of 'policing' the children's lunchboxes, as she (LLST) appears to feel that it is anti-social.

> But I don't really police that much because I look at the social aspects of eating as well, you know. You don't want to be there all the time picking around their lunchboxes ,and you know.

Moreover, enforcing the lunch food policies requires a constant reinterpretation of the rules, as (some) parents and children seemed inevitably to try to get around them. Dealing with 'chocolate spread' sandwiches, homemade verses store-bought buns and sugary yogurt drinks created situations where teachers had to constantly reinterpret the school's food policy. It was also very apparent from the interviews with teachers, as well as parents and children, that different teachers within the schools had different classroom policies related to eating. Some were reported to be more strict than others. The children reported being aware of these differences, and not surprisingly, it appeared to undermine a message of consistency.

Parental participation in getting appropriate lunches to children – and getting their children to eat them while in school – also highlights the parents' role in teaching about food and health. In the case of these schools, parental cooperation in packing lunches was vital to the curriculum. As will be discussed below, lunches were also used as a tool to teach about eating healthily. Thus without proper parental cooperation, the SPHE lessons would have been less effective. This highlights the importance of parental resources, both material and knowledge, in the children's overall school experiences. In fact the principal of the Large Local School explained to me in a meeting early on our contact (January 2005) that she was reluctant to implement the new healthy eating policy because it would punish those students whose parents simply would not pack healthy lunches (her implication suggested it was not a cost issue, but simply one of culture and preference). Concern for the children of parents who did not pack healthy lunches influenced other programmes in school. For example the parents' council was pushing a 'sticker reward' scheme which would reward children for bringing in a healthy lunch. However the principal rejected this scheme because, in her view, some students would never get stickers because their parents just would not pack a healthy lunch.

9.4 Teaching Food and Health in School

As emphasised in the literature review, the Irish state, along with other European countries (and beyond), have focused on promoting health – and healthy eating – in schools. The curriculum in Ireland is nationally centralised with specific information about food and health taught in the subject Social Personal and Health Education (SPHE). Ninety eight percent of children in school in Ireland attend public institutions (European Commission, 2005). Yet differences between schools still need to be considered.

The curriculum acknowledges the multi-faceted nature of SPHE content and recommends a three-pronged approach to teaching SPHE within the school (Government of Ireland, 1999a:11). Firstly, it recommends a positive school atmosphere to foster the health and wellbeing of the school community. In this instance, each school climate is seen as a unique product of many factors: the wider community in which the school is situated, its board of management, the principal, teachers, parent groups, etc. Key here is the notion that SPHE is a shared responsibility between the school, families and the community-at-large. Secondly, discrete SPHE time in the form of structured lessons is suggested at thirty

minutes per week.[1] Finally, the curriculum encourages an integrated approach to teaching the subject matter by flexibly combining SPHE lessons with other subject areas and with the inevitable incidental happenings in everyday life – such as lunchtime. The discussion begins with discrete teaching tools, and then moves to more general 'positive school atmosphere' and integrated learning techniques.

SPHE has a broad set of aims divided into three teaching strands: Myself; Myself and Others; and Myself and the Wider World. The 'Myself' strand covers children's personal development, health and wellbeing, both now and in the future. This is also where material directly relating to food and healthy eating behaviours is based, and the curriculum is premised on the principles of nutritional science. Food and nutrition lessons are taught through modules such as 'Taking Care of My Body' throughout the primary school years, from Junior Infants through to Sixth Class. The scope of the content varies and increases in complexity as the children get older. Themes include: the importance of food for growth and development; food preferences and their role in a balanced diet; the Food Pyramid; different types of foods; and food-related hygiene. The curriculum is openly underpinned by the concept of learning personal responsibility for eating a healthy and balanced diet.[2]

Child-friendly dietary guidelines are the main tools used for teaching, in particular the Food Pyramid and the concept of the food groups. The use of dietary guideline tools, including the Food Pyramid, is part of the official teaching curriculum. As discussed in the previous section, it also appeared to be used for communicating with parents about school food policies.

> Irish School Teacher: Yeah we start that (the Food Pyramid), a very simple one in Junior Infants/Senior Infants and then in second cycle in 1st and 2nd class you would bring in food groups. We have done that already. You are growing, why do you need to eat? It all comes in together with history and geography and how important science and SPHE. How important it is to eat because we are growing and how much of everything we should eat.

According to the teacher interviews, direct or implied references to 'good' and 'bad' foods appeared to be a key part of the didactic approach towards food in schools, suggesting an early connection between food and morality. However there also appears to be an emphasis that all foods have a place in the diet. The role of 'bad' foods in the overall diet is

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[1] The suggested time for SPHE is quite short at only 30 minutes per week, by comparison Religious Education is mandatory for 30 minutes per day. SPHE education is also a part of the secondary school curriculum. Since 2002 it has been required that SPHE is provided to Junior Cycle students in secondary school, although like the primary school curriculum, the actual amount of time allotted for this course is quite minimal at 40 minutes per week in the earlier years.

[2] The curriculum suggests that this is formally introduced in the 5th and 6th classes; the rational individualism underpinning is evident.

discussed and the concept of moderation is conveyed as part of the teaching. 'We do the lessons with the Food Pyramid and talk about good foods and – not necessarily bad foods – but foods that you shouldn't take too much of you know' (Large Local School Teacher). The idea of balance introduced here has also been discussed in Chapter 8. It is noteworthy that the notion that a diet does not need to be 'all good' is also evident in schools, and this is also reflected in the unofficial practice of allowing 'bars' and other treat foods on Fridays.

Not eating 'too much' was also a part of the SPHE lessons about healthy eating, although the teaching related to this topic was not necessarily done in a straightforward or forthright way. Here the teacher at the Irish school describes the consequences of eating too much:

> Irish School Teacher: You would probably say, cause children obviously love to eat sweets and you kind of say, 'what happens if you eat too many sweets?' They would probably say it is bad for your teeth. You'd probably take it down to the point of what would happen if you eat too much of something? You can only have so much of something. Too much sweets, too much dairy products, what would happen? Children know they have to have a certain amount of milk and dairy products but they know that if they have too many of them they could get fat or whatever. Do you know what I mean? They don't want to be too fat because what would happen, their heart and things like that. And as you go up into the older classes, in the older classes Fifth and Sixth class you do go into a lot of details, what happens and why and you know how it is important to keep fit and a good dietary balance.

The emphasis on linking diet to the prevention of chronic disease, a key tenet of nutritional science, is evident in this excerpt. However in this case it is also linked to becoming 'fat'.

The most important teaching point reported by teachers in the interviews was the importance of lunch time foods and eating in school in SPHE lessons. Although dietary guideline tools, such as the Food Pyramid, were part of the official teaching programme, the teachers emphasised that 'incidental' teaching was a very important aspect of the SPHE teaching programme. On teaching SPHE the teacher at the Large Local School commented:

> LLST: I suppose a lot of it is kind of incidental. It's encouraging them to have a good lunch you know. (...) So you do a structured lesson but you also keep an eye on their lunches or see what they are eating and try to encourage them in an informal way also, you know. So you kind of try to on every level really.

Because of the importance of 'incidental' learning, school food policies played an extraordinarily important role in teaching SPHE.

> Irish School Teacher: You'd use an awful lot of class-based learning, look at their lunches and everything like that and it really helps in the school that we have a healthy eating policy in the school. They're not allowed to have any sweets or anything like that. During lunchtime, or anything like that, crisps or popcorn. They're only really allowed to have sandwiches, very plain biscuits and homemade buns or things like that. So it really helps when you are doing it that way you know you are really able to say 'what did you have today?' And most children will have a bit of fruit and a

> sandwich and maybe a plain biscuit or something like that everyday so usually you'd use their lunch to start SPHE and what's good or not good. We do everything together.

Thus there is a distinct emphasis on the importance of children's lunches, not just as a matter of adherence to school policies, but as a component of the teaching program. Whether and how any issue of religious, cultural or ethnic diversity was dealt with was never mentioned by the teachers.

The notion of shared responsibility for SPHE education is heavily present within the official curriculum literature, particularly the shared responsibility of parents. Indeed, echoing the Constitution, the curriculum teacher guidelines note that 'parents have the primary role in the social, personal and health education of their children' (Government of Ireland, 1999b:30). The curriculum emphasises the necessity of a unique school approach which is the result of a collaborative process of 'consultation between parents, teachers, management and ancillary staff' (Government of Ireland, 1999b:29). Additionally, it is noted that there is a need for strategies of effective communication between the school and parents, and the interviews with parents suggest that food guidelines such as the Food Pyramid are part of the communication process with 'health' at its core.

9.4.1 Promoting Healthy Body Image in Schools?

As children grow and develop at different paces, bodily awareness and comparisons appear somewhat unavoidable. Observing and verbally describing different body shapes are important aspects of making sense of different body sizes and diversity, especially as the children's bodies undergo often unpredictable and uncontrollable changes. However given the clear negativity attached to becoming fat in the nutrition lessons, this poses a challenge for teachers. In the following excerpt, I have just asked the Large Local School Teacher whether or not she includes any 'healthy body image' teaching in her lesson plans.

> LLST: Not, well not really because you know then, fat is, you know, fat is bad. And small is bad. You know, the children are always measuring themselves up and the tallest, they always want to be the tallest child in the class you know. And they know, you know, that the girls in the class who are overweight. So, ah, you know some children you know the whole idea of puppy fat is kind of a medical thing, you know, that some children are some kind of heavy and then they lose it. They kind of, suddenly they sprout and they're just beautiful and like a gazelle from all this. I don't know like. I don't, no, it is not something, I think it would be very hard for children to see the difference between you know healthy and not healthy. To them it would be fat and thin.

As discussed above one of the schools, the Large Local School, made a reinvigorated attempt at bringing in a healthy eating policy. In addition to this, it emerged in one of the interviews that they had put on a play for all of the students in order to specifically address

the topic of healthy eating and obesity.[3] In the following extract, Nicole Newson describes the play:

SH What do the teachers say about that? About being fat[4]?

Nicole They don't say anything.

SH No? Why not?

Nicole I don't know. Today we had a play and it was a healthy eating policy thing and there was two people from another school and they came in and it was really funny cause there is this guy called Fizz and he loved fizzy food but he wasn't really fat and then he tries to take over the school with a spell – a fizz pop spell – and

SH Really?

Nicole Yeah. And then this girl doesn't like fizzy food so she doesn't eat anything and then everyone in the school is under a spell and then she saved it!

SH So the fizz pop guy comes in and pheeew

Nicole No and in the cafeteria he takes the dinner lady and he makes the new lunches and they are full of sugar!

SH And how did it end?

Nicole Tommy the boy that got really fat, he was about to explode. You heard a balloon pop and it was actually him. He had gone out for a walk and things and then he exploded and then he went back to being normal again.

SH Because he started eating healthy again?

Nicole Yeah and he started exercising.

SH Oh I see. And how do you think he felt? What was his name, Tommy?

Nicole Yeah.

SH How do you think Tommy felt when he was fat?

Nicole He didn't feel very full cause sugar doesn't fill you up. He wanted more and more.

SH And do you think he felt good or sick or happy or sad?

Nicole Weird.

SH Weird?

Nicole Yeah weird, he didn't know he was under a spell and they were going to make them for a new fizz pop potion.

SH But it had a happy ending.

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[3] This interview – and thus the play itself – was completed after I had ceased contact with the schools. Thus I was unable to collect any additional information on the play itself.

[4] It is important to reiterate here that in the interviews with children I made a specific effort to avoid introducing body-weight labels such as 'fat', 'overweight' or 'obese', as I was interested in what labels the children themselves would use. I used tools such as the Stunkard scale to get them talking about different body sizes and thus was able to gain an understanding of the terms they themselves used (or at least were willing to use in the interview context). If children used terms such as 'fat' or 'overweight' I would use the terminology they introduced, and if appropriate follow up with probing questions.

Nicole Yeah.

SH Was it just Tommy who was in it?

Nicole There was the girl who saved it. I don't remember what her name was. At the start she goes, I'm not really looking forward to that cheese sandwich but then he's gettin' all fat and she's like what is happening to him?

SH And do you think Tommy could be ever be happy if he was…what if he stayed fat?

Nicole He wouldn't really be good at sports when he was older and he wouldn't be able to run or do any sports. He wouldn't really be able to do anything.

SH Mmmm. But you don't know anyone who is like that? What did they do, did they put on a suit? Or was it a balloon?

Nicole No they put cushions on under his clothes.

SH I see. So that's all they talk about. Did they use the word fat at school?

Nicole No.

SH What did they say?

Nicole Umm, they just said, 'you are enormous' and things.

SH But they never use the word 'fat'?

Nicole No.

SH Why do you think?

Nicole (pause)

SH What does fat mean?

Nicole It's when you are really chubby and then it's really fat and big around here.

SH Is it a compliment?

Nicole No.

SH No. Is it a mean thing to say?

Nicole Yeah.

The state and media attention to obesity appears to have encouraged the school into addressing the topic of obesity, including through this play discouraging unhealthy eating and large body size. That the play addresses the topic of body weight and size, yet overtly avoids the word 'fat', suggests that this word in particular has negative associations and should be avoided in didactic exercises – at least in this 'middle class' school. While the word 'fat' is avoided, the play's message – that large bodies are both negative and the result of individualized eating practices – would seem to promote 'healthy body image' in only some students. I do not have the data to examine how such teaching exercises may or

may not support 'healthy body image' in students with larger body sizes, however this appears to be an area of importance.

9.4.2 Talking about Body Size in School

Talking about body size variety, especially larger sizes, appeared to pose a difficulty for the teachers interviewed in this project. The Irish School and Large Local School Teachers reported that they were cautious about using the word 'fat', and other related descriptions of the body, in the classroom, so as to avoid hurting children's feelings. When asked if the word 'fat' was ever used in the classroom, The Irish School Teacher responded:

> Irish School Teacher: No you'd never use terminology like thin or fat, only when you are, you might use fat when you are teaching the Irish Language: you're fatter. But you wouldn't use it in that context. You would say that everyone is different. But you'd kind of have to tiptoe around it if anybody was overweight or anything like that. But you have to come at it from the point of view that we need to be fit. It is really important for our health so that we can grow properly, and develop properly, that we are very healthy – more so than fat or slim. Because some people are overweight but still healthy, you know what I mean.

Although teachers were reticent about verbally describing large body shapes, the Large Local School teacher reported that the children did use words like 'fat' in the classroom. In the following extract I have just asked the teacher if she has ever heard the children use words such as 'fat'.

> LLST: Oh yes, oh yeah. Oh yeah I have. They even realise, you know, from a very small level that somebody in the class can't run very well. They do realise that. And then it begins to add up that they can't run because they are overweight you know. So um they do realise all those things yeah. I wouldn't be very comfortable with that image no.

The linking of poor physical fitness and fatness appeared to be overtly taken for granted and reflected in the schoolyard. All of the teachers reported that the heavier pupils performed poorly in sports and were less likely to play physically exertive games in the playground. The link between lifestyle and fatness was evident in teachers' attitudes, as well as more general characterizations of 'obese' children.

> LLST: Um I thought because there are some children who just stand out, you know. And it is a lifestyle thing as well. I mean it is the children that just don't take part in any physical activities and the children that love Play Stations, you know. And it's not just that they are obese, it's their whole demeanour. They're sluggish, they're falling all over the table, you know they're, they don't sit up they're not alert.

The overall picture suggests that promoting a 'healthy body image' in schools is complex and challenging, including the way that the teachers and children discussed body weight. In these middle class schools, teachers avoided talking about or making references to large body sizes for political correctness, and because a high body weight was not always identified as unhealthy.

9.5 Chapter Summary

This chapter has explored two related areas using two different types of data. First I explored the process of packing school lunches for children from home. Mothers appeared to construct children's lunches as a process of negotiation between multiple influences. Children's tastes and preferences, ideas about 'good' food, the influence of peers, school lunch policies and the way policies were enforced all factored into the negotiation process. Thus rather than a simple case of 'packing a sandwich', mothers reported having to contend with children's social concerns as well as cooperation and competition with school authorities. In the case of the Large Local school, the changing school food policy provided an additional challenge.

The second half of this chapter explored each school's specific food policy, and examined teachers' reports about how they are implemented in the classroom. The teachers' reports suggest that children's lunches are used in the classroom as a teaching tool – a practice implicitly suggested in the school SPHE curriculum, but very important in the accounts by the teachers. In addition nutrition-based teaching tools such as the Food Pyramid were specifically used as guides for parents and children, thus introducing a nutritional element of 'healthy eating' guidelines into school lunch policies.

10 Modelling Body Weight: 'Social Problems Work'

10.1 Introduction

This and the following chapter return to exploring the accounts of the family members. While previous chapters have largely focused on their understandings of food practices and on lay definitions of 'healthy eating', the focus of this chapter is the socially constructed meaning of body weight and obesity in the families' accounts. The chapter addresses the research aim of investigating lay understandings of body weight and obesity, and considers if and how they are related to medicalised understandings of obesity.

To unpack the accounts of the participants in relation to this topic, the analysis centres upon Sobal's (1995) multiple models of obesity (see Chapter 3). Sobal argues that three models of obesity are applied to people with high levels of body fat as a means of social control, producing competing, multiple definitions of obesity as a social problem (see Section 3.3.1). However as Miller and Holstein (1989; Holstein and Miller, 2003a) argue, most analyses of social problems take place at the level of the claims-makers and neglect the ways that social problems are understood in relevant day-to-day practices. Indeed, Sobal's framework appears to be based on the activities of claims-makers, such as medical organisations and social movement organisations, rather than being grounded within everyday realities. Holstein and Miller's (2003a:72) concept of social problems work 'transforms the constructionist project to address how social problems categories, once publicly established, are attached to experience'. The chapter begins by exploring social processes involved in the everyday evaluation and problematisation of body weight and size. I argue that it is analytically more accurate and useful to consider everyday understandings of 'body weight' than 'obesity'. The remainder of the chapter uses Sobal's (1995) competing models of obesity – medical, moral and political – to examine how participants characterised body size and weight in their everyday lives.

10.2 Evaluating Bodies

In Chapter 3, I presented the Body Mass Index as the primary epidemiological tool used to classify obesity in populations. While population level statistics are based on this system,

and media and public discourse frequently refer to statistics drawn from this model, the processes used to characterise and evaluate the body weights of individuals are more complex. To some extent this is acknowledged by the BMI small print, which directs individuals to their doctors for individual evaluation. However because obesity has both a technical definition and a place in larger public discourse, talking to participants about obesity presented a challenge. A social constructionist approach highlights participants' constructions of meaning, and the everyday activities used to make sense of their experiences. It was not surprising, but still noteworthy, that the processes that participants used to make sense of body weight and obesity were very different from those put forward by the objectivist approach of the biomedical characterisation of obesity. In fact, the interviews highlighted the complexities of substantively discussing 'obesity' at all. For this reason this chapter is better described as modelling 'body weight', than obesity.

Using Body Weight as an Evaluation Tool

The first distinction I discuss relates to the processes which individuals used to evaluate their body weight and determine 'obesity'. As discussed in Chapter 3, obesity and other BMI body weight categories are defined using a height-weight ratio linked to associated risk factors. The first indication of a divergent set of definitional processes came very early in the project. When setting up the interviews, several participants apologised for returning their project material late, and remarked that they did not have a scale, so they had to borrow the scale of a friend or neighbour in order to complete the project questionnaire. In fact it emerged through the interviews that the majority of participants did not have scales in the house, or if they did have a scale, they either did not use it or it did not work.

> Ellen Eckhard (FE): We do, but we don't, we wouldn't use it. But I do know the kids would hop on it every now and again and say, 'oh look, when I was three I was three stone something and now I'm the same weight' or you know they just do it out of you know curiosity thing. (...) I don't weigh them em, but they would tell me what weight they are.

Or in the case of Richard Ridler (FE):

> SH: How do people monitor their own body weight? And determine what appropriate is?
>
> Richard: How do individuals, what, body weight? I mean weighing, we used to have weighing scales where we lived up 'til December. We didn't, the batteries went on it and I'm glad, I found a scale in the house. I tend to weigh myself every day, I want to see the weight go down and just, it just, I get obsessed with the thing so, that's what, I don't want a scales now, I don't like the idea of a scales in the house.

So while some participants reported that they simply did not have a scale, others reported not using it as a matter of habit, or in Richard's case, consciously avoiding it (at least at the time of the interview). Women in particular reported not regularly using a weighing scale, however several men reported occasionally checking their weight. In particular, men who

reported in the past losing substantial amounts of weight, or who identified themselves as weighing more than they would like, reported weighing themselves. For example, Cian Cheyne (PM):

> SH How does a person know what weight they should be?
>
> Cian Well if I wanted to know what my typical weight should be I would get onto one of these machines in the gym that print it out for you. You know and I haven't felt the need to. I weigh myself actually once a week. But I haven't felt the need to see where I fit in the norms. I know there's a formula. I think there's a formula that takes your height and your age and whatever else into account. (...) I've never tried, I've never tried to eh, you know to work it out. Nor have I ever had an inclination to work it out. My weight doesn't change it's been constant for two years or so at least you know. Since I came back from the States, actually, I was big and then I lost more weight and then it stayed there. I commuted to the States for a year in 2001 to Boston and I put on pounds and pounds, all that prime rib. But since then it's constant you know, it goes up and down by a kilogram that's about it.

Thus while some participants reported occasionally monitoring their weight, only three (Rose Ridler, Alison Anderson and Alex Anderson) of the participants reported knowing their BMI score. Yet Rose Ridler (FE), also noted, 'I try not to be too conscious of body mass, like our weighing scales don't have batteries'. It is relevant that Rose reported taking a nutrition and fitness course prior to the interviews, so the calculation may have been completed during the course or perhaps provided an incentive for its calculation. Overall, the majority of respondents reported not monitoring their weight regularly, and only two reported knowing their BMI. None of the parents reported knowing the BMI of any of their children. Thus as a tool the BMI appeared to play a minor role, if any at all, in the way that the participants monitored their own body weight or that of their children.

It is perhaps stating the obvious that people make evaluations of others' body weights without knowing the person's exact weight or BMI category. The reported techniques used to monitor and evaluate the body weights of others were based on sensory evaluations. Participants often had a hard time actually describing their assessments, relying on shared understandings that were seemingly self-evident.

> Hannah Hanson (FE): How do we, I'm just trying to think, how do I, I'm trying, I've got a good eye so I'd know if something was crooked. It's that kind of sense, it's like God it's like em, you probably have a better way of putting it. But it's almost like you know you perceive, you know, if you kind know that somebody stood out, was wrong maybe because they have only four fingers You know something is of the average, I have a sense of an average in my mind and now if I were in, maybe over in Africa or something it would be a different notion.

Doctor Alison Anderson (PM) similarly noted:

> Alison Anderson: I think people just go on the general appearance of their children, which is fine I think, isn't it? We all have a good way of eyeballing a person and saying that they are overweight or not.

Another commonly method used to monitor one's own weight was through the use of clothes.

> Imelda Irving (MT): Well I know from myself I don't have a scale, but I know when my jeans are tight. I say, 'oh God I've overdone it'. So you know you ease back for a couple of days and you're comfortable in the clothes that you wear.

Participants described a variety of visual techniques used to evaluate others, and in particular the growing bodies of children.

> Chloe Cheyne (PM): I would, I suppose I would be more guided by things like pallor and em, proportion do you know what I mean like? If you can see their bones or you can't see their bones you know what I'm saying? Their ribs, we'll say, particularly you know if it's for a child that might look very thin to me. Do you know what I'm saying? It would often be about kind of if they're extremely pale it would be more kind of their pallor I would use kind of as a guide. Activity levels, again whether or not you could kind of I suppose eh, see kind of their ribs coming through at times. I think that if you look at how the body of a child is constructed when they get past the baby stage and they get up on their feet and are running around a little bit. I feel that most of them are so perfectly made that in lots of ways, you know what I mean they're not meant to be too thin, and they're not meant to be too fat, you know what I mean?

Age-targeted clothes too were an important tool for determining 'normal' sizes for children and appear to be a particularly important marker of normality and age appropriateness.

> Ellen Eckhard (FE): To me now she would be underweight for her age (7) and it shows in her clothes sizes and things like that. You know when you go to buy her clothes because a lot of the clothes now are hipsters they just fall off her. You know elasticized tops and things like that. And all the little jeans and that for her age are little hipsters you know so she asks for it all. But most, you know kids around her age would have maybe a little but more padding around the hip and bum. But she's very thin. Evan's very thin for his age and probably small as well but em, so as a family we don't worry about the kids getting fat.

The point to emphasise here is that the body weight categorisations designated by the BMI, most notably obesity, do not play any role in the everyday practices of the participants. Moreover, body weight does not appear to be actively monitored by many of the participants, including parents for their children. This raises a prominent issue for this thesis, namely that capturing the relationship between 'obesity' as designated by the BMI and participants' use of the term is extremely problematic. Although this thesis has so far largely emphasised the concept of obesity, it is clear that focusing on weight is too limiting. Moreover, it appears to be an inaccurate description of the topic under discussion. A critical distinction needs to be made between 'body weight' and 'body size'/'body shape'. Participants constructions of 'obesity' may or may not bear any resemblance to the biomedical term, thus the discussion here is perhaps more accurately described as reporting on discourses of body weight or bodily appearance rather than the biomedical term 'obesity'.

Defining Problematic Bodies

The second process I will discuss relates to how participants define problematic or excessive body weight: what 'qualifies' as obese and how one recognises it. Bodily descriptions used by participants often overlapped with BMI terminology, but appeared to have a different meaning. It is not surprising that the term 'overweight' was used in a non-technical sense (as opposed to the BMI body weight category).

> Imelda Irving (MT): When I see, when you see obesity or children are so overweight, you imagine a big fat, blubby person. That's what I think when people think, well I think of obese. That's what I would think of, not somebody who is maybe a stone or two overweight, I wouldn't consider that obese.

Many participants expressed a concern about the blurry line between 'big' and 'too big' and also about excessive concern about the bodies of children.

> Ellen Eckhard (FE): I just think there's a bit of scaremongering going on em, I think em, I mean I know the average 16 or 17 year old girl at the moment has a completely different figure, build than I would have had at 16 and 17. And it's everywhere, they're just broader boned and em, taller and carry a little bit extra weight, but not obese. So I think as a nation, I mean from what I can see the girls are definitely eh, bigger, but not necessarily you know to the fat degree. They've bigger builds, bigger boned, they're taller. (...) And then the obese children in Ireland, personally when I look around I don't see an awful lot of obese kids. I see some who are a bit overweight, a little bit heavier than they should be.

Distinguishing between categories of normality and excess emerged as a topic of contention in my interview with Pamela and Peter Popkin (MT). This was the only adult interview conducted with both adults together.

> SH How would someone know if they are obese, weigh too much or too little?
>
> Peter Yeah I mean obesity is a wrong word, obesity for me is really overweight.
>
> SH Yeah.
>
> Pamela They do, they use that all the time for just overweight.
>
> Peter So, so this is it, this is the catchword at the moment right.
>
> SH mmm
>
> Pamela There's a show to do with your biological age and they called somebody like myself, now I would say I'm overweight I'm definitely overweight. But I'm not, I wouldn't regard myself as being obese. But people, they use obese far too easily I think eh nowadays. Obese is somebody who, in my view is very overweight. Overweight is overweight you know em, a couple of stone overweight but now obese is somebody who's really, really fat I would say. They don't use it like that, the people that em, are in the know. They would call somebody who's only a stone overweight obese which I think is, em. It annoys me. There is a lot of kids, now if you look on the beach and things like that you do see a lot more kids overweight than what you would have years ago.
>
> Peter And you see I totally disagree with you.
>
> Pamela No you would Peter, you definitely would.
>
> Peter You might see them on the beach but you won't see them, that's what I'm saying.

This extract highlights the difficulties of both defining problematic body weight categories, and obtaining agreement between individuals as to the relevance of the categories. The interviews suggested that there is considerable contention related to identifying an 'obese' body as well as effectively communicating the meaning of obesity in an interview setting. It is possible that my use of the media boards, with references to obesity, prompted the participants to talk of 'obesity' rather than other non-medical body weight descriptors such as 'fatness'. However participants drew on the use of obesity in public discourse such as television shows to highlight that experts (or those 'in the know' – Pamela Popkin) mistakenly labelled individuals as obese.

Achieving an 'Ideal' Body Weight

The third and final process I will highlight in this section relates to the relationship between established BMI categories and lay 'ideal' weights. Health and aesthetic conceptualisations of bodies were often very difficult to separate. For example, Rose Ridler and Alison Anderson were both aware of their BMIs from information at the gym.[1] While both acknowledge that their BMI scores fell into the 'healthy' range, their ideals were actually lower. Alison, a doctor, commented:

> Alison Anderson (PM): No I don't like weighing myself because it is always too much and it depresses me. ... Now my BMI was within normal limits – I think it was 23 – and you are allowed 22 to 25. I forget now what it was but anyway, that was ok, but I felt I was overweight.

In these cases, the ideal weights envisioned by the women[2] do not correspond with the designated categories of 'normal' or 'healthy'. The visual evaluation techniques associated with identifying normal or problematic bodies discussed above appear to be closely intertwined with an overall aesthetic evaluation.

> Alex Anderson (PM): Well if you're meeting someone for the first time, it's aesthetics. Where you don't care and they're, you don't know them so you tend to, their health is not your concern. But I think people themselves, and you know I would be speaking for myself, I know when I go a stone above where I should be I'm going well, there can be problems and I know some of the risks in terms of you know heart, in terms of lung capacity.

This passage highlights the multiple dimensions (medical and aesthetic) of body weight evaluations, which appear to occur simultaneously. This complex relationship was often very difficult to analytically untangle. Thus in attempting to analyse the 'social problems work' carried out by participants in relation to obesity, I argue that several processes which

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[1] Alison Anderson is a doctor, and so would have inevitably been aware of the BMI. However she discusses her BMI score in the context of going to the gym and having her fitness evaluated there, rather than her own application of this tool as a medical practitioner. According to the WHO (2000), a 'healthy' or 'normal' body weight corresponds to a BMI of 18.5 – 24.9.

[2] Issues related to Rose Ridler's ideal weight are discussed in Chapter 11.

underpin the social construction of obesity affect its analysis: a reliance on a weight-based model in distinguishing 'obesity' from other descriptors such as 'fat'; a difficulty in identifying problematic body sizes and weights; and the analytically complex intermingling of a technically acceptable BMI and an 'ideal' body weight. Ultimately this complexity underpinned my approach to the presentation of the findings which follow. Rather than focus on modelling 'obesity', as Sobal (1995) did, I have sought to consider how his model fits could be used to consider everyday or lay discourses of 'body weight' or 'body size' more generally.

10.3 The Medical Model

Writing about the US, Sobal (1995) comments that the medicalisation of obesity took off in the 1950s. Among other things, the medicalisation process included the rationalisation of eating using the concept of calorie control. Ultimately this model conceptualises fatness as sickness, and 'it uses scientific and clinical experts to promote claims about obese individuals being sick and in need of treatment' (Sobal, 1995:80). As highlighted in Chapter 8, participants appeared to structure their understandings of food and health around the concepts of 'good/healthy' and 'bad/unhealthy' foods. However I also highlighted that the concept of balance was used within everyday practices to incorporate and weigh up the multiple meanings of food within everyday family practices. So while a concern about health played one role in everyday life, it was one of many dimensions of eating activities. Constructions of obesity in the accounts of the participants echoed this general theme.

In this analysis, social problems work involves the recognition and practical understanding of body weight as a social problem within the context of the participants' lives (Miller and Holstein, 1989). Yet analysing the material in this manner poses challenges, particularly because of the social processes related to the everyday evaluation of body weight discussed in the previous section. For example it was not possible to accurately 'determine' from participants' accounts what was meant by the term 'obesity', and participants themselves posed questions about the point at which weight 'became a problem'. Returning to the concept of 'Health Enthusiasts' introduced in Chapter 6, I found that it was this group who appeared to prominently characterise obesity in terms of health and sickness.

SH Do you think obesity is a problem?

Rose Ridler (FE): Yes. And I think that particularly in children of this generation it is going to be it is a huge problem and, I don't know. The bigger picture can't seem to see that this will all lead to heart disease, the whole lot, diabetes, you know. This is the first generation that may die before the parents, that kind of thing, you know. I was doing a health and fitness course last year so I am kind of interested in all of this and I would like to get involved in exercise and fitness for children, so I am quite aware of this from my own perspective of my children. In terms of exercise I am very pushy about my kids getting a lot of exercise and I would be conscious of my children, about their weight.

Similarly:

Nathan Newson (FE): I do think that the people don't necessarily have as much of an understanding that that extra pound or two that you put on each week for a month can work itself into a half stone or a stone and that's putting an extra pressure on your heart and liver, heart and other organs.

Rose Ridler (FE) and Nathan Newson (FE) both emphasise the health consequences of obesity and excess weight gain. This suggests that their overall orientation to health may influence their perspective on obesity and the effects of body weight. However as the food diary was not designed to specifically examine orientations to health, this theme needs more development. The majority of the participating adults placed less emphasis on specific weight-related health consequences than the Health Enthusiasts.

Children, however, frequently conceptualised obesity and body weight as a health issue, often citing specific medical consequences. For example Keelin Kehoe (13):

SH What happens if you're fat?

Keelin You can get heart disease and I can't think of the word, diabetes I think. And you can have back problems with your weight.

In the following extract Greg Gibson (7) is discussing the television show *You Are What You Eat* with Gillian McKeith, a programme he greatly enjoys watching and views regularly. Although he is not discussing obesity directly, it is an issue which frequently features on the show.

SH Gillian. Why do you think she's telling them to eat certain things?

Greg Oh, because they could die.

SH Because they could die.

Greg From heart disease, I'm very knowledgeable!

In this final extract, Niamh (14) has just informed me that her school has a new healthy eating policy, but the policy is unpopular with pupils.

SH And why do you think it [obesity] is making the news and teachers are making such a fuss?

Niamh Em because obesity damages your health in the long term kind of. It reduces your life span or something, so obviously they don't want people dying earlier they can and also like if you're obese the things you can do ok people say the things they do aren't limited but they are when it comes to like jogging and playing a game of football like they get out of breath after like a minute.

SH mmmm

Niamh So that's what I think it is and also it is just your country looks healthier if everyone is eating kind of a healthy diet.

These extracts are typical of many of the children. Given the relative uniformity of the responses, I would speculate that the conceptualisations are being brought home from lessons and activities in school, or in the case of Greg Gibson from the television programme.

To some extent, parents' bodily evaluations of their children did appear to overlap with a medical body classification scheme. With only one exception, the body weights of all of the children who had an 'overweight' or 'obese' BMI (based on my calculations derived from questionnaire data) were reported to me as an 'issue to watch', or some similar expression of concern, by parents, even if they were just barely classified as 'overweight'. Parents appeared to be very aware of their children's body size and shape, even if they did not explicitly use the BMI as a classification scheme or rely on weight-based measures to evaluate the appropriateness of their children's bodies. However 'concern' about their children's body weight did not necessarily appear to be health related, as will be discussed throughout this chapter and the next.

While a small number of adults (particularly those classified as 'Health Enthusiasts') appeared to construct their views in line with a medical model of health, other adult participants drew upon a more 'common sense' view of health in their constructions of body weight and obesity. For example, being able to participate in everyday activities and other visual cues of 'health' dominated the accounts of the parents.

Kay Kehoe (MT): Like you know, my kids would be very active like because they're into lots of things so they kind of eat what they want to eat. And they can eat what they want to eat because there's none of, they're not overweight or heavy or anything.

Similarly Jessica Jackson uses a general visual evaluation and the energy level of the children to evaluate their health and the appropriateness of their lifestyle.

SH So how does a person know, because a lot of the discussion that has been taking place around weight, how does a person know what weight they're supposed to be?

Jessica Yeah well I suppose again I wouldn't even know what weight my kids are meant to be to be honest with you, but you see then we haven't been to a GP, none of the three of them have been to a GP in about two or three, two years I think now. Touch wood. We've been really, really lucky. But I kind of feel well they've obviously healthy you know, if that's the cycle we're going on they look fine you know, they've energy.

A key factor evident in the accounts was the ability to perform everyday activities with relative ease. For example Grace Gibson (FE) describes a recent incident in her local grocery store to explain how an individual can determine an appropriate body weight.

SH How do people determine like what's an appropriate weight and what's not?

Grace If you can walk a certain distance without getting out of breath. Or you can bend down, like we were in the supermarket one day and there was this little one and I'd say she was three. She had, there was a huge queue at the checkout. She was kind of in front of us and we couldn't help but look. So she'd one of those takeaway bag things and she'd five sausages and she ate the five sausages. And then she had a bar and then she went and picked up a pack of sweets and she ate that OK.

SH In the market?

Grace In the queue. And she dropped something and the child was so fat she could not bend down to pick it up. She had her legs out nearly like this and she was trying to scoop it up off the floor and she couldn't.

SH And what age was she?

Grace I'd say she was three. Well I was flabbergasted looking at her and her mother. But you see her mother was huge as well and her granny was there as well. And even the baby in the pram was huge so, it's just probably the way. Greg is used to healthy eating so and I was brought up healthy eating like we never had anything processed in the house, it's probably just a matter of the way you're brought up and the way you kind of carry on.

While participants frequently pointed to health concerns about their children, only one participant specifically reported that an aesthetic concern was a primary body weight concern for her children. Doctor Alison Anderson (PM) reports that she emphasises the cosmetic, rather than health, reasons for staying slim.

Alison Anderson (PM): I don't know if my way of thinking is towards the health, I think I am more inclined to be looking at the cosmetic reasons for staying slim. And I would often say to Ava, she is very slim at the moment now, but she would be more like she more inclined to put on weight than the others and I would say to her, 'if you put on weight, Ava, we won't be able to buy you nice clothes'. And so I think my way of thinking is more image than health. Because I think you have to be rather overweight before the health issues come into it. Now maybe I'm wrong, you know.

This extract highlights that while the medical model is one way to conceptualise body weight and obesity, aesthetics also plays an important role in its conceptualisation as a problem and the boundary between a concern about body weight for aesthetic reasons and concern about the health implications of obesity is not clear.

10.4 The Moral Model

Although Sobal presents a tripartite model of obesity, the primary focus of his paper is on the medicalisation, and subsequent demedicalistion of obesity. The 'moral model' of obesity receives relatively little attention. In this model fatness is conceptualised as badness, and the stigmatisation is grounded in the notion that fat people lack willpower, are

weak and have other related failings causing them to be obese. This model is also associated with disgust and the idea that fat people should be punished as a means of social control.

That excess body weight is viewed negatively in modern western societies was discussed in Chapter 3. When conducting this research I was aware that the topic of body weight may be a sensitive subject for some participants, and thus I approached the interviews with caution, especially given that children were included in the interviewing process. Conducting the interviews highlighted important social conventions related to body weight which, I will argue, fall into the broader category of social practices related to morality.

For example, conducting the interviews for this project strongly revealed a social convention of not commenting on another person's body weight (or making implications through silence) to me as interviewer. Despite the copious headlines about obesity as a public issue, it became increasingly clear throughout the research that body weight is a highly personal issue. From an ethical perspective, even talking to children and teens about body weight on a personal level was very difficult (especially as I did not know them prior to the interview). Talking about body size/body weight on an abstract level was not problematic, especially because the topic was broached in the interviews in the context of the media's attention to obesity, or discussions in school. However I was reluctant to ask direct personal questions. While perhaps self-evident, this highlights a social boundary. A person may broach the topic of their own body weight themselves, but to raise the topic of another person's body weight, particularly if it deviates from the ideal or norm in any way, is potentially offensive. My strategy in the interviews was to give the participants (adults and children) opportunities to discuss their own body weight, but to ask directly personal questions only after they themselves opened the door to the topic and appeared comfortable. Although children and teenagers would often speak at length about the topic of 'healthy eating', body size ideals and 'obesity', they were closed about their perceptions of and feelings about their own body weights. None of the children discussed their feelings about their own bodies with me. Adults, on the other hand, were far more open and willing to relate the interview topics to themselves. Most of the information discussed in relation to children was revealed through their parents or other indirect means.

A second relevant issue, from a reflexive standpoint, arose when some parents discussed their concerns about their own or their children's weight as being too heavy. In some cases

it appeared to be a painful subject for them. It was often very difficult not to interject with a pacifying comment or other personal response. Nichter (2000) reports that in her study of teenage girls that the appropriate response to the comment 'I'm so fat!' is 'No, you're not!' On a personal level I found not engaging in such commentary very difficult. My approach was to use sympathetic facial expressions and neutral comments like 'mmm' or 'oh' while encouraging the participant to do the talking.

These reflexive comments are useful in introducing my approach to this section. Framing obesity in terms of 'badness' is associated with negative characteristics such as laziness and gluttony, with blame attributed to individual action. Sobal (1995:84) comments, '[M]oral models of obesity remain as a vestige of the overwhelming interpretation of obesity in the past as a moral and not medical problem'. In their study of newspaper reporting, Saguy and Almeling (2008) found that obesity is framed largely as an individual problem, and suggest that newspaper reporting has contributed to a 'moral panic' (Saguy and Riley, 2005). It is useful at this point to reiterate that the research interview produced accounts generated in a social setting, and social conventions would have mediated the interview process.

Adult participants rarely made overt comments characterising obesity or those who are obese as bad. Use of inflammatory language was avoided. However many of the participants made indirect comments which both characterized obesity as negative, and placed blame on individuals. For example:

> Jake Jackson (MT): It's basically a lack of, it's you know, letting yourself go I suppose. And it's all down to habit, and you know getting into a rut and it's always harder to climb back out than it is to get in.

Similarly:

> Nathan Newson (FE): I was at school 20, 25 years ago. There are guys six, seven, eight stone heavier than me. If I meet them in my home town, they don't take enough exercise. They don't eat the right foods. They go down to the chipper four times a week. Well not most of them, but quite a number of them would do so I think. What some people say that the media is, is eh overemphasising is actually highlighting the point that we're a couch potato society. We don't get enough exercise and therefore the foods that we eat have a greater impact on us. I would be very conscious of that.

In the following exchange with Gene Gibson (FE), he suggests that help should be offered to those who need it.

> SH Do you think the state should play a role in encouraging particular body weights?
>
> Gene Yeah I think they have a role to play. Again I fail to see what you know doctors or you know the authorities can do if you know if somebody wants to eat to excess and you know become overweight or obese. It's difficult to see what somebody in authority can do about it and it's will power on the, yeah fine you know they can be offered help. But I don't see how you can force them to, to eh change their ways.

At the start Gene's comment touches on what might be the 'political model' ideology, by touching on the choice of eating to excess, however he reframes this at the end of his statement by suggesting that the problem for the 'authorities' is one of practical implementation, and that ultimately individual willpower is the solution.

The children themselves appeared to have very clear ideas about the categories of fat and thin, and expressed these in very direct ways. They appeared to view fat as 'bad' and thin as 'good' with very little compromise. For example, Pauric Popkin (16) commented that the 'fat people' in his school were 'disgusting' and 'horrible'. Jeff Jackson (10) commented that fat people 'just aren't nice'. Overall, there were very evident associations between fat and badness, and thinness and goodness in the accounts of the children.

While Sobal describes the moral model of obesity as the general theme of fatness as badness, another type of morality emerged from my analysis which was grounded in social conventions and social interaction related to body weight. This relates to the social practices around talking about and commenting on the topic of body weight – especially fatness and obesity. It centres on the comment that it is 'bad' to judge people by their size. For example, from the account of Chloe Cheyne (PM):

> SH Do you think body weight is a topic children think about or discuss?
>
> Chloe I don't think, I don't think he [son Carl (7)] really does to be very honest. But I think, he would, he would observe for example. Say we were swimming recently he would observe an extremely plump child coming into his view d'you know what I mean? And kind of, I don't know did he pass comment and maybe. I'm a little bit confused because he was in a swimming situation recently where an extremely overweight teenager came in and you know some of the other boys around started laughing. And I actually went over and chastised everyone of them you know. I just, you know I just, I feel this passing remarks is just not a nice habit and children have to be taught not to be like that. But I don't think Carl would actually in the main, he would observe it. I don't think he would em, it wouldn't register as being highly important to him you know. That's probably because I, I tend to kind of eh, I just find it a kind of eh, it's an inappropriate way to judge anybody, d'you know what I'm saying? So I probably, that probably comes through in that. It's not something I would comment on about whether somebody is very fat or very thin.

Another type of 'judgment' that was viewed as negative relates to the blaming children and families for circumstances out of their control. This could relate to medical conditions or material factors associated with fatness. In the following extract, Fiona Flanders (FE) is commenting about the level of obesity in her area.

> Fiona Flanders (FE): There aren't many obese children. There aren't many, but there are the odd few. There would, there might be, I mean, I don't know. I don't know every child. There's probably only a dozen in the junior school and there might be a dozen in the senior school. But a dozen is too many and some of them look really unhealthy, like they're seriously, but I think you have to be very careful because with some children it could be a thyroid problem and so there's, a lot of them I think is emotional as well. There's a lot more single parents around and quite often you've got the

problem where you've got a single parent who is working and is buying convenience foods and going to McDonalds every day of the week and that's why you have this problem you know.

Although Fiona is framing obesity negatively, she also makes it clear that judging others based on their body size is inappropriate because it may not be an individual failing. There may be 'good' reasons that a child is fat and therefore care is necessary in drawing conclusions about the actions of activities of a child or parent.

While the majority of the children negatively used the term 'fat', several children appeared reluctant to talk about the topic of body weight altogether. For example, two of the Hanson children did not want to talk about the concept of 'fat' during the interview because their mother was outside and might have overheard them. In this case, it did not appear to be the use of the word which concerned them, but rather that their mother might overhear them and the consequences of this. In one case there appeared to be a concern between siblings regarding body shapes and sizes and the use of the word 'fat'. That the Dunnington sisters Dervla and Danielle had different body shapes (see discussion in Chapter 11) was a point of sensitivity which arose during the interview (and was later broached as a topic by their mother in her interview). In the following exchange the sisters are discussing the Stunkard body shape chart during their interview.

SH What do you think of these different shapes [referring to all of the shapes on the Stunkard chart]?

Dervla [pause] Good.

Danielle Is she fatter than her? She's fatter than her.

Dervla Stop it [angry tone].

Danielle Can I draw another picture?

Danielle (5) uses the word 'fat' to describe some of the body shapes, but her sister Dervla (7) appears to become angry with her for using the word 'fat', leading to a change in the topic.

The third and final theme related to morality and body weight practices relates to understanding the appropriate role of body weight amongst broader everyday priorities. This theme relates to the understanding the 'right' and 'wrong' priorities of body weight management activities in everyday life. Moreover this theme exposes the limits of a BMI model by revealing social distinctions between a 'healthy', 'normal' and 'ideal' weight. Eric Eckhard (FE) went into significant detail about the comments other people make to him about his wife's level of physical fitness and thin body.

Eric You know for men who are out of shape, they care less than women do em, even here in Ireland em. But I suppose it, if you look at Ellen's age and in mid to late 30s em, I'd see her as being in very good shape and I hear a lot of you know. It's funny how you know people commenting. But I'd say people probably wouldn't, I don't know if people comment to Ellen, but people comment to me a lot about Ellen. And eh, 'oh God she doesn't have a pick on her. Oh God she's always training. Oh God or she's always', and I was starting to wonder about it in the sense of, is it a view of em, you know it would be good for her to be a bit heavier sort of view. Or is it eh, feck her anyway how she manages to keep herself in that shape and I couldn't be bothered with that kind of begrudgery or whether it's just

SH Or jealousy or?[3]

Eric Jealousy kind of thing or whether it's actually em, that but, but it's funny I think people comment a lot about people that are actually. You know more about people who are actually on the extreme of being very fit and that because it's just so uncommon em, and that. Yeah you know lady number five would be probably fairly typical of the average Irish mother around the swimming pool on holiday.

Ellen did not mention any such comments in her interview. One interpretation of this account might be that there are also limits to adhering to the ideal, rather than the social norm. The image Eric highlights as being an average mother is below:



Interestingly Eric highlights that this is what a mother looks like at this age, not a woman. From the rest of the discussion and his quote above I would suggest that there is an implication in his references from others about Ellen that she should not spend so much time training or focusing on her body, she should be mothering instead. Clearly this problematises theories which stress the importance of perfect bodies and intense bodily surveillance over all else, and again highlights the role of family in the appropriate prioritisation of 'body projects' and health practices.

Another example involves Dean Dunnington. In the interview with Dean's wife Denise, she revealed that Dean had weighed more than he would have liked growing up and during his years at university. However during one summer break, Dean lost his (self-defined) excess weight. Dean appeared to be somewhat unusual amongst the participants because he continued to monitor his weight, and his eating practices, very closely. Most notably, he

[3] Unfortunately I interjected at this point, potentially leading him.

continued to weigh himself every day. The following extract is drawn from the interview with Dean's wife Denise Dunnington (PM):

> Dean would actually weigh himself every single morning, which I find completely like, I do when I think about it like you know, but he would yeah, he would weigh himself every single morning. It's amazing actually.

During the interview with Dean, he reported that he had a weight problem in his youth (his description), and he lost the weight over a summer during his university years. However in my interview with him, he did not mention that he weighed himself every day, even though we were specifically discussing the issue of how people monitor and manage body weight and the use of scales. I did not disclose to him that his wife had told me about his daily morning weigh-ins, but it is noteworthy that he did not mention this activity himself. I interpret this as a privacy boundary. It may be that, for him, there was something about the practice of weighing oneself every day that he did not wish to report. This suggests that it may be socially important to not be 'too focused' on monitoring body weight, or at least not to appear to be overly focused on weight or health.

10.5 The Political Model

Sobal's third and final model is a political one. Political models emerged out of the American civil rights movement and are defined by an attempt to reframe fatness as a political issue, rather than a moral or medical one. Overall, there was no evidence in any of my interviews of an explicitly 'rights' based model akin to an organised political movement such as the size acceptance movement in the US. In other words, none of the children of any age reported that obesity or fatness should be accepted or valued, or be considered 'good'. Similarly, in the accounts of adults there was no evidence of a rights based approach to body weight, and no suggestion that obesity should be reframed as normal or good in its own right. Slimness still appeared to be positioned as the ideal in the accounts of the participating family members.

Yet the framework Sobal (1995) puts forward suggests the existence of multiple political models, rather than just one. Although none of the participants appeared to frame obesity or fatness as a political problem requiring legal recourse, many adult participants appeared to lament the existence of a broader pressure to be thin, typically linking this pressure to the media and media images rather than a process of overt discrimination. In these accounts adult participants tended to stress the importance of embracing a diversity of

body shapes, yet with a focus on fitness, exercise and psychological wellbeing. The difference between this 'anti-diet movement' and size acceptance is the value it places on slimness. Participants' explanations for bodily diversity will be revisited in Chapter 11 in a section on 'explaining obesity'. The remainder of this section focuses on exploring whether participants articulated and recognised body weight as a problem of oppression in their everyday practices.

The first extract I will present considers the extent to which fatness is considered to be a 'real' problem. Ellen Eckhard (FE) comments:

> I just think there's a bit of scaremongering going on. I think, I mean I know the average 16 or 17 year old girl at the moment has a completely different figure, build than I would have had at 16 and 17. And it's everywhere. They're just broader boned and taller and carry a little bit extra weight, but not obese. So I think as a nation, I mean from what I can see the girls are definitely bigger, but not necessarily, you know, to the fat degree. They have bigger builds, bigger boned, they're taller.

While Ellen appears to dismiss the idea that obesity amongst teenage girls is a widespread problem, it appears that she comes to this conclusion because she does not consider 'a little bit of extra weight' to be a problem. Hence the girls she is referring do not have a 'real' problem. Obesity and fatness are still constructed as problems in themselves, perhaps requiring action or becoming subject to a medical or moral framing. This again highlights the difficulty in exploring the differences between the construct of 'obesity' according to the BMI and other lay descriptions of deviations from body weight ideals.

Many participants mentioned the existence of a pressure to conform to body image ideals as separate from issues related to health.

> Nathan Newson (FE): There's the health issue, where you'll see it happening in terms of the cost. You've the lifestyle issue, which is being advertised a bit more and people being encouraged to do various things. But there's also the aesthetic issue that you know people are conscious about their own image as well. More and more people are becoming conscious of body image and you know that extra bit hanging out over the belt of the trousers. Or somebody, 'does my bum look big in this?' Whatever, there are aesthetic issues there that people, even small kids, are conscious of their own image.

It is unclear to what extent Nathan's account of the importance of body image overlaps with obesity or fatness, but an ideal of slimness is evident in his account; he appeared to be relatively concerned about the health consequences of high body weight (see extract from Section 10.3). Peter Popkin (MT) takes a more critical position in his account of pressures to conform to an ideal of slimness. Peter, through his work in the health industry, has been giving presentations to secondary school students about health. Just prior to this extract, he reported that he does not think that obesity is a problem amongst children.

> Peter Popkin (MT): I'm in and out of schools for the last three, four, the last month I've been in and out of ten schools and I'm amazed at the way people are looking. It's nothing to do with, well it's

like this, it is propaganda. It's a bit like that you know, that everyone should have the perfect figure and everyone should be model and all that. Unfortunately it has influenced people. It's probably going the opposite way. It's, it's, you just look down and you go down to the cinemas or whatever and all the kids ... would be dressed up. They have to look well, if they put on any weight they're own age group is slagging them or getting at them. It's, I won't say it's sad. It is sad in a way because it's really dominating people to be slim, but not in the right way.

Peter's account suggests that he is not particularly concerned about obesity as a problem amongst secondary school children, but he does problematise the attention given to obtaining to a 'perfect' body image and the associated peer pressure. Yet he still suggests that there is a 'right' way to be slim. This idea of a right way of being slim is similarly supported by the account of Imelda Irving (MT) in her discussion of her daughter Iris. Iris is an adult child of Imelda's; she did not participate in the project food diary or interview.

SH Would obesity ever come up or is it a topic of discussion amongst friends or other parents in school?

Imelda Yeah, well obesity in itself, I don't think so. But I know like, as Iris, we were just talking about this the other night. She was saying, 'I went through my teenage years thinking about food and not having it and not having this, but still being overweight'. She was saying 'I don't want to go through my 20s thinking the same and wanting to be something else'. It's just all so geared around the self. What you look like, the image and, sure it's everywhere like you know papers, magazines, television.

SH Yeah.

Imelda It really is everywhere and I find for like Ida's age (17), that's all they look at magazines. It's just all, and peer pressure and all that sort of thing. And even for the last couple of years now, because I find that they're more advanced. Even though she's 17, but even when she was 15, when she was starting into it then. They are so aware of their body and what they eat. But yet I notice though they won't eat healthily to stay thin they'll binge on a load of rubbish and then not eat then for eight hours or whatever. So it's not as if they're doing it, not the correct way, but they're not eating healthily to stay thin.

Both of these accounts suggest that although the participants criticise media and peer pressures to be and stay thin, there is still a 'right' or 'correct' way to eat and maintain a particular figure. The 'good' and 'bad' food dichotomy (see Chapter 8) appears to be heavily relied upon to frame body weight management practices.

Other parents reported concerns that heavier or larger children may become a targets for bullying in school or elsewhere amongst their peers. That the bullying of heavy or large children occurs appeared to be widely accepted amongst both adult and child participants.

SH And do you think that kids are aware of obesity and body weight as an issue?

Luke Layton: I didn't think so but em, I heard Leroy (11) one day saying about his cousin who is the same age. He commented, we were down in the country. They live in the country and they were playing football and this, I won't say his name. He didn't want to play and Leroy passed a comment, 'ah he's too fat anyway'. Now he wasn't, I don't think he was being bad about it, the young lad is stout you know, you know. I think yeah it does, the kids will definitely bully and things like that. That's why you know the old thing about, the fat kid is always the joker or something. They do these things or they bribe them, other kids to be friends or whatever you know, that's my feeling on it.

In the following extract, Denise Dunnington is concerned about the weight of her daughter Danielle (5). However rather than challenging punishment or discrimination against heavy or large children, Denise's response to this threat is to actively monitor her child's diet and activity levels (see Chapter 11).

> Denise Dunnington: And plus as well you don't, the other reason would be I suppose, and why we would worry about Danielle (5) is that she could be bullied at school and stuff like that. You know the way heavier kids, I mean that is another big reason why I don't understand people letting their kids (pause), you know, because I mean they're prime targets like for bullying.

Although weight-related bullying appeared to be widely accepted as a threat to children – particularly heavy children – parents did not appear to construct themselves as able to challenge or reject this thin ideal or the consequences of children's perceived fatness. Although some parents reported emphasising 'healthy' or 'correct' eating behaviours rather than straightforward slimness, a thin ideal still appeared to be valued. Thus if any political model was evident at all in the accounts of the participants, it was one grounded in notions of an 'anti-diet' framing and a resistance to media and peer pressures to be slim rather than the promotion of fat acceptance or rights.

10.6 Chapter Summary

In this chapter I have explored the participants' understandings of body weight as a social problem by reviewing them in light of Sobal's multi-dimensional modelling of obesity. As this tripartite model emerged out of an analysis of the ways that claims-makers have attempted to shape obesity, I attempted to use Miller and Holsteins (Miller and Holstein, 1989; Holstein and Miller, 2003a) concept of social problems work to highlight the ways that individuals make sense of obesity as a social problem. This process highlighted multiple processes influencing how body weight is evaluated within everyday life. For example, before considering Sobal's models, the criteria which participants use to evaluate bodies suggest a mismatch between participants' characterisations of 'obesity' and the way it is defined biomedically. This highlights the limitations of discussing and analysing 'obesity' more generally, at least if considering the biomedical model as a starting point of analysis and the objectivist meaning associated with the term.

Using Sobal's classification model to explore participants' constructions of meaning related to obesity and body weight suggests that this model is not wholly adequate when considering the complexities of the concept within the realities of participants' everyday practices. This analysis has demonstrated that multiple models of body weight were

evident in the accounts of the participants, with the medical and moral models appearing to be the most prominent. There was evidence that some participants draw upon a medical model to understand obesity and (self-defined) excess body weight in both explicitly medical and 'common sense' ways. However considering obesity within the broader topic of the body-weight related experiences of the participants highlighted the multiple systems of morality attached to everyday experiences of body weight. The concept of morality was much more complex when considering how the data was generated, and how the everyday experiences of the participants were used to frame and conceptualise obesity. A political model, in the form of a size acceptance movement, was absent from the participants' accounts. A more subtle political model was evident to some extent in that some parents reported a rejection of media and peer pressures encouraging extreme slimness as an objective in its own right. Yet at the same time, the accounts of the parents suggested that that they did not reject a slim ideal, and emphasised the importance of engaging in the 'right' eating practices. Throughout this chapter I have sought to reflexively highlight that the data presented here was generated in a social encounter and, as much as possible, consider the implications of the interview context.

11 Body Weight, 'Healthy Eating' and Family Practices

11.1 Introduction

The final findings chapter of this thesis examines lay understandings of 'healthy eating', body weight and obesity in family food practices and investigates if and how they may be related. The chapter builds on the consideration of lay understandings of 'healthy eating', explored in Chapter 8, by exploring how body weight and obesity are understood within family practices, including their relationship to food practices and concepts of 'healthy eating' more specifically.

This chapter continues to utilise the concept of social problems work by developing the analysis of family practices in two interrelated ways. The first half of this chapter explores the interpretative procedures through which body weight is cast as a social problem in the accounts of the participants. For Holstein and Miller (2003c:75) the issue is identifying the 'local articulation of the collective representation' with aspects of experience in the participants' accounts. For, 'concrete instances of social problems do not exist apart from the interpretative work that produces them' (Holstein and Miller, 2003c:78). Three themes are considered in the first half of this chapter to consider how participants problematised body weight in their everyday practices: gender, social class and explanations of bodily diversity.

The second half of this chapter explores the related interactional aspects of the social problems work process by considering how body weight is managed as a social problem in interactive practices reported in the accounts of the family members. I explore how individual body weights are talked about and managed within family practices, particularly children's body weight. Throughout this chapter the importance of gender and the parental practice of avoiding body-weight related talking and interaction with children emerge as central themes.

11.2 Part 1: Accounts of Body Weight as a Social Problem

This chapter begins by exploring the interpretative procedures through which body weight is cast as a social problem within the accounts of the families. By exploring participants' constructions of meaning related to obesity and body weight, as argued to be more conceptually useful in Chapter 10, this section explores key themes related to participants' understandings of body weight within the families' everyday practices. The themes explored are gender, social class and explanations of body weight diversity.

11.2.1 Gendered Bodies

That body weight is a highly gendered issue was widely reported in the accounts of the participants. More specifically, a high body weight appeared to be constructed as a more serious social problem for females, rather than males. The following extract from the account of Mathew McDermot (PM) characterizes the way that participants appeared to construct body weight as a social problem for adults.

> Mathew McDermot: I mean to be honest em, without being chauvinist about it I think guys get away with being a bad shape far more than a woman. (...) I think that's the way it is in our culture anyway and I think that is the case. I think a, like a fat woman I mean a genuinely fat woman and even to say, see the culture we've come to, even say the words 'fat woman' is an insult. You can say 'fat man' and it doesn't have the same connotation at all. I mean a fat man actually can be just a fat man and you can even envisage a scenario where a fat man has a lot of presence, are you with me like? The fat man like, you know you can see him as kind of leadership thing.

According to Mathew's account, it is (more) acceptable for men to carry weight or be a 'fat man', but there are harsh social consequences associated with being a 'fat woman'. Thus, and not surprisingly, the gendering of body weight appeared to be a key process through which participants understood body weight as a social problem. Although this process appeared to be widespread in the accounts of the participants, the remainder of this section focuses on the participants' constructions of meaning related to the bodies of children.

It is difficult to overstate just how much more concerned the parents of girls appeared to be about the issue of children's body weight as compared to the parents of boys. That is not to say that the parents of boys did not express concern about the issue of body weight, but simply that the parents of girls exhibited an extreme nervousness about the body weights of girls – in one case in a girl as young as five years old. Yet parents' concern did not appear to just focus specifically on 'high' body weights, or 'large' body sizes, but rather more generally on the attention to which young girls paid to body weight and body-weight

related image. The parents' accounts referred to this subject in general terms, and included descriptions of specific interactions between parents and children.

SH Do you think kids think about what they weigh as well?

Brian Boyd (MT): I think girls do, from maybe an earlier age than used to be the case. I think from some of, the second half of primary school and onward. I think to some extent increasingly I think there maybe comments in classes about eh, one child being heavier than another. Not being the father of boys I can't be so sure if it's so much an issue for boys, but I do think that it's a topic among girls.

Rose Ridler (FE) and her husband Richard reported being particularly concerned about the interest their daughter Rebecca (8) expressed in her body weight – particularly her desire to be thin. Rose commented that 'she is very slim and yet would try and pinch an inch, you know, and she can't'. Rose goes on to suggest that beyond just being a personal concern for Rebecca, larger body sizes are focal point for teasing amongst young girls more than boys.

Rose Because I know I with Rebecca it would be bordering on an unhealthy interest in trying to find fat on herself. I'd have to be quite conscious of that, she's only 8.

SH That's amazing yeah.

Rose You know, yeah. But that's the, girls are very much into that talking about that.

SH mmm

Rose She was on a school tour and they were sitting beside each other and one of her friends would be quite heavy. They started saying she had fat legs and stuff like that. So girls, girls can be mean. The boys don't really, not as much, but I mean if you are really overweight as a boy it has to be hard too. That's another area to pick on you, you know. Kids will find something.

Similarly, Lynette Layton reported that her daughter Lydia (8) had approached both herself and her husband with a concern about her body weight.

Lynette Yeah because the in thing now is, I've now had with Lydia, I'll swear it's the television. She came up and says, now and I would say she doesn't understand right, 'am I fat? I've got a fat tummy.' Now I think she said to Luke the other day, had she eh, were her legs fat. I don't know whether, when you see all these, even the children's programmes and the way they're all glammed up and they're all slim. So it's giving, even though they don't understand it, this is the feedback they're taking from it.

SH Yeah and Lydia is eight?

Lynette Lydia is eight yeah.

SH Do you think, have you noticed a difference between the boys and the girls?

Lynette The boys don't really notice I think whereas the girls now, into fashion, and I'd say maybe some would notice now and I'm not sure because I really don't know, but I would say boys, it goes over their heads. I would say now, I could be wrong. But I would say it doesn't, they might notice but they may not say anything you know.

As previously discussed, the children themselves did not discuss their own body weight or body images with me in the interviews; therefore the analysis only uses the accounts of

parents to explore issues related to children. Yet the parents of girls reported that their daughters were aware of the issue of body size, and more specifically were aware of how their bodies related to those of other children of their age.

Although the parents' reports focused on girls and their attention to body weight, there was also some suggestion that boys were aware of and concerned about body weight. Several parents suggested that boys communicated differently on the topic than girls. For example, in the extract above Lynette Layton commented that boys just 'may not say anything'. The account of Imelda Irving (MT) provides a more specific example of gendered communication styles. Imelda has two adult children in addition to her two daughters (ages 7, 16) who participated in the project. Imelda reported that both had weighed significantly more than they would have liked in their teenage years. While her adult daughter Iris spoke at length with her about her concern about her weight, her adult son Ian did not.

SH The difference between em, males and females, boys and girls?

Imelda I don't know, actually Ian, no. I don't think there is, but they don't talk about it. And they don't, because Ian had put on a good bit of weight as well and he would never strip off. He'd never get in for a swim. He wears layers. Now in the last while he has lost weight and has joined a gym. You can see him, he's feeling much better about himself. But he didn't, he wouldn't talk about it or he'd only say, 'I'll only have half a plate full' or whatever. I think girls tend to talk about it more.

SH That's interesting yeah.

Imelda But he wouldn't say anything and would get quite offended if you mentioned something.

Thus while the majority of attention appeared to be on girls' concern about body weight issues, a more subtle attention to body weight amongst boys was reported by parents.[1] Echoing the differences in the construction of 'fat' male and female bodies reported by Mathew McDermot in the opening of this section, Henry Hanson (FE) appeared to reframe his son Hal's (10) 'big' body into a positive attribute. 'Hal is quite, like he's big ... but he plays an awful lot of sports, so he needs the weight too.' Although this was the only example of a positive construction of a 'large' boy's body in the interviews, this was entirely absent in the discussions of female bodies. Taken together with the extreme concern about the attention to body weight paid to young girls' bodies, both by the children themselves and their peers, the data suggests a considerable difference in the meaning attached to the body weights of girls and boys.

[1] The example presented here is somewhat unique because the data extract refers to an adult child not otherwise participating in the project.

11.2.2 Explaining Bodily Diversity I: Social Class

Participants frequently drew upon the concept of class as an explanation for patterns of obesity in Ireland. The concept of class and class-based patterns of eating and bodily maintenance appeared to shape the way that the majority of participants constructed 'typical' eating and body weight practices. Although this project does not include a comparative element in its design, this data provides an opportunity to explore how ideas about class distinction, identity and difference shaped participants' understandings of food, body weight and obesity. The interview guide did not include a reference to social class in its design, nor did I introduce the topic in the interviews. Thus all class-related issues were brought up by the participants themselves.[2] The concept of class was only mentioned in the accounts of adults, no children or teenagers mentioned the topic.

As discussed in Section 5.4.2, class is a complex concept encompassing multiple measures. A small number of participants reported very firm opinions that education was the key factor in eating healthily, more specifically a lack of education was the cause of unhealthy eating practices and obesity. The following extract is drawn from the interview with Denise Dunnington (PM). In this section of the interview she is responding to Media Board 1 (see Appendix D), which relates to feeding children.

> Denise Dunnington: I suppose if there was anything, yeah like headlines like that [points], if there are articles I would definitely read them to see what actually they're saying. Now I mean a lot of them, they're saying the same thing in that, you know, people feed their children you know fat, high fat foods and fizzy drinks and the whole lot. Obviously you're going to have problems you know what I mean. And generally it's well, from what I can see, it's education really. That you know people, well they just do it out of ignorance. Or you know what I mean, that people really are, I mean, I suppose you do. Well a lot of it is cop on in fact.

However the relationship between class, food practices and obesity extended beyond education. In the following example Henry Hanson (FE) discusses class-based food practices, specifically mentioning the classed-based practice of eating chips.

> Henry Hanson: I suppose it depends on what background you come from, though you know, like if you, if your parents I mean. Some of our kids at certain stages went to minders, you know due to work or whatever, and even when you collected them, you could, I know we have chips down there, we don't normally, but you can smell the grease off them. You know that sort of way. They were just constantly cooking fries or whatever. So it does, I'd say with regard to your exercise there depending on the professions, it might be even hard to get people that are junk food addicts (...) to actually get them to interview them because they really wouldn't eat anything bar rubbish and, it is a class thing, sorry to say, but it is.

Both Henry and his wife Hannah suggested that it would be difficult for me to recruit participants to participate in the project, specifically 'junk food addicts' (Henry) or 'the

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[2] However the media board did include a reference to 'affluence'. See Appendix D.

people who bring in the chocolate bars or the people who are less organized and less money maybe, or less disposable income, just downtrodden in some way' (Hannah). They appeared to directly link unhealthy eating practices with class position. Henry also links class to patterns of body weight. In relation to the Media Boards 2 and 3 (see Appendix D) Henry comments:

> SH Do you think obesity is a problem in Ireland? Like the papers seem to be suggesting that there is a problem?
>
> Henry I think certainly junk food is a problem, definitely. They do, you know well obviously they do tend to harp on it with America. It seems to be an example sort of scenario. I'd say again, not getting into class, but as regards the class issue, it is definitely a class issue. But as against that my sister's kid is, he's reasonably heavy. But I mean obviously they would know what to look out for too, but he's adopted. So you don't know, background wise, you know what I mean.

Thus Henry appears to correlate a lower social class positioning with higher body weight and obesity. Yet Henry also qualifies this pattern with the personal experience of his sister's child. Although her (presumably also middle class) family should 'know what to look for', this is mediated by the possibility of a genetic disposition to a high body weight (see Section 11.2.3).

Somewhat surprisingly, many participants identified affluence as the cause of unhealthy eating practices and obesity. Moreover, the link between affluence, unhealthy eating practices and obesity appeared in some cases to exist alongside the view that a class-based lack of education or class-based tastes in food were linked to unhealthy eating practices and obesity. For example, Jessica Jackson (MT) commented in relation to body weight that it was important to 'get people out of the poverty trap and therefore to eat more healthily' as well as in relation to obesity, 'it's the affluence and the lack of exercise'. Similarly, during his interview Eric Eckhard (FE) commented that 'inner city ladies' tend to be 'stocky', but also notes that 'I see enough of it [obesity] in the social group that I hang around in and I suppose we'd be middle to upper class rather than upper class in the sort of social pecking order than snobbery end of it, I think it's just quite, it's just quite common.'

While not all participants brought up the issue of social class in their interviews, the majority of participants who did linked affluence with obesity. For example, in relation to Media Boards 2 and 3, Eric Eckhard (FE) comments:

> Eric Eckhard: A lot of it is affluence which is, it's an awful lot easier to bring them out somewhere and feed them than, a part of that is down to affluence. And a part of it is just, we're all so busy. It's just so much easier to buy something somewhere than try and prepare it. There's so many distractions that it's an awful lot easier to just let the kids disappear off somewhere in the house to do the Playstation or the TV or whatever than to actually either push them out the door and say get outside and do something or actually to go outside with them. So it's a combination. (...) So you've

got you know a combination of, it's affluence and people have the money to buy the stuff. It's the ease of it because people are just so busy doing everything else. It's probably the culture of, you know, couldn't be bothered saying no.

The emphasis on affluence was slightly more prominent in, although not exclusive to, the reports of adults at the higher end of the income spread. For some parents, it did not appear to be just about having the income to spend on pre-prepared foods or restaurants, but a culture of spoiling children as a direct reaction to the economic circumstances that they themselves experienced as children. Again in relation to Media Boards 2 and 3 Alex Anderson (PM) comments:

Alex Anderson: In the older days well you didn't have a problem you just, 'get out of the house we don't want to see you'. And also I think in Ireland in the '50s, '60s and even into the '70s we were malnutritious. There was not enough food and people didn't have enough money. I don't think people realised that in 20 years and they think that it's part of our development. In 20 years we went from where people didn't have anything to feed the kids – therefore they went without – to where we now have got more money than we ever know what to do with. And the first thing you do is you, you spend it on what you didn't get yourself right? You spend it on all the electronics. You spend it on all the cars. You spend it all on the big houses. Spend it all on the food and all the restaurants and all the bars. So you spend. So we're a splurge culture, and I think, I think it will be another, I'd say another 10 to 15 years before we mature again to say, and it's probably our children will mature faster than we will. They'll go well we got everything we wanted, it did us no good, and you know you'll reverse the part of that cycle. So I think we're on that cycle at the moment. We're in the old eh, we're just spending our way out and spend. This happens after all that spending I think.

Several other participants linked increased obesity rates to Ireland's economic success in the 1990s to the mid 2000s. For one participant this was seen as peculiar given Ireland's historic relationship with food and the cultural significance that famine has in its history. Mathew McDermot (PM) commented: 'It's kind of, it's ironic. I always think it's ironic for Ireland to have an obesity problem having sort of our unfortunate history with the famine and that em, it certainly wasn't there before the recent affluence.' The final extract in this section brings several of these themes together by directly linking the cause of increased rates of obesity to Ireland's economic success.

SH How would you characterise the relationship between body weight and health?

Brenda Boyd: Um, well, I'm a midwife myself so from a work point of view and I don't mean as a midwife I mean as a nurse. From a health point of view I can see that it would become quite a big issue down the line. It's already becoming one. It can't not. When you are overweight and out of condition you cannot be healthy. So I think from that point of view I think it is going to be a big problem. And of course the younger you are and the more your habits aren't formed, well the harder it is going to be. But I think it's incredible. Like our society, we would have been average weight in Europe, similar to the rest of Europe. Our economy got very good very quickly. Our nature as a people I think has a tendency to overindulge. We overindulge in the craic, we overindulge in whatever. We are not a very disciplined race of people. When you look at the French and when you look at the Austrians and you look at the Germans as well, who have had a very good standard of living over a long period, the Norwegian and the Swedes, they don't seem to have, or I'm not aware that they have, this obesity issue. We just have seemed to develop this huge obesity issue. It's like we can't say no to ourselves. We have no discipline. We don't have self-discipline as a nation. I think that's the big problem actually. And we don't know how to deal with the excesses when they come along. We're like children. In a sweetshop. In

> about 20 years time we might get it together and think ok all of that is around us but we need to be educating our children not to be going for all of that just because it's there.

Brenda appears to be suggesting the existence of an Irish specific attitude towards indulgence, influenced by Ireland's increased affluence during the Celtic Tiger economic boom.

Overall two distinct relationships between social class, food practices and obesity were evident in the accounts of the participants. While a small number of participants linked a lack of education to unhealthy eating practices and increased obesity rates, a larger number of participants linked high obesity rates to Ireland's increased affluence. It is noteworthy that a number of the data extracts presented in this section were generated during discussions of the media boards. Viewing the interview as a socially constructed encounter, it is likely that the media board content boards influenced their responses. However, given the lengths to which several of the participants discussed the influence of class on eating practices and body weight, I would suggest that they are not simply repeating media discourses. Overall, the accounts presented here suggested two contradictory views of how the issue of social class shapes participants' constructions of meaning related to food and obesity.

11.2.3 Explaining Bodily Diversity II: 'Fatalistic' and 'Lifestyle' Views

The third interpretative procedure discussed in this section relates to how body weight diversity, including the topic of obesity, was explained in the accounts of the participants. To present this material, I have utilised the concept of 'fatalism' and 'lifestyle' as a way to consider how the participants explained diversity in body size, including fatness and obesity. As discussed in Section 2.4.1, these concepts have been used by: Pill and Stott (1982) and Pill (1983) in the consideration of illness causation; Davison *et al* (1991; 1992) in terms of lay epidemiology; and in Backett's (1992b) study of lay health evaluations in middle-class families. Yet a distinction needs to be made between using these terms in relation to health and illness, as in the previously mentioned studies, and in relation to bodily diversity and obesity. As argued in the previous chapter, the process of identifying 'obesity' is not straightforward, nor is establishing and articulating the point at which a high weight becomes problematic. Therefore while potentially useful, caution is necessary in adopting these concepts.

A 'Fatalistic' Orientation to Body Weight and Shape

I begin by considering reports which characterised body weight and obesity as having a 'fatalistic' component. All of the adult participants acknowledged that, to some extent, an individual's body weight had a genetic or inherited influence. A rigid division of two orientations is not possible. Respondents frequently commented that genetics had a strong influence on both thin and larger bodies. Thus for some genetics predetermined body shape leaving little element of control over body size. For example Rose Ridler (FE) commented, 'In terms of children, you hate to see an overweight child, but genetics are there that you could be predisposed to being heavy'. In forming and justifying their views, participants frequently drew on the bodily histories of their own immediate family, extended family and friends.

> Fiona Flanders (FE): We went to this water park, and they were just enormous absolutely enormous. Even Faith was saying yesterday, she went and met a pal. Faith said, her friend was all delighted she'd lost weight. She now weighs 11 stone 2. She's 13. I said she's two stone more than I weigh, it's not healthy you know. But I think we have lean genes as well. A lot of it is genes, genetic too. We just have lean genes. So none of them, I don't think they're ever going to be overweight, because neither of us are you know. I think that has a lot to do with it as well.

A direct genetic influence was not the only biomedical explanation for variation in body weight or obesity. For example, when considering an individual case of obesity, it was necessary to take into consideration the possibility of thyroid dysfunction or another medical influence.

> Lynette Layton (PM): It's not, you see they can blow it out of all proportion you know and sensationalise it. But definitely, definitely it's on the increase. It is on the increase, but (pause) I eh, you see you'd have to, when you look at that you'd have to take the whole family into consideration. And see maybe, is there a gene there, or is it a thyroid, or is it the way they're eating and what way they're eating. You just can't take one issue out of it and then say, oh that's the cause you know. It could be like maybe your parents have been very heavy or something or maybe it's a glandular problem. You just don't know and you have to be very careful. You just don't know. You don't know whether a child, if it is a thyroid gland. Maybe it's underactive, overactive and the child might have it. Now I'm not sure if thyroid can start in children, but I'm sure it can. But there could be another cause for it, but we have to be very careful. You know but maybe children would need to exercise a little bit more, run around more.

This extract captures a dominant theme in the accounts of participants, a distinct uncertainty in explaining the cause of an individual case of obesity or excess weight. Lynette's extract highlights that despite the possibility of a genetic or biomedical cause of obesity, such as a thyroid dysfunction, there is always a lingering element of uncertainty. Although the cause of a body weight problem may be out of the individual's control, excess weight may also be the result of lifestyle factors such as a lack of exercise or poor eating patterns. Thus it is necessary to exercise caution in making assumptions about the cause of obesity for any given individual.

Again drawing on personal experiences, adult participants frequently discussed similarities between their own bodies and those of their children. Using personal experience appeared to be a way that participants could gauge the 'normality' of their own bodies as well as evaluating the course of development of their children's bodies. Shared bodily experiences could then be used to indicate whether a particular body shape, or an age-specific weight fluctuation, in children was problematic or not.

SH Again could you, like what do you feel when you see articles like these (Media Boards 2 and 3)? These are about children and these are general.

Hugh I suppose, I mean it's obviously been, you see a lot of extraordinarily weighty people altogether. So we'd be conscious of Hal (9), like he could put on weight, where as I suppose Howard's (6) a bit younger, so it's not an issue at the moment. Hal is quite, like he's big. Like I would have put on a lot of weight I suppose about age 12, and then by the time I was 16, 17, I was thin as a weed. So I'd be conscious of him.

In the following extract Mathew McDermot (PM) is discussing his body shape. In his interview he reported that a doctor had informed him that a muscle in stomach was 'dead', in that his motor control of this particular muscle was extremely limited. This dead muscle result in a distended stomach, influencing his overall body shape.

SH So it was your shape that made you think about your body, not actually not scale weight?

Mathew Yeah, the shape yeah. And how it was affecting my back, which it was, and I'm sure it still does. It's the shape that puts a limit on what I can eat now, which is, I've always had a shape issue, always. Even as a kid, there's pictures of me on the beach as a child. I always had a sort of, my father had the same so I'm sure it's genetic. My brother has the same. Well apparently it has to do with this dead muscle.

Therefore the bodies of other family members provided a source of guidance in the extent to which an individual has control over their own body shape and, perhaps, comfort in establishing a localised sense of 'normality'.

While for some the bodies of other family members provided a sense of similarity, for others intra-family variation in body size served as evidence of the existence of genetic variation in body shape. In the following extract, Denise Dunnington discusses differences between the bodies of her two daughters, Dervla (7) and Danielle (5). Denise reported that she is conscious of Danielle's body, as she feels she is prone to a larger body size than her older sister Dervla.

Denise Dunnington (PM): She'll [Danielle (5)] always be kind of prone, she just has a body, she has a body shape, you know that's different as well. Dervla (7) is a skinny, skinny girl and she'll always just, that will be her shape. And she probably won't like that either you know, that type. I don't have you know, the same, she doesn't have the same kind of em, it's just interesting.

Similarly in the following extract Brian Boyd reports on the differences between his two daughters Brianna (7) and Bridget (5).

Brian Boyd (MT): I don't think that weight is the be all and the end all. I mean, I think the overall lifestyle you know, I think exercise and what people eat and everything, but some people are just going to put on weight. I worked for a man once and the phrase he used about his wife, she only had to look at a cream cake and she put on a couple of pounds you know. Bridget (5) will always tend to be heavier. Brianna (7), I think will almost, maybe I might be wrong. Maybe I'm wrong, Brianna will probably ever be slight. Bridget will ever be a bit on the heavy side, and yet Bridget probably is more prone to healthy eating. So while I think it is something that children do become conscious of, I definitely, I don't like the oppressive side of that. And the hyper obsessive side of it. I think there are far more important ways, important issues for the person. While obesity is a problem, and to be overweight is a problem, and you know it generally affects the person's health, and you know all round, I think a person would do well to be encouraged to be happy with their shape.

The extracts above are drawn from accounts of parents of girls, and there is a strong theme of concern evident in both these accounts. (Denise and her daughters are discussed further in Part 2). Both parents appear to be concerned about their daughter's emotional satisfaction with their body shape, rather than the potential impact of weight on bodily health.

A common theme in the accounts of adult male participants was one a 'natural' body weight, which an individual could fight against or accept. While an individual was able to manipulate his or her body weight through activities like dieting or exercising, there was nothing one could do about the body's 'natural' weight.

Alex Anderson (PM): Well I'd say, if I look at myself because I've in the gym a lot more so I'm more focused on my body for the first time in years. Before I would just go, and I would be overweight. I'm sure if you did a BMI on me, I'm probably not in the overweight, probably just on the obese category. I'm very certain I am, but I'm, what I have is the weight I am right now is the weight I've been for probably the last six, seven years. So there's also I think in terms of weight again, this is my theory is, that there's a weight you can be comfortable at and there's a weight that I think is your natural weight. Now if you exercise and if you watch your diet you'll get it down a stone or two, but you'll naturally float back up.

In Alex Anderson's account, he is able to recognize his 'natural' weight. Jake Jackson suggests a similar theme, that people have a preponderance to a particular weight, however he suggests it is difficult to identify what a natural weight is.

Jake Now I know some people are born with a preponderance to a certain figure and a weight. So they can't do anything about it. But it's, it's when people who aren't meant to be overweight become overweight. I think that's the problem. It's changing your physiology by abuse, basically of an external substance.

SH So bodies?

Jake So your body isn't meant to be that way, so it's under a strain. So if you were born, if you were born a plump person and you ended up like, your body is probably meant to be that way. So you're not, there's not much strain on you. Whereas if you were meant to be thin and you're actually quite large you're obviously straining everything you know.

SH How does one tell the difference between the two?

Jake Em, it's, I'd say it's virtually impossible you know.

In Jake's account, he seems to suggest that it is possible to be both healthy and unhealthy while being 'plump', with the key factor being the innate physiology of the individual. The difficulty lies in identifying natural body shape, as there are a lack of tools to distinguish between the two body types.

Although all of the participants to some degree acknowledged a 'fatalistic' influence on body weight, this was articulated in complex ways, often drawing on personal experience.

A 'Lifestyle' Orientation to Body Weight and Shape

Just as all of the adult participants acknowledged that body weight was to some extent shaped by genetics or another uncontrollable biomedical influence, all of the adult participants also acknowledged that eating practices, and patterns of physical activity such as exercise had, to some degree, an impact on body weight. Thus 'lifestyle' influences on body weight could sit quite compatibly with a 'fatalistic' influence. For example doctor Alison Anderson (PM):

> Alison And they say there is a gene, isn't there gene?
>
> SH There seem to be different medical arguments, genetics and the metabolic syndrome
>
> Alison I think that no matter what some people do they can't lift their metabolic rate and it is just stuck there. They might have to exercise more, but I think you get into a lazy way and it is very hard to change routines and habits.

While on one hand Alison acknowledges bodily diversity based on uncontrollable biomedical influences, she also emphasises the importance of lifestyle-related activities such as exercise and shifts into what appears to be a morality-based explanation for high body weight based on laziness and personal responsibility. The 'lifestyle' orientation was grounded in a theme of personal responsibility for body weight.

In this orientation to bodily diversity, body weight appeared to be constructed as something which should be monitored and managed. An emphasis on the organisation of children's everyday activities such as 'healthy eating' and physical activity appeared to be constructed as an important element of good parenting. Ultimately children's body weight was understood as the responsibility of parents.

> Eric Eckhard (FE): I think it's a combination of both food and exercise. Food, exercise and parental attitude which is, I remember one day a couple of kids came over to visit. So we said right, come on we'll go on a trip and go up Three Rock Mountain, which is only a bit of a hill. We drove half way up and got out of the car and 100 yards away from it two of the kids were red faced and said they were tired, and I said, 'come on get up the hill'. 'No, my mammy wouldn't make me do this', you know so it's, you know parental attitude as well in the sense of, it's easier to give in than work at the things that are good for them some of the time. I'm not saying we're great at it but at least I'd say we make an effort. (...) I suppose if I have a concern it's the fact that when children were

> overweight before it was you know probably metabolism, and there were a limited number. Then the child would get involved with something. But I just don't see kids getting into lifestyles that are going to get them out of the rut of being, those that are overweight getting out of it you know. It's back to a view on eating and activity and things like that. But it doesn't seem like the parents are going to encourage them.

Thus while children could be overweight because of genetic or inherited influences, other cases of overweight were considered to be 'lifestyle' based. It was strongly emphasised in the accounts that parents viewed themselves to as being responsible for managing their children's body weight.

> Grace Gibson (FE): No, it's up to parents I would say. Like it's not, it's not like a government, what's the best way of putting this? Like if my child was fat, it's not up to my local TD to come down and say, well your child is fat, you should be X, Y and Z. Like a lot of it is down to the whole way society is gone and all the, like children's telly now it's all Dairylea Lunchables and all those crappy kids foods are made to look fun and exciting and you're plain kind of brown bread and cheese sandwich doesn't exist anymore.

Yet, the appropriate management of children's body weight appears to be constructed as being located within a broad spectrum of activity, similar to the work of Backett (1992b). While an overall parental awareness and responsibility for children's body weight appeared to form the basis of good parenting technique, the participating parents also reported that it was important not to 'obsess' or place too much importance on the topic of weight. Thus similar to Backett (1992b), there appeared to be a spectrum of weight-management practices, with a weight 'obsessed' on one end of the spectrum, and an overindulgence in irresponsible activities on the other.

> Jessica Jackson (MT): I suppose I'd be fully, like you'd be aware that it's out there. You'd be aware that it's em, like both myself and Jake would be kind of heavy, on the heavy side sort of thing whereas the kids aren't funnily enough. But I suppose that I would be aware of it, but it would be just be awareness. I wouldn't be obsessed by it or anything like that. I wouldn't, you know like I would think this is people's own responsibility, rather than the nation's responsibility or whatever.

It is difficult to speculate on why some participants emphasised a 'fatalistic' orientation to body weight diversity and other a 'lifestyle' one. Those with a strong 'fatalistic' orientation appeared to have a strong bodily similarity to other family members (e.g., Fiona Flanders) or have an influential personal experience with body size and/or weight (e.g., Brian Boyd, Denise Dunnington).

11.2.4 Part 1 Summary

The first half of this chapter has reviewed multiple interpretative procedures through which obesity and body weight were viewed as social problems in the accounts of the adult participants. I have reviewed how the concepts of gender, social class, and orientations to bodily diversity shaped the adult participants' constructions of body weight and obesity as

a social problem. While all of the adult participants acknowledged some degree of inherited or biomedical influence on body shape and weight, food and physical activity practices also played an important role in the participants' accounts of body diversity explanations. Thus 'fatalistic' and 'lifestyle' orientations to body weight and obesity could sit quite comfortably together. Despite the existence of a fatalistic influence on body weight, a theme of personal and parental responsibility for body weight ran through the adult accounts. Yet attention to body weight also needed to be situated within an appropriate spectrum of weight-related practices.

11.3 Part 2: Body Weight and 'Healthy Eating' Practices

Part 2 of this chapter explores the social problems work process by exploring the interactional activities related to managing body weight within family practices. These include talking about body weight and the management of body weight through food practices. However as interaction between family members was not directly observed, the findings presented here are based on the accounts of interaction as reported in the interviews. Similar to the first half of this chapter, the data presented here is based on the accounts of the adults, rather than those of the children.

11.3.1 Talking About Body Weight

This section explores one specific aspect of familial practices related to body weight and obesity: how parents and children talk about body weight and obesity with each other. By exploring the family members' accounts of how body weight and obesity were reportedly discussed within the families, this section explores if and how 'talk' was used to understand body weight and obesity as a social problem. As discussed in Section 3.5.1, Stearns (1999) has argued that historically different American and French attitudes to children's body weight framed children's eating and weight control in those countries in very different ways. Although Stearns only makes general references to the ways that French and American parents communicated with their children about body weight and eating practices,[3] in this section I examine how the families reported talking about body

[3] Stearns (1999) analysis is historical and does not empirically analyse family practices. He does however characterise French parental practices as following expert advice of urging discipline and control, weighing children regularly, firmness in not allowing snacking, and actively encouraging restraint in eating practices. American parents, on the other hand, are characterised as indulging children with food, avoiding criticising overweight children, and praising heavy children in order to bolster children's self esteem. While Stearns

weight. I first consider how the adults reported talking about body weight as a social problem with other adult family members, and secondly consider how parents reported talking about body-weight related issues with their children. Overall, the accounts suggest that body weight is constructed as a highly personal issue, with discussions of weight reinforcing thinness and positive messages about the body. Most significantly, discussion of children's body weight was viewed as dangerous, and was constructed as a topic to be avoided.

Body Weight 'Talk' and Adults

I will first review how adults reported talking to other adult family members about the topic of body weight, particularly when body weight was considered to be problematic. It was apparent in the accounts that there was much about body weight that was left unsaid, particularly if a person had gained excess weight, or body weight was considered to be becoming a problem. The practice of commenting on another's weight gain appeared to be frowned upon and avoided. Participants reported that body weight was typically commented upon when a person lost weight, rather than gained weight. The practice of positively reinforcing weight loss was widely evident in the accounts.

> SH Is body weight something that is talked about
>
> Richard Ridler (FE): Yeah, yeah, I think people tend to make comments when you lose weight rather than when you're putting weight on you know. 'You look like you've lost a, you look great', which obviously means you were way overweight. So you say, 'are you saying I was fat?' So yeah, I think when there's a, there tends to be more positive reinforcement there than negative.

Another form of positive reinforcement involved the practice of positively responding to others' complaints about body weight. This practice was particularly reported in the accounts of women.

> SH Do you think that body weight a topic of conversation in families?
>
> Fiona Flanders (FE): If I'm walking along and I'm saying, 'oh I have a belly on me', and then there'd be a comment of, 'no you don't, you're perfect as you are'. But, em it doesn't come up in everyday conversation, no. It's one of those rare issues that comes up. (...) A few of my pals would be overweight, and I could go in and one of them could say, 'oh I really need to lose a few pounds, I need to do' whatever, and Faith (13) would say, 'no you're perfect'. But she'd be, I think she reads magazines and she, it's such a big issue, slimming and the whole lot.

It is not clear from these accounts how the 'weight' gained in Richard's account or the 'belly' in Fiona's account relates to 'obesity' or fatness. However these accounts do present thinness as the ideal body size, and also suggest that positive statements about

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argues that both France and the United States are 'exceptional' in their approaches, the historical attitudes to weight control are pitted against one another for comparison.

others' body size and shape are considered to be appropriate commentary. On the other hand, the appropriate response to weight gain or other undesirable changes in body shape appears to be silence, or at least indirect communication about body weight.

SH Is body weight a topic of conversation in families?

Eric Eckhard (FE): I suppose if we're being honest we would comment between us on other kids and other, and observe and whatever. But you know it's not your role to do something about it. So I certainly wouldn't comment to somebody else's parent about, 'gosh I notice Tim's got heavy' or whatever. But you'd certainly notice it. (...) I suppose it's just not a factor here, in the family you don't see huge variation in the weight of our kids. So it really wouldn't be a topic. I don't think I've ever had occasion in my family, and there are seven kids, it's never been a broached topic. Yeah you might, between us comment on one or other as having, I've an older brother who's weight oscillates a lot. Well oscillates as in he's more regularly overweight than underweight. So there's a lot of comment on those occasions when he does drop a lot of weight, but then that the next time you see him it's back again.

SH And what then? Will something be said?

Eric Nothing will be said, well particularly, often times it's tied into things. I mean my brother has, he's had an operation on his back and it really doesn't suit him to be carrying weight because he's just putting pressure on it. So you kind of go, 'oh Jesus, you'd think he'd get sense' or whatever.

SH It might be hard then to exercise if there's

Eric Yeah, it is yeah. It is yeah, but I'd say diet would, could help avoid the situation and that's what happens. He'll go on a fairly strict diet or on a prolonged period of sort of sound eating, you know I'm sure it's easier be lazy you know.

This extract from the account of Eric Eckhard touches on multiple themes. Firstly, through comments such as 'if we're being honest', Eric's account suggests that commenting on other people's body weight is something that should not be done – whether it is another parent or a brother. This touches on the notion of morality linked to making judgements about others' body weight discussed in Chapter 10. However that private comments are made at all confirms that changes in body weight are noticed, with increases likely to be viewed negatively. Another theme highlighted by this extract is the complexity of intertwining medical and moral model characterisations of body weight. First Eric draws on a medical model of body weight to suggest that his brother's weight gain is unhealthy for him. Yet in terms his brother's weight management activities, Eric then appears to draw on a moral model, suggesting that his brother's weight gain is a result of laziness and eating practices which are not 'sound'.

Similarly, Mathew McDermot (PM) spoke at length in his interview on the need to raise the topic of body weight to those who are very overweight. Using an example of a very heavy woman in his office, he suggests that the Human Resources division of employers

should take the responsibility. When I inquire if families should have a role in broaching the topic he responds as follows:

> Mathew Yeah, but having said that now em, I've very, I have a sister who is definitely overweight for a while and I wouldn't dare say it to her.
>
> SH Yeah it's a tricky thing yeah?
>
> Mathew It's a tricky one like, you think oh yeah well definitely you know the brother should say it but you know I wouldn't say it, no way.
>
> SH It would be, too impolite?
>
> Mathew Oh God, I wouldn't, none of my business you know. Like if I really thought, I mean she did actually slim down, but if I really thought you know she's going to have a coronary, if she continues oh well I think I would then. But you're more likely to, like unless you could see it in black and white that you know, unless I say something this going to happen. Unless I saw it in those black and white terms I wouldn't, if I saw it in those black and white terms I would. I'd feel I should. But em otherwise I'd feel it's not.

Mathew appears to suggest that a 'real' health problem would legitimatise his intervention, but without hard evidence that his sister's weight is putting her health at risk, it is not his place to say anything. Thus adult body weight appears to be constructed as both a personal responsibility and a personal concern. However if excess body weight is considered to be causing a 'legitimate' health problem, comments and moral judgements by others appear to be somewhat more acceptable.

Only one family reported openly talking about minor changes in body weight, and this exception reinforces the common practice of not commenting on another's body weight. The slim bodies of Nadia and Nathan Newson earned them the nickname 'the skinnies' amongst their friends. In Nadia's family, minor fluctuations in body weight are frequently commented upon, earning them the nickname 'The Fat Police'. In the quote that follows, Nadia Newson discusses how her family comments on body weight.

> Nadia Newson (FE): Again adults are becoming heavier as well in general. But as em, my brother-in-law says, we're like the fat police in our house. He goes to his house, his own house, and he gets, his mother says to him, 'oh Steve you're losing weight!' And then he goes to, I'm from Cork, and he goes down to my father you know to our family and my father would say, 'God you've put on a few pounds!' If I put a pound on in ours, but you're being, you put up a half and inch like, someone says 'God you're getting fat!' So eh, fat police is what he calls us. So we're very good people to talk to about obesity. We'd be very, not that we'd be weight conscious but we'd be naturally you know I'd be naturally very thin. And I most probably, to put up weight, but we'd also be very conscious of food, we'd be into food.

Although Nadia's parents and siblings appear to verbally monitor the body weights of other family members, their nickname of 'the fat police' suggests that this practice is both unusual and, in the case of her brother-in-law, unwelcome.

Body Weight 'Talk' and Children

In the previous section I argued that body weight references between adult family members tended to be framed as the positive reinforcement of weight loss, and the silent observation of what is ultimately a personal responsibility. This section, which examines parents' accounts of whether and how they talk to their children about body weight and body size, focuses on a slightly different theme. Similar to the discussion of adults above, the parents' reports suggest that there was a widespread reluctance to make comments or otherwise discuss body weight with children. In fact the topic of body weight was one to be avoided altogether. 'No point in telling the child she's fat, the child knows she's fat if she's fat' (Kay Kehoe). 'Never say the word weight' (Ellen Eckhard). 'If you do you are in danger of then making kids overly conscious of it and em, what sets somebody off on the road to anorexia you know' (Eric Eckhard). The parents, and particularly the parents of girls, reported being strongly concerned about potentially harming their children by emphasising, or even talking about, body weight. Parents appeared to construct their children's body weight as a parental responsibility, and the body weight management of their children appeared to be a practice that they reflexively engaged in. Yet this was an activity which required care.

> Richard Ridler (FE): Yeah we're em, we're very, we're very nervous about talking about it [body weight] in the family in terms of body weight and such because Rebecca (8) has a tendency to want to be very thin. And she has a tendency to want to see her ribs, which I find completely unnerving because Rose is obviously you know very keen, health enthusiast as stuff like that. Eh, and I, you know, I'm far from skinny but like I do a lot of exercise as well. And Rebecca is being hit with all this stuff, kids and stuff in eh, you know everybody wanting to be super thin and all this sort of stuff. And I'd be very scared by playing, you know, too heavily in terms of body weight. And health, that you reinforce the feelings that no it's OK to be a bit heavier and I think it is OK to be, it's a very hard card to play. To be, you know, healthy and to be obese. I'd be very nervous of that now with Rebecca. Ryan's (11) more, Ryan em, you know Ryan has a strong build and has a little tiny bit of a tummy, which is brilliant, but Ryan is conscious about the fact that he has a tummy, which is not brilliant.

In this report Richard reports being concerned about his daughter Rebecca's (8) awareness of body weight and her daughter's desire to be thin. He appears to be particularly worried because his wife Rose is, in his view, a 'health enthusiast'. Elsewhere in his interview Richard revealed that at times he felt his wife Rose had lost too much weight, that she did not eat 'properly', and that she eats only a 'microcosm' of what everyone else eats. Richard thus appears to be aware of and concerned about how Rose's weight management practices may influence their children – particularly their daughter. However Richard also expresses some concern about his son's consciousness of his 'tummy'. The desire to shield children from body weight management activities was widespread throughout the interviews.

> Meredith McDermot (PM): I suppose you read so much about anorexia and obesity kind of thing as both ends of the scale and I suppose I would be very, I would be conscious of you know. If I kind of go on a diet that I would do it kind of quietly. I won't say I'm on a diet, and we're not eating A, B or C, do you know what I mean? But I think that kids are tuned in at a much younger age then when I was growing up about diets or about their size or you know.

Thus protecting children from pressure to be thin and from becoming weight conscious appeared to be widespread. Only one parent reported directly emphasising fatness and overeating as negative, doctor Alison Anderson (PM).

> Alison Anderson: I suppose though my work I would see an awful lot of children who are obese and then we have one little cousin who is very overweight as well. And because of that obviously I say to my children I say, 'if you have that you will get fat' (laugh). Basically I just say that to them. And other people look at me and go 'you'll have an anorexic child on your hands if you do that!' But I don't think so. I think anorexia is a psychiatric condition and I think you have to make it plain to children that they will be overweight if they overeat. You know because it is basic and they should all know that. So but I don't know what has influenced me that way. I don't know if it is printed media really. I would think it is more just personal experience.

Although Alison makes direct comments to her children about fatness and body weight, her account of the reaction of other adults who overhear her reinforces that this is an unusual practice, and one that is considered risky, at least by the large majority of participants.

Responding to Children's Concerns about their Bodies

I have so far argued that the majority of participants avoided talk about body weight with their children, and that parents reported being concerned about emphasising a thin ideal to children for fear of causing an eating disorder such as anorexia or an unhealthy preoccupation with body weight. However a small number of participants reported that their children came to them with concerns about their bodies, complaining that they felt they were 'fat'.

> Denise Dunnington (PM): She [Danielle (5)] said to me now, 'I'm fat'. And I said 'no'. I said, 'you're not fat'. I said, 'how?' She said, 'oh, I'm fat, I'm fat'. And she sees Dervla (7). I suppose Dervla is skinny, like she would eat. She would eat, let's say all day long. And Danielle would eat and eat and eat as well, but she feels obviously. I said, 'no, you're a different shape'. I said, 'everybody's a different shape'. I said, 'Mam's a bit, I'm not, I'm not as skinny as Danielle.' I said, 'I've a different shape, everybody has a different shape' and I'm trying. But you just can see that there is, wherever they get it, I don't know. I suppose it's TV. I don't know, it's very hard to, it's very hard, but it's very em, it's worrying.

Similarly Lynette Layton's (PM) daughter Lydia (8) approached her with complaints about her body size and shape.

> Lynette Layton: I've now had with Lydia (8), I'll swear it's the television, and she came up and says, now and I would say she doesn't understand right, 'am I fat? I've got a fat tummy.' Now I think she said to Luke the other day, had she eh, her legs. I don't know whether it's, when you see all these, even the children's programmes, and the way they're all glammed up and they'reall slim. So it's giving, even though they don't understand it, this is the feedback they're taking from it you know.
> (...)

SH And what do you say when she makes comments, like when she asks questions?

Lynette I say, 'no you're not em, you're fine the way you are', you know.

These mothers appeared to be distressed about their daughters' concern about their body sizes. Although Denise Dunnington reported in her interview that she had bought a trampoline in order give Danielle an opportunity to exercise, she appears to have encouraged this activity covertly, avoiding talk about weight control or body manipulation with her daughter. (See also next section). Overall parents appeared to be very concerned about children becoming conscious of their body weight and size, and the practice of avoiding direct conversation about body weight appeared to part of this protective activity.

11.3.2 'Healthy Eating' and Body Weight Practices

The final section of this chapter examines the relationship between participants' food and body weight practices. This section primarily focuses on how this topic relates to children, based on the accounts of parents. In Chapter 7 I reviewed the numerous ways that the food practices within these households should not be considered individualised eating events. Rather food practices appeared to be based on gendered divisions of labour, and meals and other eating events were constructed to be harmonious for multiple family members. As I argue in this section that food and the concept of 'healthy eating' played a central role in body weight practices, that food practices are organised at the household level appears to be an important consideration. Some literature has examined the body weight related activities of individuals within family units, for example Welch *et al* (2009) examined those of women (with partners and children). However I have attempted to examine the body weight practices taking place at the household level. Therefore rather than explore individualized practices within households, I am attempting to explore if and how body weight management practices are organised within the households, particularly between parents and children.

Removing Weighing Scales from the House

In Section 10.2 I argued that many participants reported that they did not use the concept of weight to monitor their bodies, and in this chapter I have argued that parents purposefully strove to protect children from becoming conscious of their body weight. One reported method of discouraging a focus on body weight within the household was the removal of scales from the house. As discussed in Section 10.2, some participants were

slow in filling out their recruitment questionnaire because they did not have a weighing scale. A minority of participants reported that not having a scale in the house was a strategic decision to prevent children from becoming aware of and focused on body weight. Jessica Jackson (MT) commented about her absence of weighing scales: 'it would be good for myself and Jake [husband] to have one [a scale], but I'm happier from the kids' point of view not to have it to be honest, you know let them go with their clothes or whatever.' Although Meredith McDermot reported having scales in her household, she commented: 'I certainly know with friends that they've just got rid of scales as their kids get older because they don't want them knowing them [their weights].' Similarly:

SH Do you think body weight is a topic that children think about or discuss?

Fiona She, I say, well I can't really talk for boys but Faith (13) would be very aware of it. She's at what I would call a real danger phase, she's, I don't have weighing scales. I actually don't have one and I'm happy I don't have one because if I did, I saw them in Spain, they were on it every day, two and three times, 'oh look I weigh this now, I weigh this now', the three of them.

SH Really?

Fiona And a lot of that stems from her, and I think you have to be very careful about not going on about what you weigh, and what you should weigh and shouldn't weigh all the time.

Although the purposeful absence or removal of weighing scales from the household was only reported by a minority of participants, it highlights the aversion many parents had to managing or focusing on the concept of 'body weight', particularly with older children or teenagers. It also highlights how the activity of using weighing scales to monitor weight is an activity which takes place within households.

Parental Responsibility

Parents reported viewing body weight as a potential problem, and appeared to construct the management of their children's body weight as a parental or family responsibility.

SH Do you think the state should have a role or doctors

Eric Eckhard (FE): No. I don't think it is, I suppose it's up to everybody to, or up to different people to highlight the issue. And you know if you're bringing a kid to the doctor and you want, so and so whatever, you know the doctor quietly points out to you, I think it's valid. But in the end of the day you see the doctor occasionally, the state can only take an occasional view in terms of generic issues. At the end of the day it's, it's (a) personal and (b) it's a family thing in terms of how your kids are developing. But consciousness and awareness of it.

Although Eric comments that the State or doctors taking an interest is appropriate in a generic sense, the view that the daily management of children's body weight is a personal and a family issue was widespread. He also appears to suggest, through his comment that a doctor would 'quietly' point out a child's body weight to a parent, that body weight is not a topic which should be directed at children. Instead parents are both responsible for

children's body weight and should act as a filter for children, letting through appropriate messages, and shielding children from an inappropriate attention to body weight.

> SH Is body weight a topic that comes up?
>
> Meredith McDermot (PM): I might sometimes say, look at here's some ideas I see in the paper about healthy lunches or whatever, and I'd probably bring them up. But not, I suppose I would be somewhat very protective of the other type of em, of them kind of tuning into it. I suppose at the moment I kind of feel it's, it's really my responsibility and I suppose until they get a bit older, for them to take a responsibility more for their weight, do you know what I mean? That if I'm giving them a relatively healthy diet and I'm encouraging them on the exercises, em but yeah there's a lot of I suppose media, social influences there that I've no say on.

The encouragement of 'healthy eating' appeared to be used as an acceptable message by parents in lieu of directly discussing body weight. Thus encouraging children to eat 'healthily' is considered appropriate, but a message directly promoting body weight awareness or control is not. Yet given the central role that mothers play in family food activities (see Chapters 6 and 7), it is noteworthy that children's weight control was often indirectly referred to as being the responsibility of the mother in the household through her food preparation and cooking activities for the household. For example:

> Jessica Jackson (MT): They have their own models of celebrities who are undernourished. They have then the opposite, the newspaper thing of people being gross obese, so there's, you know really, where's the happy medium? I would think it is to try and find the happy medium in the middle, but yeah certainly I wouldn't em, with the kids I wouldn't discuss anything like dieting or anything with them. If I felt that one of them was getting too heavy I would probably try and do it through what I cook for them or the portion or the size of the meal I give them or whatever. But I suppose I'm lucky enough that I haven't hit that with my three but em, yeah I would be aware certainly of it as an issue with kids.

Mathew McDermot (PM) commented: 'Obesity is on the rise, I can see that. My own kids aren't affected so I'm inclined to say, I'm not too worried. We don't give them too many fizzy drinks, eh, Meredith is very good food-wise, so I don't worry about it.' Although Mathew is not concerned about the weight of his children, he appears to identify his wife's household food activities as an key influence on their body weights. Similarly Richard Ridler (FE) commented: 'I wouldn't em, make a comment to the kids, just encourage them to be you know to do exercise, and Rose forces all that rabbit food down them.' While some women directly referred to themselves as being responsible for their children's weight, the men tended to make comments which indirectly implicated women as being responsible for the weight-related consequences of their children's diets.

Balance

Similar to the theme of balance used to characterise 'healthy eating' discussed in Section 8.3, many parents used the term 'balance', or drew on a similar concept to describe their

approach to the management of body weight anxiety. This term was also used to characterise the carrying out of body weight management practices within the household.

> Alex Anderson (PM): Obesity, we would be aware of, and we'd always have a concern again eh, question, there's a couple of elements of obesity. But you'd always, with your own children you kind of jump and say they're going to be fat or whatever else, they're not. And Ava, we'd have a slight, had a slight worry, how she gaining weight. Now she's a slim, trim as you'll ever see now. And it wasn't conscious, I said, 'no, you've got to not overreact'. And also Alison is a doctor right, so you get a sense from what's right or wrong but sometimes the doctor is their own worst enemy. (...) That's what we'd do, but again with this stuff I'm always 'don't overreact'. It is all about exercise and it's all about balanced diet right, and it's all about balance. And I think we're reasonably balanced from that perspective. I mean there are scary stats alright.

Parents repeatedly emphasised a 'good' or a 'balanced' diet as a key contributor to the appropriate regulation of children's body weight. For example, an absence of excess weight was in some cases used to infer that a child's diet was indeed balanced.

> SH Have you seen articles like these [Media Boards 2 and 3]?
>
> Jake Jackson (MT): We've seen em, articles on the news mainly. Mainly about kids in America. But we've seen some recently about the UK and Ireland, yeah, where it's on the increase. And obviously that's related to diet, yeah. I don't think any our kids are obese at all, they're all quite skinny to be honest. And eh, again I think it's because they have a fairly good balanced diet. Now they do go to McDonalds and they do eat lots of sweets, but eh, I would, I don't know what's causing the obesity. But it must be down to, you know, just eating the wrong sort of food, you know, and not having a proper balance. So we're aware of it but it doesn't, it's not something that we feel is relevant to us in our family.

Rather than specifically discussing the concept of body weight, the accounts suggested that parents used the concept of 'healthy eating' as a key tool to prevent weight gain and obesity. Through the emphasis on instilling good eating habits in children, it appeared to be possible for parents to 'steer a middle path', and avoid drawing too much attention to body weight, while at the same time taking steps to prevent weight gain or obesity.

> SH And do you read them [Media Boards 2 and 3] or would you read them if you came across them in a newspaper?
>
> Chloe Cheyne (PM): Again, you know again I wouldn't be actively seeking out information on something like this, if I came across the article I would actually read it. I suppose with obesity again you know in particular I've kind of em, tried to steer a middle path around you know not being so hung-up on being thin and yet there's a very simple rule; which is if you're eating the wrong things, you're more likely to become obese. I'm not particularly small or skinny myself, you know what I mean, but in fact I don't become obsessed. And yet we would just kind of be weight aware as opposed to actually weight phobic or conscious in this house. OK, I would read them. I suppose in relation to, in relation to particularly rearing a child, I have a concern about obesity. I'm just guided by the whole notion that you know you simply try and give him good eating habits.

The importance of 'healthy eating' appeared to be particularly important when a parent actually did have concerns about the weight of their child. For example in the case of Denise Dunnington (PM), whose daughter Danielle (5) came to her with concerns about her body size (see Section 11.3.1). In the following account, Denise appears to emphasise

to her daughter the importance of a healthy lifestyle, including activities such as 'healthy eating' and exercise.

> Denise Dunnington (PM): But I always say to her listen if you eat, I said 'if you do eat proper food, healthy food and you do exercise,' I said 'you, nobody ever gets fat'. And it's actually one of the reasons I bought a trampoline about six months ago. It's just so she can actually, because she's huge energy like, and just in the back garden. So that they can actually, because it's very, like they cycle up and down that garden. And they have the trampoline and stuff, and the trampoline, she's actually toned up. It's amazing how, you know how fit she actually is. You can see like compared to other kids how actually fit she is compared to, you know. Just the, say she can run around, she never, she wouldn't break sweat, but it's just her shape like.

Denise's account of her experience with her daughter Danielle suggests that the concept and practice of 'healthy eating' plays a key role in her efforts at managing her daughter's anxiety about her body shape. Although Denise applies a fatalistic view on her daughter Danielle's body shape ('it's just her shape'), the activity of eating healthily, paired with exercise, allows for a point of distinction between a 'fat' body and Danielle's natural body shape. She can therefore encourage body weight maintenance activities while avoiding body weight 'talk'.

Overall 'healthy eating' appeared to be a key concept used in parental efforts at managing their children's body weight. It served as a morally acceptable focal point in communicating with children on body weight related matters, allowed parents to practically manage their children's body weight without making children overly conscious of their body weight, and could be used to allay body weight or shape dissatisfaction.

Part 2 Summary

Part 2 of this chapter explored the interactional activities related to managing body weight within family practices. I first explored the adult participants' accounts of how body weight and obesity are talked about within the household. In this section I argued that body weight is constructed as a highly personal issue. It appears that body weight is a topic which is inappropriate to comment on unless the commentary is in the form of positive reinforcement. In other words, negative commentary appears to be considered inappropriate. In the case of children, even the topic of body weight was reported to be risky. 'Healthy eating' appeared to be a concept used by parents to frame children's body weight management practices while avoiding the problematic concept of body weight.

11.4 Chapter Summary

Using the accounts of the adult participants, this chapter has explored lay understandings of body weight and obesity as well as considered the relationship between body weight practices and 'healthy eating' in the households. To investigate the data, I first considered three interpretative procedures (Holstein and Miller, 2003c) through which body weight was cast as a social problem. Not surprisingly, the problematisation of body weight was highly gendered, with more serious consequences for females than males. Moreover, parents reported being extremely concerned about their female children becoming overly conscious of their body weight. Thus both body weight itself and body weight consciousness were considered problematic. Secondly social class was used by participants as an explanatory concept, with participants constructing obesity as both a problem of lower and higher social classes. Finally participants explained bodily diversity, including obesity, as a result of inherited genetic factors ('fatalism') as well as activities grounded in a 'lifestyle'. Although all of the participants acknowledged the influence of both orientations to body weight diversity, participants whose accounts emphasised the 'fatalistic' orientation tended to draw heavily on personal experiences to justify their views.

The second half of this chapter focused on the interactional aspects of body weight practices, specifically how parents reported talking about body weight and obesity in their households, and how parents managed their children's body weight practices. I first argued that body weight is considered to be a highly personal issue, and one upon which it is inappropriate to comment. Body weight was a particularly difficult topic to discuss with children, and even mention of the word 'weight' appeared to be considered dangerous. I subsequently argued that the concept of 'healthy eating' was used by parents to positively frame children's body weight practices. It thus appears to be a particularly important concept within family food and health practices.

12 Thesis Discussion

12.1 Introduction

This thesis has explored the socially constructed meanings of food, 'healthy eating' and obesity within a sample of middle class families with young children. The analysis was undertaken using the data generated from structured food diaries and semi-structured interviews. Throughout this thesis an emphasis has been placed on locating the construction of meaning within the context of the participants' day to day realities, and the everyday activities used to make sense of experiences. Through the adoption of a contextual constructionist approach, I have sought to locate the analysis in the wider cultural and structural context – specifically the problematisation of obesity. The presentation of findings was organised into three layers. The analysis began by examining the organisation of family food events, the division of food-related household labour and the meaning associated with these everyday routinised practices. Second, constructions of 'healthy eating' were examined within the context of family and school food practices. The final layer investigated whether and how the participants recognised and experienced obesity as social problem within their everyday lives. To unpack the lay understandings of obesity, I attempted to create a distinction between the way obesity is problematised by claims-makers and the interpretative 'work' that is involved in identifying and recognising obesity – and body weight more generally – as social problems in everyday life.

The final chapter begins by reviewing the research findings relevant to the stated research aims of the thesis, and is followed by a discussion of methodological issues. I have opted to address the thesis findings in this format because of the methodological concerns relating to the refocusing of the study discussed in Chapter 5. I will then review the research findings by theme, revisiting the literature discussed in Chapters 2 and 3, so as to consider the similarities and differences between this research and relevant literature. The chapter closes by considering the study's limitations and, finally, by discussing future research suggested by the study.

12.2 Review of Study Aims

Aim 1: To explore family food practices, and potential differences in these between households, in a sample of middle-class Irish families with young children

Based on the analysis of family food diaries completed by parents and children, in Chapter 6 I presented findings related to the structure, rhythm and meaning of food in the food practices of the participants. However as the food diary was limited to Friday, Saturday and Sunday only, it is not possible to fully comment on weekdays. The diary data indicated a broad similarity across the families in terms of the rhythm of eating events. Meals were typically consumed at comparable times of the day and included similar types of food. Meals, particularly the evening meal, appeared to be relatively social events with families frequently eating together. The importance of family meals was also stressed in the interview data. Snacks were commonly consumed by participants, and they too frequently appeared to be social eating events.

Further analysing the food diary data, I explored differences between the families using the 'holistic qualitative profiling' technique (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009). Using this technique I qualitatively analysed the structured food diary data and created and named three family 'types': Proper Mothers, Modern Traditionals, and Food Enthusiasts. In all three of the family types the wife/mothers played a dominant role in the organisation and production of food in the households. Variation between the groups was argued to be based on how the wife/mother in each family constructed the meaning of food in her everyday life, as well as how she constructed the role of food in family life more broadly. These three family types were respectively characterised by a view of food as a family duty, chore or hobby.

Using the interview data, I further explored the organisation of food practices in the households in Chapter 7. Although the labour associated with food work was highly gendered with women carrying out the large majority of food-related activities, the participants distanced themselves from 'traditional' gender values. Male and female respondents instead constructed their arrangements in relation to the broader division of paid and unpaid labour related to the household. Although women reported being responsible for the routine food work, men engaged in cooking activities if they wanted to,

and when they had time. Although men were not routinely responsible for cooking meals, women were not solely responsible for food practices. Food played an important role in multiple relationships including activities with peers and grandparents. Significantly many fathers appeared to be viewed by children as potential sources of 'treat' foods, and father-child activities often involved the joint procurement and sharing of 'treat' foods such as fast food or sweets.

Aim 2: To investigate lay understandings of body weight and obesity within family food practices and consider if and how they are related to medicalised understandings of body weight and obesity

Interview data was used to explore the participants' understandings of 'obesity' in Chapter 10. However investigating this concept was challenging. There appeared to be a mismatch between its objectivist definition (using the Body Mass Index) and the criteria which participants used to evaluate body weight. For example, the way participants evaluated their own bodies was often not weight-centric, there was a lack of consensus in the identification of 'problematic' body weights, and there was a mismatch between BMI categories and 'ideal' body weights. Although I attempted to explore the participants' views of 'obesity' as a social problem using Miller and Holstein's (Miller and Holstein, 1989; Holstein and Miller, 2003c) concept of 'social problems work', the way participants' constructed the meaning of obesity within their everyday practices complicated the recognition, identification and interpretation of 'obesity' as a social problem. It is therefore more accurate to describe my analysis as an examination of the 'social problems work' related to body weight more generally, which in practice is an intertwining of body weight, size and appearance.

However medicalised conceptualisations of body weight were not entirely absent. To explore the participants' understandings of body weight, I used Sobal's (1995) framework of competing models of obesity to consider medical, moral and political conceptualisations of body weight in the interview data. Overall participants drew on multiple models of body weight in complex ways. Participants used a medical model of body weight in both explicitly medical and 'common sense' ways, framing excess body weight as a health risk or 'sickness'. Considering participants' constructions of meaning related to a moral model of obesity was complex, and had methodological implications. Although 'excess' body weight was viewed negatively by all participants, there were important 'moral'

considerations related to body weight. These included adhering to the social convention of not commenting on another person's weight, teaching children good manners by not making body weight-related judgements, and understanding the appropriate role of body weight concern amongst everyday priorities. Overall, the analysis suggests a complex and multi-faceted construction of obesity within the everyday practices of participants, with medicalised understandings of body weight playing just one role among many.

Aim 3: To examine lay understandings of 'healthy eating', body weight and obesity in family food practices and investigate if and how they may be related

In Chapter 8 I explored how participants constructed 'healthy eating' within the context of their food practices. Participants appeared to construct their understandings of food using the concepts of 'healthy/good' and 'unhealthy/bad'. This dichotomy was then used to create an overall system of 'balance' in multiple ways, including: a metaphorical balance of good and bad foods; the inclusion of a variety of food nutrients in the diet; the maintenance of an appropriate food-physical activity energy ratio; and the appropriate positioning of 'healthy eating' within a broader 'life balance'.

Chapter 9 explored the uneasy partnership between schools and parents to provide children with 'healthy' food in school, and how the subject of healthy eating and healthy body image are handled by teachers in the sampled schools. Nutrition-based teaching tools such as the Food Pyramid and 'healthy eating' food policies were used to encourage parents to pack healthy snacks and meals for their children to eat in school. However school food policies varied by school, were subject to change and also uneven enforcement by school officials and parents. Yet children's lunches were reported by teachers to be important teaching tools, as the foods children brought to school were used to practically illustrate Social, Personal, and Health Education (SPHE) lessons on 'healthy eating'. Overall, school lunches appeared to be a site of struggle for authority between children, parents and school officials. The chapter exploring this material drew on the interview data from family participants, as well as a small number of teachers.

Chapter 11 examined everyday understandings of body weight. Using Holstein and Miller's (2003c) concept of 'social problems work', I explored interpretative procedures through which participants reported experiencing body weight as a social problem. Not surprisingly body weight was reported to be a highly gendered issue; it was constructed to

be a more serious social problem for females than males. Parents of girls reported being fearful about girls developing body weight anxiety, and potentially eating disorders. Participants constructed obesity as being associated with both lower social class (lack of education, class-based tastes in food) as well as the result of Irish affluence in the mid-2000s. Both 'fatalistic' and 'lifestyle' orientations were used by participants to explain body weight diversity, and these two influences on body weight could sit compatibly together within participants' constructions of body weight. However personal body weight experiences, and experiences related to the monitoring of children's bodies, often appeared to influence the way that adults constructed explanations of body weight and shape.

To explore a potential relationship between 'healthy eating', body weight and obesity I used the parents' interview accounts to explore interactional aspects of body weight practices within the households. I began by investigating how family members reported talking about body weight issues within their families. Parents reported avoiding 'weight talk' with children, purposefully avoiding the word 'weight' in order to protect children from societal pressures to be thin and to protect them from becoming weight conscious. Parents appeared to construct their children's body weight and its management as their responsibility – particularly mothers. Body weight practices included, for some, removing scales from the house to avoid literal 'weight' consciousness, and an emphasis on adopting a 'balanced' approach to children's body weight. One method of children's body weight management reported by parents was to emphasise 'healthy eating' to children, in an attempt to avoid drawing attention to body weight per se. Therefore 'healthy eating' appeared to be a concept of particular importance for parents; it was constructed as an important concept for morally 'good' evaluations of family practices in its own right, as well as serving as a substitute for communication with children about 'body weight'.

12.3 Methodological Review

In Chapter 4 I discussed theoretical considerations related to the methodological approach of the thesis. Chapter 5 presented the specific research methods undertaken to complete this research project. This section considers how the methodology and specific research methods may have influenced the research findings, particularly in light of the refocusing of the study (see Section 5.2.1). When relevant, I reflect on lessons learned through the research process. The substantive findings are discussed in Section 12.4.

Refocusing the Study

The process of carrying out the research project and writing the thesis has not been a smooth one. The biggest challenges with regard to completing this research project have undoubtedly related to the refocusing of the study, in particular the rewriting of the research aims and narrowing the focus of the research at a relatively late stage in the project. As discussed in Section 5.2.1, the original project aims created an epistemological dilemma; in particular one of the project aims sought to incorporate an exploration of gaps between professional medical approaches to eating and body weight management and family practices. Aligning objectivist medical approaches to food and body weight management with a social constructionist focus on meaning created an epistemological contradiction. This required me to shift the research aims and influenced the literature consulted. Unfortunately resolving this epistemological dilemma at a late stage of the research required a near complete overhaul of the research: revisiting the aims of the project; rethinking the methodological approach; reanalyzing the data; and ultimately, a complete reworking of the presentation of the research findings and report structure. The complications of refocusing the study had severe consequences in terms of the time required to bring the project to completion as well as presenting challenges in satisfactorily analysing the data.

Silverman (2005) comments that sometimes students want to show that their research has followed a logical sequence (e.g., research problem, hypothesis, data analysis, conclusion). However he suggests research rarely follows a neat path, and researchers need to be flexible and willing to change direction if appropriate. This project has underscored the importance of carefully clarifying a project's research aims and considering any potential epistemological contradictions. Most importantly it has highlighted the need for a willingness to change direction midstream. After the initial project conceptualisation, literature highlighting the socially-constructed nature of obesity and critiquing the obesity 'crisis' (Campos, 2004; Gard and Wright, 2005; Campos *et al*, 2006a; Oliver, 2006) grew significantly. Although this literature affected my thinking about the project, a reconsideration of the project aims and a rigorous clarification of the theoretical approach would have been more appropriate sooner in the project's lifespan.

On Contextual Constructionism

A key step in the refocusing of the project was the clarification of its theoretical underpinning. In Chapters 1, 4 and 5, I presented and defended my theoretical approach as

contextual constructionism (Best, 1989; Best, 1995; Best, 2003). This approach has been useful as it allowed me to address the epistemological contradiction of using an objectivist concept within a constructionist study. In Chapter 3 I reviewed literature relating to the definition and prevalence of obesity in Ireland, as well as how it has been characterised as a social problem by the biomedical community, the Irish State and in the media. In particular the literature suggests that obesity has been widely characterised as a social problem increasing at 'alarming speed' (DoHC, 2005a:6) as well as a moral issue of personal responsibility (Saguy and Riley, 2005). Overall I have used this literature to argue that food and body weight practices have been framed as social problems in Ireland.

While this literature is used to contextualise the study, the primary focus of this thesis is how food, 'healthy eating' and obesity are understood within the context of everyday family practices. Holstein and Miller (2003a) comment that analytic attention to social problems has disproportionately examined large scale public rhetoric to the neglect of the everyday activities used to recognise and interpret social problems on a smaller scale. To consider this issue, I utilized Holstein and Miller's (Miller and Holstein, 1989; Holstein and Miller, 2003a) concept of 'social problems work' to investigate whether and how the 'problematised' concepts of 'healthy eating', body weight and obesity are identified, recognised and interpreted as social problems in everyday food and body weight practices. Adopting the epistemologically moderate contextual constructionist approach allowed me to reference and contextualise the scientific construct of obesity while pursuing an otherwise constructionist empirical study into lay understandings of body weight. I was however cautious to keep the focus of attention on lay constructions of meaning.

Constructionism, Obesity and the Body Mass Index

A particular issue arose related to the project's original sampling parameter, specifically the use of the concept of the Body Mass Index. As discussed in Section 5.2.1 and Section 5.3.4, the original project design grouped participants into two groups using Body Mass Index categories: 'normal' or 'healthy' BMI families; and 'overweight'/'obese' families. Although several qualitative studies (Backett-Milburn *et al*, 2006; Wills *et al*, 2006; Warin *et al*, 2008) have used this approach to participant recruitment, ultimately this comparative element was abandoned when the theoretical approach of the thesis was clarified and the focus of the project became more tightly focused on participants' constructions of meaning. However as I had already collected participants' self-reported heights and weights in the recruitment questionnaire, I included each participants' BMI score in the

participant characteristics table (Table 5.4) to create as full a background as possible on each participant. In reference to using BMI categories as a sampling parameter, Warin *et al* (2008) argue that dissolving objectivist categories potentially erases experiences produced by them. However as I did not inform the participants of their BMI classification status (calculated from their questionnaire responses) and did not give them the opportunity to consider its meaning in their lives, I instead focused on exploring the bodily evaluation processes reported in the participants' lay understandings of body weight.

A Mixed Methods Approach

Reflecting on this research process, it has become apparent that I inadvertently adopted what Silverman (2005) has called a 'kitchen sink' mentality. Multiple methods and, for a doctoral project, a relatively large data set meant that this project did not have the 'simplicity' which Silverman (2005:348) calls a 'necessity' for finishing a student project. It was also a challenge to integrate the multiple data strands, or as Mason (2006) describes it 'meshing methods'.

While this study has adopted a mixed methods design, its approach is not the traditional quantitative-qualitative one. As advocated by Sandelolski (2000), I used a structured questionnaire to develop a full description of the participants, and for sampling purposes (see Chapter 5). Guided by Mason's (2006) qualitatively-driven approach to mixing methods, the primary data presented in the thesis was generated in qualitative interviews. However the first findings chapter, Chapter 6, presented a family food practice typology based on the analysis of family food diaries. Although this diary was structured, participants were able to respond (to some extent) using their own words and contextualise their responses in the diaries as well as later in the interviews. Moreover, the diary analysis was not based on statistical profiling, but 'qualitative holistic profiling' (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009) to develop category types based on my impressions as an analyst.

While the collection of 'multi-dimensional' data (Mason, 2006) was relatively straightforward, its analysis and presentation in the thesis was more complicated. As I conducted the formal food diary analysis after the completion of the interviews, undoubtedly the content of the interviews influenced my interpretation of the food diary data. While I would argue that each of these two methods produced rich and useful information, they frequently addressed different aspects of the participants' social

experience of food and body weight practices. However Mason (2006:20) argues that such 'multi-nodal' and 'dialogic' explanations (see Section 4.3) do not need to be neatly consistent and can be held together in 'dynamic relation' within a given explanation and I organised the findings chapters based on this point of view. Chapter 6 is dedicated to the analysis of the food diary data and the presentation of the tripartite family food practice typology. To maintain consistency I continued to use the typology labels in the remaining findings chapters (based on the interview data). Although I found this to be illuminating in some aspects of the analysis, in other areas, such as the material related to body weight, it did not aid the analysis of the interview data and was potentially confusing. However, according to Mason (2006:20): 'explanations do not have to be internally consensual and neatly consistent to have meaning and to have the capacity to explain'.

Bryman (2006) has commented that mixed methods studies are frequently not thought well through in advance. In any future research, I would carefully consider the complications and consequences of conducting mixed methods research. In particular I would consider the considerable time and resources required for producing and analysing multiple data streams.

Reflecting on the Interviews

As discussed in Section 4.3.1 and Section 5.5, a constructionist approach to interviews highlights the interactive nature of the interview, its influence on the data generated and its analysis. Throughout the findings chapters I sought to reflexively consider the implications of the interview as a social encounter. As evaluations of physical healthiness appear to have achieved a high profile in social interactions (Backett, 1992b), participants may have viewed the interview as a test and supplied socially appropriate responses. However Backett (1992a) suggests that differences between how participants present themselves and make sense of knowledge are mediated by complex and multiple social, moral and cultural constraints. These processes are viewed as important features of how everyday health concepts are constructed. On a practical level, conducting multiple interviews with the same participants (instead of just one family visit as undertaken in this study) may have helped to establish an enhanced rapport with participants, while putting them at ease (Backett, 1992a) – especially as some potentially sensitive subject matter was included in the interviews.

As discussed in Chapter 10, social conventions related to the discussion of body weight played an important role in the interviews. While the large majority of adult participants directed the conversation from an abstract discussion of body weight to personal experiences, none of the children spoke to me about their own body weight experiences. The interview process highlighted a boundary which children appeared to not want to cross. Thus Chapters 10 and Chapter 11 are based primarily on the adult interview data and adult reports of interactions with children. Alternative research methods – and particularly the establishment of trust between the researcher and children – may be required to meaningfully investigate body weight related issues with children in a manner which is ethically sound. For example, interviewing or otherwise researching children with whom trust is already established may be a more fruitful approach. However given the potential sensitivity of this topic, a rigorous consideration of the complexities of ethically researching children is required.

In Chapter 5 I outlined my approach to the adult and child interviews. In addition to semi-structured interview guides, I used photo elicitation (Harper, 2002; Westcott and Littleton, 2005) to introduce a series of photographic images into the interview. I found the use of the media boards to be useful in prompting discussions about the topic of obesity as a social problem in Ireland. On a practical level, the inclusion of one board, rather than three, would likely have been sufficient. Similarly the Stunkard Figures Scales were useful to introduce the concept of body size and shape into the interview without using verbal labels. As discussed in Chapter 10, the participants primarily reported using visual techniques (as opposed to weight-centric techniques) to evaluate the appropriateness of body size. Thus the use of a joint referent was particularly useful to stimulate discussion.

Interviews with young children began with a drawing activity. Like Backett and Alexander (1991) and Mauthner (1997), I found that this activity put children at ease and drawing discussions created rapport. While it is possible that the children were self-conscious about their drawings, the large majority of the children appeared to enjoy this activity, particularly children age 8 and below. In cases where children were age 9 or 10, I often asked a parent if he or she thought the child would enjoy the drawing activity. Parents always responded positively to this activity, however older children appeared to be somewhat more self-conscious of their drawings. I did not ask children over age 10 to complete the drawing activity.

A unique challenge of conducting this research was the broad age range of the children involved. Children as young as 3 were eager to be included in the interview process, and I interviewed teenagers up to the age of 17. While the inclusion of multiple family members added depth and richness to the context of the family practices, it was a major methodological challenge for me a researcher to adapt the interview guide (designed for 6 - 8 year olds) in age appropriate terms. Focusing on one narrow age group for an ancillary or complementary study of children would have aided in achieving the (relative) 'simplicity' in research design of which Silverman (2005) presumably writes. For example, Backett and Alexander (1991) suggest that children age 8 and older are better able to answer abstract questions. However I found that children younger than 8 appeared to be more open to the interview process, and less constricted by social expectations such as 'right' and 'wrong' answers.

A second challenge was the analysis of data from children of varied ages. As participant recruitment was based on children ages 6 - 8, all of the families had at least one child in that age range. However as the focus of the project was on family practices, all of the data generated from children's interviews was considered. As the age range was 3 - 17, there were large differences in the communication styles and content of the resulting data based on age. Rigorously analysing conceptually-varied data was challenging. Although the multiple and varied perspectives on family life added depth to the project, a project limited to children of the same age group would allow for a more uniform analysis. Despite these practical methodological challenges, the inclusion of children in the research process underscored the importance of considering children as social actors in their own right, as contended by the 'new' sociology of childhood (Prout, 2005; Christensen and Prout, 2005).

Family Food Diaries

Although the use of food diaries in social research is an established method, the food diaries included in this study were designed specifically for this research project. I suggest that the design, with fixed 'key influences' coupled with the open-ended 'food event' boxes, was successful in providing the flexibility for the participants to provide data in their own words as well as providing a basis for comparison. However the organisational work involved in completing the food diaries may have discouraged some families from participating altogether. In some cases, how the families organised the work associated with completing the food diaries appeared to be a finding in itself. For example, wife/mothers frequently filled out the diaries for children (of all ages) and their husbands.

However a more child-friendly format is required for children if they are expected to take a more active role in filling out the diaries themselves.

The food diaries were useful in providing evidence that the food practices of the families are conducted as a matter of well-established routine. An active, flexible routine of taken-for-granted fragments of everyday life (Morgan, 1996; Reckwitz, 2002) are a key aspect of practices. The food diaries provided rich data suggesting a similar set of food practices both within and between the participating families. Importantly, the detail captured in the diaries is not easily articulated in interviews (Alaszewski, 2006). Although the design, management and analysis of the food diaries created a significant amount of work for me as the analyst, I contend that its inclusion in the project provided useful contextualizing information and enriched the study.

Grounded Theory

As discussed in detail in Sections 4.4 and 5.6, I adopted a grounded theory research methodology principally based on the approach of Charmaz (2006). On reflection, the use of this methodology produced mixed results. Attempting to use grounded theory to analyse the interview data was difficult for two primary reasons. First, the intense interview schedule meant that it was not possible to properly transcribe and analyse the interview data as it was collected. Although the interview guide was continually focused throughout the fieldwork stage, I was not able to fully engage in an important tenet of the grounded theory approach: simultaneous data collection and analysis. Second, the reliance on an interview guide in semi-structured interviews made me less likely to properly follow new leads, or take the research in new directions. In retrospect, the use of unstructured interviews may have been a more appropriate interview technique.

A key issue in grounded theory is the interplay of theoretical concepts from established literature and the emergence of theoretical propositions from the data itself. Inevitably existent theories shaped the data collection process, such as the focus on family practices and the importance of gender in food and body practices. However I also drew on specific, albeit abstract, theories to analyse the data. For example in Chapter 10 I used Sobal's (1995) multiple models of obesity to draw out distinctions between how 'claimsmakers' have framed body weight and obesity, and how 'social problems work' (Miller and Holstein, 1989) is undertaken by individuals within the context of everyday practices.

While I used these theories as analytical tools, I placed priority on allowing the theory to emerge from the data rather than imposing the theoretical concepts on the data itself.

The grounded theory approach was more successful in the analysis of the food diary data. In general, analysing the food diary data was an onerous task because of the variety of information generated as well as its volume. I found the constant comparative method to be an especially useful technique to manage these challenges; this required me to read and re-read the data produced from the food diaries. After repeated readings, categories associated with the meaning of food in family life began to form and I drew on a second analytic technique, 'holistic qualitative profiling' (Tashakkori and Teddlie, 1998; Teddlie and Tashakkori, 2009), to organise and assign meaning to the unusual combination of data generated from the food diaries. This technique involved 'qualitizing' the data. Informed by the subsequent interviews, I contend that the methods employed created useful analytical categories. It would have been useful, however, to return to the food diaries for detailed discussion in the interviews.

12.4 Discussion of Findings

The following section examines how the research findings relate to the relevant literature presented in Chapters 2 and 3. The aim of this section is to situate the study findings in the existing literature, and to consider whether and how this study has raised new ideas. This section is organised according to the broad structure of the thesis. I first consider findings related to food and the family, followed by 'healthy eating'. The third section considers findings related to obesity and body weight, including the relationships between food, 'healthy' eating and body weight. This section ends by reconsidering the relevance of the concept of social class in the study.

12.4.1 Food and Family Practices

Structuring Food Practices

Chapter 6 began with a discussion of the data generated from the food diaries, including the structure and rhythm of daily eating events. The participating families reported a broadly similar pattern of daily 'food events', typically comprised of three meals plus 0 to 3 snacks per day. The substantive content of the meals and snacks included broadly similar types of food consumed at predictable, regular intervals. While the descriptions of the

meals and snacks were primarily included to contextualise the constructionist focus on meaning and lay understandings, the data provides insights into the specific types of foods and food combinations consumed by families in their food practices.

The reported eating activities displayed the flexible regularity which characterises practices (Morgan, 1996). The broad similarity of the households' food routines suggests the existence of a shared, collective food culture, and provides insights into what may be considered socially 'appropriate conduct' (Warde, 2005:146) by these families. This study thus does not support suggestions that contemporary diets are characterised by gastro-anomie (Fischler, 1980) or that contemporary agents are 'self-regulating omnivores' with diets that are disembedded from social convention (Dixon *et al*, 2006:636).

However it may be important that families with young children were specifically recruited; in a large study of eating patterns in the Nordic countries, Gronow and Jääskeläinen (2001) found that living with others was the most significant factor affecting the probability of following socially-shared eating patterns. While a three meal structure was common amongst all the families, there was very little variation within families with regard to snacking. Family members tended to have similar snacking patterns, and snacks frequently had a social element. Though a small study, this research suggests the persistence of common food routines.

Household Domestic Labour

In Chapter 1 I argued that a model of rational individualism has dominated contemporary health policy (Keane, 1997; Duff, 1999), emphasising voluntary, individual food choice. However this research reconfirms the importance of the family as a theoretical concept in the study of eating practices. In this regard, the findings presented here bear resemblance to previous studies of food and families (Murcott 1982; 1983b; 1983c; Charles and Kerr, 1988; DeVault, 1991). For the most part, everyday meals and snacks – including 'proper' or 'cooked' meals – were constructed as the being the responsibility of each family's wife/mother. Although the majority of men reported cooking occasionally, for women cooking was constructed as an obligation, and for men, an option. Yet there was some evidence of weakening gender roles as reported by recent studies (Lupton, 2000; Beagan *et al*, 2008; Metcalfe *et al*, 2009). Even when respondents reported a traditional male breadwinner/female housewife gendered division of labour, they distanced themselves from the 'traditional values' associated with this domestic arrangement. Instead the

respondents constructed their arrangements as a matter of practical organisation related to the broader organisation of paid and unpaid labour. This supports the findings of Beagan *et al* (2008), who argued that although gender-neutral rationales are used to explain food-related domestic labour, the rationales are still frequently grounded in unspoken assumptions about gender roles. One profiled family, the Andersons, is as an exception to the typical household labour organisation of the other participants; their ongoing negotiation of paid/domestic labour highlights the taken-for-granted nature of the more traditional, gendered arrangements.

The rationales provided by the participants appeared to conform to McKeown *et al*'s (1998) 'fairness' perspective, used to account for recent changes in the role of men in the home. Although only a minority of men reported regularly participating in routine food provision and preparation, those that did often drew on this rationale to explain their activities. However upon further probing, the same men instead explained that they performed these routine activities because they were dissatisfied with how their wife performed the tasks. This further underscores men's 'optional' food-related responsibilities.

'Family' Practices

Although women reported being responsible for the large majority of food-related domestic labour, a broader set of family food-related activities was reported by participants. Family-oriented food and eating events outside the home were especially revealed in the accounts of men and children. For example fathers were frequently reported as being the 'treat man', and both fathers and children reported engaging in weekend outings such as trips to McDonalds or to the local shop for sweets. While such practices fall outside the typical image of domestic food activities, these activities appeared to be meaningful to the participants, for example as an opportunity for husband/father-child collusion against the everyday routine organised by wife/mothers.

This study recruited a specific family type (two parent families with young children sharing a household), however the distinction between the 'household' and 'family' emphasised by Murcott (1986) as the analytical focus must be recognised. Participants frequently reported household eating activities with non-family members. Children were quick to emphasise the value of guests as an opportunity to obtain treat foods, and one even cited the birthday parties of other children as an opportunity to stockpile sweets for

covert consumption within their own home. The methodological approach of interviewing mothers, fathers and children was particularly illuminating in revealing multiple avenues of food provision for the household. Moreover, there were numerous food-related family activities beyond the typical 'family meal' which appeared to hold meaning for the participants.

Yet the concept of 'family' appeared to retain significant importance. Parents, particularly mothers, repeatedly emphasised the importance of family meals as a key training site for sociability and children's palate development. Parents drew on their own childhood eating experiences as a knowledge base and reflexively sought to shape their children's experiences through the sharing of meals and other eating activities. This underscores the continued relevance of family food practices (Morgan, 1996) as a theoretical priority, however as I have argued above other food activities within the household also appear to be important in participants' everyday activities.

Family Food Practice Typology

Although many of the themes of this research repeat the work of previous studies, the family food typology appears to be a novel contribution the literature on food and family eating practices. As detailed in Chapter 5, this typology was created though the analysis of the food diary data, yet informed by interview data. This typology explores differences between the families' food practices based on how the meaning associated with food and eating activities appeared to be constructed by the wife/mother in each family and – to a limited extent – her partner. Three different family types were profiled in terms of organisational characteristics, the types of meals consumed and the key 'influences' indicated in the food diary.

As previously noted, the organisation of household labour remains a key issue in family food practices. After acknowledging that women were responsible for food labour in all of the families[1], I attempted to incorporate how the meaning of food and food activities shaped the families' food practices. These categories are characterised by viewing the role of food in family life as a: family duty (Proper Mothers); chore (Modern Traditionals); or a hobby (Food Enthusiasts). The four families with husbands reporting no participation in food activities were all characterised as 'Food Enthusiast' families, and appeared to have

[1] The unusual case of the Andersons is profiled in Chapter 6.

negotiated this arrangement based on the wife/mother's strong interest in food and opinions about food quality. Rather than a negotiation based on gendered labour divisions, the central issues appeared to be food knowledge, with women potentially deskilling their husbands or mocking the skills in their possession. Although this is purely speculative, their efforts at food labour participation may have been welcomed in another family rather than mocked. Thus rather than focusing on men's willingness to participate in households labour, this study has highlighted the participation of both men and women in food labour negotiations. This differs from the work of DeVault (1991), who explores diversity in the division of feeding labour based on the husbands' level of participation. Her categorisations include: women doing all of the food labour; attempts at egalitarian households; and a group with positions between the two extremes. However these groups are primarily based on the negotiation of labour between partners without considering how the meaning of food may influence domestic labour arrangements.

Although only explored to a limited extent, this typology also extended to attitudes toward health and its relationship to family food practices. This may support Pill's (1983) argument that beliefs about food need to be situated within the much broader context of systems of health beliefs and practices. However as the typology was developed based on the construction of family food practices, additional research is needed to more fully explore the relationship between health beliefs and food practices.

The mixed method food diary/interview combination was particularly useful in examining potential relationships between the content of the meals of family members and the meanings associated with them. For example wife/mothers in Proper Mother households appeared to place value on sharing a 'proper meal' with other family members, including creating meals tailored to the tastes of other family members while suppressing their own personal tastes in food. Food Enthusiasts, on the other hand, were outspoken in asserting their knowledge of food, and would tailor meals to suit their own personal preferences. Thus while the tastes of children appeared to have a strong influence on some households, as suggested by Dixon and Banwell (2004), it was actively rejected by others.

Murcott's (1983b) suggestion that women gain pleasure from cooking for their partners appeared to apply to Proper Mother women, but not Modern Traditionals. Food Enthusiasts appeared to find pleasure in cooking for themselves, while simultaneously pleasing their partner and refusing to eat according to their children's tastes. While these families

certainly shared experiences (for example, all of the women considered everyday cooking to be a hard work) there appeared to be substantial differences between the women in how they characterised the role of food within family life. I thus argue that this typology is a potentially useful tool in exploring differences between the construction of family food practices in middle class families. Further research is needed to explore its potential usefulness in other contexts, for example DeVault (1991) highlights challenges of households with restricted material circumstances.

12.4.2 Constructions of 'Healthy Eating'

Constructing Dichotomies: Good/Bad, Healthy/Unhealthy

The findings from this study bear a strong similarity to other studies on lay understandings of 'healthy eating'. This was reflected in the dichotomous characterization of 'healthy eating' as good/bad and healthy/unhealthy (Lupton and Chapman, 1995) and the conceptual importance of 'balance' in constructing a healthy diet (Fischler, 1986; Keane, 1997; Backett, 1992a; Backett, 1992b; Fuller, 2002). Despite the copious media and State attention to 'healthy eating', the findings from this study also suggest that the participants' relied on personal experience or their 'common sense' to guide food choice rather than governmental or media sources (Keane, 1997; Davison *et al*, 1989). Although I have argued that personal experience was prioritised over expert discourses, participants still seemed eager to convey some level of adherence to expert healthy eating standards. This was reflected in the nervousness of some children to reveal their diet's lack of vegetables. The data suggests that a moral order of balance underpins how the participants felt their diets should be constructed (Fischler, 1986).

This research also supports previous studies which suggest that family-related care and health work are based on gendered social identities with women acting as carers (McKie, Bowlby and Gregory, 2004; Green *et al*, 2009). I argued in Chapter 6 that women in all three of the family typology categories appeared to be responsible for their families' health practices. Not surprisingly this appeared to be related to women's feeding responsibilities. While discourses of motherhood put pressure on women to be 'perfect' mothers (Gatrell, 2005), the women in this study appeared to be confident in their ability to feed their families healthily. However as Backett (1992a; 1992b) has argued, a healthy diet appeared to be constructed within everyday realities, and engaging in 'life enhancing' behaviours is not always technically compatible with a healthy diet. The data also supports Fischler's

(1986) argument that mothers relaxed their standards of a healthy diet as children grew older.

Schools, Children and Parents

This research has explored one small area of the much broader topic of food in schools. This research has produced similar findings to previous research work highlighting the negotiated content of children's school lunchboxes packed at home (Morrison, 1996; Burgess and Morrison, 1998a; 1998b). Previous work has examined school food policies in the UK and highlighted the awkward relationship between the State and children (Gustafsson, 2002; 2004). However the context of this study differs from those previously mentioned; in this study all of the children brought their lunches from home, and the schools had food policies dictating appropriate and inappropriate foods. Thus while Morrison (1996) found that parents' choices for their children were prioritised over school preferences, the schools taking part in this study had a clear set of guidelines for parents. However these were not implemented uniformly between teachers nor over time. The changing set of rules and standards was confusing for parents, children and teachers and appeared to create conflicts between children and parent, and parents and teachers.

Previous work (Burgess and Morrison, 1998a; 1998b) has also highlighted the existence of discrepancies between the formal food- and health-related curriculum and actual in-school food practices. While Burgess and Morrison found that food-related teaching was becoming more theoretical, in this study interviews with teachers suggest that students' school lunches play an important practical role in their teaching activities. This imbues children's lunches with particular importance.

Finally this study has highlighted the complexities of teaching and promoting 'healthy body image' in schools. This research suggests that in school activities addressing 'healthy eating' linked high body weights to individualised eating activities such as unhealthy lunches. Evans *et al* (2002) and Curtis (2008) have argued that such programmes have the potential to further marginalise obese pupils, however this study did not produce data examining the participants' responses to such programmes (see Section 12.4.3). Given Share and Strain's (2008) concern about addressing obesity in schools using techniques of individualisation and surveillance, more research into the effectiveness of such practices is needed.

12.4.3 Obesity and Body Weight Practices

Evaluating Bodies

Through my attempt to examine lay understandings of body weight as a social problem I highlighted the challenges of using the abstract biomedical concept of 'obesity' to investigate participants' constructions of body weight. Many participants rejected the use of 'weight' as an evaluation tool and actively avoided scales. Identifying 'problematic' bodies was also a contested and difficult task. Thus accurately discussing 'obesity', as defined by the Body Mass Index, was not possible.

As I did not inform participants of their BMI score (based on my calculations), the discussions remained necessarily abstract; I thus sought to identify the processes used by participants to evaluate their bodies. These findings support similar studies (Wills *et al*, 2006; Warin *et al*, 2008; Wills *et al*, 2009) (which also did not inform their participants of their BMI category) in finding that BMI categories are too simplistic to account for lived experiences of 'technical' biomedical overweight and obesity. The participants in this study did not critically resist the Body Mass Index as an evaluation tool to the same degree as the men taking part Monaghan's study (2007). However as Monaghan (2007) recruited his participants through commercial slimming clubs, his participants were already likely to have been focused on the concept of weight, and their Body Mass Index categorisation. This suggests that informing participants of this body weight category may be an empowering exercise for participants. However introducing potentially stigmatising labels into interviews requires careful consideration, and would seem to be entirely unethical in interviews with children. In this regard Monaghan's recruitment method was ideal; however it is also useful to investigate lay understandings of participants not already heavily focused on body weight.

Models of Obesity

As Sobal (1995) has argued, multiple models of obesity influence how obesity is characterised as a social problem. However Sobal's model is focused on claimsmakers' conceptualisations of obesity; using it to examine the everyday activities used to identify and characterise body weight as a social problem revealed complex processes. Participants drew upon biomedical and 'common sense' medical framings of health as well as Sobal's moral model. The findings from this study support Wills *et al*'s (2009) study which found that middle class parents and teens did not want to appear to be judgemental about others' high body weights, yet still frequently adopted a moralistic position. Children often

directly made negative comments about 'fat' or 'fat people', however a small minority of children sought to avoid the topic altogether or revealed that they were forbidden from talking negatively about 'fat'. These findings suggest that complex, and often conflicting, moralities are attached to health (Backett, 1992b) – in this case high body weight or large body size. This highlights the importance of context; in some cases, who was in the room, or who could hear the content of the interview, appeared to have a strong influence on how constructions of body weight were articulated.

Children, Gender and Body Weight

The findings from this study strongly suggest that gender continues to play a role in the construction of ideal and problematised body weights. Germov and Williams (1999) and Williams and Germov (2008) have commented on the constant state of self-surveillance in which women participate. These findings suggest that parents are highly aware of gendered body weight dimensions; the participants in this study expressed extreme concern about potential pressure on their daughters to conform to a thin ideal. Girls as young as 5 were reported to have told their parents that they felt they were 'fat'. The majority of the parents of girls expressed concern about their daughters potentially developing 'eating disorders'. Although the parents of boys were not unconcerned about their children's body weight, they did not report the same level of worry or upset as the parents of girls.

Body Weight Practices in Families

Similar to Backett-Milburn *et al* (2006), the parents in this study appeared to be more concerned about their children's emotional wellbeing than weight gain or the consumption of 'unhealthy' foods. However Backett-Milburn *et al*'s (2006) study focused on parents and teenagers in lower socio-economic circumstances; as this study explores middle class parents and children, the study findings suggest that parents' prioritisation of children's (diet-related) mental health over physical weight gain is widespread. Furthermore, in what appears to be a supplementary study, Wills *et al* (2009:11) found that middle class parents wanted to shield their teenage children from the 'vagaries of dieting', ultimately making talk about weight a 'no go' area unless initiated by the child. Like Wills *et al* (2009), this study strongly suggests that middle class parents also feel 'ill equipped' to talk to their children about body weight. There appears to be a need to develop resources for parents of young children as well as teenagers. Overall this study suggests that these middle class Irish parents constructed their children as innocent (Coveney, 2008), and that related

constructions of appropriate body weight activities mirror Stearn's (1999) historical characterisation of American body weight practices.

Drawing on Backett's (1992b) study of health, this study highlights the importance of understanding body weight as embedded and expressed within everyday life. However as body weight is subject to competing models of obesity by public claimsmakers and in everyday contexts, individuals must manage multiple 'lay health moralities' (Backett, 1992b). I have argued throughout this research that 'family' remains an important theoretical concept in the study of food practices, and it also appears to be important in the study of body weight practices. This is reflected in parents' desire to protect their children from body weight pressures, their efforts at concealing dieting activities and related practical actions such as removing scales from the house. Parents, particularly mothers, reported feeling responsible for the management of their children's body weights, seemingly because they were also responsible for each household's eating activities.

It is not surprising that the research revealed a connection between eating and body weight practices. However given the extreme reluctance of parents to directly discuss body weight or weight-related issues with their children, the concept of 'healthy eating' appeared to act as a surrogate for 'body weight' talk. As a 'safe' topic, 'healthy eating' appears to play the key role in families' body weight practices.

Body Consciousness

In Chapter 3 I highlighted a 'puzzle' in the literature on food, fat and body image – namely Crossley's (2004) problematisation of the 'body consciousness' thesis. While the cause of obesity (and body weight fluctuations more generally) is complex and multi-faceted, the examination of lay understandings of body weight, health and food offers potential insights into the 'puzzle' put forward by Beadsworth and Keil (1997) and Crossley (2004). Both 'healthy eating' and body weight management were just two of many priorities faced by parents in their everyday realities. For example, the findings of this research suggest that it was preferable for children to carry 'extra' weight than to become anxious about body weight or potentially develop eating disorders. Thus although high body weight was considered to be undesirable, it needed to be balanced against other priorities. This finding supports the work of Wills *et al* (2006), Warin *et al* (2008), and more generally Backett (1992b). However this research suggests that this may also be occurring amongst middle class families with young children, whereas the previously-mentioned research focused on

teens from poorer socio-economic circumstances (Wills *et al*, 2006) and women from lower social classes (Warin *et al*, 2008). A more detailed discussion of the influence of social class follows.

12.4.4 On the Influence of Social Class

In Chapter 2 I examined class-based differences in food habits. In particular I drew on Crotty (1999) and Germov (2008), who argue that class-based differences in food habits are diminishing without disappearing altogether. This position supports Mennell's (1985) more historical argument that social class is becoming less relevant in explaining why people eat what they do. I briefly explored Irish data on nutrition intakes (Kelleher *et al*, 2002) to argue that the search for distinctions between social class groups contributes to a public and professional tendency to apply dichotomous thinking to the eating habits of different social classes. This search for distinction frequently characterises the diets of lower socioeconomic groups as uniformly 'unhealthy' and higher socioeconomic groups as 'healthy'.

I continued this line of argument in my review of literature on socioeconomic patterns of obesity in Ireland, and argued that a similar tendency toward dichotomous thinking in the Irish context may exist – even though it is unsupported by the literature. I thus argue that both the professional literature and popular assumptions about the socioeconomic patterning of obesity in Ireland need review.

Studies examining the biomedical attention to obesity are positioned in this research as context for the consideration of research on symbolic consumption or 'modes of consumption'. This literature (Van Otterloo, 1995; Warin *et al*, 2008; Wills *et al*, 2009) has frequently drawn on Bourdieu (1984) to explore the social stratification of taste and class-based differences in lifestyle. This work tends to identify slim, disciplined bodies as high status middle class traits, and undisciplined, larger bodies as working class. However I have argued that the use of Bourdieu's framework, specifically his findings on class-based bodies, may not be appropriate in contemporary contexts.

As a middle class study, this research provides a limited scope to explore Bourdieu's thesis on class-based distinction. A comparative research design may have been more straightforward in this regard. I have argued that this is a middle class study, based on a

series of measurements collected in the questionnaire. Although the use of 'class' in a constructionist study raises epistemological red flags, I argued in Chapter 5 that using a combination of occupation, income and education levels, all of the families in this study can be characterised as middle class. Yet this is a difficult exercise because I sought middle class 'families'; this at times required the reconciliation of the class statuses of multiple individuals within households (Morgan, 1996). Although a more uniform sample would have been ideal, I contend that all of the families can be characterised as middle class.

The findings from this study support the work of Van Otterloo (1995), Warin *et al* (2008) and Wills *et al* (2009) in respect of the identification of thinness and fitness as high status. This was evidenced by the strong moral overtones in discussions about body weight and fatness, even if this topic appeared somewhat off limits because participants did not want to be seen as being 'judgemental' (Wills *et al*, 2009). However this study differs from previous studies in that the middle class participants positioned fatness and obesity as both a result of poor socioeconomic circumstances as well as the consequence of affluence. This appears to be a significant departure from the previous studies, which have argued that a key feature of the middle class habitus is thinness and a focus on 'respectability'. Although not 'ideal', participants appeared to view fatness as a 'normal' middle class trait. Parents faced conflicting moral imperatives in the management of their children's body weight and body image. On one hand, this study suggests that thinness remains the 'ideal' body type, however parents also sought to discourage their children from feeling pressure to be thin. For these parents, the prevention of eating disorders and body weight anxiety appeared to strongly influence their everyday food and body weight practices.

12.5 Study Limitations and Future Research

This research has attempted to investigate the socially constructed meaning of food, 'healthy eating' and obesity within the context of family food practices in a sample of middle class Irish families with young children. As previously stated, this research has repeated the findings of earlier studies of food in the family context (Murcott, 1982; 1983b; 1983c; Charles and Kerr, 1988; DeVault, 1991) and more recent research into the social construction of body weight and obesity (Backett-Milburn *et al*, 2006; Warin *et al*, 2008; Wills *et al*, 2009). However it appears that this research is the first to investigate these two issues in one study in a sample of Irish families with young children. Throughout this chapter I have sought to identify limitations of the study, particularly in Section 12.3

which reviews the methodology. In this section I briefly review important limitations to the study in the context of future lines of research suggested by this study.

Although an appropriate size for a doctoral research project, this is a small study of 16 families drawn from one Dublin suburb. A study with participants sampled from different local or national contexts may reveal different perspectives related to the social construction of food and obesity in daily life. A more uniform sample in terms of class may also be illuminating. While I have argued that the introduction of a comparative framework may create artificial distinctions between groups while obscuring other meaningful insights, a complementary study of working class families may be useful in drawing out further distinctions (or a lack thereof) between the two groups. However I contend that future work in this area should be aware of a potential bias in the socioeconomic patterning literature, as highlighted by Crotty (1999), Germov (2008) and argued in this thesis.

This study is also limited by the low familial response rate of 7%. Given the relatively high demands of the study (food diaries, interviews and full family participation), a low response rate was not entirely unexpected. Families choosing to participate may have had a particular interest in food or health. Furthermore, the schools agreeing to participate in the study may have had principals with a strong interest in food or school food policy. Principals may have selected teachers for the interviews for similar (or other specific) reasons.

I have argued that the family food typology presented in Chapter 6 may be a useful tool to explore food practices. This study highlights the pivotal role of the meaning of food in the lives of the participants, especially those in charge of family food practices. Further consideration of its utility would benefit from a larger study and in diverse contexts. While the food diaries were the key research method used to generate the food diaries, better integration of the food diary and interviews as research tools would be desirable. A more child-friendly food diary would also be beneficial.

This research has highlighted the extreme reluctance of parents to engage in discussions about body weight with their children. This supports Wills *et al*'s (2009) call for resources for parents of teens to aid them in engaging in 'non-risky' body weight talk with their

children. Although a small study, the findings of this research suggest that such resources would also be beneficial for the parents of young children.

I have argued that this research has produced new findings relevant to class-related understandings of obesity in Ireland. First, further research should investigate assumptions related to the socioeconomic patterning of obesity in the Irish biomedical literature; class-related 'dichotomous thinking' should be addressed. Second, I have argued that this research has revealed new ideas related to the class-related social construction of body weight and obesity – specifically that fatness and obesity are associated with middle class, rather than only lower social class, lifestyles. This topic would benefit from further research investigating whether this is an Irish specific finding, perhaps related to the Irish 'Celtic Tiger' economy context of the research, or if this finding is relevant to other local and international contexts.

12.6 Conclusion

This final chapter has reviewed the aims of the research, revisited the methodological approach, and situated the study findings in the broader literature. Using a social constructionist approach, this thesis has explored the meanings of food, 'healthy eating' and obesity in family food practices. With the adoption of a contextual constructionist approach, I have situated this exploration of lay understandings of food and body weight within the context of biomedical, State and media attention to 'healthy eating' and obesity as contemporary social problems in Ireland.

The study's findings suggest the meanings of food, 'healthy eating' and obesity need to be considered within the realities of everyday practices. This research has highlighted the value of obtaining the perspectives of women, men and children within family households while acknowledging that the majority of food-related household labour still appears to be undertaken by women. Analysis of household food practices suggests that there are significant differences in the role that food plays in the everyday lives of different families, including as a family duty, chore or hobby.

Emphasising the importance of context, this research found that obesity and fatness are constructed by families as complex moral and medical social problems. However as parents were reluctant to discuss body weight issues with their children, 'healthy eating'

appeared to be used as a substitute for body weight talk. As obesity was constructed by participants as a middle class problem, as well as a lower social class problem, the findings of this study suggest that theories related to class-based understandings of obesity should be revisited.

Appendix A – Newspaper Analysis

As discussed in Section 5.2, a fourth research aim was added to the project after the initial project formulation. This aim was added in order to investigate the framing of obesity in national Irish newspaper reporting.

The full results from the analysis of the additional data stream are not presented here. However to aid in contextualizing the interview data, the results from a keyword search of the term 'obesity' in a national Irish newspaper has been included. Although this does not give an indication as to how obesity was being reported upon or received by audiences, it does give some indication of the general level of attention in newspaper reports leading up to the study's fieldwork.

At the time of data collection, the only systematic way of electronically searching national Irish newspapers was using the Lexis-Nexis database. It only included the *Irish Times* for the period of interest.[1] To track changes in the frequency of articles mentioning obesity annually, a full-text keyword search of 'obesity' was conducted in the *Irish Times* for the available years, 1996-2006, producing a total of 940 articles.

The *Irish Times* is an 'elite', national daily newspaper with a 'liberal, socially aware viewpoint' (O'Brien, 2005:33). The publication itself identifies its 'real strength' as its readership: 'an exceptionally high ratio of business and professional readers' (Irish Times, 2008). Audience readership research indicates that in 2005 it had the highest level (86%) of ABC1 readers[2] (JNRS, 2006a). According to figures from January – June 2004, it had the second highest circulation (116,000) of the Irish national dailies and the third highest readership (336,000) (JNRS, 2006b).

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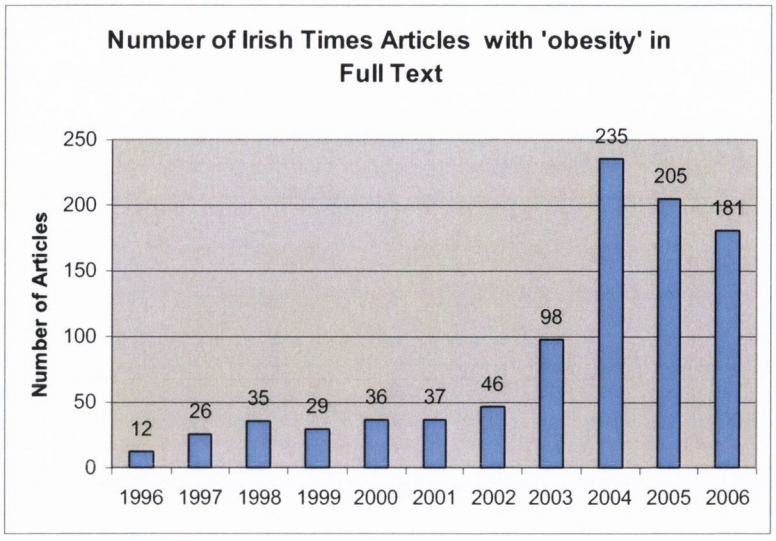
[1] The online search function of other publications were not suitably consistent or systematic for the study's purposes at the time of data collection and writing.

[2] ABC1 is social grade classification derived from the British National Readership Survey (Monk, 1973) frequently used in major surveys. Social-class groups are divided into groups A – E: A, B and C1 are typically read as denoting middle-class/high earners and categories C2, D and E representing various working-class levels. This information is frequently used to price a publication' advertising space (O'Brien, 2005).

Number of *Irish Times* Articles with 'Obesity' in Full Text: 1996 - 2006



The search shows a relatively small number of articles on the topic throughout the late 1990s and into the early 2000s, however from 2002 to 2004 there was a 409% increase in the number of articles containing the word 'obesity'. This peaked in 2004 with 235 articles, but remained high in 2005 and 2006.

Appendix B – Food Pyramid

The Food Pyramid issued by the Irish Department of Health and Children – Health Promotion Unit.

Source: Accessed on the Internet on 13 March 2008:
http://www.healthinfo.ie/fs/doc/hpu_publications/Food_Pyramid_Plates_August_05.pdf


Use the Food Pyramid to plan your healthy food choices every day and watch your portion size
HEALTH PROMOTION UNIT
DEPARTMENT OF HEALTH AND CHILDREN
www.healthpromotion.ie
Choose
very small
amounts
Fats, High Fat/Sugar Snacks, Foods and Drinks
Use sparingly – choose fats high in monounsaturates or polyunsaturates. Limit fried foods to 1-2 times a week.
Only have small amounts of high fat/sugar snacks and drinks and not too often.
Choose any 2
Meat, Fish, Eggs & Alternatives
Choose lean cuts of meats. Eat oily fish.
Choose any 3
Milk, Cheese & Yogurt
Choose low fat varieties.
Choose
any 5
Fruit & Vegetables
Choose green leafy vegetables and citrus fruit frequently.
Fruit juice only counts for one serving, each day.
Choose
any 6+
Bread, Cereals & Potatoes
Eat these foods at each meal – high fibre is best.
Drink water regularly - at least 8 cups a day
FOLIC ACID - AN ESSENTIAL INGREDIENT IN MAKING A BABY. YOU CAN GET FOLIC ACID FROM GREEN LEAFY VEGETABLES BUT IF THERE IS ANY POSSIBILITY THAT YOU COULD BECOME PREGNANT THEN YOU SHOULD BE TAKING A FOLIC ACID TABLET (400 MICROGRAMS PER DAY).

Appendix C - Background Interviews

Background interviews were conducted with the following individuals:

- **Dr. Laurence Swan** (Managing Director of Research and Development, Fyffes plc). A formal interview with Dr. Laurence Swan was completed in April 2005 on the topic of fruit and vegetable consumption in Ireland and his involvement with the *Food Dude* pilot programs in Irish schools.

- **Dr. Sinead McCarthy** (Public Health Nutritionist and Co-ordinator of the National Children's Food Consumption Survey). A formal interview with Dr. Sinead McCarthy was conducted in April 2005. The interview was largely on the topic of her work on the National Children's Food Consumption Survey as well as her work on obesity in Ireland.

- **Dr. Cliodhna Foley-Nolan** (formerly Specialist in Public Health Medicine, Department of Public Health, Health Service Executive – Southern Area, Chief Specialist Public Health with Safefood). An informal interview was conducted with Dr. Foley-Nolan on her study (Foley-Nolan and Millar, 2005) on children and family practices relating to diet and physical activity.

- **Professor Ivan Perry** (Professor of Public Health, UCC) – An informal interview was conducted with Professor Perry on the topic of the role of diet and lifestyle in chronic disease epidemiology as well as his work on the North South Survey of Height, Weight and Body Mass Index in Ireland, 2002.

- **Mr. John Lahiff** (National Co-ordinator, SPHE Support Service) – A formal interview was carried out with Mr. Lahiff on the topic of SPHE course development in Ireland over the last twenty years.

Some of these interviews were more formal than others, depending on the individual situation. Formal interviews were digitally recorded and transcribed. In the case of informal interviews, brief notes were taken during the interview and comprehensive field notes were written up after the interview.

Appendix D – Media Boards

Family interviews included the use of a series of laminated boards for discussion. During interviews, three media boards were presented for discussion. The three media boards were only used in the adult interviews. The topics included:

- Media Board #1: headlines on feeding children and healthy eating for children
- Media Board #2: headlines on obesity
- Media Board #3: headlines on childhood obesity

The headlines used in the boards were drawn from three national Irish newspapers (*Irish Times, Irish Independent* and *Irish Examiner*) between October 2004 and May 2005, inclusive.



Irish Heart Foundation recommends Europe-wide ban on TV advertising of unhealthy food

Most food marketed to children unhealthy, report says

We're just parents who can't say no

Giving in to children's demands for 'bad' foods is at the heart of the rising obesity problem, writes **Kate Holmquist**

The recipe for a healthy child

$ 10 PARENTING

What your kids should be eating

The experts let **Glenda Cooper** that getting vitamins into your children needn't be a nightmare

Playing games with the health of our children

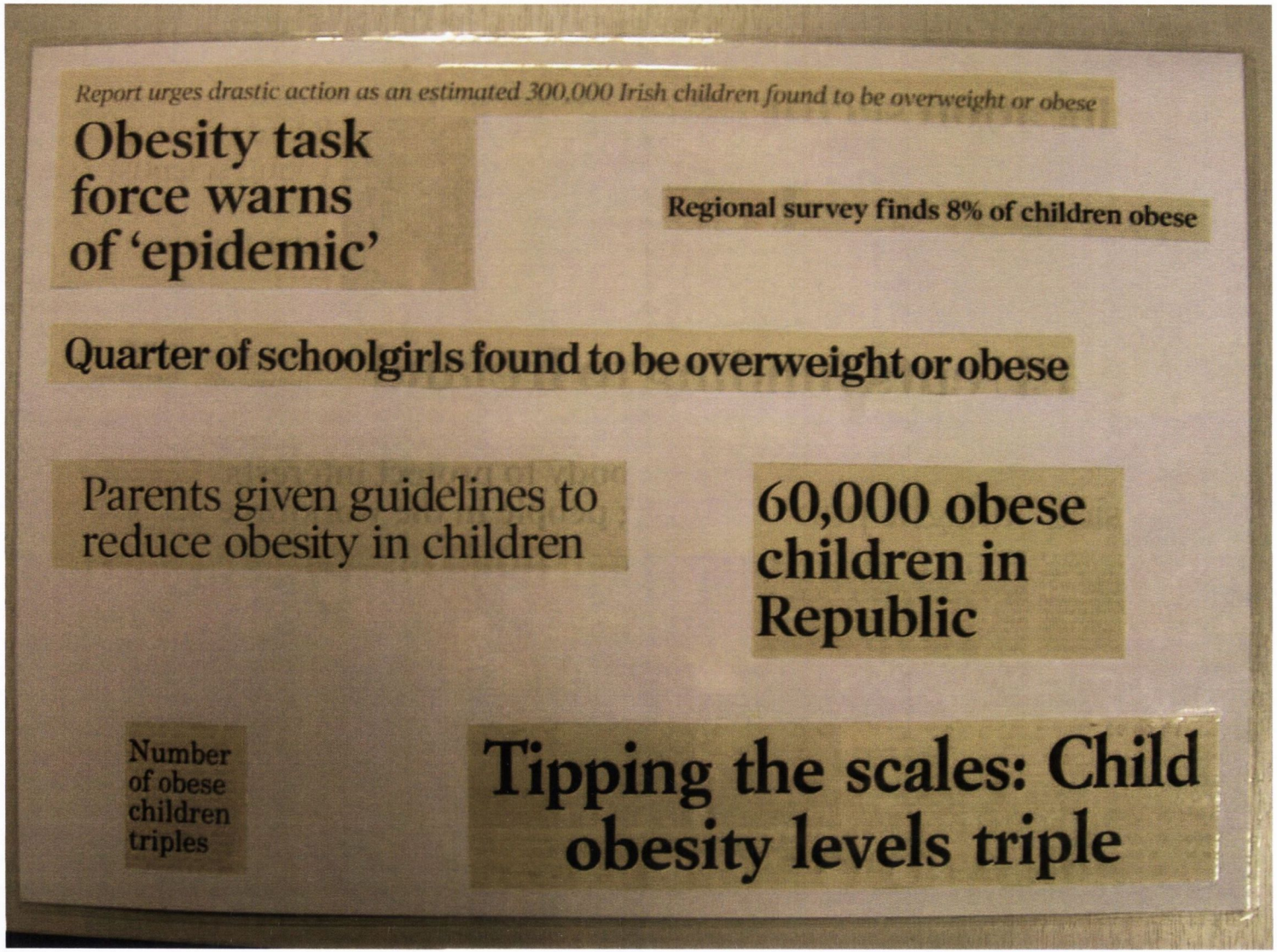
Lifestyle tips for healthy eating

Judith Wills says there are lots of easy ways to encourage your child to eat well

HOW TO FEED YOUR KIDS

Next Sunday STYLE


The obesity crisis
Fat nation: why Ireland is now dying of affluence
WAR ON OBESITY
Government launches action plan to tackle €370m-a-year health crisis
Treating obesity costs €500m a year
Obesity increases diabetes risk – report
Super-size nation
12 die while on waiting list for State's only obesity clinic

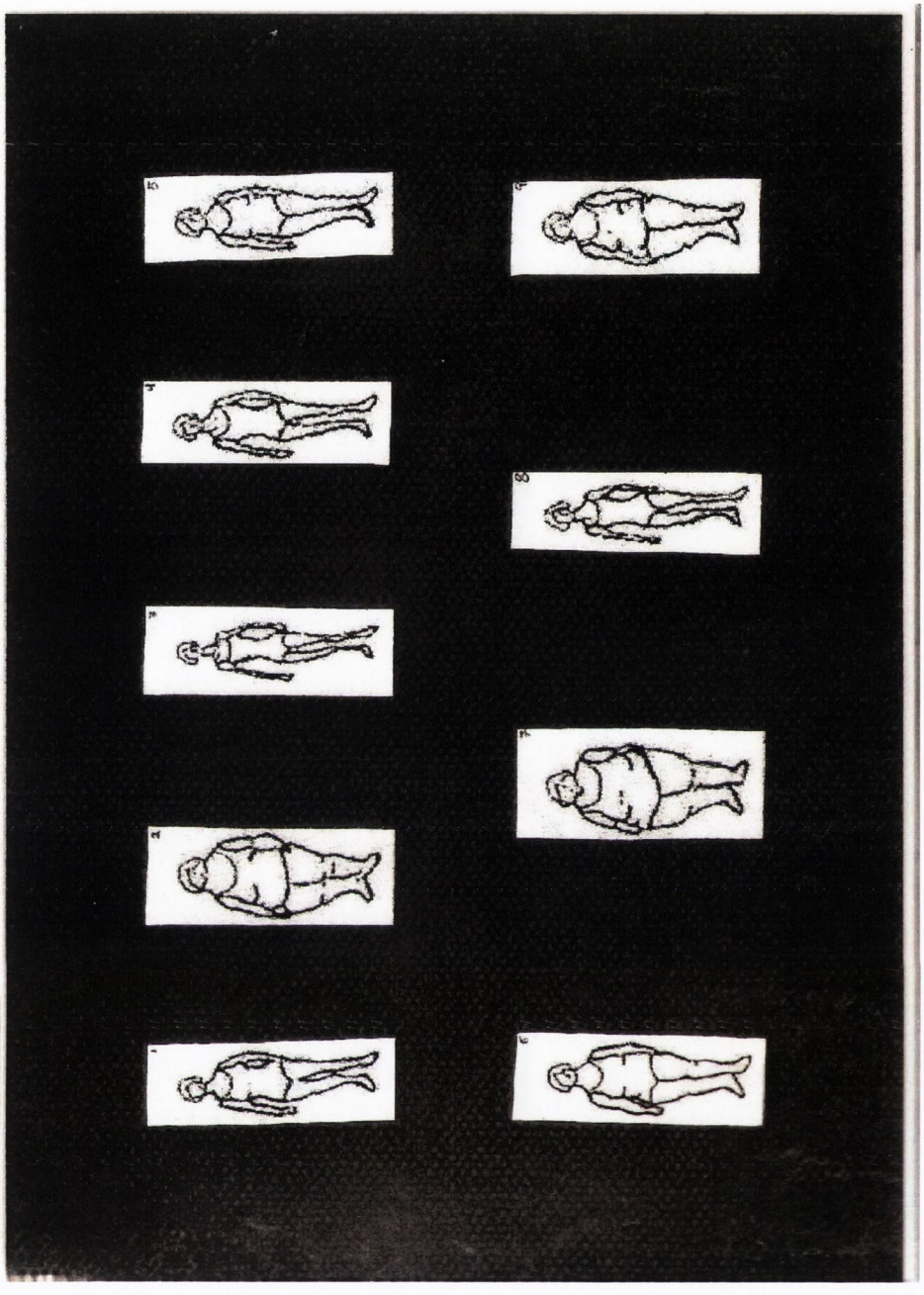

Report urges drastic action as an estimated 300,000 Irish children found to be overweight or obese
Obesity task force warns of 'epidemic'
Regional survey finds 8% of children obese
Quarter of schoolgirls found to be overweight or obese
Parents given guidelines to reduce obesity in children
60,000 obese children in Republic
Number of obese children triples
Tipping the scales: Child obesity levels triple

Appendix E – Figure Boards

Family interviews included the use of a series of laminated boards for discussion. During interviews, two body shape boards were presented for discussion. These included:

- Stunkard Body Shapes - Male
- Stunkard Body Shapes - Female

The body shapes which follow are reprinted with permission from:
Stunkard, A., Sorensen, T. and Schlusinger, F. 1983. 'Use of the Danish Adoption Register for the Study of Obesity and Thinness' in S. Kety, L. Rowland, R. Sidman and S. Mattysse (eds.) *The Genetics of Neurological and Psychiatric Disorders.* New York: Raven Press.



5
9
4
8
3
7
2
1
6

Appendix F – Adult and Child Questionnaires

Understanding Family Eating in Ireland

Adult Questionnaire

Each adult member of the household (aged 18 and over) is kindly requested to complete an Adult Questionnaire. Upon completion, please place all questionnaires in the return envelope along with the signed consent form and post. Thank you.

To ensure confidentiality, please do not write your name on this form.

---

1. What is the year of your birth?

_____

2. Sex

O Male

O Female

3. In what country were you born?

O Republic of Ireland

O Other (please fill in)_____

4. What is your nationality?

O Irish

O Other (please fill in)_____

5. What is the nationality of your parents?

O Irish

O Other (please fill in) _____

6. Have you lived outside the Republic of Ireland for a continuous period of more than one year?

O No

Yes (please fill in where and length of time)

O _____

_____

7. What is your marital status?

O Single (never married)

O Married

O Divorced/separated

O Widowed

8. Which of the following best describes your household's housing situation?

O Owner Occupier

O Owner Occupier (purchased from Local Authority)

O Renting from Local Authority

O Renting from other than Local Authority

9. What is the highest level of education (full-time or part-time) which you have completed to date?

O No formal education

O Primary school

O Secondary school

O Technical/vocational qualification

O Third-level primary degree

O Professional qualification

O Both a degree and a professional qualification

O Postdoctorate degree (Masters)

O Doctorate (Ph.D.)

10. Which of the following best applies to you?

O Working full time

O Looking after home/family

O Working part time

O Unemployed

O Student

O Retired

O Unable to work due to permanent disability or sickness

O Other _____

11. What is (was) your occupation in your main job? (Please fill in being as specific as possible).

_____

_____

12. How many hours per week do you work outside the home?

O 0

O 1 - 14 hours per week

O 15 - 28 hours per week

O 29 - 42 hours per week

O 43 or more hours per week

13. What is your household's approximate income?

O €0 - €15,000

O €15,001 - €30,000

O €30,001 - €45,000

O €45,001 - €60,000

O €60,001 - €75,000

O €75,001 - €90,000

O Over €90,001

14. Do you have a diagnosed chronic illness or a disability?

O Yes (please fill in)_____

O No

15. If you are female, are you pregnant?

O Yes

O No

O Male - not applicable

16. Do you have any food allergies?

O Yes (please fill in)_____

O No

17. What is your height?

_____feet and _____inches

18. What is your body weight?

_____stone and _____pounds
OR
_____ total pounds

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.
YOUR ASSISTANCE IS GREATLY APPRECIATED!

Understanding Family Eating in Ireland

Child Questionnaire

A Child Questionnaire should be completed for each child (under 18 years old) in the household. Depending on the age and/or maturity of the child, this questionnaire may be completed by the child him/herself or by a parent. Thank you very much for your participation.

To ensure confidentiality, please do not write your name/your child's name on this form.

---

1. What is the year of your birth?

_____

2. Sex

O Male
O Female

3. In what country were you born?

O Republic of Ireland
O Other (please fill in)_____

4. What is your nationality?

O Irish
O Other (please fill in)_____

5. Have you lived outside the Republic of Ireland for a continuous period of more than one year?

O No
O Yes (please fill in where and length of time)

_____

6. Which of the following applies to you?

O Looked after in home by parent
O Creche
O Primary school
O Secondary school
O University student
O Other_____

7. If you attend a creche, how many hours per day and days per week?

_____hours per day _____days per week

8. If you attend school, in which class are you?

_____

9. Do you have any paid employment?

O Yes
O No

10. Do you have any diagnosed chronic illnesses or a disability?

O Yes (please fill in)_____
O No

11. Do you have any food allergies?

O Yes (please fill in)_____
O No

12. What is your height?

_____feet and _____inches

13. What is your body weight?

_____stone and _____pounds
OR
_____ total pounds

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.
YOUR ASSISTANCE IS GREATLY APPRECIATED!

Appendix G – Food Diary Materials

The food diaries included the following items:

- A food diary information sheet;
- Diary instructions;
- A sample food diary page; and
- Twelve pages of diary sheets (each page contained three food event entry forms, to total thirty-six possible food events over the three-day period).

University of Dublin,
Trinity College



Understanding Family Eating in Ireland

Food-Diary Information Sheet

This study is interested in how and what families eat everyday. Therefore we ask that you briefly list everything you eat for three days. Studies show that when most people are asked to record what they eat, they alter their diet in some way. This is normal. However to obtain the most accurate information possible, we would appreciate if you would *try* to maintain your normal activities and record them as soon as possible after the event. It doesn't matter if there is something atypical about a particular day; the follow-up interview will provide an opportunity to discuss whether or not you think your Food Diary was really representative of your normal daily activities. The diaries are a starting point for later discussions.

Directions

Included in this packet is one pre-coded Food Diary for each person in the household. To protect anonymity, each diary has a unique number on the cover; the assigned numbers are listed in the cover letter. We ask that you do not write your name on the diary itself. These steps help us to comply with procedures of good research practice. (NB You could write your name in pencil on the top so you can easily identify your diary while filling it in around the house, but please do not write it on permanently).

The food diaries are designed to be filled out for three days: *Friday, Saturday and Sunday*. While it is certainly useful for all members in the household to complete the food diaries, it is not necessary for children under the age of five to have diaries completed for them. (If small children are in the house extra diaries are included because sometimes small children want to participate too!). Children may complete the diaries themselves or it can be completed by an adult, depending on age and interest. When completing a diary for a child, *if possible* discuss what influenced the child's food choice. What is the child's perspective? Filling out the diary should not take longer than 10 minutes each day.

The diaries are designed for you to record what you are consuming each *time* you eat or drink, whether it is a meal, snack or drink. You don't have to record each item separately. *See the reverse sample and specific directions on the diary itself.* After completing the diaries, please put them into the return envelope and return post.

If you have any questions, please contact Suzanne Harkins at 01 608 2085 or email family.eating@tcd.ie.

Filling out the diary

Date: Please insert date and circle the day of the week.

Time Begin/End: What time did you start eating/drinking and when did you finish?

 # People Present: How many people were present when you actually consumed the food/drink?

Relationship: What is the relationship between yourself and the people with whom you ate/drank? (Examples include: mother, son, friend or husband).

Food Prepared By: Who prepared the meal? If a ready-meal or pre-prepared, who heated it up and/or arranged the children's plates, etc?

Made at Home or Ready Meal/Pre-Prepared: Was the food prepared at home or purchased pre-made at a store or restaurant? If both homemade and pre-prepared elements were included in a meal (e.g., homemade main course but dessert purchased from the grocery store), then circle both and label in the description as best as possible. See sample.

Place: Where did you consume the food/drink (e.g., kitchen, family room, restaurant, desk at work, car, etc.)?

Meal/Snack/Drink: Was this a meal, snack or a drink? Describe the food in detail. If possible, use brand names (e.g., Tesco pizza).

Influences: Why did you eat this particular meal/food? Circle *the top two influences* among the listed choices or fill in what you think influenced your food choice. If filling it in for a child, what is their perspective?

Comments/Feelings: Were there any significant feelings associated with this food/meal? Any additional comments?

Final Notes:
Please include drinks (e.g., water, tea, coffee, juice, fizzy drinks, etc.). It is not necessary to include chewing gum or mints.

Please fill in the diary as soon as possible after eating to help you remember as clearly as possible.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!

Fri – Sat – Sun Time: Begin 12:30 End: 12:45

# of people present 0 Relationship —

Food prepared by SELF Homemade OR Ready Meal/Pre-Prepared

Meal – Snack – Drink (← please circle and describe below)

HAM and CHEESE SANDWICH from O'Briens
1 BAG CRISPS
1 CAN COKE

What influenced your choice? (please circle up to TWO)

Taste Convenience Cost Family likes it Health properties Made for me Other

Comments/Feelings? SHOP NEAR OFFICE. USUAL LUNCH.

Fri – Sat – Sun Time: Begin 3:30 End: 3:45

# of people present 1 Relationship FRIEND

Food prepared by SELF Homemade OR Ready Meal/Pre-Prepared

Meal – Snack – Drink (← please circle and describe below)

TEA WITH MILK
BISCUITS (Cadbury)
TAP WATER

What influenced your choice? (please circle up to TWO)

Taste Convenience Cost Family likes it Health properties Made for me Other

Comments/Feelings? ENJOY LITTLE TREAT IN AFTERNOON

Fri – Sat – Sun Time: Begin 7 End: 7:30pm

# of people present 3 Relationship Husband, DAUGHTER, SON

Food prepared by SELF Homemade OR Ready Meal/Pre-Prepared

Meal – Snack – Drink (← please circle and describe below)

SALAD- lettuce, tomatoes, peppers	SPAGHETTI BOLOGNESE Homemade with JARRED SAUCE	ICE CREAM
		WATER (TAP)

What influenced your choice? (please circle up to TWO)

Taste Convenience Cost Family likes it Health properties Made for me Other

Comments/Feelings? KIDS LOVE IT

SAMPLE

Fri – Sat – Sun **Time: Begin_____ End: _____**

# of people present _____ **Relationship_____**

Food prepared by_____ **Homemade OR Ready Meal/Pre-Prepared**

Meal – Snack – Drink (← please circle and describe below)

What influenced your choice? (please circle up to TWO)						
Taste	Convenience	Cost	Family likes it	Health properties	Made for me	Other

Comments/Feelings?

Fri – Sat – Sun **Time: Begin_____ End: _____**

# of people present _____ **Relationship_____**

Food prepared by_____ **Homemade OR Ready Meal/Pre-Prepared**

Meal – Snack – Drink (← please circle and describe below)

What influenced your choice? (please circle up to TWO)						
Taste	Convenience	Cost	Family likes it	Health properties	Made for me	Other

Comments/Feelings?

Fri – Sat – Sun **Time: Begin_____ End: _____**

# of people present _____ **Relationship_____**

Food prepared by_____ **Homemade OR Ready Meal/Pre-Prepared**

Meal – Snack – Drink (← please circle and describe below)

What influenced your choice? (please circle up to TWO)						
Taste	Convenience	Cost	Family likes it	Health properties	Made for me	Other

Comments/Feelings?

Appendix H – Adult and Child Interview Guides

Adult Interview Guide

* indicates increased focus as research progressed

Introduction

During the interview I will ask questions about several topics including your food-related routines and those of your children and family as well as some food and health-related topics, some of which have recently featured in the media.

You are free to interrupt, ask me to further explain a question, or criticise the questions themselves. If you do not want to answer a question or feel uncomfortable, please tell me. You are also free to stop the interview at any time.

*Can you tell me how food shopping is organised in your household?

Probes:
Is it done by a particular person?
Which food shops do you usually go to?
Would you say it is sporadic or more a set routine?

*Can you tell me what sorts of foods do you buy when you are shopping?

Probes:
Would you normally make a list of things to purchase?
What do you think of ready meals? Are they a part of your shopping?

If food were free – no cost whatsoever – do you think you would bring home the same things from the grocery store?

Do you often eat away from home, for example in restaurants or from take-aways?

*How is cooking organised in your household? Is there a routine?

Are there any differences between cooking on weekends and on weekdays?

Do your children help to prepare meals?

*Do you enjoy cooking?
Probes:
For yourself? Family? Friends?

Do you have any favourite foods? Are there any foods you don't like?

Do you remember what it was like to eat when you were a child? Do you think it is very different from the way that your kids eat?

*What is it like to feed your children?

*Would you say that there is a difference between what you want them to eat and what they want to eat?

*Are there ever arguments about what to eat in your household?

*How do you know what to put in your children's lunchboxes?

Probes:
What role do you think schools should play in guiding what your child(ren) eat(s)?
Would you say there is pressure to put in particular items?

Show Media Board #1– Feeding Children

These articles appeared in Irish newspapers recently. Have you ever seen articles such as these?

If you saw articles with these types if headlines in a newspaper would you read them?

If so, what do you think about this type of article?
*Such articles often reference 'healthy eating' or 'healthy food'. What do you think makes *food* healthy?

Probe:
*What makes a *diet* healthy?
*What do you think about the term 'balance' or a 'balanced diet'?

Are you familiar with the Food Pyramid (**Show Pyramid)**? What do you think about it as a tool for healthy eating?

Show Media Boards #2 and #3 – Adult and Child Obesity
These articles appeared in Irish newspapers recently. Have you seen or heard anything about obesity recently?

If you saw articles with these types if headlines in a newspaper would you read them?
If so, what do you think about this type of article?
*What do you think about obesity in Ireland more generally?

*How would you characterise the relationship between body weight and health?

*Do you think the state should play a role in encouraging particular body weights?

Show Stunkard Body Scales
What do you think about these different body shapes?

*How does a person know what weight they should be?

*How would someone know if they are obese, weigh 'too much' or 'too little'?
Probes:
Adult
Children

*Could you talk a little bit about how people keep track of their body weight?
Probes:
Scales
Doctor/GP
Clothes

*If someone wanted to gain or lose weight, what do you think they would do?

*Is body weight a topic of conversation in families?
Probes:
Between adults and/or children?

*Do you think body weight is a topic that children think about or discuss?
Probes:
Is it a topic in school?
Amongst parents?

Do you have any questions for me about the interview or anything we have talked about?

CHILD/TEEN INTERVIEW

Could you draw a picture of your favourite meal/food?
INITIAL ACTIVITY

What did you **draw**?
When do you usually eat this food? How often?
*What are some of your other favourite foods?

When do you eat them?

Are there foods that you don't like?

Do you ever eat them?

What do you think of the foods that your parents eat?

Would you say that you choose your own foods or that your parents choose your foods for you?

*If you want something special to eat, or something in particular, is there a way you can get it?

Do you ever go food shopping with your parents?

Do you ever help your parents to cook or prepare food?

Are the foods you eat with your friends different than the foods you eat with your family?

Do you ever talk about food with them?

*What do you have for lunch when you are at school?

*Are there any rules at school about what you can and cannot eat?

What does your teacher say about the kinds of foods you are allowed to eat in school?

What types of lunches do others in your class have?
Probe:
'good'/'bad'?

What would happen if someone brought in items that aren't allowed?

*Does anyone ever try and 'sneak' items into school?

*What happens when they do?

*Do you ever talk about food in school?
Probe about classroom/school activities

*Could you tell me what you think 'healthy' food is?

*Is there something that isn't 'healthy' food?

*Do you think it is important to eat healthy food? Or maybe it isn't important?

Do you play sports or games in school?

Show Food Pyramid
Do you know what this (Food Pyramid) is? What is it used for?

Do you ever think about the Food Pyramid when you eat?

*Is it possible to eat 'too much' or 'too little' food? What happens when people eat 'too much' or 'too little'? How do people know how much to eat?

Show Stunkard Figure Boards
*What do you think of these different body shapes?

*What do you think it would be like to be these different people?

*Do you think a person's size matters? Why?

Do you think that what a person weighs matters?

Appendix I – School Recruitment Letter

November 2004

Principal
School Address

Dear _____,

I, Suzanne Harkins, am currently carrying out research work under the aegis of the Department of Sociology in Trinity College, Dublin. My area of research is on the topic of children's eating habits and practices. Given the increased attention being given to eating and drinking patterns in Ireland, this project specifically seeks to explore the qualities of Irish children's eating patterns within the family context.

Information regarding childhood eating practices in Ireland is beginning to emerge, but there has been little in-depth qualitative work in this area to date, particularly from the perspective of children and their families. In accordance with the National Children's Strategy, this research seeks to give children a voice and to better understand *their* views on food and eating. This research is being funded by the National Children's Office as part of a National Children's Strategy Research Scholarship.

I fully understand that the involvement of any school community in a project such as this makes not inconsiderable administrative demands on those who may get involved. Should your school be interested in participating, your contribution would include: (1) the preparation and provision of relevant contact information; (2) the validation of letters of introduction; and (3) a 30 - 45 minute interview with the facilitating class teacher.

As this letter is only introductory, I would be keen to meet you to discuss the project and answer any queries you may have before deciding whether or not your school would be agreeable to participate. I will be in contact over the next one to two weeks to discuss the possibility of such a meeting. Additionally, this meeting could be used to determine whether the proposed research project, or myself as a researcher, could make a positive contribution to your school community.

Finally, I am fully cognisant of the understandable concerns associated with a project involving children and the potentially-sensitive subject of eating habits. Ethical considerations are central to the study design and the rights of participants, such as informed consent and confidentiality, will underpin this project at every stage.

Given all the curricular and extra-curricular pressures in the daily structures of any school, I appreciate that the participation in a project such as the one I propose makes an additional call on the time and goodwill reserves of those who may get involved. Notwithstanding, I venture to indicate my belief that the outcome of a focused research project such as this

will bring a potentially-sizeable beneficial impact to children and parents in an area of long-term interest.

I look forward to the possibility of meeting with you to give you further detail on the overall intent of my research and the methodologies to be used.

Yours sincerely,

Suzanne Harkins

Suzanne Harkins,
Department of Sociology,
Trinity College Dublin,
Dublin 2

Tel: 01 608 2085
Email: harkinss@tcd.ie

Appendix J – Family Recruitment Letter

Dear Parent or Guardian,

This school is facilitating a study exploring how families eat in Ireland. You are being contacted because this project is focused on families with children aged 7-8. This letter is to introduce Suzanne Harkins, a researcher from Trinity College Dublin who is planning on talking to different families about their views. Suzanne would like to make contact with you to discuss your participation in this project.

All information related to this study is strictly confidential and anonymous. Participation is voluntary and, if you do participate, you are free to change your mind at any stage. Please be aware that information about specific individuals will *not* be provided to the school from this research. A report from the study will contribute to a better understanding of children's and parents' views on eating.

I would be most grateful if you would consider taking part. An information sheet is enclosed for further details. If you have further queries, please contact the researcher, Suzanne Harkins, directly at 01 608 2085 or family.eating@tcd.ie. Please tick the appropriate box on the attached tear-off form below and return it in the postage-paid envelope. If you express interest in participating, Suzanne will telephone you to explain more about the study and to answer any questions you might have. Thank you very much.

Yours sincerely,

_____, Principal

------ ✂ ----------

Please list the preferred contact person(s) in your household and return in the enclosed postage-paid envelope to Suzanne Harkins, Department of Sociology, Trinity College Dublin, Dublin 2 – Phone 01 608 2085 or email family.eating@tcd.ie.

First name:_____ Surname: _____

First name:_____ Surname: _____

Address: _____

Phone: _____

Please tick one box:

☐ We would like the researcher to telephone us to discuss our participation in this research.

Usually a good time to call is _____ (e.g., mornings, evenings, weekends, etc.).

☐ We would not like to participate in this research.

02TCDFES

Appendix K – Project Information Sheet

University of Dublin,
Trinity College



Understanding Family Eating in Ireland

Project Information Sheet

You are invited to take part in a study of the experiences of families with children aged 6 - 8 years old in Ireland. This sheet contains details such as why the study is being done, what it will involve and your rights as a participant. It is important that you have this information about the study, so you can decide whether or not you would like to take part.

What is the purpose of the study?
Despite significant media attention on the topic of food and nutrition, there is very little information on how families make decisions about what they eat. This study aims to gain a better understanding of the realities of everyday eating in Ireland from the perspective of children and their parents. Information gathered from this research is intended to aid policymakers in shaping future social policy relating to food and nutrition.

Who is conducting the study?
The study emerges from the Department of Sociology, Trinity College Dublin and is funded by the National Children's Office as part of a National Children's Strategy Research Scholarship. Suzanne Harkins is the researcher who will carry out the project, including collecting materials and talking to all of the participants.

Why have you been asked to take part?
The research involves talking to families with children in 1st and 2nd classes in Dublin. Some schools have agreed to help contact families who fit these criteria. *There is no special reason why you or your family have been asked to take part in this research.*

Do you have to take part?
No, this study is voluntary. You do not have to participate. If you do decide to take part and then change your mind, you can withdraw from the study at any point by calling Suzanne Harkins at 01 608 2085. You do not have to give a reason for not participating or withdrawing from the study.

If you do participate, you will be asked to sign a consent form. Attached is a copy of this consent form for you to keep along with this information sheet.

What will be involved?

The study involves three steps: a brief questionnaire (enclosed), a 3-day food diary and an interview in a time and place of your choice. It is important to note that you will not be asked to weigh or measure your food when completing the food diary. You will be asked to briefly describe what you are eating and then to answer a few related questions, including about why you think those choices were made. The interview will focus on *what you think* about eating in Ireland today and address recent topical issues related to food and eating. The researcher will have some suggested topics to talk about, and you can also raise issues that you feel are important but which we have missed. *You do not have to talk about things you would prefer not to discuss.*

Because the study is focused on families, all family members in the household (if possible/depending upon age) will be asked to participate. Children may be interviewed individually or with a parent present, depending on your preference and that of the child.

Is the research confidential?
Yes. All identifying data will be removed from the research materials and anything you say will be *completely confidential.* No third party, including government departments and school officials, will be permitted access to completed questionnaires, interview transcripts or computer records. All materials are subject to the full safeguards of the Data Protection Act (1988), the Data Protection (Amendment) Act (2003) and the Children First National Guidelines for the Protection and Welfare of Children (1999).

It is important to note that information about individuals gathered for this research will not be passed onto to your children's school, nor will the school be asked any information specifically about you, your child, or any member of your family. Your child's school will not be informed who is and who is not participating in this project.

What are the benefits of taking part?
Taking part in this study will contribute to the implementation of the National Children's Strategy (2000) by increasing our understanding of how and why families make decisions about everyday eating.

The results of this study will be used as part of a doctoral thesis project, a copy of which will be sent to the National Children's Office.

Thank you very much for your time and interest in this study. If you have any questions, please contact Suzanne Harkins at 01 608 2085 or email family.eating@tcd.ie.

Appendix L – Consent Form

University of Dublin,
Trinity College



Understanding Family Eating in Ireland

CONSENT FORM

I agree to participate in the Understanding Family Eating in Ireland project. I also give my child(ren), listed below, permission to participate in the Understanding Family Eating in Ireland project. I have read and understand the attached Project Information Sheet. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research study and I have received a copy of this agreement to keep.

I understand that the investigators may stop my participation in the study without my consent. I understand that I, and my entire family, can withdraw from the Understanding Family Eating in Ireland project at any time, for any reason, by calling Suzanne Harkins at 01 608 2085.

I understand that I can contact Suzanne Harkins at Trinity College Dublin by calling 01 608 2085 or emailing family.eating@tcd.ie for information or to answer any questions I may have about the study.

.....	.....
Signature of Adult 1	Signature of Adult 2
.....	.....
Date	Date
.....	.....
Print full name	Print full name
.....	.....
Relation to child(ren)	Relation to child(ren)

Please list the **full name and age** of each child under 18 in the household (or other household residents):

_____	_____
_____	_____
_____	_____

RESEARCHER COPY – PLEASE SIGN AND POST IN RETURN ENVELOPE

Appendix M – Teacher Interview Guide

Teacher Interview Guide

I have a copy of the school curriculum, but could you tell me in your own words the kinds of information do you teach about food and nutrition?

Do you use the food pyramid in your teaching plans?

The concept of 'balance' is often stressed. Do you teach this concept?

What kinds of activities do you use to talk about food?

How do the children engage with lessons about food?

Do you teach media education in your classroom?

Does your school have an in-school eating policy?
Could you tell me about it?

Could you describe a typical lunchtime in your classroom?
Probes:
Do the kids eat in the classroom? How long?
What do they typically eat?
Does the eating policy influence what you eat in the classroom?

Do they try and sneak foods into the classroom?
If so, what do you do?

Are parents cooperative with your school's lunch policies?
If not, what do you do?

Has the topic of obesity come up in your school at all?
Probe: In the news?

Do you think it is an issue in your school and classroom?

Have you ever heard of one of the kids being teased because of their body weight?
If so, what do you do?

The National Health Promotion Strategy aims to promote 'healthy body image' amongst children. Do you think this is possible in the school environment?
How successful is your school?
What are the physical activity policies for the class?

The parent/school/community link is often stressed in regards to children's SPHE education.
Do you think your parents and the community in general support the SPHE curriculum?

What do you think the role of the school should be in regulating what children eat?

Appendix N – Food Diary Analysis Sheet

Diary Analysis Sheet

Name

(Time/
Notes)

Meal: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Snack: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Meal: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Snack: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Meal: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Snack: 1.
2.
3.

Taste Convenience Cost Family like it Health Properties Made for me Other

Appendix O – Nvivo Codes

NVIVO Codes

(1) Eating Practices
- (1 1) Doing domestic labour
  - (1 1 1) Cooking or preparing
  - (1 1 2) Eating and feeding
  - (1 1 3) Gendering of family food provision
    - (1 1 3 1) Men
    - (1 1 3 2) Women
  - (1 1 4) Planning meals and snacks
  - (1 1 5) Provisioning
- (1 2) Creating family harmony (food)
  - (1 2 1) Childhood, importance of
  - (1 2 2) Controlling and manipulating
- (1 3) Food and health
  - (1 3 1) Defining good and bad, creating dichotomy
    - (1 3 1 1) Avoiding butter or fat
    - (1 3 1 2) Avoiding processed or fast food
    - (1 3 1 3) Avoiding sweets and sugary food
    - (1 3 1 4) Creating balance
      - (1 3 1 4 1) Balance - food and activity levels
      - (1 3 1 4 2) Good and bad foods
      - (1 3 1 4 3) Variety
    - (1 3 1 5) Eating fruits and vegetable
    - (1 3 1 6) Eating proper meals or wholesome meals
    - (1 3 1 7) Food pyramid
    - (1 3 1 8) Nutritional terms

(2) School
- (2 1)Bodies in school
  - (2 1 1) Body diversity in school
  - (2 1 2) Conformity
  - (2 1 3) 'Fat' talk in school
- (2 2) National curriculum
  - (2 2 1) Healthy body image in school
  - (2 2 2) PE curriculum
  - (2 2 3) SPHE curriculum
- (2 3) School food policies
  - (2 3 1) Individual school food policies
  - (2 3 2) Parental interaction
- (2 4) School lunches

(2 4 1)Eating and drinking in school
(2 4 2) Packing lunches
(2 4 2 1)Peer pressure
(2 4 3) Policing school lunches
(3) Social class and body weight
(3 1) Affluence
(3 2) Disadvantage
(4) Weight management practices
(4 1) Body weight - educating or socialising
(4 2) Defining thin and fat
(4 2 1) Medical – BMI
(4 2 2) Multiple moralities
(4 2 2 1) Being bad - weight judgments
(4 2 2 2) Obesity as badness
(4 2 2 3) Too much attn - body image pressure
(4 2 3) Political
(4 3) Explaining obesity
(4 3 1) Fatalism
(4 3 1 1) Sharing bodies
(4 3 2) Lifestyle
(4 4) Gender and body weight
(4 4 1) Peer pressure – Aesthetic pressure
(4 5) Monitoring or regulating weight
(4 5 1) Good food, good body
(4 5 2) Getting rid of scales
(4 5 3) Setting an example – parental responsibility
(4 5 4) Finding a balance – attn to weight
(4 6) Talking about fat
(4 6 1) Avoiding fat talk with children
(4 6 2) Directly talking about weight with children
(4 6 3) Not mentioning weight gain, adults
(4 6 4) The fat police
(4 7) Age and weight

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