Food and Health

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Abstract
In many parts of the world the relationship between food and health is predominately defined by a nutritional and medical discourse today. This discourse focuses on food intake as a core determinant of individual bodily and mental health, prevention of under or overweight, and of future diseases. Sociologists and other social scientists, however, have a broader understanding of the relationship between food and health and emphasize how cultural meanings and beliefs as well as social structures and institutions such as education, media, law, politics, and economy shape food practices. The aim of sociological research, reviewed here, is to understand the conditions of possibility for the emergence and prominence of a medical nutrition discourse on food and health and what it tells us about contemporary society.

Keywords: biopolitics of health; food; health; healthism; medicalization; nutritionism

In many parts of the world the relationship between food and health is today predominately defined by a nutritional and medical discourse. This discourse focuses on food intake as a core determinant of individual bodily and mental health, prevention of under or overweight, and of future diseases. The prominence and adoption of this discourse becomes apparent when not merely nutritionists but also television chefs, advertisers, and eaters routinely talk about food and eating employing nutritional terminology such as calories, protein, carbohydrates, vitamins, minerals, or fibre, and remark on the positive health effects of these nutrients as well as other food ingredients. Sociologists and other social scientists, however, have a broader understanding of the relationship between food and health and emphasize how cultural meanings and beliefs as well as social structures and institutions such as education, media, law, politics, and economy shape food practices (e.g., Carolan, 2016; Lupton, 1996; Mennell, Murcott, and van Otterloo, 1993). Relatedly, sociologists and many other researchers and practitioners emphasize the role that access to, availability of, and affordability of food plays.

Over the last decades, many sociologists have made important interventions to sociohistorically and socioculturally situate the close entanglement of food, nutrition, and health, have interrogated what is meant by healthy food and/or healthy eating, and have emphasized the complexity of the relationship between food and health beyond nutrition. Although many sociologists would certainly not deny that a balanced diet is important for an individual's health in general, they emphasize that eating is not simply an individual act, an issue of personal choice, or a private habit. On the contrary, many sociologists of food and eating argue that taste is social, by which they mean that learned and implicitly shared class-based social and cultural values guide

individual eating practices (Bourdieu, 1984 [1979]). The aim of sociological contributions, reviewed here, is to understand the conditions of possibility for the emergence and prominence of a medical nutrition discourse on food and health and what it tells us about contemporary society.

A number of sociologists assert that we are witnessing an increasing medicalization of food. Medicalization (Conrad, 1992; Illich, 1975) is a process whereby human conditions (e.g., body size) or behaviors (e.g., eating) have come to be defined and treated as medical issues rather than, as they would suggest, social problems. The process of medicalizing food is closely related to a "new" moralization of health that sociologist Robert Crawford (1980) describes as "healthism." Healthism is an extreme health consciousness, in particular among members of the middle class for whom health has become a "super value," that is, health is not only an end in itself but healthism is a means, a way of life, to continuously work on maintaining and achieving health. Crawford argues that good health has become a way to signal one's capacity for self-control and by extension one's qualities to resist material temptations in a consumer society. Pursuing a healthy lifestyle, however, obliges individuals to acquire a profound understanding of how certain products and practices affect their health, with eating but also physical activity featuring prominently. At the same time, producers and providers of food respond to and drive this development, indicating the healthiness of food products through certification schemes, food labels, and nutritional claims seeking to provide individuals with information on the basis of which they can make healthy choices.

Georgy Scrinis (2015) describes this accentuated attention to nutrient content in the production, marketing, and consumption of food as nutritionism or nutritional reductionism. Scrinis views the popular acceptance of the "ideology of nutritionism" as closely connected to the increasing consumption of highly processed foods and to the nutritional anxieties that these foods provoke. More generally, he problematizes a strong "focus on the nutrient composition of foods as the means for understanding their healthfulness, as well as…a reductive interpretation of the role of these nutrients in bodily health" (Scrinis, 2015: 16). Such a reductionist perspective on food and eating, stemming from nutrition science but readily taken up by the food industry and supported by many states in their public health efforts (Nestle, 2013), Scrinis proposes, complicates other understandings and engagements with food, including traditional and cultural knowledge of food, or people's sensual and practical experiences with food.

Medicalization, healthism, and nutritionism are important analytical concepts in understanding and analyzing the relationship between food, bodies, and health from a sociological perspective. Another central perspective for studying these intricate relationships focuses on the "biopolitics of eating"; an approach taking inspiration from French philosopher Michel Foucault's body of work. In particular, John Coveney (2006) has demonstrated the importance of considering human food habits from a Foucauldian perspective, stating that "since the time of the early Greeks, there has been a moral problematization of food and pleasure. What has changed, however, has been the particular ethics employed to deal with this problem" (p. 90). Coveney suggests that today's ethical stance toward eating well is based on a medical and scientific discourse that situates nutritional principles as fundamental to individuals' appropriate food choices. The discourse of nutrition, according to Coveney, encourages individuals to constitute themselves as ethical subjects through aligning their dietary choices with authoritative recommendations such as, for instance, nutrition guidelines. Those who fail for various reasons to take on this form of self-

care and responsibility are considered to not act in their own best interest and to pose a (future) burden for society in terms of potential healthcare costs.

Building on and taking inspiration from Foucault's later work and Coveney's application to nutrition, a number of food researchers have turned to empirically examining how individuals are invited to "manage themselves" on the basis of nutritional knowledge. Many of these studies consider how public health campaigns, food advertising, diet books, and media reportage play in promoting particular foods and food practices as healthy and how these convey ideas of (gendered, class, and race-based) ideal body norms. In this body of research, the "healthy food consumer" (Schneider and Davis, 2010) is analyzed as a contemporary manifestation of the "enterprising self" (Rose, 1992) – an active self that is expected to live in a health-aware way and to rigorously avoid health risks. Such a lifestyle involves constant self-monitoring (nowadays possibly aided by dietary but also other self-tracking technologies), and can be interpreted as an embodiment of health prevention efforts. This newly emerging subject category of the "healthy food consumer" or "nutricentric consumer" (Scrinis, 2013) is in accord with advanced liberal or neoliberal modes of government, which operate through technologies of governance that "govern at a distance." The nutrition discourse plays a pivotal role in guiding consumers' or eaters' self-governance as the discourse's effects of truth is closely linked to its scientific and institutional basis.

Yet other studies focus on how people navigate nutritional ideals and responsibilities in everyday life, or discuss the challenges of maintaining a healthy diet in a consumer society with abundant and cheap food supply. In particular, ethnographic research has contributed to a nuanced understanding of the lived reality of healthy eating in communities of lower socioeconomic status, which are frequently targeted through public health efforts as in need of nutritional education. For instance, Warin and colleagues (2015), studying the eating practices of families from low socioeconomic status communities in a South Australian city, emphasize that "unhealthy" eating needs to be understood in a context of food poverty and hunger in which messages to "consume less" and of "making the right food choices" exacerbate individual and thereby "social suffering" (Bourdieu, 2000 [1993]). Another study, by Stead *et al.* (2011), shows how the consumption of brand-name processed foods among working-class youth in the United Kingdom is a way to signal their social identity and to subvert the stigma of poverty. These findings pose an interesting paradox, as for these teenagers "eating healthy" (as stipulated by public health guidelines) is affectively experienced as "unhealthy." This raises important questions for public health that are not limited to reconsidering how best speak to different social constituencies but, more importantly, ask for a problematization and reconsideration of the categorization of food as healthy or unhealthy without taking into account the wider social, cultural, economic, and political context.

Despite this growing research into un/healthy eating practices and the issues this moralization of eating poses for socioeconomically disadvantaged groups, women, or people of color, a key challenge remains: the difficulty of critiquing and challenging the imperative of "choosing health" (Cairns and Johnston, 2015), as to eat healthily is perceived to be acting morally responsibly and personally empowering. Why would sociologists or anyone be against health (Metzl and Kirkland, 2010)? The reviewed sociological research reveals that an individualization of health, that is, the view that one's health depends on one's personal dietary choices, is problematic for several reasons. First, it is a reductionist perspective that focuses primarily, if not exclusively, on the relationship between food intake and bodily health and thus

eschews any attention to the social, economic, and political conditions in which individuals (have to) make choices. Second, such a perspective often focuses on educating consumers on how to make "healthy" choices at the detriment of other measures, which, third, is highly likely to result in blaming individuals for any illnesses that are perceived as related to their diet, which they did not prevent by making the "healthy" choices (on the topic of obesity, see, for instance, Guthman, 2011). Fourth, a likely effect of such an understanding of the relationship between food and health is the increasing attention to and funding of food technology innovation that can offer individualized dietary solutions (e.g., functional foods, Soylent, personalized nutrition) at the detriment of public health intervention (e.g., iodized salt) or regulatory changes (e.g., salt content of processed food) that affect all food producers and consumers in a specific society. Fifth, the increasing emphasis on the individual's nutritional self-responsibility for health goes hand in hand with a potential for decreasing state and public responsibility for providing social, economic, or public health policies and funding.

Beyond critiquing nutrition and problematizing a reductionist approach to food and health, some food scholars have called for "doing nutrition differently" (Hayes-Conroy and Hayes-Conroy, 2013). Jessica and Allison Hayes-Conroy propose a "project of diverse nutritions," asking, "how might academics, professionals and activists *begin to perform new nutritional worlds, starting with an ontology of nutritional difference*" (2013: 6, emphasis original)? For them and others this ranges from envisioning different practices for making nutritional information available and distributing it, developing new frameworks for thinking about and engaging with food, to asking how (nutrition) science can be done differently (Hayes-Conroy *et al.*, 2014). Moreover, they are interested in studying how "everyday people…creatively re-think and re-enact nutrition" (Hayes-Conroy and Hayes-Conroy, 2013: 6). This research agenda opens up new and underexplored fields of study for sociologists of food, such as examining the activities of food hackers, how citizen science might be contributing to nutrition science, or how dietary self-tracking technologies are reappropriated by users. These and other practices of "digital food activism" (Schneider *et al.*, 2018) have the potential to enact new relationships between food and health but require critical scholarly attention to better understand the power relations embedded in new (digital) productions of food and health knowledge.

SEE ALSO: Bourdieu, Pierre (1930-2002); Consumer Society; Foucault, Michel (1926-1984); Food; Habitus/Field; Health; Health and Social Class; Health Lifestyles; Medicalization

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