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**NUTRITIONAL HEALTH MESSAGES:
A CONFLICTUAL SPACE FOR WOMEN**

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ABSTRACT

Several health-threatening diseases (e.g., stroke, diabetes, heart disease) are believed to be attributable in part to inadequate nutritional intake. Individuals' dietary practices have thus been construed as a problem and have become a public health issue. Consequently, nutritional health messages constituting a 'healthy diet' have become increasingly widespread. Women's magazines provide a key source through which nutritional health information is disseminated. To date, psychological research into individuals' dietary practices has focused predominantly on how intra-psychic factors (e.g., attitudes, intentions) operate to bring about dietary choices. However, to the lay person, one's dietary choices are not based solely on a rational cost-benefit analysis of the nutritional composition of foods for health maintenance reasons. Food has a multiplicity of meanings and signification which arise through interactions between individuals in the social sphere and are derived from the discursive construction of food and nutrition. The current study provides an analysis of those discourses that surround nutritional health messages featured in women's magazines. It also examines women's own meanings through an analysis of their accounts from focus group discussions about food, dietary practices, health and the media. Four discourses were identified in the media texts, moral, biomedical, scientific, and mothering. These four discourses were also drawn on in the women's talk, as was a discourse of feminine beauty. Together these constituted a discursive web that acts to position women as inexpert, uneducated, susceptible and immoral both as individuals and as mothers. Participants were shown to actively resist the discursive positioning afforded them, and in doing so, were seen to reject the claims made in nutritional health messages of food as health promoting. The results of this study problematise the conceptualisation that increasing individual knowledge around food and nutritional health is an effective means by which to engage people in healthy dietary practices.

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Table of Contents

| | |
|--|------------|
| Title Page | i |
| Abstract | ii |
| Acknowledgements | iii |
| Table of Contents | iv |
| Chapter 1: Food Culture | 1 |
| The Historical Context of Food | 2 |
| Knowledge and Understanding about Food..... | 4 |
| The Development of Nutritional Science | 5 |
| The Functions of Food..... | 6 |
| Food Symbolism | 7 |
| Food, Identity and Social Differentiation | 8 |
| The Conflation of Food, Health and Beauty | 9 |
| State Intervention in Nutritional Welfare | 10 |
| Food and Morality..... | 12 |
| Summary | 13 |
| Chapter 2: Contextualising the Research | 14 |
| Diet: A Public Health Issue..... | 14 |
| Psychological Research on Health Eating | 17 |
| Social Constructionism and Discourse Analysis | 19 |
| The Media..... | 21 |
| Why Focus on Mothers..... | 24 |
| Research Rationale and Objectives..... | 24 |
| Chapter 3: Methodology | 26 |
| The Magazine-based Text..... | 26 |
| The Data | 26 |
| Data Analysis | 27 |
| The Focus Groups..... | 29 |
| Participants..... | 29 |
| Why Focus Groups? | 29 |
| The Format of the Focus Groups | 30 |
| Transcribing | 31 |
| Ethical Considerations | 31 |
| Informed Consent | 31 |
| Confidentiality/Anonymity | 31 |

| | |
|---|-----------|
| The Women's Talk | 32 |
| Data Analysis | 32 |
| Chapter 4: Findings | 35 |
| The Magazine Texts | 35 |
| The Moral Discourse | 35 |
| The Biomedical Discourse | 38 |
| The Scientific Discourse | 40 |
| The Mothering Discourse | 42 |
| Is the Practice of Eating the 'Correct Diet' for Health, Weight Management or Beauty Reasons | 44 |
| Summary | 45 |
| The Women's Talk | 45 |
| Finding One | 46 |
| Finding Two | 53 |
| Finding Three | 57 |
| Finding Four | 61 |
| Summary | 67 |
| Chapter 5: Discussion | 68 |
| Future Research | 73 |
| Conclusion | 74 |
| References | 76 |
| Appendices | 80 |
| Appendix A: Magazine Texts | 80 |
| Appendix B: Questions for Focus Groups | 92 |
| Appendix C: Notice for Recruitment of Participants | 93 |
| Appendix D: Information Sheet | 94 |
| Appendix E: Informed Consent Form | 95 |
| Appendix F: Demographic Questionnaire | 96 |
| Appendix G: Transcription Notation | 98 |

CHAPTER 1: CONTEXTUALISING FOOD

Food and nutrition, apart from their known status as a source of nourishment, have a myriad of embedded meanings, signification and values that have evolved within a historical, cultural and socio-economic context. This wider context or framework is integral to the construction of the meaning and values we attach to food and thus expands on our common conceptualisation of food and nutrition as merely a form of nourishment. Barthes (1997) provides us with an alternative definition that does more adequately capture the wider social and cultural context in which food is positioned. He suggests that food is both “a collection of products that can be used for statistical or nutritional studies” and “a system of communication, a body of images, a protocol of usages, situations and behaviour” (Barthes, 1997, p. 21). The latter part of this definition provides us with an inkling as to the myriad of ways in which food can be construed.

In this chapter I discuss how the historical, cultural and socio-economic context have shaped both the meanings and values we attach to food and nutrition. Firstly, I discuss what the food system meant traditionally in comparison to what it means today. I look, in particular, at how conceptions of the food system and food use (and diet and health links) have changed over the years. Here I argue that these changes have occurred largely as a result of the forces of late modernity and through the development of nutritional science and its emphasis on the biological effects of food on the body. The latter provides an insight into how the knowledge gained through scientific research practices constitute discourses that surround food and nutrition. These discourses act as a framework through which our everyday understandings of food and nutrition are drawn. Next, I discuss how food and food use functions to uphold existing social structures; how it is implicated in shaping both one’s social and self identity, the myriad ways in which food is symbolised and how food, health and beauty have become conflated. Finally, I look at how State intervention into nutritional welfare has contributed to the emergence of a discourse of morality around food and dietary practices.

The Historical Context of Food

In order to understand more about the social and cultural significance of food, it is useful to look at how food was positioned in traditional society in comparison to contemporary society. This allows us to understand how the forces of late modernity and in particular rationalisation, industrialisation and technologisation have impacted on individual practices in relation to food use.

Prior to the industrial revolution, traditional food systems were based on small-scale, agricultural production in which a high proportion of the population was involved. Produce was distributed locally - most often in the form of exchanges within and between kin in the immediate locality. The range of foodstuffs available to individuals was restricted due to factors such as seasonality, availability and status (whereby nutritional inequalities existed within societies). The accumulation of knowledge on the links between diet and health that preceded modernity, based on concepts and techniques around healing, tended to take place through an inter-generational process of repetition, largely on the basis of trial and error. Healing techniques therefore often comprised magical and ritualistic elements, and thus the knowledge gained around healing formed more of an holistic system of thought where predictability and formulations of cause and effect were far from the norm (Beardsworth & Keil, 1997). The hot-cold classification was (and in some societies, remains as) a common conceptualisation of diet and its effect on health whereby hot foods would be recommended to alleviate symptoms such as chills, and cold foods would be recommended for those complaining of fevers and rashes. For example, Manderson (1987, cited in Beardsworth & Keil, 1997) in his study on Malay people's beliefs around diet and health found that chills, arthritis and rheumatism are considered to be cold ailments and their symptoms are seen to be relieved through a combination of reducing the consumption of cold foods, whilst increasing one's consumption of hot foods and medicines.

The rapid urbanisation that resulted from the industrial revolution created a shift in food production and consumption whereby "urban living, with its pattern of waged work and separation from the agricultural base, prevented greater populations than ever before from being self-sufficient in food" (Beardsworth & Keil, 1997, p. 35). In contrast to the

traditional food system, the modern food system is globally interdependent (and thus de-localized) whereby methods of production are both specialised and industrialised. The majority of the population have no direct link to food production. Access is market-driven and in general (in Western society at least) desired foodstuffs are always available, independent of season, for those who can afford them. Nutritional inequalities occur both between and within societies in the modern food system (Beardsworth & Keil, 1997). Processes of urbanisation, industrialisation and technologisation have all contributed to the commercialisation of food markets. Advances in preservation techniques and transportation have made long-haul transportation of produce possible allowing consumers from remote regions to access a whole host of food stuffs which were previously unavailable to them. International trade in food has increased considerably and, as Government legislation on trade policies and food quality (to protect consumers) came into effect, a public health movement around food and nutrition evolved. Production technology gave rise to manufactured foods (e.g., margarine, peanut butter) resulting in the emergence of international food companies (e.g., Heinz, Nestle). Supermarkets replaced local independent traders and self-service became the norm (thus in turn contributing to the proliferation of the branding and marketing of produce). Mass production and lower costs of household technology (e.g., refrigerators/freezers) made unseasonal foods more available to the masses rather than just to the wealthy elite (Beardsworth & Keil, 1997). In contemporary society food has become a consumer good.

It would appear then that food systems and food symbols are at the mercy of the forces of late modern society. The theorisation of late modernity rests on the premise of two competing set of forces: 1) social differentiation - that proceeds along vertical and horizontal lines; and 2) rationalisation and homogenisation through massification and assimilation. The first of these creates a diversification of foodstuffs and food symbols being available to members of society, whilst the second set of forces reduces this diversity (McIntosh, 1996). So although we are privy to a much wider variety of foodstuffs, we are at the mercy of rationalisation. An example of this is the proliferation of McDonalds and similar fast food restaurants whose size, reach (and effect on food preferences and nutritional practices) has become increasingly pervasive not only in Western society, but throughout the world. Furthermore, the forces of late modernity,

and industrialisation in particular, have brought about the emergence of a social class differential in terms of access to produce, whereby some groups of the population have more limited access to a 'healthy diet' than others. For example, higher socio-economic status (SES) groups have a considerably higher level of financial security and disposable income, higher standards of sanitation and greater access to information on food and nutrition (i.e., through the likes of magazines and cookery books), which serve to increase their understanding and knowledge around food and nutrition (Beardsworth & Keil, 1997).

An understanding of how food and food systems have changed historically allows us to gauge how social processes (e.g., rationalisation, technologisation, etc.) gave rise to social structures (e.g., the social class differential) that remain evident today. These social structures are important to consider as they arguably impact our behaviour as individuals through having an effect on our volitional control, and thus on our food choices and dietary practices.

Knowledge and Understandings about Food

In large part the way in which we come to know ourselves and our social world is through the shared understandings that are reached between us. Information that is circulated within society (via institutions such as the media) arguably constitutes a large component of our shared knowledge. An important means through which knowledge about food is gained is arguably via academic and scientific-based research which is disseminated in one form or another to the lay person (e.g., through media based health columns, public health promotion campaigns, etc). In this sense, it could be argued that the 'facts' that are 'unearthed' (via the methodologies used as part thereof) constitute dominant discourses which surrounds lay people's overall knowledge-base around food and nutrition. Knowledge and understandings about food, diet and nutrition could thus be construed as social constructions that have been legitimated by the likes of science (and the research practices that are accepted as the 'correct' way to acquire knowledge in line with these discipline's epistemological base). Moreover, these academic-based constructions of food and nutrition arguably shape commonsense notions about food in that they have become dominant discourses through which individuals make sense of

their own dietary practices. (I elaborate on the relationship between individuals and discourses in Chapter 2).

The Development of Nutritional Science

Studies and research in the field of health and diet, today place an emphasis on measurement, calculation and prediction, and it is the nutritional science perspective that has largely dominated research into food use and dietary practices. Within the framework of nutritional science the biological effects of food on the body has taken precedence over individual tastes, habits and food preferences. From this line of investigation, dietary practices have been understood as either beneficial to healthy bodily functioning (and thus encouraged) or detrimental to the maintenance of physical wellbeing (and thus discouraged). Furthermore, a body of professional nutritionists has emerged whose focus has been to “construct scientific universals of the human diet” (Lupton, 1996, p .7). This was first evidenced in the early 20th Century where “individual vitamins were isolated and named, and the specific link between vitamin deficiencies and conditions such as beri beri, rickets and poor vision was made in laboratory experiments using rats” (Lupton, 1996, p. 71). Subsequently, the label of ‘protective foods’ has been given to specific types of food on the basis of their nutritional components (e.g., eggs, milk and butter were singled out for their Vitamin A content) and an emphasis has been placed on investigating how diet is implicated in the onset of chronic diseases in adulthood (James, 1994). Healthy Diet Pyramids have also been developed whereby people are urged to eat diets rich in cereals, bread, fruit and vegetables, whilst limiting their consumption of sugar, butter and oil. As a result of this focus on the relationship between healthy bodily functioning and diet, food consumption has become medicalised, whereby nutritionists conceptualise it as a means to prevent or cure disease (Lupton, 1996).

However, as I have already indicated, food to the lay person has a multiplicity of meanings and symbolises more than simply a means through which to obtain nutrients and nourishment or indeed to maintain health and wellbeing. That is, the lay person’s choice of food may not be based on rationalist scientific formulations of how much energy, fat, vitamins, minerals and protein a foodstuff contains (and thus what is deemed to be advantageous from a nutritionally-balanced point of view), but more so on

the cultural and social significance of food. Although food use and preferences for certain types of food over others may in part be a personal choice, it is important to keep in mind that food is located in the social sphere and has a multiplicity of embedded meanings and functions which have arisen in conjunction with our cultural, social and economic heritage and the hegemonic ideologies as part thereof.

The Functions of Food

Food is held to be functional. Food's functionality is evidenced in sociological research that has been conducted on the family. The family, an institution that arguably forms the foundation of our social structure, has been a primary point of foci as this is the primary site where food consumption takes place. In this sphere food has a number of distinct associations. It is used not only to differentiate and mark boundaries along intra-familial lines, but it is also used to forge and maintain links between family members. The foremost way in which food maintains family links is through the family engaging in 'proper meals' together. This term refers to the main meal of the day which, in Western society, consists of a main course of meat, potatoes and vegetables. The main meal thus serves to maintain links as it provides a site where family members can interact and communicate. However, it could also be seen to mark boundaries within the family as it "represents and reinforces the division of labour and power differentials within the family" (Mennell, Murcott & Otterloo, 1992, p. 97).

This highlights how food, via the differential gender involvement in food purchasing and preparation, marks out intra-familial boundaries. It is predominantly women who engage in the food procurement and preparation in the family. However, although women are central to food practices within the household, this does not necessarily equate to them having a position of control over family dietary practices. This is exemplified by sociological studies into familial food consumption and dietary practices which have revealed that men influence the type of food that is actually purchased through controlling the budgetary parameters around household food expenditure (Fieldhouse, 1995). Moreover, research suggests that it is not uncommon for women to plan meals around the preferences of their husbands and they are likely to feel guilty or concerned if the foods presented are rejected. Women are thus likely to subordinate their own food preferences to those of other family members and may not have a great

deal of power over the decision-making when it comes purchasing food (Charles & Kerr, 1988). From this perspective, a latent function of women as primarily responsible for the provision and preparation of food is that of the maintenance of the nuclear family. This reinforces traditional gender roles and thus constitutes a means of maintaining an institution that is central to social and economic stability. This conceptualisation suggests that practices around food use could be acting indirectly to maintain the existing social structure, and in particular the family, a key social institution, as food practices (e.g., the preparation and purchasing of food) reinforce the gender power differential with families.

Food Symbolism

Food is symbolised in a variety of ways. The type of food we consume acts “as a mark of status or as a symbol of the desire to rise in status” (Fieldhouse, 1995, p. 82). Food is also a means through which sociability and hospitality are expressed. For example, Fieldhouse (1995, p. 84) suggests that:

“the act of eating together indicates some degree of compatibility or acceptance. Food is offered as a gesture of friendship; the more elaborate the fare, the greater implied intimacy or degree of esteem. Offering to share food is to offer to share a bit of oneself; to refuse food when offered is easily seen as a rejection of friendship”.

The gifting of food to others also has a myriad of meanings: as an apology or peace-offering, as a form of appreciation, out of concern for another or as an expression of sympathy (confectionery, and chocolates in particular, are heavily utilised in this regard). In the context of the family, Lupton (1996, p. 47) suggests that “the preparation and serving of food, while not generally conceptualised as a commodity, may also be regarded as a potent sign of love and duty”. This points to the gifting of food as demonstrating affection and care for others.

Food exchange also acts as a form of social currency. This is evidenced in New Zealand by the widespread societal understanding that it is commonplace to take along a dessert or a bottle of wine when visiting a friend for dinner. Similarly, the potluck dinner enables a shared contribution to be made amongst friends, thus acting as a means through which responsibility for the event is shared. Special occasions are also marked

by food. For example, the presentation of a surprise birthday cake is a commonplace occurrence during birthday celebrations. Religious festivals and national celebrations are also marked by food, whereby feasts and banquets denote the importance of the occasion. For example, in Western countries, Christmas dinner symbolises a shared family celebration and acts as the centrepiece to what has become a marked domestic ritual, whereby “at the heart of the modern Christmas is the relationship of parents with children with the family standing as an idiom of wider sociality” (Lupton, 1996, p. 63).

Food, Identity and Social Differentiation

In addition to food being functional and symbolic, it is also a commodity. Thus, as previously mentioned, food preferences and dietary choices are not necessarily made on the basis of a foodstuff’s nutritional content per se, but food connotes a sense of social status and acts to shape or reinforce our identity as individuals. From this perspective, food is seen as a means by which both our social and self identity is forged. Not only do eating patterns and particular foodstuffs form a component of our ethnic or cultural identity (e.g., for Maori, the hangi is a traditional cultural festivity), but furthermore it is understood that the properties of particular kinds of food when eaten by an individual are perceived as been transferred to them (e.g., the eating of red meat confers strength) (Fieldhouse, 1995). As Falk (1994) suggests, food is a commodity which is not only consumed on the basis of its nutrient and energy-giving properties or merely to alleviate hunger, but also because of its cultural significance. Lupton (1996, p. 23) elaborates on this idea: “By the act of purchasing and consuming the food as commodity, those values are transferred to the self. The food is chosen to reflect to oneself and others how individuals perceive themselves or would like to be perceived”. Lupton (1996) exemplifies this by highlighting that dining in an expensive restaurant as opposed to McDonalds would denote a very different cultural group membership. However she goes on to point out that “that is not to say that the same individual will not engage in both activities, merely to note that the persona thus presented is different in each case” (Lupton, 1996, p. 24). This highlights the fact that one’s food choice has ramifications in terms of, not only ones’ group, but also one’s own sense of identity, which from this viewpoint fluctuates according to one’s social context and the social practices that one engages in.

Individuals' food choices and preferences are also held to reflect one's level of social status. Food preferences act as a means through which class differences and boundaries are maintained. For example, food is used as a marker of social distinction with those individuals occupying a lower-class status being seen to have vulgar tastes and those individuals occupying an upper-class status as having refined tastes (Mennell et al., 1992). So although individuals may make their own food choices, the basis of their preference will depend heavily on their class position. It is suggested, for example, that the upper and middle classes are seen to "lay increasing stress upon slimness and refined eating, and become increasingly censorious of coarseness and fatness" in contrast to members of the working class who place "a greater emphasis on indulgence, spending a high proportion of their income on food, and consume larger quantities of bread, and fat-rich goods like pork, milk and cheese" (Beardsworth & Keil, 1997, p. 88). However, it is essential that we remember that, for working class individuals, food and dietary preferences are constrained by financial hardship, whereby more expensive and refined foodstuffs are inaccessible to them. Inter-generational nutritional socialisation processes may also serve to perpetuate a class-based differential in food preference.

The Conflation of Food, Health and Beauty

Individuals in Western society, particularly women, experience a great deal of pressure to adhere to the slim ideal. Women carry a double burden as a responsibility is placed on them not only to monitor their dietary practices for the sake of their physical wellbeing, but also because dietary practices act as a significant means by which women can attain the Western ideal of feminine beauty. Furthermore, in our individualistic culture 'self control' and 'self discipline' are construed as highly prized characteristics and individuals who are overweight or obese are stigmatized as being lazy and undisciplined, as these latter characteristics sit outside of those values that are privileged in our society. One's sense of social belonging is therefore inextricably linked with the dietary practices one chooses to engage in and, as a result of this societally derived pressure, it is likely that one's consumption of a healthy diet is undertaken for weight management or ascetic reasons, rather than for health per se. Lupton (1996) coins the phrase the 'food/health/beauty triplex' and points to the link between food and health as incorporating both ascetic and aesthetic notions whereby in contemporary Western society "the right food is presented as a solution to the problems of old age, including

both illness and cosmetic aspects, such as wrinkling of the skin and expanding girth” (Lupton, 1996, p. 137). Lupton points to the caloric value of food, and in particular whether it is construed as slimming or fattening, as being of most concern to individuals. In this process the fat in foods and fat bodies have become conflated. Thus overweight bodies come to have negative connotations, whereby vastly overweight people are those most likely to be construed as unhealthy, and of being at risk of heart disease and high blood cholesterol. Moreover, they are considered to have a ‘spoiled identity’ due to their ‘lack of ability’ to control their diet and body weight effectively (Lupton, 1996). Therefore, eating the correct diet becomes a primary means through which we can attain the societal ideal of the healthy body which is connoted as slender, attractive and ‘normal’, and which symbolises the inherent and privileged characteristics of self-control and self-denial. Overall, individuals who engage in healthy eating practices are thus not only more likely to achieve the societally prescribed ideal slender body, but also become worthy citizens as they are connoted as possessing the ‘correct’ personality traits. Moreover, they are considered to be healthy. The ‘slender body’ thus embodies much more than just a beauty ideal.

State Intervention in Nutritional Welfare

In contemporary Western society nutritional welfare is deemed a political issue. The major catalyst for the Government intervention into improving dietary standards was driven by the large number of men who were deemed unfit for military service (e.g., in England in 1917-18, of 2,500,000 potential military recruits, 41% were considered unfit). As a result, the population’s nutritional health status became a major national concern (largely on the basis that the British Government did not want to be seen to have limited military manpower) (Beardsworth & Keil, 1997). Surveys on the working class diet were undertaken and, on the basis that this group was found to be seriously undernourished, an increased emphasis was placed on the relationship between social class, diet, physique and health status (Turner, 1991). This legacy lives on. State intervention and regulation is considered an essential means by which to enhance and protect the population’s nutritional welfare. For example, a legislative framework has been created to ensure the purity and safety of food, whereby in most countries, legislative bodies now govern such aspects of food processing as additives, contaminants, packaging, labelling and hygiene (Jukes, 1993). In addition to food safety

legislation, the government's intervention into the population's nutritional welfare is largely based around public health promotion initiatives. These initiatives are framed as educational, and are primarily focused on "modifying individual cognitions and providing the behavioural skills necessary for health behaviour change" (Bennett & Murphy, 1997, p. 2). This suggests that a responsibility is placed on the individual to adhere to the recommendations that are disseminated through public health promotion campaigns.

When we examine how 'health promotion' is conceptualised and positioned, it is apparent that an onus is placed on individuals to become self-regulatory with regard to their health. The World Health Organisation's (1986:1) definition of health promotion is:

"the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing".

In examining this definition, what immediately becomes apparent is that a huge responsibility is placed on the individual to achieve a state of physical and psychological wellbeing. Furthermore, anything outside of this way of being could be seen to be outside the scope of socially acceptable or 'normal' health behaviour. A subverted message also becomes apparent, that is, the individual is expected to do everything that they can to avoid ill-health. Thus rather than ill-health being conceptualised as resulting from such things as social structural inequalities, the problem is shifted to the individual. 'Health promotion,' conceptualised in such a way, produces a danger of victim-blaming and stereotyping, whereby certain types of individual or groups of individuals are seen to lack the personal attributes that are necessary to bring about this 'normal' state of physical and/or psychological wellbeing. For example, it is not uncommon for people who are 'overweight' or 'obese' to be morally reprehended for being 'lazy', 'uncontrolled' and 'undisciplined'. These terms are antithetical to Western individualistic societal notions of 'self-control', 'self-discipline' and 'self-denial', which

arguably act as benchmarks against which we assess what constitutes 'normal' behaviour.

Food and Morality

The association of a 'moral' discourse with health behaviour and nutritional practices is widely acknowledged by researchers. For example, Coveney (1999) investigated the heritage of the ideas that are part of nutrition discourse. He draws attention to the fact that ideas embedded in nutrition emerged from both "scientific knowledges which sought to understand and manage the eating habits of populations, and from moral issues which problematise individual food choices" (Coveney, 1999, p. 23). Coveney (1999) points to how, historically, the scientific classification of foods' nutritional properties acted as a nutritional accounting system by which individuals' nutritional requirements could be ascertained. This scientifically derived accounting system thus served to provide the poorer class with the means with which to improve their eating habits whilst reducing food wastage and thus, in effect, acted to counter poverty through the monetary savings made. Coveney (1999, p. 33) suggests that: "economy in the form of nutrition was therefore both a material blessing and a moral virtue". As a result, 'eating properly' has become conflated with morality. Coveney (1999) concludes that it is as a result of these historical developments that our knowledge of food can be understood as a 'discipline'; both as a "moral correction" and as a "scientific endeavour".

Coveney's (1999) notion of a "moral correction" is exemplified in how a moral meaning has been assigned to food. This is evidenced by the emergence of a binary opposition of 'good' or 'bad' food. 'Good' foods are considered to be nutritionally healthy and the consumption of these signifies a care for one's health (e.g., fruit and vegetables), whereas 'bad' foods are considered to be detrimental to one's health and have a connotation of moral weakness (e.g., greasy foods, cream cakes) (Lupton, 1996). This 'good' and 'bad' food dichotomy is also believed to create both positive and negative emotions whereby eating bad food indicates self indulgence and thus pleasure, but is likely to lead to feelings of guilt and anxiety if one perceives oneself as being overly self indulgent (Beardsworth & Keil, 1997).

Summary

Overall, food preferences and eating behaviour are a complex social activity, rather than simply a means of satiating our appetites and meeting nutritional needs. Our choice of food becomes a means by which our cultural and individual identity is shaped. This occurs as a result of the values and meanings that are conferred to us through identification with, preference for, and consumption of certain types of foodstuffs. Locating food and nutrition within its historical, cultural and socioeconomic context allows us to understand the extent to which eating behaviour is embedded within a multifaceted meaning system. Furthermore, from this vantage point we are able to acknowledge that our cultural heritage and thus our understanding of food and nutrition is shaped, in part, by the major discourses that have prevailed historically (e.g., the scientific discourse) which themselves have been legitimated through a variety of social processes (e.g., rationalisation and industrialisation).

CHAPTER 2: CONTEXTUALISING THE RESEARCH

The New Zealand Government considers individual dietary practices to be problematic, and thus nutritional health has been given a priority status in the Government's health strategy. In this chapter firstly I provide an overview of how New Zealander's 'inadequate' nutritional practices have been constructed as a problem. Secondly, I examine the scope and limitations of existing psychological research into nutritional health behaviour. At this point I introduce social constructionism, an alternative epistemology to positivism (the epistemological foundation of mainstream psychology). Social constructionism's theoretical assumptions form the appropriate base from which to understand more about the discourses that surround food and nutrition and how these act in shaping dietary practices. Next, I discuss the role of the media as a key nutritional health information source and how we as individuals are positioned in relation to it. Finally, I point to the reasons for having selected mothers as the participants for my study and go on to highlight the rationale and objectives of my research.

Diet: A Public Health Issue

The New Zealand Ministry of Health have formulated a health strategy that identifies the key areas into which health services are to be directed, in the short to medium term. This is so as to be of optimal benefit to the population in achieving such underlying principles as "Good health and wellbeing for all New Zealanders throughout their lives" (New Zealand Ministry of Health, 2000). Although this principle, and others contained alongside it, are arguably, in part, aimed at what Davis, Beaglehole and Durie (2000, p. 2) have identified as "addressing the imbalance of the weighting between the postponement of death over the prevention of illness", it is noteworthy that dietary practices are a key component to be addressed in relation to five of the thirteen population health objectives thereof. These are:

- 1) to improve nutrition
- 2) to reduce obesity
- 3) to reduce the incidence and impact of cancer
- 4) to reduce the incidence and impact of cardiovascular disease
- 5) to reduce the incidence and impact of diabetes

In the Western world, major health problems are considered to be linked to excessive fat consumption and insufficient fibre, fruit and vegetable consumption. Diet has been implicated in cardiovascular disease, strokes and high blood pressure, cancer, diabetes, obesity, osteoporosis and dental disease (Connor & Norman, 1998). For example, Austoker (1994) estimates that up to 25% of cancer-related deaths are attributable to dietary factors and identifies excessive fat intake, lack of fibre and lack of fruit and vegetables as potential causal factors. International studies have also demonstrated an association between saturated fat consumption and blood cholesterol levels. The reduction of blood cholesterol via dietary change is now widely accepted as an important way of tackling coronary heart disease (Connor & Norman, 1998).

In New Zealand, "half the total burden of disease, measured in disability adjusted life years (DALYs - one DALY representing one year of healthy life) is attributable to morbidity" (Davis, Beaglehole & Durie, 2000, p. 2). In 1996, New Zealanders lost more than 500,000 DALYs, with three of the top five leading causes of DALYs lost being ischaemic heart disease, stroke and diabetes (New Zealand Ministry of Health, 1999). All of these are believed to be, in part, attributable to dietary practices. Moreover, the identification of cardiovascular disease, cancer and stroke as the three leading causes of death for New Zealanders, especially given that one of the most important avoidable risk factors for these is considered to be obesity, lends further credence to the government emphasis on New Zealanders' nutritional intake.

Published statistics revealing levels of obesity in the population are of most concern to the Ministry of Health. The National Nutrition Survey (1997) found that 35% of adults are overweight and that a further 17% are obese. Furthermore, projections suggest that obesity will affect 29% of the adult population by the year 2011 (Ministry of Health, 2000). Obesity is recognised by the Government as a major economic problem. For example, in 1996 the estimated cost of obesity to the health sector was \$135 million. This figure represents costs attributable to obesity for coronary heart disease, Type II diabetes, gallstones and some cancers (New Zealand Ministry of Health, 2002a). Furthermore, on the basis that obesity levels have continued to rise, this figure is likely to have increased (New Zealand Ministry of Health, 2002b).

At present the population are held to be 'failing' to take up the nutritional recommendations that the Ministry of Health are promoting. Light is shed on this 'failure' in the form of the key findings that have been published from the Ministry of Health's National Nutrition Survey (1997). The survey results indicate that:

- 1) only two thirds of the adult population met the 1991 Nutritional Taskforce guidelines of at least three servings of vegetables per day
- 2) only 50% met the guideline of at least two servings of fruit per day
- 3) dietary fibre intake is 25% lower than recommended in women
- 4) 35% of energy comes from fat in the diet of both males and females (the significance of this finding being that 15% thereof was comprised of saturated fat - 25% higher than recommended by the 1991 Nutritional Taskforce's recommendation)

(New Zealand Ministry of Health, 1999).

In light of the Ministry of Health having identified obesity as a risk factor for three of the top five leading causes of DALYs lost, it would appear that obesity has been given a disease-like status and thus, that it is construed as a condition which needs to be cured. Furthermore, it is the modification of individuals' nutritional and dietary practices that is promoted as the means by which to achieve this cure, as these are held to be a major contributory factor to obesity. Partaking in the correct dietary practices is therefore constructed as a primary means through which one can avoid obesity. In contrast, an 'incorrect' diet is not only constructed as causing obesity, but is deemed socially unacceptable as it places one at risk of physical disease, and thus a potential burden on the health system. The onus therefore is placed on the individual to modify their 'unhealthy' dietary habits, so as to avoid being rendered a problem to society. Ultimately, a huge responsibility is placed on the layperson to consume a healthy diet. Thus, in effect, we are required to be self surveillant and hypervigilant when it comes to our dietary choices and to monitor our weight and indeed our health status overall, so as to avoid being construed as a person who has caused their own ill-health.

Psychological Research on Healthy Eating

A vast amount of psychological research has been undertaken to find out more about what causes individual differences in health behaviours. In the field of biological psychology, underlying physiological mechanisms such as nutrient-specific appetites, learned food aversions and innate preferences have been identified as factors that influence dietary choices (Connor & Armitage, 2002). Alternatively, social psychological researchers suggest that social-cognitive influences, such as decision making processes, attitudes towards nutrition, and individual's conscious appraisal of the likely after-effects of consuming a particular food may be particularly important in influencing the development of food preferences (Rogers & Blundell, 1990; Rozin & Fallon, 1987). Thus, in the realm of the social psychology of food, researchers have mainly focused on how intra-psychoic factors operate to bring about food choice. Here, an emphasis has been placed on how food plays a role in our understanding of ourselves or how we regulate our own behaviour. Moreover social psychologists posit that it is through self regulation processes (conceptualised as cognitive and behavioural processes), by which people "enact their self-conceptions, revise their behaviour, or alter the environment so as to bring about outcomes in it in line with their self-perceptions and personal goals" (Fiske & Taylor, 1991, p. 181).

Social cognition approaches to understanding nutritional health behaviour have been the predominant strand of traditional mainstream psychology to investigate differences in people's performance of nutritional health behaviour. The social cognitive perspective focuses on those cognitive factors or constructs "that intervene between perceiving a food and choosing or not choosing to consume it" (Connor & Armitage, 2002, p. 2). Examples are: attitudes, intentions and self efficacy. An array of theoretical models have been developed in order to explain how and in which ways cognitive factors influence social behaviour. These models are referred to as Social Cognitive Models (SCMs). The key aim of researchers who have formulated these is to attempt to "predict future health-related behaviour". Examples are: Protection Motivation Theory (Boer & Seydel, 1996); The Theory of Reasoned Action/Theory of Planned Behaviour (Ajzen, 1988, 1991, Ajzen & Fishbein, 1980); Social Cognitive Theory (Bandura, 1986); and The Health Belief Model (Becker, 1974). In examining these theoretical models and the research studies that have utilised them, it becomes apparent that the underlying

assumption is that rational thought underlies human behaviour whereby “behaviour and decisions are based upon elaborate, but subjective, cost/benefit analysis of the likely outcomes of differing courses of action” (Connor & Norman, 1998, p. 6). Therefore, in general it is held that individuals prefer behaviours which are associated with the highest expected utility, that is, where the cost/benefit ratio is at its optimum (Van der Pligt & de Vries, 1998).

For example, Social Cognitive Theory (SCT) (Bandura, 1986) explains human behaviour in terms of a “triadic, dynamic and reciprocal model in which behaviour, personal factors (including cognitions) and environmental influences all interact” (Bandura, 1986). Moreover, this theory suggests that individuals’ perception of social reality informs their actions and that changes in social cognitions will result in a change in behavioural intentions. Thus social and environmental factors are conceptualised as moderating or mediating the inherent cognitive structures that are believed to underlie our human subjectivity. This is exemplified by research which examined the ability of the Health Belief model to predict perceived and actual dietary quality (Sapp & Jensen, 1998). Sapp & Jensen (1998) conclude that better prediction of dietary quality could be gained by “closer examination of the complexity and accuracy of people’s nutrition knowledge structures” and that “if people’s nutrition knowledge structures are ill-formed then it is difficult to accurately predict dietary behaviour” (Sapp & Jensen, 1998, p. 142). Such a conceptualisation thus renders the individuals’ cognitive structures as being at fault and suggests that if individuals were more aware of, and had greater knowledge about, nutrition then their dietary practices would be enhanced.

To date psychological researchers’ endeavours in the field of health behaviour have been disappointing. The psychological models that have been utilised to explain health behaviour have proved to be rather inadequate. For example, Sutton (1998) conducted a meta-analysis of research using the Theory of Reasoned Action and the Theory of Planned Behaviour and revealed that these models explain on average between only 19% and 38% of the variance in behaviour. In fact Marks (1996, p. 8) in his assessment of the contribution of the Theory of Reasoned Action to health psychology stated that “the theory failed as an explanatory account of health behaviour or health status, and the dependent variable preferred for its convenience by almost all investigators -

behavioural intention - proved to be a notoriously poor predictor of health-protective action". One of the major criticisms of SCMs is that they have omitted to take into account the role of social context in health behaviour and thus have neglected the material and physical factors that affect health behaviours (Marks, Murray, Valach, & Willig 2000).

Therefore although these models attempt to take into account how social and environmental factors affect our health behaviour, they rely heavily on rational relationships occurring between cognition and behaviour and focus predominantly on our underlying cognitive structures (that is: our attitudes, intentions, beliefs, etc). Such a conceptualisation is thus problematic in that, as indicated in the preceding chapter, individuals preference for and consumption of particular types of food is not solely based on a rational cost-benefit analysis of foods nutrient and energy giving properties. Nor is it merely for the purpose of health maintenance. Rather, individuals dietary practices are bound up with what food and nutrition signify in a social and cultural context. Food has a multiplicity of meanings and signification arising through interactions between individuals in the social sphere, where shared knowledge and understandings about food and food use are forged. Furthermore, the traditional psychological understanding of personality and attitudinal constructs as being fixed rather than fluid could be detrimental to health and wellbeing. This conceptualisation arguably constrains our ability to change our behaviour. That is, if we view our personalities and attributes as firmly fixed in one box or another, (e.g., as 'lazy' or 'unhealthy' individuals) rather than fluctuating in accordance with what we might actually want to achieve or resist in our interactions with others, this could have a constraining effect on our sense of personal empowerment, through setting up ideological limits around the possibility of changing our behaviour.

Social Constructionism and Discourse Analysis

In order to more adequately take account of the social and cultural context in which individuals' dietary practices take place (and from which our understandings and knowledge about food and nutrition is shaped), it is necessary to shift from the epistemological base of positivism (which underlies mainstream psychological research) to that of social constructionism. Social constructionism conceives that the nature of the

world is constructed through the interactions that take place between people in the social sphere and thus claims that “all knowledge is historically and culturally specific and advocates a sceptical approach to things that present themselves as ‘fact’ or ‘truth’ ” (Burr, 1995, p. 114). The everyday practices that people engage in construct ‘versions of knowledge’ rather than ‘truth’ per se. An emphasis is thus placed on process and the dynamics of social interaction rather than on structure or static entities such as attitudes or personality traits. The focus is on social interaction in general and language and its functions in particular. Language is conceptualised as a form of action rather a means through which we convey our thoughts and emotions, and it is through people’s talk that the world is constructed (Burr, 1995). Thus, the focus of researchers working from this epistemological base is spoken and written text that is constituted by language rather than studying individual’s cognitive structures. It is an epistemology that challenges traditional mainstream psychology’s assumptions in two key ways. Firstly, it problematises the conceptualisation that humans have an inherent nature (or essential self) which is a product of environmental and/or biological factors, and thus opposes the idea that the likes of latent psychological constructs exist. Secondly, it renders the notion of an objective reality, which can be perceived and measured through an unbiased observation of the world, as unviable.

Social constructionism allows one to takes into account the discourses that constitute the social context of our world which make available the social and familial subject positions that people inhabit, negotiate and resist. The term discourse is used to refer to “a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events” (Burr, 1995, p.48) or as Parker (1992, p.5) suggests “a system of statements which constructs an object”. A discourse about an object is therefore manifested in written material (e.g., magazine and newspaper articles), in speech (e.g., conversations) and in the “meanings” embodied in how people dress (Burr, 1995), or indeed in what people eat. The discourses that surround food and nutrition not only act to shape our understandings about food, but also have implications in terms of the actions we engage in with regard to food use and dietary practices. The concept of positioning provides a means to understand this process. Positioning refers to how we are addressed in discourses as particular types of people (e.g., as a student, a mother, etc.). Thus discourses “make available a space for

particular types of self to step in" (Parker, 1992, p. 9). Burr (1995, p. 142) suggests that we cannot avoid the subject positions that discourses invite, rather "our choice is only to accept them or try to resist them, and if we accept or are unable to resist a particular subject position we are then locked into the system of rights (including speaking rights) and obligations that are carried with that position". A diversity of discourses are available for us to draw on which create a myriad of possible subject positions for us to inhabit as social actors. These fluctuate in accordance with the varying social contexts that we find ourselves in (Harre & van Langenhove, 1999, p. 4). In light of this shifting multiple-selfhood, we are apt to experience contradiction in the discursive practices that are afforded us. Harre & van Langenhove (1999) suggest that as language constructs the person as a unitary knowable identity, and thus prescribes that we act rationally, in the face of such contradictions we make attempts to remedy, resolve, ignore or transcend them. This opens up the possibility of choice and the notion of us acting agentially. Thus the ability to negotiate and resist subject positions is afforded us.

A research enquiry using the epistemological assumptions of social constructionism therefore allows us to access the discursive framework that surrounds food and nutrition. Such an enquiry allows for an investigation into the socially constructed understandings and knowledge around food, which ultimately shape our everyday dietary practices. The benefit of taking such a line of enquiry is that we are able to gain an understanding as to how individuals, in drawing on the discourses that surround food and nutrition, are positioned in relation to them and how their dietary practices are enabled and constrained as a result.

The Media

In contemporary society the media are positioned as the cornerstone of information transmission, and thus not only influence how messages are framed, but are arguably a key source through which our changing cultural values and mores are defined, represented and constructed. McQuail (1994) has referred to the media as "the source of an ordered and public meaning system which provides a benchmark for what is normal, empirically and evaluatively; deviations are signalled and comparisons made in terms of this public version of normality" (McQuail, 1994, p. 1). The media is hugely pervasive. Not only does it constitute a source of knowledge, entertainment, stimulation and

escapism, but it provides a central medium through which people come to know themselves and the social and cultural practices and institutions of which they are part. It depicts specific versions of reality and thus constructs us both as individuals and as a society as a whole, creating a myriad of possible subjectivities and thus subject positions that we are able to take up, or alternatively as Real (1996) suggests, through which we become “co-authors” in shaping or constructing versions of ‘reality’. It is therefore a medium through which common and widely shared understanding between individuals are likely to be forged.

Real’s (1996) notion of “co-authorship” of media-audience interaction posits that the audience is active and thus are selective in what they “take up” in terms of the messages or subject positions that are available. Real (1996, p. xviii) suggests that “as a media user co-author, you or I select from what is given by our media creator co-author(s) and work up from that our own meaning”. Real goes on to suggest that each of us are “a consumer co-author of our media experience. We select what media we use, what products from those media we view hear or read, how much attention to give each, and what kind of credibility to place in the experience” (Real, 1996, p. xviii). This conceptualisation rejects the “hypodermic needle” model which posits that the audience are merely passive recipients of the messages that are transmitted. It therefore moves away from the notion that the audience partake in an undeciphered acceptance of whatever form of media content comes their way. This point is exemplified by Murcott (2000) who proposes that evidence regularly indicates that people do not passively believe all that they read in the newspapers. She cites the example of how people’s interpretation of media coverage in Britain of food scares such as Bovine Spongiform Encephalopathy (BSE) and salmonella (and associated images of the food supply) was mediated by a variety of factors. Findings suggested that readers were sceptical of official advice contained within the articles and that in general a positive image of the food-chain prevailed. In fact, people actually interpreted the “reduction in mass media attention as signalling that the difficulties had been successfully resolved and a secure or safe supply had been restored” (Murcott, 2000, p. 128). This exemplifies how individuals can resist being positioned and instead, are able to offer alternative discursive constructions.

The media is a key site through which the population accesses publicly disseminated nutritional texts. This is evidenced in a number of ways. Firstly, health and healthy eating columns appear regularly in both the national press (e.g., the “Health” column in Monday’s edition of the New Zealand Herald) and in health and fitness, and women’s magazines. Secondly, national authorities and the government are continually developing media campaigns and health promotion programmes on nutritional health as part of national health promotion endeavors (e.g., the New Zealand Food Pyramid, the New Zealand National Heart Foundation Tick Campaign). Thirdly, research results of nutritional surveys are frequently being filtered down to the general public. It could thus be said that information pertaining to nutritional health is becoming increasingly widespread in Western society, and that the discourses that surround food and nutrition construct a particular version of nutritional health.

On the basis that the media acts as a site through which individuals co-create meanings and understandings about food and nutrition, it is my intention to focus on nutritional health messages that are disseminated via this medium. Furthermore my analysis will be conducted on nutritional health texts that are featured within one specific media genre, that is, women’s magazines. I chose the media genre of magazines on the basis that past studies suggest that this is a key source of information on diet and healthy eating. For example, Goode, Beardsworth, Haslam, Keil & Sherrat (1995, p. 3) in their study: “Dietary dilemmas: nutritional concerns of the 1990s”, which focused on highlighting “the ways in which traditional and novel food patterns are interwoven”, found that 56 per cent (237 respondents of a sample of 420 adults) listed magazines as a key source of gaining information and knowledge about healthy eating. Furthermore, it was found that a high proportion of the sample (63 per cent), do not believe that they consciously look for these messages, rather it is something that “they feel they have picked up in everyday life, so that it is knowledge which has acquired a taken-for-granted status” (Goode, Beardsworth, Haslam, Keil & Sherrat, 1995, p.7). I chose women’s magazines in that they are specifically targetted at the group of the population that I am focusing on and because preliminary examination revealed them to contain regular features, and a substantial number of advertisements, on food and nutrition.

Why Focus on Mothers?

The majority of food consumption and dietary practices occur within the realms of the family. Furthermore, a gender differential has been found to be evident in food purchasing and preparation, whereby it is women who predominately engage in such activities as food shopping and cooking (Charles & Kerr, 1988). As Charles and Kerr (1988, p. 6) suggest “within the family a woman’s place is defined as being in the kitchen cooking for men and children, feeding them, and nourishing them”. For example, Warde and Hetherington (1994), who conducted a survey on domestic arrangements around food in predominantly middle-class families within the Greater Manchester region of England, found that “a woman was seven times more likely to have cooked the last main meal, 10 times more likely to have baked a cake” (Warde & Hetherington, 1994, p. 764). The survey also found that although the main food shopping was shared by men and women, more often this task was carried out by women alone.

Thus, in that women, and mothers with younger children in particular, have a greater level of involvement in food selection and preparation in the family, they are the most appropriate group of the population to study. Not only do mothers act as the lynch-pin to familial eating habits, thus occupying a central position in relation to children’s and overall family food choices and dietary practices within the household, but they are also more likely to have increased nutritional awareness. That is, as choices around food use and consumption patterns within the family are the domain of mothers, it is more likely that they will discuss nutritional and dietary practices with each other as these are a point of foci in their everyday lives. Moreover, my preliminary investigation revealed that the information that is disseminated regarding food products, nutrition and healthy eating in the media texts that I had chosen to analyse was largely targetted at mothers.

Research Rationale and Objectives

The preceding discussion ultimately points to the fact that a gap exists within the sphere of psychological research into nutritional health practices. Although traditional psychological research into the health arena does seem to have broadened its scope to take into account social and environmental factors, and how these impact on our health behaviour, from my perspective there are two major issues with this line of enquiry.

Firstly, these factors are conceptualised as moderating or mediating the inherent cognitive structures that are believed to underlie our human subjectivity. Secondly, social cognitive models in their emphasis on the individual as a rational decision-maker fail to take account of the role of social context in health behaviour. These models have thus neglected to take into account the deeper meanings that are embedded in individuals' choice of food. In order to address these issues it is necessary to move beyond the paradigm of positivism to that of social constructionism. Social constructionism offers the appropriate epistemological base from which to examine the discursive realm that surrounds food and nutrition. From this epistemological base, an exploration into how people are enabled and constrained by, or come to resist the subject positions that are available to them in relation to the discourses that surround nutritional health becomes possible. I propose that, not only will this line of research enable us to understand more about what might be enhancing individuals to, or preventing individuals from, adhering to the nutritional recommendations that are disseminated to them, but it will allow for a wider investigation into how the cultural and discursive positioning of food and nutrition affects people's nutritional practices. Furthermore on the basis that the media constitutes a resource through which information around food is disseminated, and that magazines are a genre through which individuals' understandings about food and nutrition are derived, a discursive analysis of media texts that feature these topics would add to existing psychological research on dietary health behaviour. Such an analysis will provide us with an indication of how wider societal discourses influence not only the meanings we attach to nutritional health, but how they actually act to shape nutritional practice.

Overall my research objectives are threefold:

- 1) to identify those discourses that surround food and nutritional health (and the subject positions they afford) in a specific media genre, women's magazines
- 2) to investigate how women construct meaning in relation to nutritional health messages made available to them through this genre
- 3) to explore the extent to which women take up and resist the subject positions afforded them by these discourses and how this positioning affects their dietary practices and subjectivity

CHAPTER 3: METHODOLOGY

In this chapter, I provide details of the research process. Firstly, I outline the method I employed to analyse the magazine-based texts. Secondly, I provide details of the procedure I undertook to recruit participants. Thirdly, I discuss the reasons for having chosen the focus group method and expand on how the focus groups were run. Fourthly, I focus on ethical considerations that were taken into account. Finally, I outline the method I utilised to analyse the data that emerged from the women's discussions.

The Magazine-based Texts

The Data

I selected a number of articles and advertisements from a range of women's magazines which are located at the lower end of the market in terms of price range for my analysis, on the basis that these publications are the most accessible to women of all socio-economic status (SES) levels. The specific advertisements and articles that I selected all contained references to nutrition and health. The magazine based texts consisted of:

- A one page article entitled "Fighting Fit" (Family Circle, April 2002, p. 50);
- A one page article entitled "Lasting Energy" (The Australian Women's Weekly, March 2002, p. 95);
- A four page article entitled "Fighting Cancer with Food" (Weightwatchers, July/August 2002, p. 52-55).
- A one page Sugar Forum infomercial entitled "Sweet Success" (Family Circle, April 2002, p. 64).
- A one page advertisement for "Griffins CalciWine" (Woman's Day, May 27, 2002, p. 66)
- A one page advertisement for "Kellogs Coco Pops" (Woman's Day, May 27, 2002, p. 70)
- A one page advertisement for "Bite Me Meatballs and Beef Burgers" (Woman's Day, May 27, 2002, p. 73)
- A one page advertisement for "Kellogs Special K" (Woman's Day, May 27, 2002, p. 56)

A colour copy of each of the magazine based texts can be found in Appendix A.

Data Analysis

The analysis of the magazine-based text and images comprised three phases. The first phase of analysis centred around my becoming familiar with the text. This was achieved by reading and re-reading each of the articles individually. As a result of this stage of immersion in the text, I was able to identify a number of themes which, as my familiarity with the subject matter grew, became increasingly apparent. At this stage I embarked on an initial categorisation process, whereby I selected and grouped all excerpts of the text that fell under the themes that had begun to emerge. For example, in the 'Fighting Fit' article, a war theme (Germ attack on body countered by Nutrition-based defense) became apparent in that reference was made to *combat* (i.e., '...will help combat harmful bacteria and viruses'), *fighting* (i.e., 'Fighting fit'), *soldiers* (i.e., '...that can make it hard to soldier on'), and *defense* (i.e., 'Garlic taken on a regular basis will help to boost the body's defenses'). At this stage even vaguely relevant sentences (or subparts thereof) were included in the categories that were emerging, and some sentences appeared in more than one category.

The second phase of analysis consisted of identifying discourses and subject positions. In order to do this I used Foucauldian Discourse analysis. This analysis places language in centre stage and focuses on how different versions of reality are constructed through its common use. As discussed in the preceding chapter, discourses are "sets of statements that construct objects and an array of subject positions" (Parker, 1994, p. 245). Therefore it is the subject positions that we take up (or resist) in relation to the discourses made available to us that enable and/or constrain certain practices. In having chosen Foucauldian Discourse Analysis as my method of data analysis, the second phase of analysis was guided by Parker's (1992) version of the discourse analytic method and Willig's (2001) procedural guidelines for the analysis of discourse (both of which draw on Foucauldian theory).

The first stage of this phase of my analysis consisted of constructing a mind map of all the themes that I had identified. Many of these appeared in all the texts. I undertook this step in an attempt to ascertain which themes overlapped or mapped onto one other. The second stage was to identify those themes that actually constituted a discourse. The means through which I was able to distinguish themes and discourses was in defining a

discourse as “a system of statements which constructs an object” (Parker, 1992, p. 5). I achieved this by selecting all the discursive objects that were referred to and by examining how they were described. For example, a strong theme of ‘the body’ became apparent. However, it became obvious that this was an object that was constructed by the biomedical discourse (e.g., as a machine, as in need of help). A further example is the ‘healthy imperative’ theme which although producing a system of statements (e.g., to avoid obesity, to eat the correct diet, to be fit and healthy) did not construct objects. Moreover, it became apparent that avoiding obesity, eating the correct diet and being fit and healthy were constructed as moral choices and thus the ‘healthy imperative’ theme was subsumed under the moral discourse.

The second stage of this phase of analysis consisted of:

- 1) Focusing on who each discourse was addressing, the “role” we have to adopt to hear the message and what types of person are talked about in each of the discourses (e.g., in the moral discourse the role we have to adopt is one who is responsible for their own health and the types of person talked about are those that are able or unable to maintain their health through rationalistic thought processes);
- 2) Identifying the subject positions which the various discourses offer (e.g., in the scientific discourse a key subject position was that of the ‘uneducated consumer’);
- 3) Exploring the ways in which the subject positions identified enable or constrain individual practices (e.g., in taking up the subject position of the ‘uneducated consumer’ our bodies become objectified, rendering them accessible to the expert gaze);
- 4) Examining the relationship between discourse and subjectivity, that is how we come to experience the world and ourselves from the vantage point of the perspective offered us from the subject position we inhabit; (e.g., in the moral discourse we become self-regulating and ever mindful of what and how much we consume, whereby our very notion of our own morality is based on whether we are eating the ‘correct’ diet).

It was as a result of this multi-faceted and complex analytical process that four primary discourses were identified.

The Focus Groups

Participants

Participants were recruited through a notice that I placed in various community and women's centres in the Beachhaven, Birkdale and Glenfield vicinity of Auckland (see Appendix C for details). Interested individuals were asked to phone me if they wished to participate. In addition to the women who had volunteered to take part in the study from the notices I had displayed, others were recruited by word of mouth, whereby some of the women spoke to friends who they thought might also be interested. Seven women in total took part. The first focus group comprised four women, with an age range of 29 to 37. One of the women was high SES, one was middle SES and two were low SES. The second comprised three women with an age range of 34 to 42. One of the women was high SES and two were middle SES. All of the women had at least one child under the age of 16 and all were married or living in a de facto relationship.

Why Focus Groups?

A focus group is "an informal discussion among selected individuals about specific topics" (Beck, Trombeta & Share, 1986, p. 73). A plethora of health-related research has used focus groups to explore people's own meanings of health and illness and as a means to gain a greater insight into individuals life-worlds and health beliefs, such as the experience of living with multiple sclerosis (e.g., Lyons & Meade, 1993) and people's understanding of and responses to health related media messages (e.g., Friemuth & Greenberg, 1986; Kitzinger, 1990; Philo et al, 1994). The key factor which characterises focus groups from one-on-one interviews is that participants interact with each other as well as with the researcher (Wilkinson, 1998).

Wilkinson (1998) suggests that the interactive data that is gained through the focus group method is beneficial to research in which participants own meanings are sought, in five key ways:

- 1) Participants disclosure is heightened. Firstly, they are likely to elaborate on accounts which are commonly shared through acting to legitimate or reinforce others concerns. Secondly, participants are more likely to express opinions and emotions that may not be considered socially acceptable (something which is less likely in an

interview context). Thirdly, focus groups offer an environment where contradictions, disagreements and challenges are likely to be displayed by participants.

- 2) Access to participants' own ideas understandings and language is enhanced due to the nature of the format of the focus group, whereby participants talk to each other rather than to the interviewer or researchers. They are thus likely to converse in a way that is "much closer to everyday conversation" (Wilkinson, 1998, p. 335), in a setting where the language of the researcher is not imposed upon them.
- 3) Participants are enabled to follow their own agenda which breaks down the power hierarchy between the researcher and themselves. This promotes egalitarianism, chiefly through the researchers' influence being "diffused by the very fact of being in a group rather than a one-to-one situation" (Frey & Fontana, 1993, p. 26).
- 4) Focus groups also provide an arena whereby the "co-construction of meaning in action" can be observed (Wilkinson, 1998, p. 329). This conceptualisation of "co-construction" suggests that the participants derive, develop and forge meanings within the context of their social world. Therefore the women's meanings and interpretations surrounding nutrition are gained during interactions with family, friends, medical practitioners, etc. Thus focus group participants serve to augment and/or shape one another's ideas and beliefs.
- 5) There is also an increased tendency for individuals to elaborate on their accounts "in response to both agreement and disagreement from other group members" (Wilkinson, 1998, p. 336).

The Format of the Focus Groups

Prior to each of the focus groups, participants were told what was required of them, that is, they would be given colour copies of nutritional health articles, adverts and infomercials featured in various women's magazines, which they would read and then discuss (see Appendix A for the media texts). I informed the women that I had analysed the magazine texts myself, but that I was interested in finding out what these texts meant to them. I informed them that my role in the discussion would be minimal, although I suggested that I may raise some issues myself throughout the discussion. The first focus group was held at the home of one of the participants, an offer made on the basis that it was more convenient for her. The second focus group was held at my home. The focus

group discussions were recorded by audio tape and lasted for 50 and 80 minutes respectively. My approach was to be as non-intrusive as possible, as I was interested in allowing the discussion to unfold as naturally as possible and believed this would more easily be achieved if I refrained from asking too many questions. I took along a list of open-ended questions which I referred to on occasion (see Appendix B for details), but found, as the discussions unfolded, that I asked additional questions to those I had originally devised. These acted as prompts for further discussion on a particular topic, or as a method by which I could gain clarification around the meaning of some statements or points of discussion.

Transcribing

I transcribed both Focus Group discussions myself using a simple notation (see Appendix G), which in the main denoted pauses, overlapping of speech and those occasions where the discussion was inaudible. This was sufficient for the purposes of the discursive analysis undertaken in this study.

Ethical Considerations

Informed Consent

Prior to signing the informed consent form (see Appendix E), the participants were given an information sheet (see Appendix D) which outlined: their rights (e.g., to withdraw from study, to ask questions); brief details on the subject matter; what was required of them (including the time that the focus group was likely to take); the assurance of confidentiality and anonymity (and the security of the data obtained); what the discussions would be used for; and the fact that the discussions would be audio taped. The women also completed a brief demographic information questionnaire which asked for the occupational status of the main income earner, their name, age, marital status and household composition (see Appendix F).

Confidentiality/Anonymity

Confidentiality was safeguarded in several ways. Firstly, the focus groups were held in private locations, where there was little likelihood of the participants' discussion being overheard. Secondly, pseudonyms were used for the participants and other people mentioned when I transcribed and wrote up the research. Thirdly, access to the

transcripts were restricted to myself and my thesis supervisor and five other Massey students with whom my Supervisor and I met with regularly as part of a Discourse Analysis Group. Fourthly, computer files were given an access code, so as to prevent unauthorised entry. Finally, the tape recordings were destroyed on thesis completion.

The Women's Talk

In my analysis of the women's talk my objective was to understand more about the discursive web that surrounds food and nutrition, how it acted to position the women and how such positioning impacted on the women's dietary practices and subjectivity. Specifically, my aim was to ascertain:

- 1) Whether the women's talk indicated that they were positioned by any additional discourses that were not apparent from my analysis of the magazine based texts
- 2) The extent to which the women took up the subject positions offered by the four media based discourses that I had identified
- 3) Whether the women resisted the subject positions offered, and if so, how this was achieved
- 4) The extent to which the women were placed in contradictory positions and how they negotiated these
- 5) Whether the women inhabited any additional subject positions to those that I had identified in the media discourses and the practices that become legitimated through these.

Data Analysis

The analysis of the women's talk comprised two phases. The first phase centred around my becoming thoroughly familiar with the text. This was achieved by both transcribing the audio tapes myself, and by reading and re-reading the transcripts. The second phase consisted of the following stages:

- 1) An initial categorisation process whereby I selected and grouped all excerpts of text into two categories. The first constituted all excerpts of the text that related to the discourses I had identified in the magazine data. The second constituted those statements that indicated the presence of additional themes.
- 2) A further examination of the additional themes I had identified, whereby I distinguished which of these were discourses. This was achieved by ascertaining

whether the set of statements under each theme formed a coherent whole which constructed objects. For example, an 'innate wisdom' theme came through in the text whereby listening to one's bodily wisdom was constructed as a method by which one could ascertain what foods were good or bad for one. However, it became apparent that 'innate wisdom' was not a discourse, but was in fact constructed as a further means by which one could ascertain which foods acted on the body so as to promote bodily health. Here the body was constructed as an object which cried out for certain foods and as something that could function well, if it were given the food that it needs so as to operate effectively. This theme therefore became subsumed under the biomedical discourse which frames individuals' dietary practices as a source of health or ill-health and constructs the body as a machine that requires fuel so as to operate effectively. A further example was the theme of 'feminine beauty'. It became clear that this was a discourse, as it constructs women as concerned about their weight and body image and as susceptible to healthy food claims. Through this discourse healthy and low fat foods are constructed as a means to attain the slender body ideal.

- 3) A subcategorisation process of all excerpts of the talk that related to the discourses I had identified in the magazine texts, whereby I grouped all excerpts for each individual discourse in two categories: one in which the women's talk indicated that they were being positioned by the discourses I had identified, and one in which the women's talk indicated a resistance to the positions that were offered. As part of this process I was interested in how the women legitimated their resistance and whether they took up alternative subject positions in order to do so.
- 4) An examination of the subjectivity that is afforded the women through their inhabitation of the subject positions offered in relation to the discourses I had identified. This incorporated an analysis of :
 - a) how the women were seen to experience the world from each subject position they took up and the vantage point they were afforded as part thereof. For example, the vantage point the women were afforded by being positioned as *susceptible* by the feminine beauty discourse was one of an underlying scepticism toward healthy food claims.
 - b) the contradictions that the women faced in light of the multiple 'selves' available to them, and the feelings that these contradictions engendered. For example, the

women's overall distrust of scientific knowledge placed them in a contradictory position, as although they strive to eat a "balanced" and "healthy" diet, they do not construe scientific facts around what foods are beneficial or detrimental to health to hold a status of truth. Instead the women construct such knowledge as contradictory, idealistic and ever-changing. This creates a situation whereby the women remain sceptical of nutritional information overall, which contributes to feelings of anxiety and confusion when it comes to eating food on a health promoting basis.

My orientation to the analysis of the women's talk was framed in large part by my analysis of the media texts. Although I identified additional themes and possible discourses initially during my analysis of the texts from the focus group discussions, it became evident that only one additional discourse was present in the women's talk, the feminine beauty discourse. The remaining themes that I identified were clearly subsumed under the discourses that were found in the media texts. Thus a focus on how the women were positioned in relation to the media discourses became fundamentally important. As a result, the presentation of the women's talk is redirected away from the discursive construction of objects. Instead, the point of foci shifts to areas of conflict that are generated through the positioning afforded to the women by the discursive web that surrounds food and nutritional health. In conjunction the five discourses that were identified in the women's talk act to problematise women's dietary practices in four key ways. I present these as four key findings which combine to reveal an overall subjectivity that the women experience in relation to food and nutritional health.

CHAPTER 4: FINDINGS

The Magazine Texts

Four main discourses were evident from the analysis I conducted on the media texts: the moral discourse, the biomedical discourse, the scientific discourse and the mothering discourse.

The Moral Discourse

The moral discourse frames an individual's dietary practices as moral choices. The ability to maintain an 'adequately healthy' dietary balance thus becomes a moral imperative. It is through making the 'correct' food choices (i.e., selecting protective foods over risky foods) that we become moral individuals. Individuals face an ethical dilemma whereby in sustaining health and physical wellbeing, through engaging in risk-averse dietary practices, they become moral subjects, whereas through engaging in risky dietary practices they are rendered immoral and thus morally reprehensible. The subject positions that the moral discourse invites are: the *moral individual*; the *immoral individual* and the *individual as deserving*.

In painting a map of the world described by this discourse it is apparent that an emphasis is placed on us as individuals to take responsibility for our bodily health, through monitoring our dietary practices, our energy levels and our weight. Phrases such as "our daily food intake" and "our dietary fat intake" depict notions of refuelling our body, and a balanced lifestyle is promoted as being achievable through partaking in a balanced diet. This is evidenced in Sweet Success by phrases such as "life's about balancing taste and nutrition" and through the appeal to "speak to an Accredited Practising Dietician or your local GP" if "you would simply like to know how to enjoy a balanced lifestyle". Thus 'moderation' and 'balance' of our nutritional intake (rational, self-regulatory practices) are framed as being the key means through which to achieve a physically healthy homeostatic ideal and a balanced lifestyle.

Nutritional intake is also constructed as the means through which we can improve our cognitive processes. For example, it is stated in the Lasting Energy article that “one of the benefits of red meat is that it contains vitamin B12” which is not only “essential for maintaining the nervous system”, but it ultimately helps you “stay calm and in control”. This promotes the idea that rational/cognitive control is the desired state, whereas emotionality (which is arguably outside of the realms of calm) is not desired, and furthermore that the adequate or ‘correct diet’ is the miracle cure to alleviating those mental states that impair our ability to function ‘normally’.

The texts promotes the idea that with the help of scientific understandings of food and the consumption of a healthy diet we can regulate safety and wellbeing. In particular, it suggests that we *should* choose foods that are protective and avoid foods that create risk. This is exemplified by statements and phrases such as: “there are foods that protect while others do not”; “a cancer protective diet”; “consume a diet high in foods that protect against cancer” (protection) and “there is convincing evidence that vegetables and fruits decrease the risk of cancers”; “saturated fats and too many kilojoules increase the risk of some cancers” (risk). This is framed as a moral choice as it positions us as being responsible for our own health. Moreover, the successful negotiation of risk versus protection is constructed as the means by which we become responsible individuals. That is, we *should* choose to eat ‘good’ rather than ‘bad’ foods. There was evidence of a ‘good/bad’ food dichotomy being present in the texts. This came through strongly in the Fighting Cancer with Food article. A variety of foods are listed under the categories “Good Guys” and “Bad Guys”. For example, the dietary ‘baddies’ are “saturated fats and a high kilojoule intake”. Moreover, obesity is constructed as a sure consequence of eating them. The article states: “non-one is sure whether saturated fats and a high kilojoule intake are the problem or whether it is the obesity that comes as a result of them”. This reinforces the message that obesity is a problem and inadvertently implies that obese people are immoral or ‘bad’. Individual responsibility is reinforced by the authoritative statements “protect yourself against cancer” and “make sure your diet includes...”.

The moral discourse offers two primary subject positions, the *moral individual* versus the *immoral individual*, each of which enables and constrains practices in specific ways.

The *moral individual* affords practices of self control, and being able to make the correct choices about what to eat (rational, self regulatory processes) whereas the *immoral individual* affords practices of not controlling one's food intake effectively, not being able to make the correct choices about food, and in general behaving irresponsibly. The *moral individual* subject position creates a subjectivity which comprises someone who actively engages in a battle against ill health; someone who has morals about protection of the body as being a good thing and putting the body at risk as a bad thing. In contrast, the *immoral individual* subject position creates the subjectivity of a morally reprehensible individual. Through not partaking in health-promoting dietary practices these individuals place their body at risk, and thus become positioned as irresponsible and immoral subjects. A third subject position also became apparent within this discourse: the *individual as deserving*. This third subject position is one that affords an individual the ability to resist the *moral/immoral individual* dichotomy, a dichotomy which comprises two very contradictory subject positions. The *individual as deserving* affords the practice of indulging in 'unhealthy' food for enjoyment, whereby the active pursuit of eating food for pleasure and a desire for taste are practices that become legitimated. For example, in the Sweet Success infomercial, the nastiness of sugar is countered through emotional appeals to "enjoy tasty meals", to "enjoy more of the fine tastes of food", that sugar "is one of life's natural pleasures", and that adding "a sprinkling of sugar to your favourite dishes and drinks and life will seem so much sweeter". These emotional appeals to "enjoy" are used here to counteract the bad qualities that sugar is constructed to have, in that sugar has the connotation of being harmful. The subjective status of a person who is able to inhabit this latter subject position is someone who deserves to enjoy life and someone who deserves to enjoy "tasty meals". Hence the *deserving individual* position can be drawn on in order to resist the *immoral individual* position.

Although not explicit, the rhetorical question "How could we partake in a unhealthy diet if it is morally unacceptable to do so?" is raised. Thus, the ideology that we eat food to maintain bodily health is indirectly reinforced as it is implicitly suggested that our focus should be placed on eating those foods that enable us to maintain our health.

The Biomedical Discourse

The biomedical discourse frames an individual's dietary practices as a source of health or ill-health and constructs the body as machine-like, a system of interrelated parts, rather than a whole, and as something that requires fuel so as to be able to operate effectively. The body is also constructed as in need of help, thus rendering people as passive individuals, which in turn legitimates the practice of seeking and being given expert (medical) advice, should any part of the bodily system (e.g., the immune system) be exposed to strain. This discourse acts to medicalise food, whereby through 'eating healthily' individuals are able to maintain healthy bodily functioning, and thus longevity. There are two subject positions that the biomedical discourse offers: that of *expert* and *inexpert*.

This discourse is evidenced in that reference is frequently made to "the body" rather than "our body", which depicts it as being something separate from ourselves that we are required to control. The body is constructed in several different ways: as machine-like, as constantly under strain, and as passive and in need of help. The construction of the body as machine-like is evidenced through phrases such as "our daily food intake" and "our dietary fat intake" which depict notions of refuelling our bodies. This is made even more explicit in some cases. For example, in the Calci-wine advertisement we are instructed to "fuel up on a healthy snack" and are informed of how consuming a certain amount of these biscuits provides "energy to keep you burning through the day". Biomedical discourse and the terminology that it uses, such as "carcinogenic compounds", "hormone-dependent cancers", "cell to cell communication", "immune system", etc., is littered throughout the texts. The use of this terminology constructs the body as an integrated configuration of various components and acts to constrain our ability to view our body in its entirety, ultimately creating a situation whereby we, as women readers, become distanced from our bodies. This promotes women to objectify their own bodies, which in turn reinforces biomedical practices and their legitimacy. In our viewing the body as an object we unwittingly perpetuate the ideology that the body *should* be subjected to the expert for their advice on what we should do in order to maintain bodily health. In constructing the body as a machine, or as a series of interrelated systems and components along with the frequent references made to "the body" a conceptual framework is created which separates the body from the mind. This

has the potential to undermine our ability to think of our bodies as an integral part of who we are, thus disrupting a sense of embodiment as it limits us from claiming our body as our own.

Secondly, the body is constructed as being 'constantly under strain'. This is evidenced through the text positioning it as being constantly at risk of being invaded by infection. This alerts us to be hypervigilant of any 'abnormal' physical (or indeed cognitive) states. However, although fear is likely to be elicited in the readers of the messages, through our bodies being constructed as under attack, by statements which suggest that we could be in "the grip of a serious deficiency", we are assured that we can remain or become "fighting fit". Thus it is suggested that we can overcome the ailments that afflict us, through boosting the "immune system" which the biomedical discourse constructs as the primary component of the body that functions to keep us healthy. It is with the help of expert advice on the 'correct nutrition' and dietary supplementation that this can be achieved. An authoritative expert stance is taken which is exemplified through instructions such as "now is the time to revive and strengthen your immune system" and "protect yourself against cancer". Furthermore, even when natural foods are promoted, which conceptually offers an alternative to mainstream medicine, and thus promotes prevention over cure, the text to promote the use of natural foodstuffs draws on the biomedical discourse to enhance the validity of the advice and guidance that is offered. For example, in the Fighting Fit article it is stated that we "follow dosage advice on packets" or "check with our health practitioner".

Evidence of the body being constructed as passive and in need of help is demonstrated by the references that are made to helping the body and/or other bodily systems. For example, in the Fighting Fit article it is suggested that "garlic taken on a regular basis will help to boost the body's defences". In the Lasting Energy article "Vitamin B12 is essential for maintaining the nervous system" and in the Calci-wine advertisement "getting regular exercise and enough natural milk calcium is the best way to help build strong teeth and bones".

The subject position that becomes available to women through this discourse is that of *inexpert* as opposed to *expert*. Women are unable to attain the position of *expert*. That

is, although we are offered advice on what we can do in order to maintain our physical health, which opens up the possibility of lay women becoming experts, women's ability to take up this position is undermined through the biomedical discourse's construction of the body as machine like and in need of help, whereby in the event that part of the system becomes weakened or faulty we are rendered as being in need of expert help. Thus our bodies become open to medical surveillance which indirectly reinforces the biomedical discourses legitimacy. In the position of *inexpert* we are granted the subjective status of someone who is reliant on others to make the recommendations as to what it is we need to maintain bodily health.

Overall, although the moral discourse designates responsibility to us as individuals, to look after our own health, our perceived ability to do so is undermined through the biomedical discourse whereby the body becomes machine-like, is rendered subject to the expert gaze and positions us as *inexpert*. Such a framework has the potential to render us incompetent unless we follow the advice of dieticians', doctors' and medical experts'.

The Scientific Discourse

The scientific discourse reinforces the ideology that legitimacy of knowledge claims can only be reached through proof. Science and scientific facts are pitched as the only means individuals have through which to learn about what foods they should or should not be eating. The scientific discourse also constructs nutrition as a set of rules and food as a system of nutrients, vitamins and minerals - which lends itself to efficient human bodily functioning. The scientific discourse offers two subject positions: that of *educated consumer* and *uneducated consumer*.

The scientific discourse constructs nutrition as a set of rules. This is epitomised in the Lasting Energy article, where it is suggested that certain aspects of adherence to the 'correct' diet serve different functions (i.e., iron is linked with energy and cognition, Vitamin B12 is linked to the maintenance of the nervous system, eating the correct fats is linked to keeping healthy, Zinc is pitched as important for growth and repair). Other examples are the use of a "Percentage of Daily Essential Nutrients" histogram (Coco Pops advertisement), and the "Heart Foundation Tick" (the Why Don't you Bite Me

advertisement) which provides a simple means of endorsing a product as nutritionally healthy, even though we may not be aware of what levels of nutrients or ingredients the product contains (i.e., seeing the “Tick” negates the need for us to do so). However, although these nutritional rules, in conjunction with the various references made throughout the text to a “healthy diet”, allude to the fact that a healthy diet exists, it is not made explicit as to what a “healthy diet” actually is. In general there is an overall vagueness as to what actually constitutes a “healthy diet” (e.g., “foods that are high in complex carbohydrates and lower in fat are the healthy choices” - as featured in the Calci-wine advertisement). It therefore assumes that this knowledge has a taken-for-granted status. Thus the moral discourse’s legitimacy is indirectly reinforced as the underlying message is that we *should* all be aware of what ‘healthy food’ and/or a ‘healthy diet’ is, as if this is a rule of thumb that we *should* apply to our eating practices without question.

The statements that the scientific discourse uses to construct scientific knowledge as fact is persuasive in its orientation. Frequent use is made of terms such as “research shows”, “experts suggest” and “science has also shown”. Furthermore, an authoritative stance is taken. For example, the reader is informed that certain nutrients are “essential” to maintain adequate bodily functioning. The authoritative stance that is taken also has a secondary effect; it inadvertently reinforces the idea that you have no alternative but to follow the recommendations given and partake in a ‘healthy diet’ so as to remain healthy, otherwise you will be at risk of becoming sick.

Science and scientific facts are pitched as the only means we have through which to learn about what foods we should or should not be eating. These facts are legitimated through being positioned in binary opposition to myths and magic which are depicted as unworthy. For example, in the Sweet Success infomercial we are told to “debunk those old food myths”. References to such terms as “research” and “convincing evidence” also reinforce the legitimacy of scientific methods as the primary means by which ‘knowledge’ and ‘truth’ about what foods are healthy can be achieved. The use of statistics and the framing of nutrition in terms of its ability to increase or reduce risk acts to further strengthen scientific knowledge claims. The use of scientific terminology works to disempower individuals. That is, those individuals who do not have easy

access to nutritional information or a general understanding of the scientific terminology used have less opportunity to claim being knowledgeable about nutrition. Such individuals are therefore warranted few (if any) speaking rights with regard to nutritional and dietary practices.

Overall, the scientific discourse reinforces the ideology that legitimacy of knowledge claims can only be reached through proof, which can only be gained via scientific research and the practices that are legitimated as part thereof. It is thus proposed that we *must* have evidence in order to be suitably informed and moreover, that science is depicted as the only legitimate means by which to achieve this. We are thus rendered forever in need of more education which only science can provide. This is exemplified best in the Lasting Energy article, whereby authoritative statements such as “Vitamin B12 is essential for maintaining the nervous system” and “lean red meat is the best dietary source of zinc, which is essential for the immune system” are pitted against how avoiding meat is “a mistake that we make” (“we” being women as this is the group the article is targeted at)” and how we “don’t really understand what vitamin B12 does” or “most people assume incorrectly”. In setting a number of paragraphs up in this way, it alludes to the fact that misunderstandings about food and nutrition are common amongst lay women and that scientific knowledge is necessary for women’s reeducation. This places the women readers firmly in an *uneducated consumer* subject position as it strongly implies that they are mistaken in their general understandings when it comes to food and that they are actually in need of education.

The Mothering Discourse

The mothering discourse frames the mother as being responsible for keeping her children fit, healthy and happy. In holding the position of moral guardian for her children’s welfare, she is expected to both model appropriate dietary practices and ensure that her children take up these practices themselves. Mother is responsible not only for the health and physical wellbeing of the children, but also their emotional wellbeing, a key component of which is her ability to ensure that the children enjoy and gain pleasure from life, in the case of the current analysis, through food. In feeding her children the ‘correct’ or ‘healthy’ diet, the mother becomes a morally responsible

subject. However, in feeding her children pleasurable foods (which fall into the category of dietary 'baddies') she becomes morally reprehensible, and is rendered as potentially ineffective in her mothering practices. The mothering discourse offers two subject positions, those of the *good mother* and the *bad mother*. The *good mother* feeds her children the 'correct' or 'healthy' diet, a practice through which she becomes a morally responsible subject. However, if she is unable to achieve this effectively, she is positioned as being morally reprehensible, a *bad mother*, and is rendered as potentially ineffective in her mothering practices.

The text frames the mother as an individual who *should* ensure that her children are physically fit and healthy. This moral prescription is seen to have assumed a taken-for-granted knowledge status which is exemplified in the Sweet Success infomercial where the main body of the text opens with the rhetorical statement "Every parent wants a fit, healthy family" (which, although is addressing both mothers and fathers, on the basis that the advert is featured in a woman's magazine, this message is arguably addressing mothers). Furthermore, the Coco Pops advertisement implies that it is essential for mother to ensure that her children eat their breakfast so as to not miss out in terms of educational opportunities. The subverted message being that you are a *bad mother* if you are unable to ensure that your children's nutritional requirements are met, as you are preventing them from gaining a solid basis for academic achievement and thus success in life. This is reinforced by the persuasive nature of the text (e.g., "for a start, they may pay more attention in class - and that has to be a good thing", "they may retain more information and be more interested in learning - something else you can't argue with").

Mother assumes the moral responsibility for the children's eating practices, by both modelling and endorsing such behaviour to her children. For example, in the Calciwine advertisement there are clear recommendations made about how the *good mother* status can be achieved. Not only is it posed as being essential that mothers need to continue "burning through the day" and that "fuelling up on a healthy snack" is a way of providing the energy to do so, but a fit, healthy, slim and natural looking role model in the form of Barbara Kendall (who incidentally is featured in the photograph as looking lovingly and contentedly at her child) is depicted as endorsing the benefits of the product.

Overall, the mothering discourse places further pressure on women to do the right thing from a moral standpoint, in this case for their sake of their children. It is through adhering to the moral code accorded to what constitutes a *good mother*, that they avoid being labelled as immoral and ineffective mothers.

Is the practice of eating the 'correct diet' for health, weight-management or beauty reasons?

During my analysis of the magazine text it became obvious that eating a healthy diet was promoted as being beneficial for weight management purposes, in addition to the reason of maintaining health. For example, in the Lasting Energy article the 'correct' diet is positioned in terms of "helping you lose weight" and is formulated as a separate issue to it being used in order "to keep healthy" or "to boost immunity". Furthermore, in the 'Stars Spill the Beans' section of this article, weight management is depicted as being the ultimate goal to attain by the expert who runs the column. Karen (the expert) comments: "It's good to see Gina has learned the principles of successful weight management, that is, regular exercise and healthy eating". This suggests that the ultimate aim is to achieve successful weight management through partaking in regular exercise and healthy eating. During my analysis of the media texts, it became evident that there was a degree of ambiguity as to whether this focus on weight management is for aesthetic or health reasons. For example, in the Special K advertisement, rather than the physical health benefits of staying slim being promoted, an emphasis is made on the point that staying slim can bring you (as a woman) continued desire from your partner along with tokens of love and romance. The implicit suggestion being on the basis that you continue to look as good as you did during the 'idealisation' stage of romantic love (which characterises the initial phase of 'falling in love') you will continue to receive the adoration and love from your partner that you deserve. A question therefore remained as to whether appeals to partake in the correct nutritional and weight management practices were indirectly reinforcing a feminine beauty discourse, or perhaps that a feminine beauty discourse was being drawn on in order to promote women partaking in the 'correct' dietary practices. In my analysis of the women's talk this issue was clarified more fully. I discuss this in detail in a later section.

Summary

Four discourses were identified in the magazine-based texts. These act to position women readers in a variety of ways and have implications in terms of both their dietary practices and overall subjectivity. The moral discourse constructs dietary practices as moral choices and affords women the position of a *moral individual* provided we are able to successfully negotiate risky versus protective dietary choices. Thus self-indulgent dietary practices become potentially problematic unless we are able to legitimate being deserving of such indulgence. The biomedical discourse constructs the body as machine-like and in need of help which renders it subject to the expert gaze and positions women as *inexpert*. The scientific discourse frames scientific facts as being the only means women have through which to learn about what foods we should or should not be eating. Women are constructed as being in need of re-education so, in effect, we are positioned as *uneducated consumers*. The mothering discourse frames the mother as the moral guardian for her children's welfare. Through modelling the 'correct' dietary practices and ensuring her children adhere to these, she is positioned as a *good mother*. If she is unable to achieve this she is rendered as morally reprehensible and potentially ineffective in her mothering practices. Overall, women are urged to adhere to the moral prescription of eating the 'correct' diet and to feed their children the same. Scientific facts and evidence around which foods are beneficial versus detrimental to health are constructed as being the only means by which to achieve this. If women readers are unable to follow these rules they are not only at risk of disease, but also stand to lose their moral subject status.

The Women's Talk

During my analysis of the women's talk it became evident that the four discourses that I had identified in the magazine-based texts were all present. An additional one to those found in the media texts was also apparent: the feminine beauty discourse. This discourse constructs dietary practices as a means by which women are able to remain thin and attractive and offers the subject position of the *susceptible* woman, whereby women are positioned as being easily exploited by healthy food claims. The five discourses constitute a discursive web which is drawn on by the women in order to negotiate the problematic nature of dietary practices, whereby as mothers these women

are responsible not only for their own dietary practices but also for those of the family. These make food and healthy eating a conflictual arena for women.

There are four major ways in which dietary practices generate conflict for the women:

- 1) They are required to present themselves as moral individuals but become immoral if they engage in self-indulgent dietary practices.
- 2) In order to resist being susceptible to exploitation they maintain an overall scepticism toward healthy food claims.
- 3) In order to be a good mother, in the sense of nurturing their children, they want to treat their children to sugar-based foods, but are rendered immoral and ineffective in their mothering practices if they do so.
- 4) Their ability to determine which foods are beneficial or detrimental to health is undermined because of their distrust of scientific evidence.

Overall, the analysis of the women's talk indicates that the women find themselves in a mire of contradictory and conflictual subject positions that they are continually having to negotiate. Although the women strive to achieve the ideal of partaking in the 'correct' dietary practices, which affords them a morally sound vantage point, this ideal is elusive. As a result, one's moral status as both a mother and as a healthy eater is continually placed in question. This acts to perpetuate a situation whereby the women experience a state of continual anxiety around dietary practices, where, in effect, the ideal they are striving for is unattainable. In this section I elaborate on these four major ways that women find food and healthy eating conflictual and present them as key findings. In conjunction, they indicate that nutritional health constitutes an uncomfortable space for women.

Finding One:

Through engaging in self-indulgent dietary practices, the women become *immoral individuals*.

As mentioned previously, the *moral* discourse frames an individual's dietary practices as moral choices. Rational decision making processes about the costs versus benefits of

food and self regulatory practices (i.e., ensuring that we maintain a balanced diet) are the key to becoming healthy, morally sound subjects. Through making the correct dietary choices (i.e., selecting protective foods over risky foods), we are able to take up the *moral individual* position. In contrast, if we are seen to engage in dietary practices that place the body at risk, we are rendered as not taking an adequate level of responsibility for our own health and become immoral subjects.

The women are shown to be drawing on the moral discourse. This is evidenced by them constructing foods as being 'good' or 'bad' and as those that 'you are' or those that 'you are not supposed' to have.

Extract 1

Brenda it's saying that not all good foods are good for you

Extract 2

Tania so instead you go and snack on something that is a bit of a feel good thing (.)
maybe not so good for you

Extract 3

Sue a little bit of everything including the bad things is OK, but a lot of the goodies
is what you really need

Extract 4

Helen And now you feel that's how you feel you manage your diet sort of thing (.) by
moderation (.) or
Catherine Yeah, well you know you should (sniff)
Sue Yeah you know you should
Tania Sometimes you might, every now and again, you might pig out on something that
you're not supposed to have too much of

'Good' foods are bound up with notions of "a healthy diet", "healthy eating" and "healthy food" which the women talk of as being balanced and nutritious. 'Nutrition' is a key constituent of the 'healthy' diet in that when asked what the term 'nutrition' meant to them, the women talked of "balance", of the "valuable content of food" and of "health". In contrast, 'bad' foods are constructed as being those that sit outside of what constitutes a 'balanced' diet:

Extract 1

Kate Well I thought that I was doing pretty well in eating a pretty balanced diet, it's

just all the crap on top that's got to stop (laughter). But like I eat lots of vegetables, lots of fruit, lots of legumes, probably not enough red meat

Extract 2

Jane I mean you may be able to eat a real balanced diet but just (...) sneak into the pantry and take my daughter's lollies and things like that you know, and I shouldn't, but um

Extract 3

Trudy But yeah, I didn't um I wouldn't go, just eat, coz anything with sugar in also contains fats anyway so I mean you're automatically gonna end up looking *like me* (high pitch) because even though I eat all these healthy foods I still love all this other stuff

"Feel good foods" are constructed as being separate from those that are "good for you". This has a potentially deleterious effect, in that a binary opposition emerges comprising 'food for pleasure' versus 'food for health'. Thus "feel good foods" are not considered health promoting and the consumption of such food is viewed as a morally reprehensible practice. In effect, through engaging in self-indulgent dietary practices, the women become *immoral* individuals. Moreover, on the basis that feel-good foods come to have a negative connotation, the women are deprived the experience of the pleasure of eating. Pleasure thus becomes disassociated with eating, or if they do seek pleasure through food the women are construed as morally reprehensible. Overall, this creates an uncomfortable subjectivity for women, whereby in consuming dietary 'baddies', the women are predisposed to experiencing feelings of guilt and disgust.

Kate I think we all, you know, I mean personally I think I eat healthy pretty much all the time and then you know maybe once, I don't know maybe once a week on average, maybe not even that much, um I'll eat (.) just something that I really want to eat that's not particularly great for me and you know and (.) I feel good when you're eating it, bad afterwards

Trudy Yep (laughter)

Helen Ah, so there's guilt around?

Kate Probably, and just that feeling of sludge you know you feel funny, sludgy, but um yeah (.) it decreases your energy I think, when you think oh I could have had a nice ham and salad sandwich, but instead I had Kentucky Fried chicken, um, because it was convenient and I just felt like doing that, but you feel really quite revolting afterwards I think

Trudy You keep smacking your lips together coz there's oil all around it (laughter)

Kate Yeah and you think, oh why did I do that, it's disgusting, but you do it, you know you've got to..

Trudy You feel good when you're eating it and then afterwards you think Uugh did I actually really need that

Kate or did I want it, you know

Trudy yeah

Kate It was more laziness, I couldn't be bothered making myself something healthy

Overall, the *moral individual* position, offered by the moral discourse, is elusive to the women. That is, although the women recognise that a 'balanced' diet is beneficial to health, the women also claim that they enjoy and use foods such as chocolate and biscuits as a means to treat themselves and to fuel their bodies. Therefore, as the women construe the latter foods as conceptually sitting outside of what constitutes a 'balanced' diet, their ability to maintain the practice of eating the 'correct' or even 'adequate' diet (which the moral discourse advocates as being the moral highground to strive for) is difficult. The difficulty the women face in adhering to the 'correct diet' is further undermined by their scepticism of scientific claims as to what constitutes such. Thus, even though the women consider embarking in self-indulgent dietary practices as a form of pleasure, in the moral discourse framing them as dietary 'baddies', the women face a contradiction as consuming these foods constitutes a morally reprehensible practice. Thus in effect, in consuming dietary 'baddies' the women become *immoral individuals* whereby they experience feelings of guilt and disgust. This renders the practices of treating oneself or being self-indulgent as problematic.

Ultimately, it would appear that the women do not sit comfortably in the *immoral individual* position. Evidence of their resistance to being positioned in this way was demonstrated in three ways. Firstly, when positioned as *immoral* by another, the women appear to work hard to resume their moral status. That is, it became apparent that when claiming to partake in "bad" or "risky" dietary practices, the women quickly tried to resume their *moral individual* status, by claiming that they sometimes choose to eat vegetables for snacks and that they crave fruit. For example, in one interaction Kate claims not to be a fruit eater, through suggesting that she's not that type of person, but Trudy infers that she should be. The *immoral individual* position that Kate is forced into would appear uncomfortable to occupy, as she then goes on to claim that she does eat other 'good' foods (and in so doing is able to reclaim the *moral individual* subject position):

Kate Oh yeah, yeah. I don't not eat it, I mean I do like fruit (.) I just don't (.) I'm not the kind of person, I mean I know there's you know (.) I've got loads of friends who'll perhaps, if we go out they'll take a nectarine and an apple to eat whereas I never would. You know I don't (.) I cut up apples for the kids and give them apples while we're out but

Trudy I could never cut up an apple without taking a few slices myself
 Jane Yes it's like me. Same with me too, I mean what we don't eat the birds eat it
 Kate And if someone put a fruit salad in front of me, like a big bowl of fruit salad, I'd just think oh, lovely, spectacular, I'll eat it
 Trudy Oh, would you?
 Kate Yeah and I think it's great but (.) I mean it's probably at Christmas that that happens, you know and (.) and that's it. I'm just not, I just don't have that much fruit
 Trudy Because the fruits are giving you a different kind of nutrient that the vegetables don't give you
 Kate Umm
 Trudy And you're looking also at the acids, the alpha hydroxy acids in the fruit
 Kate Well, I eat um, yeah I eat tomatoes, loads and loads of tomatoes so I guess that's something

Consuming 'lite' or 'fat free' products is construed as another way in which one can alleviate the guilt that is experienced in eating 'bad' food, and so resume one's *moral* subject status.

Kate See I buy that Cadbury Lite chocolate now and I um quite enjoy that
 Helen And that's different then?
 Kate It's low fat (...)
 Trudy See if I get a craving for a chocolate I would go especially just to go and get that, you know like if I went to a service station or somewhere I would go there especially to get that, but I never seem to get it at the supermarket and pop it in the trolley
 Kate I don't know why. I just started doing it the other week, coz I discovered this chocolate and thought ah that will be perfect to have in the fridge, because I can eat a bit of that and not feel bad about it

Secondly, the women point to a proliferation of structural factors that excuse them from eating healthily. The women claim that these limit their ability to be able to maintain the kind of dietary practices that they *should* be engaging in. Time constraints imposed by the demands of motherhood, the expense of and unavailability of 'healthy food', the likelihood of wastage when buying fresh food and food image expectations are pointed to as the reality of their lives. In effect, these constraints negate the women from engaging in the 'correct' dietary practices. This is exemplified in the following interactions:

Extract 1

Brenda I realised how much time and effort goes into doing all that and it's so much easier to just get something out of a packet
 Sue Yeah and I think to do that sort of thing you have to have a partner who really really believes it too because literally your whole life is spent in the kitchen. If you want to do that you literally spend all day in the kitchen

Extract 2

Helen So processed foods aren't something you'd go for?
 Jane Occasionally

Trudy Well you buy them because they're cheaper and er (.) you know buy the canned stuff, but definitely we we've lost the art nowadays of cooking from scratch you know

Kate Or the time

Trudy Well you just don't have the time

Kate I don't have the time

Trudy Well if you're working and all the rest, I mean you come home from work and um suddenly you stick something in the microwave you know, it depends how you're feeling as well. If you've had a wretched day (.) Another thing is that I've found that um my energy levels go down, it used to be about 7 o'clock and mine's more about 4 o'clock

Extract 3

Helen So some things, these healthy things cost more sometimes do they or?

Sue Sometimes fruit and vegetables. I mean when I go and do my weekly shopping and I'll go: I'm going to go down to the local fruit shop coz it's got a slightly fresher, better range of foods and I'll spend \$20 or \$30 and I'll think far out, it's an awful lot

Tania Some vegetables can cost quite a lot too

Sue Yeah and some of it goes off very quickly, you know a bunch of grapes costs you \$4 or \$5 and you only get to eat half of them before you've got to throw them out because they've all browned and it seems a lot of waste

Extract 4

Kate Well that's it, you know, I guess the position's we're in we're dictated to by budget so we don't have a choice, we have to buy within our budget and you know that can mean lower price meat, cheap cuts, sorry, cheap cuts of meat and stuff like that which have a higher fat content and, but that's, I mean I don't think there's an option in that. If I could, I would eat fish and prawns every night of the week and be in heaven but, you know, it's just so not in my budget - it's um it's an absolute treat

Helen So are these kind of foods, the healthier foods, are they more expensive?

Kate Definitely

Jane Ah yeah definitely

Extract 5

Trudy But definitely, I always tell people it's crazy when you want, it's not just to diet, but to eat healthily you know, um, less fat and everything, you need a lot of money to do it, to buy fresh fruits and vegies in the quantity that you can have it every day

Kate Definitely

Trudy I find that we run out of food half way during the week and then you're eating a lot of bread stuff and carbohydrates and it's just all budget

Kate That's right yeah

Extract 6

Brenda But I think its because we've moved away from seeing how food really was, to seeing it perfect

Sue Yeah, its the same you know with vegetables, you expect everything to look good and perfect now whereas the stuff that's really that is organic and it is the best for you is (...)

In citing these structural constraints as barriers to healthy eating, the women are able to resist being positioned as *immoral* as, in effect, they can claim very legitimate reasons

for not eating the foods that are constructed by nutritional science as being of most benefit to their physical wellbeing.

Thirdly, the women take up the *individual as deserving* position in order to resist being positioned as *immoral*. In occupying the *individual as deserving* position, the practice of eating food for pleasure is legitimated. Eating for pleasure is constructed as being separate from eating for a purpose. One's dietary practices therefore are not constructed as a means of obtaining nourishment for the body, or for maintaining one's physical health, but instead are constructed as a means by which to enjoy life. Thus eating is not just about fuelling a body, it's about nurturing the self that deserves a break from worry and concern.

| | |
|-------|--|
| Trudy | The lifestyle, the whole feel good about yourself and feel good about others or nurture yourself um or give this food and you'll be nurturing others (.) so it's not just about fuelling a body, it's a whole, a wholeness |
|-------|--|

Occupying this position thus affords one the practice of self-indulgence, of treating oneself, of having a blow-out which the women claim as being necessary, as they refer to the fact that "life is for living" and refer to food as being a "feel-good thing". It allows them to eat 'feel-good' foods without guilt as, even though they may not be "good for you", they fall firmly under the 'food for pleasure' side of the 'food for pleasure'/'food for health' dichotomy. The position offered here is such that one's derivation of pleasure in life becomes equally, if not more important, than consuming the 'correct' diet and a notion of lifestyle becomes evident. Life is constructed as being about enjoyment rather than about worry and concern. When occupying the *individual as deserving* position the worry, concern and hypervigilance of having to stringently watch what you eat at all times is alleviated.

The *individual as deserving* subject position also affords one to be more relaxed about worries around body image, as attaining physical perfection via dietary practices and is no longer essential. However constraints are still imposed when one occupies the *individual as deserving* position. Self-monitoring is still required, so as not to bring about too much weight gain. Thus, it is evident that there is a morally based limit as to how much one should weigh, giving an indication that obesity is a sign of immorality.

Extract 1

Sue Yeah and I mean if I was really unhappy with my body or the amount of weight I was carrying (.) I mean I'm not perfectly happy with it (.) but if I was really unhappy then obviously I would change that but I'm I'm not that worried now so I'm feeling quite relaxed about it

Extract 2

Trudy But yeah, I didn't um I wouldn't go, just eat, coz anything with sugar in also contains fats anyway so I mean you're automatically gonna end up looking *like me* (high pitch) because even though I eat all these healthy foods I still love all this other stuff (pointing to biscuits)

Overall, the women use a variety of strategies in order to resist being positioned as *immoral*. They point to structural factors that excuse them from eating healthily and construct dietary practices as a means by which to enjoy life. In doing so the women are able to legitimate the risky dietary practices that they engage in, which in turn acts to alleviate the guilt and disgust that they are apt to experience.

Finding Two:

To resist being positioned as *susceptible* by the feminine beauty discourse, the women maintain a scepticism toward healthy food claims.

The *feminine beauty* discourse constructs dietary practices as a means by which women are able to remain thin and attractive. Thus managing one's weight for beauty reasons rather than for health becomes legitimated and is framed as a primary means by which one is able to remain desirable and sexy. The *feminine beauty* discourse offers one subject position, that of the *susceptible woman*, whereby women are rendered as being easily exploited by healthy food claims. Evidence of the women being positioned as *susceptible* came through in their talk around how they are in danger of being cajoled into believing claims about healthy foods, due to their concern about weight and body image.

Extract 1

Tania They've got to catch you in some angle so (.) um (.) and unfortunately us as women, you know with all the media and everything, we have so many hang ups (.) that they're likely to catch us somewhere

Extract 2

Helen So do you think that certain products are sort of sold on the basis that you're

gonna look good?
 Trudy Oh, these people
 Jane [Absolutely
 Trudy they're working on women's fears
 Jane Oh definitely, it's very difficult
 Kate You basically get told eat this and you'll feel an attractive women
 Trudy [and you'll look like this again
 Jane Umm
 Trudy pre-children
 Jane [career woman
 Trudy pre wrinkles, you know
 Kate Any woman who's got half a brain knows it's bloody rubbish anyway
 Trudy But even though you've got that half a brain and you know it's a lot of rubbish
 there's still something in you that wants to believe. It's not even this ad in
 general, it's anything in general but what if you this little voice you know you
 think what a bunch of crock but what if, you know, you're just so desperate at
 times to (.) and it's easy to laugh and say oh chuck in biscuits and all the rest
 and but you know for me for one, I, you know, I'd kill to look the way she did
 again, but I don't buy, I don't buy it that if I ate that, that that would happen to
 me

Extract 3

Trudy Yeah, but then I've always um (.) as far you know to eating foods for the
 health, you know there are, they're not just for health but they're also for
 beauty um (.) like if I don't eat too much of them (laughter)

Extract 4

Brenda Yeah and I do too and I'm probably being sucked in by the ad thinking that
 that's a little bit better

The women face a dilemma. Although they claim knowledge of potential exploitation, on the basis that nutritionally healthy and low fat foods are a means through which they can achieve the feminine beauty ideal (which they are continually under pressure to adhere to), the reality is that the women find it difficult to negotiate their way out of being positioned as *susceptible*.

However, the women's talk revealed two ways in which they attempt to resist being positioned as *susceptible*. Firstly, rather than buying into the notion that beauty is merely about how one looks and one's bodily image, the women construct beauty as being derived from within. Beauty is constructed as how one feels about oneself, rather than about how one is perceived by others. The women talk of "inner beauty" and of "sexiness" being "an attitude of the mind", and how this is manifested externally in terms of one's vitality.

Extract 1

Trudy He, he thinks that I'm sexy the way I am, but to me sexiness is an attitude of the mind, it's not a, I mean Dawn French she's a big women, she's one of the most sexy women I think I've ever seen, you know

Extract 2

Jane Well you know you can have grace inside you like you eat good food and have that inner beauty and then with all that nourishment you can radiate it outside, you don't have to be glamorous, but just look well and vital (.) just (.) you know like (...)

Thus they resist the notion that being slim is the key component in being beautiful. Although a 'healthy diet' is construed by the women as being a means by which one can achieve the status of a sexy or desirable women, to the women one's attractiveness is derived through nourishing one's inner self which is translated into an outer radiance. Thus to the women the ideal slender body does not necessarily convey either health or beauty. In fact, the women actually minimise the importance of the ideal slender body by ridiculing it.

Brenda I (.) since having children I've if there's an ad um if it's anything to do with body image in relation to food and that I'm always, I'm really, I think now how many children have you had (laughter)
Tania Yeah you do think that actually
Catherine Yeah or you just flick past it and don't pay any attention to it
Brenda [Yeah
Tania coz it's just to do with how you look and that's silly

Furthermore, they see the models used in such advertising as depicting an ideal type, rather than a 'real' women whose body has been affected by the vagaries of childbirth. In constructing themselves as 'real' women whose bodies have been irreconcilably changed, they legitimate their inability to achieve the ideal and in so doing, alleviate themselves of the pressure that is imposed on them by the feminine beauty discourse's construction of the ideal image of feminine beauty. This functions to reduce their worry and concern around their weight.

Sue Yeah I must say too, I think that when you've had a child, your body changes in ways that you've got no control over, you know for the worst mostly (.) and (.) the little bit of (.) unless you really have a real weight problem...the little bit of extra that you carry because of your own (.) it really (.) it's almost irrelevant because
Brenda [Yeah
Sue you know the damage is done, you know

Trudy is seen to actually refute the weight management-for-health link in order to avoid being positioned as *susceptible*. She achieves this by negating the notion that health can be guaranteed through one's successful achievement of the slim ideal. Instead, drawing on the biomedical discourse, she claims that cholesterol levels provide more of a clear indication as to whether one is healthy or unhealthy, and thus that thinness per se does not necessarily equate to one being healthy.

- | | |
|-------|---|
| Kate | Yeah, but I lost 10kgs on the Atkins diet and I mean that was a year and a half ago and you know I exercise you know, regularly and I've maintained it and I introduced carbs back into my diet |
| Trudy | But then have you had your blood levels done and everything like that to look at your cholesterol levels and all the rest? |
| Kate | No |
| Trudy | Because my mother in law is like this (holds up finger) really thin, has been thin all her life and she's high cholesterol |
| Kate | Oh |
| Trudy | It's not a sign of (.) you don't have to be fat to have a high cholesterol level no |

The second way in which women negotiate the contradiction they experience in being positioned as *susceptible* is by resisting the notion that certain products or foodstuffs are the means by which to enhance their bodily image. In this way, they are resisting the *susceptible woman* position as they claim knowledge that certain products are marketed in such a way as to work on women's fears. Thus, although acknowledging that they are potentially susceptible to such claims and can be drawn in on the basis that they are concerned about body image, they retain their power by refuting these claims.

Extract 1

- | | |
|-------|---|
| Trudy | Well I must admit that I've seen that ad a few times and thought (.) oh in fact the other (.) last night we were watching that ad and um I said to my husband "well if you want me to look slim and gorgeous again you'd better buy me some Special K", but I was only joking coz I mean um (.) part of me thought gee if I could just fill my cupboard with food that would allow me to eat to lose weight that would be wonderful, but I don't think that that's any different than um just buying the cheap er |
| Jane | Cornflakes |
| Trudy | Cornflakes, it's the same stuff. In fact when I went to, I was at New Look clinic a while ago and they just said it's the same stuff, don't buy it unless you've got some money to part with |

Extract 2

- | | |
|-----------|---|
| Catherine | And I've always been pretty sceptical. No way would I go and eat Special K because of that ad (laughter).....I mean that something like that is with um I'm not under any illusion that if you eat something, that it's gonna make you look a certain way |
|-----------|---|

Extract 3

Trudy Coz isn't there a (.) you know a fat times sugar equation that you use um to do that. Um you times the fat by the sugars and divide it by something else and then you get, you know, something, some things if it say's it's low in fat then you go and look at the sugars in it and then you do this equation and it actually (.) some foods are actually a lot of bunkem, when it says you know low in fat or you know 99% fat free coz then you look at the sugar content in them and if that's really high then (.) who's, oh I can't remember what it is

Overall, it would appear that the women are constantly having to work at resisting the *susceptible women* position which renders them as being at risk of exploitation and, in turn, fearful, anxious and disempowered. The women avoid the state of discomfort that this position affords, in two ways. Firstly, they refute claims that the ideal slender body conveys either health or beauty. The women achieve this by: constructing beauty as being about how one feels about oneself rather than how one looks; by ridiculing the ideal slender body; by pointing to models used in health food advertisements as being an ideal type rather than a 'real' women; and by claiming that thinness does not necessarily constitute physical well being. Secondly, they refute the notion that certain products or foodstuffs are the means by which to enhance their bodily image. In conjunction, the women use these refutations to undermine the legitimacy of the methods that health food producers use to 'sell' women the message that certain foods and food products (e.g., those with a low fat content) are good for their health. In doing so the women are demonstrating an overall scepticism of claims for food as healthy and health promoting.

Finding Three:

The women have difficulty in maintaining the position of a morally *good mother*, and thus are rendered as potentially ineffective in their mothering practices.

The women's talk indicates that they are able to claim the status of a *good mother* if they are seen to feed their children the 'correct' or 'healthy' diet. However, the women also construct a *good mother* as being a women who takes into account the emotional and psychological wellbeing of her children, which cannot be guaranteed by the encouragement of healthy eating practices alone. Thus in feeding their children dietary 'baddies', through which they become morally reprehensible, the women are rendered potentially ineffective in their mothering practices, which leads to feelings of guilt.

As the moral guardians for their children's welfare, the women appear to experience pressure to feed their children a 'healthy' diet. A great deal of responsibility is placed on them to do the right thing, to be a morally sound mother.

- Sue Yeah. Yeah I think that's the bit of the conundrum isn't it? to be in today's world there's all the convenience food that you can buy um which seems healthy and which makes your life easier it really (.) I often feel guilty for using it coz I feel like I'm not actually giving my child the best that I could be giving them. If I made it at home it would have that much less additives and preservative and so on and would be fresher and yeah..
- Helen So you feel guilty for buying processed foods
- Sue Yeah if I've had 3 nights in a row where I've sort of gone into the freezer and pulled out lamb chips and frozen veggies and that I really start to feel like I'm not a good mum, yeah, you know one, maybe two nights, yep fine, but after that I'm thinking well you know, I'm really getting a bit lazy here I should be making something fresh. You know um
- Brenda I think if um I know definitely what you're saying

In their position of moral guardian, the women are expected both to model appropriate dietary practices and to ensure that their children take up these practices themselves. Thus, although the women themselves indulge in eating dietary 'baddies' for pleasure, they feel it is inappropriate for them to model this behaviour to their children as is not considered morally acceptable for children to consume dietary 'baddies'. This is evidenced in the women's claims that they are negatively evaluated by others if they do not follow the moral rules around what is accepted as being the 'correct' foods to feed one's children.

Extract 1

- Sue And also I think too, women with kids apart from the fact that you want the very best for them and part of that would be for them to be healthy enough to pursue whatever they want to do in life, there is also the fact that at this time in their life they are constantly checked by the doctor and Plunket and everyone around you, so you don't want to be perceived as a mother who's shovelling crap into your child (laughter). You know even when you go out and like, for an example, you give them a biscuit or something you know some people sort of go ooh she's giving her child a biscuit, you know. It's a real no no, so you are quite conscious of people's opinions about what you feed your children
- Catherine Yeah
- Sue And you might feed them the best diet in the world at home and the one time you go out and they have a biscuit, maybe a chocolate biscuit or something, and its like you know everyone's eyes are on you and it's like you feel like you've got to leave
- Catherine Yeah you are conscious of that, yeah
- Sue Yeah, so that sort of (.) as far as snacks go - what I take out with me, that makes a difference as to what I put in his snack box. You know I don't mind if occasionally he has a little bit of a chocolate biscuit, but there's no way that I would take it out with me and give it to him in company because there's no way. I'll take rice crackers and raisins or something you know

Extract 2

- Trudy School lunches I find as a big drag. Coz you've got to put healthy things in, and all they'll eat is Nutella sandwiches or peanut butter sandwiches and then there's got to be a packet of chips in there. You know they're not healthy, you know they're not healthy, but they moan and groan
- Kate [Chips, fruit, yoghurt]
- Trudy They won't eat fruit because when I put them in (...) I want to put something healthy in for them, but it comes back. They'll eat it afterwards
- Jane Its the same with Emily too, I don't bother giving her a lunchbox, she never eats so, I just have it at home. She used to bring it (...) it was just a waste of time. But I put a piece of fruit and a drink in her bag anyway
- Helen Do you feel a moral responsibility then as mothers then to?
- Trudy Oh hell yes. I tell you what, if they go with a lunchbox that's not as you know, there's nothing healthy in there, they let you know
- Kate The school's really on to us as well to provide healthy meals, you know healthy snacks and that for the kids

In general, the women face a moral dilemma in relation to what to feed their children. In order to be a *good mother* in the sense of nurturing their children, they want to treat their children to pleasurable foods and to offer them enjoyment through what they eat. However, if they feed their children sugar and chocolate products, which are constructed by the moral discourse as dietary 'baddies', they become morally reprehensible and become positioned as *bad mothers*.

The women talk of having to eat dietary 'baddies' stealthily and in secret so as to avoid modelling these eating practices to their children in order to maintain their position of a morally *good mother*.

- Brenda: Yeah that's like with Tina she sees me having dark food all the time like she sees me drink coffee, drinking coke, eating chocolate..all these dark things which I don't want her to have any of that
- Catherine You eat it in secret
- Tania Go and hide somewhere
- All (laughter)
- Sue But you do
- Catherine Yeah and its more it isn't for yourself yeah it's not for yourself because I would eat heaps more chocolate and stuff if he wasn't around but yeah
- Helen So you feel a kind of responsibility
- Catherine Yeah
- Sue Yeah

Therefore eating 'bad' foods openly is denied them. This may serve to increase any ambivalence the women experience when consuming such foods, and moreover, may act to undermine their ability to claim the position of a *moral* subject.

The women also talk of food as a source of energy with which to fuel the body. However, finding the fuel that one's body needs, so as to cope with demands of motherhood, is more easily achieved through high energy snacks such as biscuits. Drawing on the *biomedical* discourse, through which this need for the body to be fuelled is derived, vegetables become irrelevant as they are not considered suitable fodder with which to sustain the energy levels that the women require. It appears then that women are placed in a moral dilemma as they constantly have to weigh-up the benefits of consuming foods for 'goodness' versus 'fuel'.

Trudy I mean you know you don't necessarily sit up snacking on vegetables during the day if you're really tired, a biscuit or something is much more appealing as you get more of a burst of energy from it even though you know it's not necessarily good it gets you going for a half hour

One way in which the women attempt to overcome this dilemma is by pointing to how the demands made of them in their mothering role negate them from eating healthily. The women talk of "sitting down to a meal" and "eating at a leisurely pace" and "in peace" as being key aspects of healthy eating to them. However, they claim that in their mothering role, they are constantly having to look after others, and thus seldom get the opportunity to eat meals in peace. The following exchange exemplifies this:

Brenda I think mothers' nutrition suffers when there are children, in some degree
Tania Sometimes you forget to eat and
Brenda Yeah just thinking, if you are all eating together 9 times out of the 10 it will be the mother feeding the child and the father will sit and eat his dinner
Sue and also wants you to have a conversation with him too
Brenda Yeah and you're jumping up from the table to get this and that and um.yeah
Sue Yeah so everyone's satisfied but you yeah (laughter)
Catherine Yeah that's true
Brenda Yeah Mark will say ah do you want the rest of it and I'm like ah no it's cold now or no I don't feel like it, so I've actually only eaten half a meal
Tania Yeah I think mothers' forget about themselves too much
Sue Yeah
Tania Especially when you've got children
Brenda Yeah or like we were saying before if you want something, you go and hide to eat it so that you can eat it in peace (laughter) that's not healthy eating
Sue No it's not. I think that's one of the things I find hard is coz you never sit down and eat a meal in peace or even a full meal. I tend to eat all day. I feel like I'm eating all day sometimes
Catherine Yeah sort of snacking
Sue Just snacking (.) and I don't like that
Brenda And you don't eat at the pace that you would do normally
Sue No, no

Snacking is thus constructed by the women as a means by which to overcome the problem of not being able to eat meals in peace, and becomes legitimated. However, this is not ultimately desired as once again snacking is not considered good practice as it potentially renders one as *immoral*, in that snacks have a negative connotation.

Overall, the women are under pressure to feed their children the 'correct' diet and to model the 'correct' dietary practices to their children. However, the reality is that the women themselves consume dietary 'baddies', such as chocolate and biscuits, and also feed their children these types of food. As a result, the *good mother* position is elusive. Instead, the women become positioned as *bad* and potentially ineffective as mothers in that they do not always engage in morally appropriate dietary practices. As a result they experience feelings of guilt. In an attempt to overcome these feelings the women claim to eat dietary 'baddies' stealthily and legitimate their practice of eating sugar filled snacks by pointing to the demands of motherhood, whereby snacks are constructed as a source of fuel and as a means to overcome their inability to eat meals in peace.

Finding Four:

The women's distrust of scientific evidence about which foods are protective or risky to one's health and wellbeing creates dilemmas about dietary practices, and elicits confusion, fear and anxiety.

The biomedical discourse constructs individuals' dietary practices as being a key source of health or ill health. Thus, it is through eating healthily that individuals are able to maintain healthy bodily functioning, or else run the risk of their bodies becoming diseased. The women are shown to draw on the biomedical discourse as they construct a 'healthy' diet as the means by which they can protect themselves from physical sickness, and construct foods as having properties which function to increase or decrease one's physical health status. Thus in order to keep the body functioning adequately, it is important to eat foods that protect or fuel the body as otherwise their bodies become at risk of disease.

Trudy

But in a way, you know, I see that as the same as, I mean the food, the cancer, to me it's still looking after your body and what's going into your body and I see the smoking as the same as food as the good and bad things that get into your body I don't sort of differentiate, you know, um, the stuff that goes into my body

Jane (.) I try for it to be good for it, to fuel it and not to do things to harm it
 [damage it
 Trudy Yeah
 Helen So you link, you definitely link food with health then?
 Trudy Yep
 Jane [Yeah, definitely, um
 Trudy Yep to me it's very big, a big thing

Talk of doing one's body justice, through not engaging in risky or harmful eating practices was also evident:

Jane I think much more now that you know I've got a child and in my teenage years, in my youth, before I was married, you know like living alone I'd just have takeaways, smoke occasionally, drank a lot and, but now I've changed a whole lot of (.) patterns and I'm still sort of not that well, you know, as well as I should be, but overall I feel like I'm doing my body justice
 Helen Right, yeah
 Jane If I had my years again I would definitely change a whole lot, you know I'd um start from scratch
 Helen Umm, so having children has brought about a change?
 Jane I think so, coz you know I think well what will happen if I sort of um pass away through heart attacks or
 Kate It definitely gives you a will to live, doesn't it
 Jane Definitely
 Kate Yeah, an absolute need I think. Coz you know with 4 children, it's like oh well you know (.) kids I speak to now, 22 year olds, who say oh you know it doesn't matter you know whether they drink and drive, or whether they do this or do that, whether they die, you know, it's just not important to them whereas to me it's very, very important to live coz I've got to bring my kids up and I think well at least let me get to the sort of 18 or something. A bit more would be nice, but you know that's the most important thing at the end of the day. And for Dave as well, because otherwise he'd have to bring up 4 kids by himself
 All (laughter)
 Helen So food is one of the ways if which you can?
 Trudy Look after yourself
 Jane Oh yeah

However, even though the women attempt to maintain a 'balanced' diet (the ideal dietary practice that is promoted by the *moral* discourse) and make every effort not to harm the body, the fear of disease is evident. Thus overall, the consumption of a balanced diet holds no guarantee that health can be maintained:

Kate Yeah, but it sort of indicated to me that I'm doing everything pretty well
 Helen Yeah, so what does that mean then to you - doing everything well?
 Kate Well, just hope that what you're doing is OK and that you won't die of cancer
 Helen Because what, you're following a balanced diet?
 Kate Yeah, Oh I don't know, I don't know. I think it just, I just, yeah from what it, you know all this, whatever it's telling us about what you should eat, I'm pretty much doing all that. I mean I don't take supplements because I don't think I need to. I think I eat (.) mind you I looked at this avoid bit and I thought good god, you know, I mean I am quite doomed actually, even though I do eat a

balanced diet

Fear of heart attacks, cancer and cholesterol problems are referred to by the women as possible consequences of not eating healthily. The women also implicate sugar in the biomedically derived conditions of hyperactivity and hypoglycemia. In this instance, pleasurable food choices become problematic as one is potentially risking one's health in consuming sugar filled foods.

The women's fear is compounded by their distrust of scientific evidence about which foods are protective or risky to health and places the women in an untenable position as they have no guarantee that their physical wellbeing can be maintained through their dietary practices. The scientific discourse cites 'facts', 'evidence' and 'statistics' in order to reinforce nutritional health claims. However, although scientifically derived knowledge around the nutritional properties of food is constructed by the women as being a means by which to establish 'truth' or a 'reality' about a food's inherent properties and nutritional content, the women regard the information contained within the nutritional health messages with scepticism.

Catherine Yeah exactly, they try to make it sound quite scientific..um..as if it's all the truth and then you'd like...so you're aware of it

The women talk of having to negotiate their way through a proliferation of 'evidence' and 'facts' so as to be able to reach a firm understanding about which foods are risky and which foods are protective. However, the contradictory and conflictual nature of the information around what dietary endeavours are appropriate to engage with in order to maintain one's health is confusing to the women. Instead of it being a case of following a few simple rules, the proliferation of information and the contradictory nature of this information, renders the women to view rules around what one should do to stay healthy as problematic, unclear and complex. Furthermore, the women appear to find it difficult to negotiate and incorporate these rules into their lives in any practical sense. This is especially so when one takes into account the women's claims of the structural constraints that impinge upon their ability to eat healthily.

Extract 1

Brenda I thought it was quite contradictory though, each one, each one was quite...contradictory..yeah contradictory

Extract 2

Kate I just think that you've got to do a hell of a lot to perhaps stay healthy, I mean you know, you just don't (.) I mean all of the information on what you should do and yet there's no guarantees is there (.) so just ignore them

Although the scientific discourse frames measurement, statistically derived facts and experimentally tested evidence as being the surest method by which to seek the truth, the women do not warrant scientific truth claims as being something which they can trust and rely upon. Science's underlying methodological tenets of development and refinement of knowledge serves to undermine its truth claims, as what was once a 'fact' becomes superseded and relegated to myth over time.

Brenda yeah, well like the red wine it said you know red wine a glass of that is good for your heart, for heart disease and stuff like that but it could cause throat cancer, or you know cancer of the larynx
Catherine You just sort of do get that moderation method and that and that people still don't know much that is what that's sort of what's quite amazing for me that theories will change.. so so quickly
Tania they're always changing though
Catherine yeah yeah
Brenda Like they said that about that, they used to believe that brown eggs were better than white and we laugh at that now (laughter)
Catherine yeah, yeah
Brenda but um they used to believe it

It would seem that a great deal of mental effort is required in order to establish the means by which one can stay physically healthy through dietary practices. On the basis that the women construct scientific 'evidence' and 'facts' as contradictory, a status of 'truth' or a 'guarantee' around which foods are beneficial or detrimental to one's health remains elusive. Thus the effort that is required of them to sift through a set of unwieldy 'facts' proves problematic. Furthermore, the women construct scientifically derived knowledge as slippery as they construe it as shifting rapidly over time. This enhances the women's ability to construct it as elusive and idealistic rather than 'real' and serves to further reinforce the women's scepticism of the scientific based information that is disseminated

Extract 1

Sue Well it's all very idealistic but the fact is.. very hard to achieve when you've got young children

Extract 2

- Catherine You just sort of do get that moderation method and that and that people still don't know much that is what that's sort of what's quite amazing for me that theories will change.. so so quickly
- Tania they're always changing though

Extract 3

- Helen So how does that affect you then when all these theories are continually changing?
- Tania Oh it's confusing

This leaves the women in a state of confusion as they are never able to gain a stable version of knowledge around which foods are beneficial to physical wellbeing. Their ability to confidently believe in any scientifically derived fact is ultimately undermined, which serves to bring about an overall distrust of foods that are classified as being of nutritional benefit.

- Jane One woman just said oh read the label, you spend all that money and I don't know whether there are any guarantees
- Kate But there's always so much conflicting information as well. There's always one product you know that you get told that's really good for you then you get told that another product's really good for you and you can't take both the products at the same time, because you want such and such to happen to you, but you've got the two products to choose from and quite often they can't tell you the difference between the two or what's better or what's worse
- Helen Is that what comes through in these ads as well?
- Kate No, well I mean yeah, I guess there's a lot of (.) all these articles are saying there are all these things that are good for you and I think it can get quite confusing and I mean the sugar one for instance, says you know sugar's great for you now, and it's like well hang on a second I always thought that it was a boost of energy - as you said before (referring to Tania) you get

This distrust is exemplified through their talk around items that are promoted as healthy foods. So even though some 'healthy' products (e.g., those that are endorsed by the National Heart Foundation tick) appeal to the women - particularly those that offer convenience - distrust is evidenced in that the women are generally sceptical of the additives that are often contained within these products. For example, Brenda talked of gauging a product as being healthier if the tick was present and would most often purchase the product that featured the tick, over another, but would remain anxious due to the processed or modified nature of it:

- Helen So what does that National Heart Foundation tick sort of do for you?
- Brenda Well it would make me think oh yes it is healthier than if it wasn't there um
- Sue It doesn't really answer your concerns with nutrition for a child though does it
- Brenda No it doesn't. I'm still (.) I'm sceptical. I'm I'm such a sceptic when it comes to

food and advertising and things like that, but seeing that there, if I was weighing similar products up and I saw that one I'd think ah OK well perhaps that's slightly healthier, so if I wanted to get them I'd go for the one that's got the tick

Helen Right, yep

Brenda But I wouldn't think that I was getting something amazingly healthy. I do know that it would be quite processed

Nutritional science's focus on listing the nutritional components of food does not act as a reassurance to the women. Breaking food down into its components therefore is not conducive to women trusting the product, as such information lacks meaning and significance. Furthermore the women construe health food producers as being potentially exploitative. The women construct health food producers' use of scientific evidence (such as histograms showing a foods nutritional properties) as a ploy or device to persuade them to buy a product, indicating further distrust.

Jane And also people are making money out of these health foods you know, with this and that. There's so much now, you get confused

Trudy I mean this is showing you some kind of scientific thing you know, the levels (referring to coco pops ad) but I don't buy it. It's not enough to make me think OK it's er got this and this in it. Um

Thus producers who use scientific claims about food's nutrient composition could actually be undermining lay people's level of trust in scientifically derived knowledge overall regarding which foods are risky or protective to one's health.

Sue Yeah, I get a bit annoyed with these particular ads coz they sound very good and I think oh yeah great and you go along and you pick up the packet and you see all the additives in there and I think there's no way I'm giving that to my child and yet they make it sound so healthy

Catherine [Yep

Sue In reality I mean I'm sure that a lot, that most of the additives and preservatives are safe but the thing is that you don't really know what they are because it's all a number or you know on the back of the packet and you really have no idea what it is

Tania Yeah, Yeah

Sue Yeah and it puts you off

Ultimately, the women's scepticism and distrust of scientific 'evidence' and 'facts' enables them to resist the *uneducated consumer* position, but places them in the position of an *anxious consumer* whereby the women become fearful, anxious and confused about whether they are eating the 'correct' diet. The women have no means by which to ascertain what the 'correct' diet is as the rules around what one should do in order to stay healthy are complex and contradictory. The woman are thus faced with a dilemma

in that, even though they may strive to eat the 'correct diet' in order to maintain their physical health, they cannot be confident that scientific claims about which foods are protective and which foods are risky to their health can be guaranteed to hold a status of 'truth'. Furthermore, the women's overall distrust of scientific knowledge lends itself to their overall scepticism of nutritional information in general.

Summary

Overall, these findings point to nutritional health being a problematic space for women, whereby the multiplicity of subject positions offered up by the discursive web that surrounds food and nutrition, creates a complex and contradictory subjectivity. Firstly, through engaging in self indulgent dietary practices the women become *immoral individuals*. In consuming dietary 'baddies' the women are predisposed to feelings of guilt and disgust, as eating dietary 'baddies' is not constructed as a morally responsible practice. Inhabiting the *immoral individual* position causes the women discomfort and they are seen to work hard in order to reclaim their moral status. Secondly, through the feminine beauty discourse, the women are rendered *susceptible* and in order to avoid being positioned as open to exploitation they maintain a scepticism toward healthy food claims. Thirdly, the women have difficulty in maintaining the position of a morally *good mother* and thus are rendered as potentially ineffective in their mothering practices. Fourthly, the women's distrust of scientific evidence about which foods are protective or risky to one's health, in conjunction with them taking up the notion of the biomedically derived health-diet link, creates confusion, fear and anxiety. Ultimately, it would appear that the discursive web which surrounds food and nutritional health serves both to undermine the women's confidence in the effectiveness of healthy dietary practices and to disempower them, in that they are afforded few, if any, speaking rights in relation to nutritional health.

CHAPTER 5: DISCUSSION

The findings of this study suggest that the way in which mainstream psychology conceptualises individual cognitive structures as the underlying factor which determines engagement in healthy eating is too simplistic. Firstly, it would appear that individuals do have access to an abundance of information around food, nutrition and healthy eating and thus a proliferation of knowledge is available for the lay person to absorb. This problematises the notion that individuals have insufficient knowledge about what they should be eating in order to remain healthy, or that they have incorrect attitudes, beliefs and intentions if they do not conform to the socially prescribed ideal of engaging in health promoting behaviour. Secondly, it would appear that attaining the status of the 'healthy eater' is an ideal rather than an easily achieved reality. The participants in the current study have demonstrated that attaining such an ideal is problematic. To these women, food has a multiplicity of meanings and their dietary choices are not made simply on the basis of a cost-benefit analysis of foods' nutritional content. Instead, the women look to food as a source of energy, as a means of treating themselves and their children, as something that can make them feel good and as a means to becoming slim and desirable.

This suggests that the 'problem' of the population engaging in inadequate dietary practices is unlikely to be resolved through public health promotion campaigns which focus on educating individuals about what constitutes a healthy diet. The current research reveals that, rather than it being a case of individual knowledge structures being ill-formed (Sapp & Jensen, 1996), it would appear more that individuals are potentially disempowered by nutritional health messages. The analysis reveals that nutritional health is a site of contradiction and conflict for women whereby a variety of discourses, moral, biomedical, scientific, mothering and feminine beauty, not only problematise women's dietary practices but also have ramifications in terms of their overall subjectivity. The findings indicate that nutritional health messages may be acting to undermine women's ability to engage in healthy dietary practices rather than enhancing their ability to do so.

However, that is not to say that women are merely passive recipients of the nutritional health messages that are disseminated to them. Instead, these women were shown to be a “consumer co-author” of their media experience (Real, 1996, p. xviii), whereby they were seen to be agentic in offering alternative discursive constructions rather than passively accepting those that were afforded to them. Thus, although the discourses that surround food and nutrition were shown to shape the women’s understandings about dietary practices, as Real (1996) suggests it is very much the case that the ‘audience’ are selective in what they ‘take up’ from the media texts that are available.

It is evident that the media discourses surrounding food and nutritional health do create a number of distinct and yet contradictory positions for women. The women were seen to take up: the moral discourse’s construction of “good” (i.e., health promoting) versus “bad” (i.e., risky to health) foods; the scientific discourse’s construction of knowledge being derived from ‘fact’ and ‘evidence’; the biomedical discourse’s construction of food being a means by which to maintain one’s adequate bodily functioning; the mothering discourse’s construction of feeding the ‘correct diet’ to their children as being a morally responsible thing to do; the feminine beauty discourse’s construction of women as susceptible to healthy food claims. However, these discursive constructions all problematise dietary practices in some way and the women in this study were seen to demonstrate agency in their attempts to negotiate and resist this. They offered alternative discursive constructions as a means to legitimate the actual dietary practices that they engage in. This was achieved through a combination of drawing on the discourses that were present in the media texts (and the related constructions of objects associated with them), and by constructing their own meanings around dietary practices in general. In this way they could legitimate the ‘unhealthy dietary practices’ that they engage in. For example, the women construct snack foods (e.g., chocolate and biscuits) as a key source of enjoyment and pleasure for themselves and their children and as a means of providing themselves with the necessary energy for coping effectively with the demands of motherhood. In order to legitimate the practice of snacking, constructed by the moral discourse as a morally reprehensible and irresponsible dietary practice, they draw on the biomedical discourse and utilise the construct of ‘the body as a machine’. They construct their own bodies as an ‘object’ which requires an adequate amount of dietary fuel so as to function effectively, and, in so doing, justify this ‘unhealthy’ and

'immoral' dietary practice. They are also shown to move into the individual as deserving subject position offered by the moral discourse, whereby eating for pleasure as opposed to eating for health is a practice that is afforded one. In this way, the women construct 'snacking' as an essential means of living a fulfilling and productive life, rather than an 'unhealthy' dietary practice.

However, although the women are often shown to successfully negotiate the contradictory positions that they are afforded, this does not overcome the potential impact that such positioning has on their subjectivity. In effect, as women readers of nutritional health messages they are rendered uneducated, immoral, inexperienced, susceptible and potentially ineffective in their mothering practices, which together combine to create an uncomfortable and conflictual subjectivity, even if it is one which they work effectively to negotiate. Thus from the women's talk it appeared that the discourses combine to generate confusion, anxiety, guilt and fear around dietary practices in general.

As women they are placed in an especially vulnerable position, as partaking in the 'correct' dietary practices is constructed as a means by which they can both maintain physical health and wellbeing, and attain the Western ideal of feminine beauty. If they do not conform to the 'slim ideal', not only do they risk being stigmatized as lazy and undisciplined, unable to control their diet and body weight effectively, but they are also at risk of being rendered undesirable (Lupton, 1996). Furthermore, in not taking adequate responsibility for their weight and their overall health, they become immoral individuals, negating them from claiming the status of worthy citizens. The current research suggests that the women's immoral subject status is reinforced by the food for pleasure/food for health dichotomy constructed by the moral discourse. That is, the highly privileged and morally sound characteristics of self-control and self-denial become elusive to the women as the practice of indulging in dietary 'baddies' undermines their ability to claim that they possess these attributes. This has ramifications in terms of their overall subjectivity, which is seen to be awash with guilt, anxiety and fear.

As mothers they are also afforded a conflictual space. The traditional role of mothers has been to keep the household running smoothly and harmoniously, to provide emotional stability to family members and to acculturate children into appropriate norms of behaviour (Lupton, 1996). In the context of food, mothers take on the major responsibility for food procurement and preparation (Charles & Kerr, 1988), and thus such acts may be regarded “as a potent sign of love and duty” (Lupton, 1996, p. 47). However, the findings from this research indicate that what one feeds one’s children is symbolic of much more than an expression of care and affection to them. The mothers’ role in relation to food and nutrition has become conflated with taking responsibility for the physical health and wellbeing of one’s children. Therefore the act of giving their children chocolate and biscuits, which the women construct as a means of treating their children, becomes problematic as it is constructed by the mothering discourse as an immoral practice that a good mother should not engage in. As a result the women’s subjective sense of good mothering is disrupted and they are apt to experience guilt. Women in Charles and Kerr’s (1988) study were found to experience similar feelings of ambivalence. While women viewed sweet foods as being appropriate for children, and enjoyed treating their children with these, they also felt that they had to control their children’s consumption of sweet foods to ensure adequate nutrition. The women went on to say that they felt guilty if they deprived their children of sweets in the interests of their health (Charles & Kerr, 1988).

The discourses that surround food and nutritional health and the contradictory subject positions that they afford could actually have a deleterious effect. In order to negotiate the conflictual space women are positioned in, they are seen to resist the positions afforded them. With this resistance comes a rejection of some of the constructions that the discourses offer. For example, the women construct scientific ‘facts’ and ‘evidence’ about which foods are protective versus detrimental to health as contradictory, confusing and untrustworthy (arguably so as to resist being positioned as uneducated). Furthermore, scientific knowledge does not provide the women with a guarantee that adherence to scientifically-based nutritional rules will ensure the maintenance of physical wellbeing. As a consequence, they are likely to view all scientifically-derived dietary recommendations disseminated to them as inadequate. Thus, instead of operating to enlighten the lay person about the inherent health-promoting properties of

foods, nutritional guidelines could ironically negate lay women from taking up nutritional health promotion messages overall as they are unable to establish with any certainty what health practices they should engage in to remain healthy.

It would appear that feelings of fear and anxiety are elicited as a consequence of this underlying uncertainty. Ultimately, the women are positioned as anxious consumers in relation to nutritional health messages, as they are unable to avoid the underlying message that is conveyed, namely: In failing to partake in the 'correct' dietary practices you are placing yourself at risk of disease. Thus, the proliferation of nutritional health-based messages, rather than serving to effect change in lay people's dietary practices, may actually serve to undermine their ability to engage in healthy dietary practices. Moreover, it is possible that reading these messages could actually precipitate individuals' fears, as no matter how much one tries to adhere to the 'correct diet' one can never be sure of what the 'correct diet' is. Furthermore, as a result of the 'good/bad' food dichotomy that is evident, individuals are constantly aware that they are not always eating dietary 'goodies' and thus are potentially placing themselves at risk, which may serve to increase their fear. Past research into the effectiveness of health promotion initiatives has demonstrated that messages that illicit fear may, in fact, be ineffective in terms of bringing about change in individual health behaviour. Studies have shown that even moderate amounts of fear may interfere with behaviour change (Leventhal, Safer & Paganis, 1983). Bennett and Murphy (1997) point to research which has shown that fear-arousing messages have encouraged resistance to the message, increased individuals' denial that a threat is applicable to them and even "increased the behaviour they were attempting to counter" (Bennett & Murphy, 1996, p. 103). A comment made by Kate during the present study is interesting in this regard, she stated:

"I just think that you've got to do a hell of a lot to perhaps stay healthy, I mean you know, you just don't (.) I mean all of the information on what you should do and yet there's no guarantees is there (.) so just ignore them"

Crossley (2002) provides an alternative theory as to why people actively resist the behaviours that health promotion messages contain. Crossley (2002) suggests that there is a possible flipside to this attempt to create a sense of personal and social order by

engaging in a healthy lifestyle (which is connoted with morality and responsibility) whereby a value and meaning system also emerges around the opposing 'unhealthy' and 'risky' behaviours. Crossley points to how health-opposing practices (e.g., eating junk food) become associated with a sense of immorality and irresponsibility and as a result may take on a "certain cachet and value of their own" (Crossley, 2002, p. 49). Crossley suggests that behaviours which are connoted as being detrimental to health, rather than acting to deter people's engagement in such behaviours, may for some individuals "provide the primary motivation actually to engage in such behaviours" (Crossley, 2002, p. 49). That is, individuals may engage in risky health behaviours "*because* of their association with risk" as by doing so they are able to use their body as a vehicle with which to resist or rebel against dominant cultural and social norms (Crossley, 2002, p. 49). Crossley links this phenomena to Brehm's theory of 'psychological reactance' whereby individuals will engage in the behaviour that has been proscribed in order to re-establish a sense of freedom and alleviate the unpleasant motivational state that a loss of freedom represents (Crossley, 2002). The findings from the current study would certainly suggest that there is an overall resistance by the women in taking up the subject positions offered by the discourses that surround food and nutritional health. This resistance could, as Crossley suggests, indicate a rebellion on their part against the dominant cultural, social norms and discourses that surround food and nutritional health.

Future Research

This research has provided valuable information as to how the positions offered by the discourses that surround food and nutritional health affect women's dietary practices and subjectivity. However, the media-based texts selected for this research were limited to advertisements and articles featured in women's magazines which are located at the lower end of the market in terms of price range. Further discourse analysis research could therefore be conducted on a wider range of women's magazines, such as those targetted at mothers of a higher SES level (e.g., Next) or those targetted at women without children (e.g., She, Cosmopolitan, New Woman). The discursive constructions offered through these texts may vary or be more expansive than those identified in the present study. Similarly, it would be useful to conduct a discursive analysis on talk that originates from focus group discussions amongst women who are the target audience of these magazines. Finally, it would be of interest to investigate whether there are any

differences or similarities in terms of those discursive constructions and positions offered by media-based food and nutritional health texts to men in contrast to women. Here, a discursive analysis of nutritional health messages featured in the wider media would be of interest (i.e., the internet, newspapers and health and fitness magazines), which are targetted at both men and women. Equally, a discursive analysis of nutritional health messages that are featured in men's magazines would be useful so as to explore if and how discourses of masculinity are interweaved with men's nutritional health. A discursive analysis of talk originating from discussions amongst men in relation to these texts would also contribute to an increased understanding of how men's dietary practices and subjectivity are affected by food and nutritional health discourses.

Conclusion

Overall this research has shown that women's daily interaction with food is far from simplistic. To these women, food has a multiplicity of meanings and their dietary choices are not made simply on the basis of a cost-benefit analysis of foods' nutritional content. Instead, the women look to food as a source of energy, as a means of treating themselves and their children, as something that can make them feel good and as a means to becoming slim and desirable. The discourses that surround food and nutrition afford a conflictual space for women as they are positioned by these as inexperienced, uneducated, susceptible and immoral both as women and as mothers. Thus the spheres of knowledge that have been legitimated through science and enhanced by the technologisation and rationalisation that modernity has brought in its wake have major ramifications for women's subjectivity. Overall, the women remain fearful and anxious as they are unable to successfully adhere to the panoptican vision of the 'correct diet'. Although eating the 'correct diet' may be a desired goal, in that it is constructed as the key means by which to maintain physical health and wellbeing, it appears to be one that is difficult to attain. The confusion, scepticism and distrust of scientific 'fact' that the women are shown to experience ultimately negates them from ascertaining what the 'correct diet' actually is. Furthermore, in not being able to partake in the 'correct' dietary practices they are rendered as immoral individuals and thus risk being stigmatized as lazy and undisciplined, which could have a further deleterious effect on their subjectivity. In order to overcome the conflictual space they find themselves in, they are shown to resist the discursive positioning offered to them and to use alternative

discursive constructions to legitimate their own engagement in what the media discourses surrounding food and nutrition construct as 'unhealthy dietary practices'. In light of these findings it would appear that individuals' ability to engage in healthy dietary practices is not necessarily enhanced by increasing their exposure to knowledge around food and nutritional health. Increasing or changing individuals' knowledge structures so as to enhance their ability to engage in health promoting dietary practices, which has been the aim of health promotion endeavours in general, is therefore unlikely to provide a solution to the 'problem' of the ever-burgeoning levels of obesity in Western society.

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APPENDICES

APPENDIX A: MAGAZINE TEXTS

- A one page article entitled "Fighting Fit" (Family Circle, April 2002, p. 50);
- A one page article entitled "Lasting Energy" (The Australian Women's Weekly, March 2002, p. 95);
- A four page article entitled "Fighting Cancer with Food" (Weightwatchers, July/August 2002, p. 52-55).
- A one page Sugar Forum infomercial entitled "Sweet Success" (Family Circle, April 2002, p. 64).
- A one page advertisement for "Griffins CalciWine" (Woman's Day, May 27, 2002, p. 66)
- A one page advertisement for "Kellogs Coco Pops" (Woman's Day, May 27, 2002, p. 70)
- A one page advertisement for "Bite Me Meatballs and Beef Burgers" (Woman's Day, May 27, 2002, p. 73)
- A one page advertisement for "Kellogs Special K" (Woman's Day, May 27, 2002, p. 56)



ALAN HAYES

Alan has written 23 books on herbs and natural alternatives. His grandmother inspired his initial interest and his family records hold a wealth of knowledge about natural remedies. He lives on a farm with his family on the Central Coast of New South Wales.



Fighting fit

Boost your immune system now and keep those winter coughs and colds at bay. BY ALAN HAYES

Every winter, many of us suffer the continual drip of excess mucus, dry, sore throats and sneezing that can make it hard to soldier on. There is nothing worse, but help is at hand. Now is the time to revive and strengthen your immune system so that when winter does arrive, you will have a better chance of

“Garlic taken on a regular basis will help to boost the body’s defences.”

keeping the bugs at bay. To help the body deal with those winter nasties, you should include plenty of vitamin C (500-1000mg daily) in your diet. Plenty of fresh fruit, vegetables and herbs, including garlic, will help combat harmful bacteria and

viruses. Carrots, spinach, green capsicum, oranges, grapefruit, horseradish (grated on bread), chives, cabbage, tomatoes and turnips are all good sources of this vitamin.

Garlic taken on a regular basis will help to boost the body’s defences and help the auto-immune system cope with infection. It contains vitamins A, B and C, as well as copper, sulfur, manganese, iron and calcium. Its oil contains sulfides and disulfides, which help to eradicate undesirable virulent micro-organisms.

Echinacea, taken in daily doses, will help lessen the chances of catching a cold or the flu. It has been used since early times as a blood purifier and to help build up

resistance to infection, and scientific research appears to support its immune-building properties. It is available from health-food stores in tablets or capsules, or as a herbal tea. Use it to treat colds, flu, allergies and other infections. Follow dosage advice on packets, or check with your health practitioner.

PREVENTION TO A TEA

Echinacea To make tea, steep 1 teaspoon of dried seeds in a cup of boiling water for 10 minutes. Strain, reheat, then add honey, if desired. Drink the tea as hot as possible three to four times a day when you have a cold or flu, or morning and night as a preventive.

Rose hip This tea can build up resistance to colds and is a good source of vitamins A, B, C and E. Drink a cup of the tea, with lemon juice and honey, three times a day. Visit Alan on the Internet at www.itssounatural.com/



WITH KAREN INGE

wise

ENERGY

Want a long-term solution to lethargy? Add red meat to your diet. Here's why.

Do you struggle to get up in the mornings, then spend the day walking around feeling as though your brain is enveloped in a fog that won't lift? Are you tired, run-down, unable to think straight and just plain fed up with it? If this sounds familiar, then, like 60 per cent of women aged between 19 and 44 who don't meet the recommended daily intake of 12mg of iron, you could be in the grip of a serious deficiency.

For energy and cognition: Apart from liver or kidney, lean red meat is the best source of dietary iron. Iron transports oxygen around the body, which results in better energy levels. It's also important for cognition - improved memory, concentration and overall brain function.

To help you lose weight: When they are dieting, most women avoid red meat like the plague. This is a mistake. The fact is, lean beef and lamb are high in protein and protein helps promote a feeling of fullness and keeps hunger at bay for longer. When you're on a low-kilojoule diet, you want to get the most iron and zinc possible in the fewest kilojoules, and that's where lean red meat beats chicken, pork, fish and some vegetarian options.

To help you stay calm and in control: Most people have heard of vitamin B12 but don't really understand what it does. Vitamin B12 is essential for maintaining the nervous system. It helps to form the myelin sheath around nerve endings (something like the plastic tip on the end of a shoelace), which is important for cell-to-cell



communication. Vitamin B12 is also believed to play a role in cognition. We get B12 from meat, fish and dairy. You often hear of mushrooms being a source of B12, but this is an inactive form and not of use to the human body.

To keep healthy: Most people assume red meat is high in saturated (bad) fat. In fact, once you remove the visible fat from meat, it is lean and a significant source of the good fats - mono- and polyunsaturated. Even better, it provides essential omega-3 polyunsaturated fats (the good fats promoted in fish), which has benefits for the heart and may also reduce inflammation, provide better immunity, reduce the risk of cancer, help with diabetes management and improve mood status.

To boost immunity: Other than oysters, lean red meat is the best dietary source of zinc, which is essential for the immune system. More than 70 per cent of adult women don't get enough zinc. Zinc is also important for growth, repair, your sense of taste and as an antioxidant.

Not much. Approximately 65g to 100g of uncooked meat - that's two small lamb fillets or a palm-size fillet steak about 1cm thick, three or four times per week is sufficient. Serve with lots of different coloured vegetables in stir-fries and salads, and don't forget to include some grains. The idea is to make lean red meat an important part of your meal, not the feature.



- 1. What always dies in your fridge?**
Leftovers. I should learn to throw them out straightaway rather than a week later!
- 2. What's the craziest diet you've tried?**
When I was 20, I went on a diet where you could eat only sausages and vegetables (for every meal!).
- 3. Did you lose weight on it?**
Yes, a couple of unnecessary kilos. I've since learned a much healthier way of watching my weight and I've decided I'm happy with my imperfections.
- 4. Last time you exercised?**
This morning. I did a tai bo (kickboxing) class.
- 5. Favourite takeaway food?**
Thai. I love it.

- 6. Do you take any vitamins?**
Yes, I go through phases of taking a women's multivitamin, evening primrose oil and ascorbic acid. I'm currently searching for a miracle cure for PMS, if anyone has one!
- 7. What made up your last blow-out?**
Hot chips at the airport and chips, chocolate and a Bacardi Breezer in the car on the way home (I wasn't driving!).

Karen's comments: It's good to see Gina has learned the principles of successful weight management, that is, regular exercise and healthy eating. She should be wary of Thai food though - all that coconut cream! As far as her blow-out goes, I'd suggest she give up flying!

| nutrition

FIGHTING CANCER WITH FOOD

IS IT POSSIBLE TO FIGHT OR EVEN AVOID CANCER BY IMPROVING YOUR DIET? DR ROSEMARY STANTON EXPLAINS WHAT THE LATEST RESEARCH REVEALS.



When it comes to reducing the risk of cancer, there are two things to remember: avoid cancer-causing agents, of which tobacco is by far the most lethal, and consume a diet high in foods that protect against cancer. Research shows that what we eat and drink is related to a third of all cancer deaths. That doesn't mean if you eat all the right things you will never get cancer. A healthy diet can only reduce the risk of cancer and scientists are still to prove links between good food and a reduction in certain types of cancer.

We can't be 100 per cent certain of dietary 'goodies' and 'baddies'. After all, it would be unethical to conduct a study where some people were given foods that were believed might increase their cancer risk. Ethics committees are also unlikely to approve studies where participants are denied foods that might act as protective agents. But by putting together evidence from studies of different populations and tracking changes in the incidence of some cancers, there is some fairly impressive proof that there are foods that protect while others do not.

THE GOOD GUYS

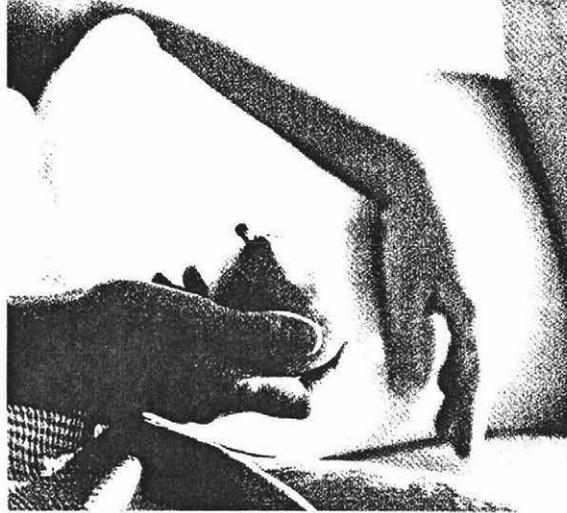
The prime protectors against most types of cancer are fresh vegetables and fruits (in that order). Olive oil looks promising, too, but it is difficult to separate its potential benefits from those of the vegetables it makes so palatable in Mediterranean countries.

After reviewing all the evidence available, the World Cancer Research Foundation concluded there is convincing evidence that vegetables and fruits decrease the risk of cancers of the mouth and pharynx, oesophagus, lung and stomach, while vegetables decreased the risk of cancers of the colon and rectum. It also says it is probable that vegetables and fruits protect against cancers of the breast, bladder, larynx and pancreas, and possible that they help against cancers of the cervix, ovary, endometrium, thyroid, liver, prostate and kidney.

If vegetables were a new discovery that sort of rap would be hailed as miraculous. But even though literally hundreds of studies show their value, we still don't know exactly what it is in vegetables that is so good.

At first, researchers thought it must be vitamins, but in two studies in which thousands of smokers were given extra beta carotene and vitamins C and E for up to eight years, higher levels of lung cancer were reported in those taking beta carotene. Studies of polyps – the first stage of bowel cancer – showed similar results, even though foods that contain beta carotene are protective.

The latest belief is that benefits come from the thousands of phytonutrients in vegetables. Researchers are slowly trying to sort out which ones are effective. Early studies on broccoli isolated a compound called sulphoraphane, which has anti-cancer activity in the test tube. Broccoli sales soared, and later studies found the same compound in brussels sprouts, cabbage and cauliflower. Since then, almost every vegetable examined has contained something good, but



Wholegrain cereals also contain a range of phytonutrients, different to those in vegetables and fruits, but potentially useful against stomach and bowel cancers. Phytic acid in wholegrains, once damned because it can prevent iron being absorbed, also seems to be protective when combined with fibre.

A cloud descended on fibre recently when a large study from Boston found no correlation between fibre intake and bowel cancer. The study was widely quoted in newspapers, but few mentioned that the highest fibre intake in this study was only 25g per day, whereas every study showing fibre being protective had a daily intake of at least 30g. The consensus of expert opinion is that fibre is important and a marker of good general nutrition. It's hard to think of many high-fibre foods that aren't nutritious.

The average Australian, however, doesn't get 30g of fibre a day, even though this level is easily achieved. Make sure your daily diet includes a high-fibre breakfast cereal, two to four slices of wholegrain bread, two

pieces of fruit and some good helpings of vegetables. Some of the very high fibre cereals and breads make it even easier.

Fish and seafood contain omega 3 fatty acids and there is some evidence these give protection against many cancers. Eating fresh or canned fish or other seafood once or twice a week is recommended.

THE BAD GUYS

Saturated fats and too many kilojoules increase the risk of some cancers, especially bowel cancer. Australia and New Zealand have the dubious honour of being at the top of the table for this type of cancer.

No-one is sure whether saturated fats and a high kilojoule intake are the problem or whether it is the obesity that comes as a result of them. Excess weight increases the risk of cancers of the pancreas, prostate, thyroid, bowel, gall bladder, kidney and breast (in post-menopausal women only). There is also convincing evidence that

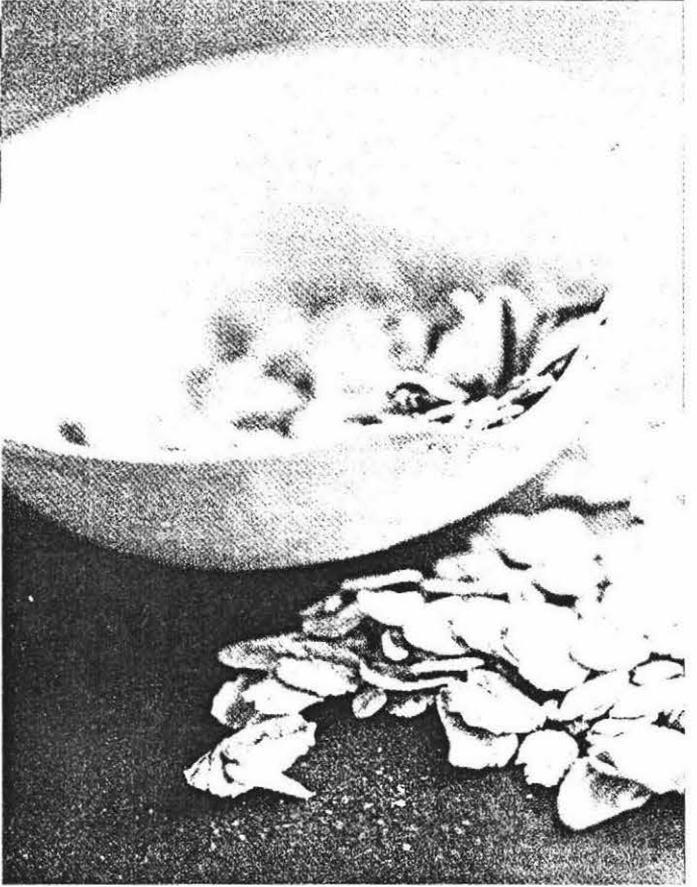
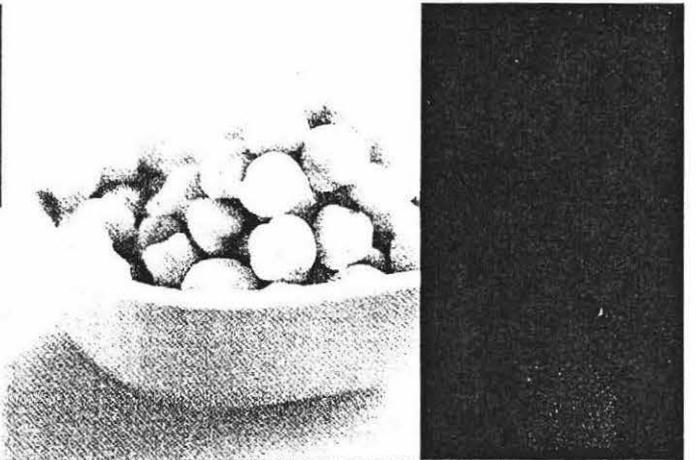
Researchers have found compounds in vegetables that kill some cancer.

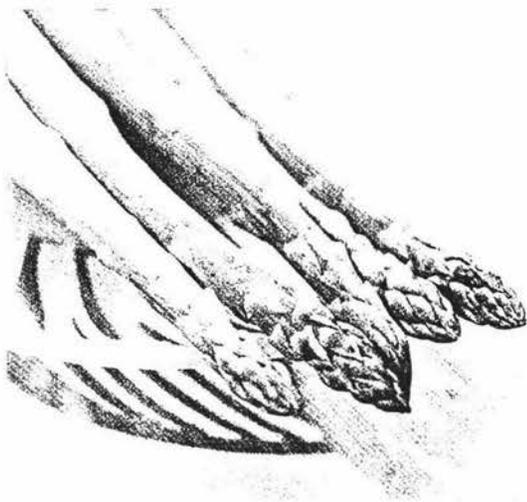
scientists are still to discover which compound is best.

Researchers from the University of Giessen in Germany found natural compounds in vegetables kill some cancer cells, stop others multiplying and act on genes that play a role in some bowel cancers.

But it's complicated and there are many important interactions. For example, a compound in red wine (thought to contribute to a reduction in coronary heart disease) may become more potent against cancer if quercetin, a flavonoid found in tea, onions and apples, is also consumed, or if salicylic acid (found in aspirin, tea, honey, coffee and many fruits and vegetables) is present. And while you're getting your head round that, quercetin occurs in many different forms in natural foods, while supplements, which have only one form, usually don't have the same positive benefit as foods.

It's unlikely that vegetables – or any other foods, for that matter – have a single magic ingredient. The best protection, it seems, comes from including a wide variety of healthy food in the diet.





being physically inactive increases the risk of bowel cancer, and some evidence it increases the risk of breast and lung cancers.

Recent studies suggest that refined cereal products (especially biscuits, cakes and sugars) may increase the risk of some cancers, mainly of the oesophagus. However, this may only occur if these foods are eaten instead of protective high-fibre products.

There is good evidence to suggest alcohol increases the risk of cancers of the mouth, larynx, oesophagus and liver and that it may be implicated in cancers of the breast and bowel. The more you drink, the higher the risk. A safe level is one to two standard alcoholic drinks a day, although remember that the average glass of wine poured in homes and restaurants in Australia equals two standard drinks.

Eating foods that have gone mouldy can also increase the risk of some cancers. This does not include traditional cheeses, where safe moulds are part of the character, but if you see any mould on soft cheeses, yoghurt, fruit, rice, bread or leftovers, throw them out.

Highly salted foods such as smoked and salted fish or meats can damage the lining of the stomach and thus increase the risk of stomach cancer. Before the 1940s, when refrigeration wasn't widely available in Australia, this was a major cancer. It is still the second most common worldwide, largely because many countries still do not have widespread refrigeration, which would allow fresh rather than salted foods to dominate the diet.

CONTENTIOUS ISSUES

Some experts suggest a cancer protective diet (especially against cancers of the colon and prostate) should contain only small amounts of lean red meat, while others reject such a link, claiming those who avoid red meat are only at lower risk because they eat more protective vegetables, nuts and legumes. Further evidence is needed to differentiate between meats that are lean, fatty, processed or barbecued. The balance of a meal may also be important – large steaks don't leave much room for vegetables. If plant foods dominate the dinner plate, a small amount of lean meat is almost certainly safe.

Cancer-causing substances can form when meat, fish or chicken is cooked over a barbecue flame. Using a marinade that contains a little sugar, honey or oil forms a complex on the surface of the meat that will prevent carcinogenic compounds forming when flames hit.

There is some evidence, especially from countries where tofu, tempeh and soy beans are eaten daily, that soy provides protection against hormone-dependent cancers of the breast and prostate.

There have also been reports in the media that soy foods may promote cancer or are unsuitable for women with certain types of breast cancer. These 'scare' don't have medical backing.

FOR THOSE WHO HAVE CANCER

If a person has cancer, the diet he or she requires will largely depend on individual needs and the stage of the disease. Plenty of fresh plant foods may help, but, contrary to some claims, there is no need to make this a 'raw deal', especially as cooking makes some protective compounds more readily available to the body. Some vitamins, like folate, are easily lost during cooking, so it makes sense to eat both salads and cooked vegetables.

Even though cancer is more likely to occur in those who are overweight, as it becomes invasive, there may be extensive weight loss. If this occurs, the most important aspect of the diet is to increase kilojoule intake from any food the person finds palatable.

Freshly made vegetable and fruit juices are often recommended. They make good sense, as long as the quantities consumed are not so large that the person can't eat other foods. On their own, juices do not provide a full range of nutrients: protein, fibre and some vitamins and minerals are missing. A dietitian can help plan an individual diet.

SUPPLEMENTS

There is some evidence that selenium supplements may help with certain cancers, but more is not better, and high selenium levels are toxic. Smokers should not use beta-carotene supplements. Finally, those with cancer should not use any high-dose supplements without first checking with a doctor or dietitian. A multi-vitamin, however, is useful for those whose appetite is poor.

PROTECT YOURSELF AGAINST CANCER

Eat more plant foods, especially

- vegetables
- legumes
- wholegrains (rolled oats, wholewheat cereals, wholegrain breads, brown rice)
- fruits
- soy beans and tofu
- fish

Avoid

- foods that have gone mouldy (blue vein and white-mould cheeses are fine)
- saturated fats
- excess kilojoules from any source
- more than one or two alcoholic drinks per day
- salted foods
- large servings of meat – especially fatty or processed

Sweet Success

It's time to rethink!
Sugar is a great source
of energy and is also
what gives taste to boring
foods – it's one of life's
natural pleasures!

INFORMATION VERSUS MYTHS

Every parent wants a fit, healthy family. But, sometimes it's hard to sort the facts from the fiction when it comes to diet and fitness. Choosing healthy food, for example, is always tricky; myths are plentiful. For years, people believed brown eggs were better than white eggs and that all oils were bad.

SCIENCE AND INSIGHT

Scientific research continues to show the way different nutrients, food groups and combinations of foods affect our energy levels and overall weight control. The more we learn, the easier it is to debunk those old food myths.

SUGAR MYTHS AND MAGIC

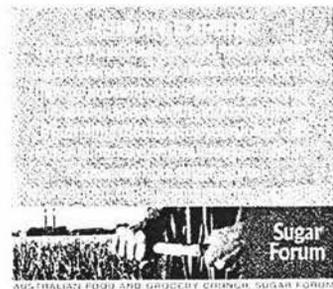
Our body uses an ingredient like sugar for energy and it is quite difficult for the body to convert sugar into body fat. As sugar contains under half the calories of fat, it's sensible to include foods and drinks with a moderate sugar content as part of our daily food intake. They will not only provide for our energy needs, but also give us a wider choice of foods. Use sugar and you could include more of those bland, but nutritionally rich foods that your kids consider 'boring' – a sprinkling of sugar and dull dishes get an instant flavour boost and go down a treat. And of course you won't be adding so many of those dreaded calories!



SCIENTIFIC FACTS

This was reinforced in the CSIRO's 1996 report, *Food and Nutrition in Australia* which showed that the main sugar-containing foods in our diets contributed only 8% to our dietary fat intake. Science has also shown that sugar is not the major cause of tooth decay. Without good oral hygiene, all carbohydrates (sugars and starchy foods including pasta, potatoes and rice) can cause dental problems. Regular brushing and flossing after each meal is the most effective protection for our teeth. This is good news – it means that you and your family can put the flavour back in your lives and enjoy tasty meals without them impacting on your weight.

Life's about balancing taste and nutrition, and of course exercise. So it's time for a rethink. Add a sprinkling of sugar to your favourite dishes and drinks and life will seem so much sweeter.





Barbara Kendall knows Griffin's Calci Wines can help strengthen teeth & bones.



Give your calcium intake a boost

Getting regular exercise and enough natural milk calcium is the best way to help build strong teeth and bones. That's why new Griffin's Calci Wines are enriched with calcium from milk solids giving you the goodness of milk, in a convenient and tasty way.

One serving of Griffin's Calci Wine biscuits provides 25% (220mg calcium per serving) of the recommended daily intake of calcium for children (4-7 years) and adults. So four Calci Wine biscuits and a glass of milk will supply you with over half of your daily calcium needs.

Fuel up on a healthy snack

When it comes to snacking, foods that are high in complex carbohydrates and lower in fat are the healthy choices. Griffin's Wines - Energy to keep you burning through the day!



ENERGY TO BURN

breakfast **MATTERS**



Nikki Hart

Nikki Hart is a New Zealand Registered Dietitian and Sports Nutrition Consultant

Scientists testing the effects of breakfast on children's performance through the school morning have discovered that children who have breakfast can have a number of advantages over children who have skipped the first meal of the day.

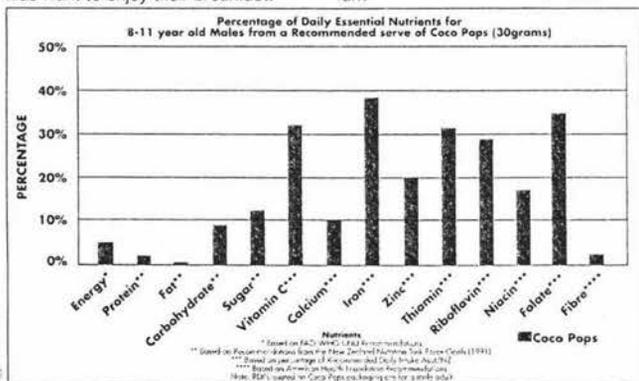
KIDS who miss **BREAKFAST** are missing out

For a start, they may pay more attention in class - and that has to be a good thing. Also, they may retain more information and be more interested in learning - something else you can't argue with.

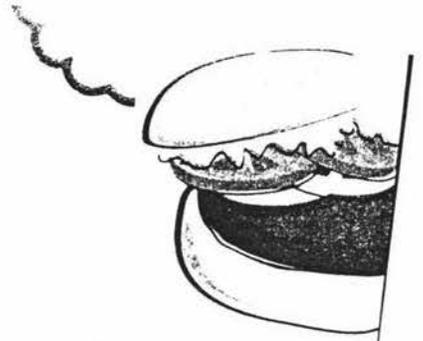
But what is also important is that most kids want to enjoy their breakfast.

So take a look at the nutrition profile for Kellogg's® Coco Pops®. As you can see Coco Pops® helps provide good nutrition at breakfast- and what is more children enjoy them.

Who says a nutritious breakfast can't be fun?



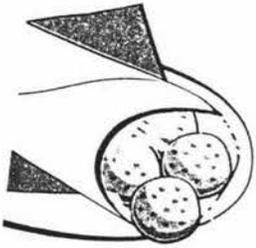
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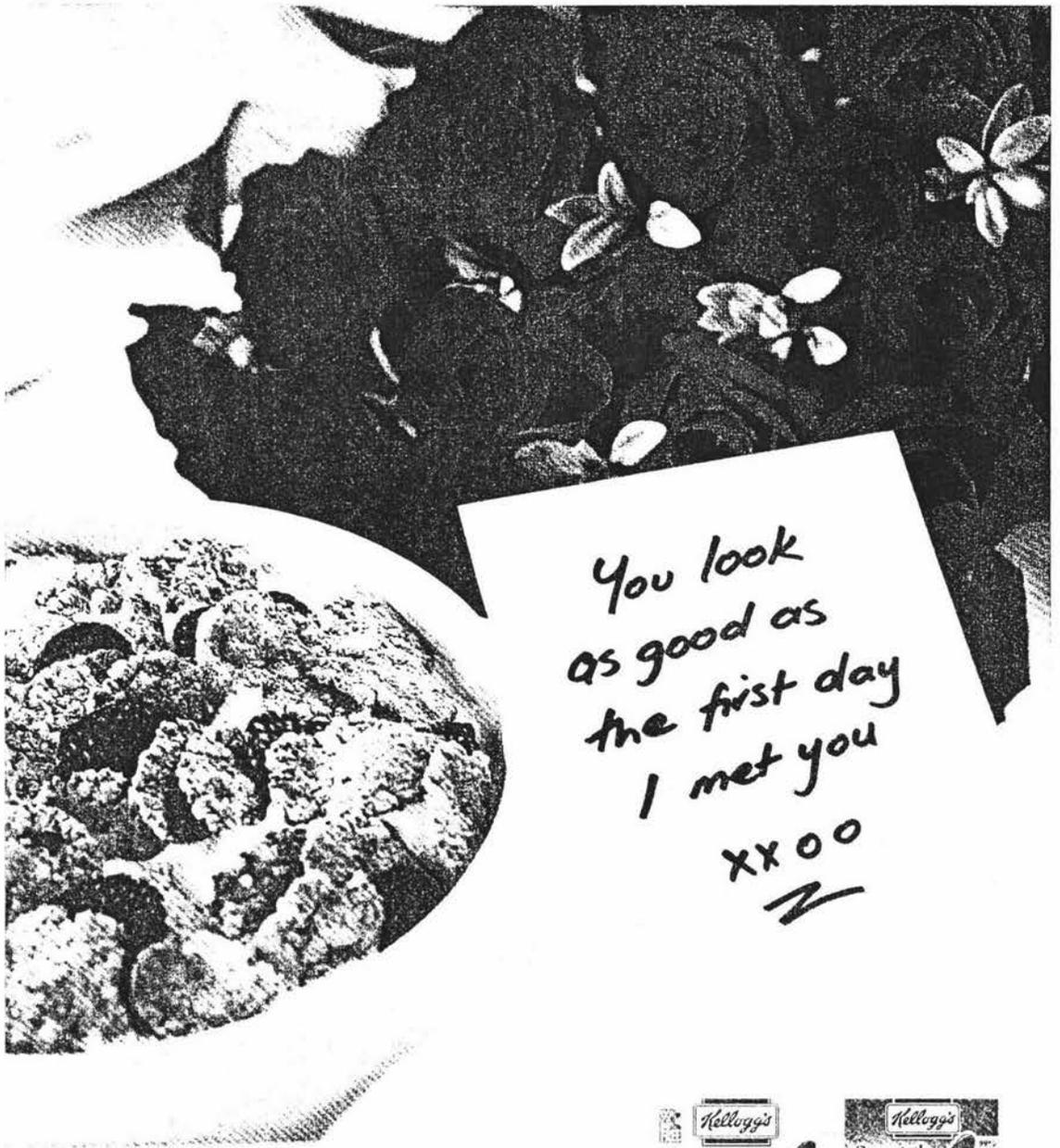


don't
you

Bite Me™

Bite into a **healthy new range** of
and
that carry the **National Heart
Foundation Health Tick**. They're pre-
cooked and take **only minutes to heat**
from frozen on the barbeque, in the
microwave or oven. They come in a smart
resealable bag with delicious meal ideas
on the pack. Bite Me now in the freezer at
your supermarket.





You look
as good as
the first day
I met you
xxoo
~



APPENDIX B: FOCUS GROUP QUESTIONS

- 1) What do you think of these adverts and articles overall?
- 2) What ideas/thoughts/feelings came to mind as you read them?
- 3) What kind of messages do they contain?
- 4) How do these messages affect you?
- 5) Which adverts or articles appealed to you most? Why?
- 6) How do these adverts and articles appeal to you as women?
- 7) How do these adverts and articles appeal to you as mothers?
- 8) What kind of dietary practices are promoted by the messages?
- 9) What does the term 'nutrition' mean to you?
- 10) What role does food and nutrition play in your life as a woman?
- 11) What role does food and nutrition play in your life as a mother?
- 12) What does the term "a healthy diet" mean to you?

APPENDIX C: NOTICE FOR RECRUITMENT OF PARTICIPANTS



School of Psychology
Private Bag 102 904,
North Shore MSC,
Auckland,
New Zealand
Telephone: 64 9 443 9799
extn 9180
Facsimile: 64 9 441 8157

Notice

Your help is required for a study into Food and Nutrition

My name is Helen Madden and I am a Masters student at Massey University, Albany Campus. I'm conducting some research into what women think about food and nutrition based articles and advertisements that are featured in women's magazines and am looking to recruit a few women to help me out.

I'm looking for 8 to 10 women (with children under 16), who would be willing to meet at my home in Beach Haven to talk about some magazine articles and advertisements which I will present to you. I'll be holding two discussion group sessions (for 4-5 women in each). You only need to attend one session which will take approximately 2 hours. Tea/coffee and biscuits will be provided. I will compensate you for the time you spend on the project with a \$15 Countdown voucher.

If you are interested in participating please phone me on 09 482 2533.

Thank you.

Te Kunenga ki Pūrehuroa

Inception to Infinity: Massey University's commitment to learning as a life-long journey

APPENDIX D: INFORMATION SHEET



School of Psychology
Private Bag 102 904,
North Shore MSC,
Auckland,
New Zealand
Telephone: 64 9 443 9799
extn 9180
Facsimile: 64 9 441 8157

An Analysis of Nutritional Health Messages featured in New Zealand Women's Magazines

Information Sheet

My name is Helen Madden and I am a Masters student at Massey University, Albany Campus and am currently conducting research in preparation for writing my thesis. I am interested in learning more about the nutritional messages that appear in the media, in particular women's magazines, and how these are interpreted by women.

I would like to encourage your participation in this study, but you are under no obligation to participate. Participation from you would involve attending an informal discussion group with 3 or 4 other women, which I will hold at my home in Beach Haven, Auckland. I will present some articles and advertisements from weekly/monthly magazines and will engage you in a discussion around these. This will take approximately 2 hours of your time.

I intend to audio tape the focus group discussion, but you can be reassured that your name will be kept confidential, and will not be mentioned during the analysis or in the final research report. You can therefore be reassured that you will not be able to be identified in any reports that are produced as part of this research. The audio taping can be stopped at any time. You can also withdraw from the study at any time and retract any information you have provided, up to one week after the focus group discussion. The information collected, will be written into a thesis, and may also be published in a Psychological Journal. The tapes and transcripts from the discussion will be locked away, only accessible to myself and my supervisor, until the thesis has been graded and will then be destroyed. The data will also be held on electronic disks for five years, prior to destruction (as required by Massey University).

As a participant in this research you have the right to have access to a summary of the findings of the study when it is concluded.

Thank you very much for your time. If you have any queries or wish to know more, please feel free to contact me or my supervisor.

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Phone: 09 482 2533

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Te Kūnenga ki Pūrehuroa

Inception to Infinity: Massey University's commitment to learning as a life-long journey

APPENDIX E: INFORMED CONSENT FORM



School of Psychology
Private Bag 102 904,
North Shore MSC,
Auckland,
New Zealand
Telephone: 64 9 443 9799
extn 9180
Facsimile: 64 9 441 8157

An Analysis of Nutritional Health Messages featured in New Zealand Women's Magazines

Consent Form

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: _____ Date: _____

Full Name (printed): _____

If you would like a summary sheet of the research project to be posted to you after it has been completed, please provide your address below:

Te Kunenga ki Pūrehuroa

Inception to Infinity: Massey University's commitment to learning as a life-long journey

APPENDIX F: DEMOGRAPHIC INFORMATION QUESTIONNAIRE



School of Psychology
Private Bag 102 904,
North Shore MSC,
Auckland,
New Zealand
Telephone: 64 9 443 9799
extn 9180
Facsimile: 64 9 441 8157

An Analysis of Nutritional Health Messages featured in New Zealand Women's Magazines

Demographic Information

Occupational Status:

Please indicate which group best represents your immediate family, based on the occupation of the head of the household. If a retired person heads the household, please use that person's occupation prior to retirement.

- | | | |
|--|--------------------------|---|
| Professional, including doctors, lawyers, accountants, scientists, etc. | <input type="checkbox"/> | 1 |
| Managerial/executive, including managers, directors, teachers, computer programmers, etc. | <input type="checkbox"/> | 2 |
| Clerical/supervisory, including draughtsmen, farmers, clerks, real estate agents, etc. | <input type="checkbox"/> | 3 |
| Skilled/technical, including boilermakers, butchers, sales representatives, hairdressers, etc. | <input type="checkbox"/> | 4 |
| Semi-skilled, including dry cleaners, truck drivers, postal workers, etc. | <input type="checkbox"/> | 5 |
| Unskilled workers, including refuse collectors, labourers, packers, warehouse workers, etc. | <input type="checkbox"/> | 6 |
| Person not in paid employment, nor seeking employment: full time homemaker | <input type="checkbox"/> | 7 |
| Student | <input type="checkbox"/> | 8 |
| Unemployed person | <input type="checkbox"/> | 9 |

Te Kunenga ki Pūrehuroa

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Name: _____

Address: _____

Phone No: _____

Age: _____

Marital Status :

Single De Facto Married Divorced

Household Composition (e.g., no. of children and how old)

2

APPENDIX G: TRANSCRIPTION NOTATION

- 1) A single full stop in round brackets indicates a discernible pause between a speakers utterances

Tania so instead you go and snack on something that is a bit of a feel good thing (.)
 maybe not so good for you

- 2) Three full stops in round brackets indicates that the material was inaudible

Kate It's low fat (...)

- 3) A left hand square bracket preceding speech indicates simultaneous utterances

Trudy Oh, these people
Jane [Absolutely