

CAREFUL EATING: BODIES, FOOD AND CARE

How wonderful, frightening or both for someone to take the care to make sure we eat properly, an interaction potentiated with both love and power! This engaging and diverse collection beautifully shows how – whether in families, clinics, schools or many other contexts – there is much more to the intimacies created through food than one may often imagine and sometimes more than we might care to think about.

Jon Holtzman, Western Michigan University, USA

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Critical Food Studies

Series Editor

Michael K. Goodman, Kings College London, UK

The study of food has seldom been more pressing or prescient. From the intensifying globalization of food, a world-wide food crisis and the continuing inequalities of its production and consumption, to food's exploding media presence, and its growing re-connections to places and people through 'alternative food movements', this series promotes critical explorations of contemporary food cultures and politics. Building on previous but disparate scholarship, its overall aims are to develop innovative and theoretical lenses and empirical material in order to contribute to – but also begin to more fully delineate – the confines and confluences of an agenda of critical food research and writing.

Of particular concern are original theoretical and empirical treatments of the materializations of food politics, meanings and representations, the shifting political economies and ecologies of food production and consumption and the growing transgressions between alternative and corporatist food networks.

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Careful Eating: Bodies, Food and Care

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ASHGATE

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Notes on Editors and Contributors

8 Editors

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Anna Lavis is a medical anthropologist whose research focuses on embodied intimacies of illness and caregiving, particularly in relation to mental health and with an emphasis on gender and young people. As a Research Fellow at the University of Birmingham, she leads studies into lived experiences of psychosis and eating disorders. Anna has written about (not) eating and food more widely, critically interrogating eating across various empirical contexts as well as exploring (im)materialities of food and bodies. She co-edited *Why We Eat, How We Eat: Contemporary Encounters between Foods and Bodies* (Ashgate, 2013) with Emma-Jayne Abbots. She is also an honorary Research Associate in the Institute of Social and Cultural Anthropology, University of Oxford. There, with Karin Eli, she founded the *Body and Being Network*, a research initiative that creates public events by developing interdisciplinary dialogues about the body between social and medical scientists and performance artists.

Luci Attala is a Lecturer in Anthropology at University of Wales, Trinity Saint David and Associate Lecturer in Health and Social Care with the Open University. Her research interests are underpinned by a focus on materialities with specific attention afforded to the coalescing themes of incorporation, ingestion and the becomings of eco-logical bodies as produced by the ingestive relationships interacting bodies/subjects create. Luci is currently completing a PhD at Exeter University that explores engagements with water by a reforestation initiative in

1 rural Kenya and considers water's part in organizing human bodies and social	1
2 behaviours in different settings. Taking inspiration from post-humanism, the more-	2
3 than-human move and multispecies ethnographies, her work maps the flows of	3
4 water through various bodies (including botanical ones) and thus also reconsiders	4
5 orthodox understandings of plant-human interactions within the body and within	5
6 other/wider environmental settings.	6
7	7
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21 governance. She has conducted extensive narrative-based fieldwork research on	21
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2 *Communications* on the cultural politics of media and environment. 2
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15 illness and the social context of healthcare encounters. As part of this, she is very 15
16 interested in social interactions around food in everyday life and intersections 16
17 between these interactions and discourses around health promotion. 17
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 11 multicultural festivals. They are currently editing a book for the Ashgate critical 11
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 31 She has published in national and international peer-review journals (e.g. *Journal* 31
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 33 include *O Campo Vem à Cidade: Agricultura Biológica, Mercado e Consumo* 33
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 35 farming, market and sustainable consumption]. 35
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3 public understanding of obesity science, the anthropology of epigenetics and desire	3
4 and denial in eating disorders.	4
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10 a Senior Research Fellow in the Discipline of Gender Studies and Social Analysis,	10
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12 <i>Buddhism</i> was published by Routledge in 2014.	12
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14 discussions and insightful comments.

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21 with similar academic questions to ours, and who have inevitably informed
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23 entanglements between eating and caring. Our appreciation, in particular, goes to
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31 tendency to ask the awkward questions.

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33 friendship of Emma-Jayne and Luci; working with you on this has been a pleasure.
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39 offer warm and sincere heart-felt thanks to her co-editors Emma-Jayne and Anna –
40 working with these two whirlwinds has been both an honour and an invaluable
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7	Anna Lavis, Emma-Jayne Abbots and Luci Attala	7
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9		9
10		10
11		11
12	The aim of <i>Careful Eating</i> is to critically reflect on the many and varied	12
13	relationships between food and care. Specifically, it investigates how these	13
14	relationships are mobilized to shape and intervene in individual bodies, as well	14
15	as how they may be both enacted and resisted in and through those bodies. It	15
16	thereby develops current critical debates regarding how care, in the context of	16
17	food and eating, may so often be a political mechanism through which the self	17
18	and the Other are (re)produced and social hierarchies constructed. As such,	18
19	this transdisciplinary volume draws into dialogue diverse ways of addressing	19
20	a currently neglected, yet critically important, question regarding the ways in	20
21	which eating and caring interact on multiple scales: From state-led interventions	21
22	and public health discourses to the workplace, from the market to the home,	22
23	and in the intimacies of individual eating and feeding practices. Engaging with	23
24	the often-jagged political intersections of food and care across these scales, and	24
25	paying attention to the bodies caught up in them, offers new ways of thinking	25
26	through urgent contemporary concerns regarding food and social justice. It	26
27	addresses fundamental questions regarding how, as human beings, we care (or	27
28	not) for and about ourselves and Others, our communities and environments.	28
29	This involves drawing attention to the terms ‘caring’ and ‘eating’ themselves,	29
30	asking what each is, what relationships they create and rupture, and how their	30
31	interplays are experienced in everyday life. By taking account of these multi-	31
32	directional flows of engagement between eating and caring practices, the	32
33	volume’s contributors elucidate: how eating practices mobilize discourses and	33
34	forms of care; how discourses and practices of care (look to) shape particular	34
35	forms of eating and food preferences; and how it is often in the bodies of	35
36	individual consumers that eating and caring encounter one another. These three	36
37	central theoretical dimensions are the organizing principles around which the	37
38	chapters’ diverse perspectives coalesce, and the volume is constructed.	38
39	Eating and caring are inherently bound together. Normatively framed as	39
40	simultaneously instinctive and didactic, both are understood as something we	40
41	do and something we learn to do in order to reproduce and sustain social and	41
42	biological life. It has been suggested that, just as multiple roles are assumed in	42
43	relation to food throughout the lifecourse, with individuals feeding Others as well	43
44	as eating, ‘what most people spend their lives doing [is] caring for themselves,	44

1 for others, and for the world' (Tronto 1993: x). Yet although individuals' care 1
 2 practices are often relational and intimate like their food choices, they can also be 2
 3 socially prescribed, constrained and even enforced. As such, whilst recognizing 3
 4 the central importance of caregiving practices to human life and society, we 4
 5 suggest that care is also not necessarily as benign as it might appear. Mirroring 5
 6 recent understandings of the tensions and power dynamics embedded in both the 6
 7 production and consumption of food (Abbots and Lavis 2013; Holtzman 2013), 7
 8 caring has been shown to be heavy with moral value and is often entangled in 8
 9 culturally-embedded notions of the 'right' and the 'good' (Barnes 2012; Gilligan 9
 10 1982). Commodified as well as given, both food and care practices are arguably 10
 11 as political as they are moral (Tronto 1993). Eating and caring can therefore 11
 12 be further understood not only as performances of reproduction, but also of 12
 13 production: ones that constitute Others and (re)establish relations between those 13
 14 Others and selves. *Careful Eating* argues that it is the myriad and diverging ways 14
 15 in which care is defined and utilized that underpin this production. This slippery 15
 16 multiplicity is central to care's political malleability within contemporary social 16
 17 and cultural debates around food; it allows the seemingly benign concept of 17
 18 care to be mobilized and used to produce highly politicized knowledge claims 18
 19 about eating that intervene in, constrain and reshape individual bodies and their 19
 20 everyday practices of consumption. Such claims, in turn, also construct eating 20
 21 and feeding as caring or care-less acts – by the self, for the self and for Others. 21
 22 As such, just as there are many points of contact between eating and caring 22
 23 at the level of political agendas and cultural discourses, they also meet in the 23
 24 biological and subjective depths of the body. Viscerally illustrating what has 24
 25 been termed 'the corporeality of the social and the sociality of corporeality' 25
 26 (Blackman 2008: 3), both eating and caring are profoundly social practices to 26
 27 which the body is central. Mirroring the way in which particular bodies are 27
 28 produced, denigrated or caught up in (bio)political framings of food, both eating 28
 29 and caring are intrinsically embodied performances; political relations and 29
 30 cultural imaginings may be resisted and disrupted by, as well as played out in, 30
 31 individual eating bodies. 31

32 Highlighting this circulation and ingestion of knowledge claims engenders 32
 33 a question that is central this volume: Why and how do individuals, groups, 33
 34 institutions and agencies care about what Others eat? And, secondly, what forms 34
 35 of sociality and social bodies are made and negotiated, ruptured and ignored, 35
 36 or rendered visible and invisible, in these encounters between individual eating 36
 37 bodies and the caring agendas of Others? This volume illustrates that there are no 37
 38 easy answers to these questions. There is, rather, a range of responses and reactions 38
 39 and these pose further nuanced and reflexive questions across a variety of contexts 39
 40 and disciplines: In what ways do discourses of 'good' and 'proper' food and eating 40
 41 utilize the concept of care to promote their ideologies? How is care manipulated to 41
 42 alter the eating practices of others? How is care for the social body used to govern 42
 43 and regulate individual bodies? How do individuals respond to such governance? 43
 44 How do individuals demonstrate their care for and about Others by eating as well 44

1 as feeding? How is agency dispersed along the networks that are created by food 1
2 and eating practices, and how does this contrast to the conceptualizations of agency 2
3 embedded in notions of care? To explore these questions and others, the individual 3
4 chapters of this volume are drawn from anthropology; geography; cultural studies; 4
5 primary health care; public health; gender studies; critical literacy; science and 5
6 technology studies; education and sociology. Although diverse in approach, each 6
7 contributor starts from the premise that eating and caring are simultaneously 7
8 individual and social, material and symbolic, ideological and political, and all 8
9 have been challenged to explore the multi-dimensionality of the interplays and 9
10 entanglements between eating and caring. Together the contributors offer a unique 10
11 and creative pathway into issues as diverse as body size and eating disorders; 11
12 children's dietary guidelines; inequality and poverty; mass and social media; 12
13 ethical eating; ecological and cultural sustainability; food tourism; and the cultural 13
14 politics of contemporary food systems. 14

15 The purpose of this collection then is to forge interdisciplinary and dialogic (see 15
16 Bakhtin 1982) ways in which to 'strip back' the discourses of care that we suggest 16
17 perpetually frame the eating practices of Others, and reveal the (re)production 17
18 of embodied power dynamics that are inherent, but commonly obscured, in such 18
19 discourses. The contributors elucidate the many socio-material relationalities of 19
20 eating and caring, illustrating these to be both political and politicized. Through their 20
21 empirically-grounded richness and theoretical complexity, the chapters trace the 21
22 often-hidden ways in which eating and caring may (be made to) isolate and divide as 22
23 much as create sociality and cohesion. It is in this insight that the central theoretical 23
24 contribution of the volume as a whole lies; it demonstrates how paying attention to 24
25 eating and caring offers up a new critical lens onto broader contemporary questions 25
26 regarding food, (bio)politics and social justice. By drawing attention to these political 26
27 processes across such a diverse range of contexts, the chapters elucidate the ways in 27
28 which individual eating bodies are both knowingly and unknowingly entangled in, 28
29 and made by, circulating notions of care. 29

30 As such, *Careful Eating* extends and productively reverses the focus of our 30
31 earlier volume in this series, entitled *Why We Eat, How We Eat* (Abbots and Lavis 31
32 2013). That volume explored the ways in which Others – bodies, agents, institutions 32
33 and nations – are performed and produced through the act of eating, as webs of 33
34 relations flow outwards from the individual eater. Maintaining the focus on eating 34
35 initiated there, this volume now explores not only how imaginings, mobilizations 35
36 and relationships of care actively shape eating, but also the part played by eating 36
37 in the production and breaching of performances of care. By paying attention to 37
38 this multi-directionality of entanglements between food and care, *Careful Eating* 38
39 examines what is made and unmade by the individual act of eating itself, and also 39
40 the ways in which eating is viewed, critiqued and governed by Others. In so doing, 40
41 we retain the focus on food both inside and outside of bodies initially presented 41
42 in *Why We Eat, How We Eat*, but now turn to develop this by reflecting on how 42
43 individual eating bodies are lived, shaped and sculpted by and through care, and 43
44 44

1 how care is ingested, felt and lived in the ‘ordinary’ (Stewart 2007) spaces of 1
 2 everyday lives. 2
 3 *Careful Eating* is organized into three parts that mirror the three central 3
 4 theoretical dimensions of the volume noted above. Within each part, we have 4
 5 purposefully juxtaposed chapters with differing approaches and disciplinary 5
 6 backgrounds in order to create dialogue through which each may illuminate the 6
 7 others. Part I, comprising chapters by Flowers and Swan, Rousseau, and Abbots, 7
 8 traces how eating performs relationships of care. It examines how particular 8
 9 food practices and preferences are framed as enacting care more than others and 9
 10 shows how specific foods, in turn, come to be valued as care-full, while others 10
 11 are constructed as care-less. In so doing, this part elucidates ways in which these 11
 12 subjective valorizations are informed by, and reproduce, political dynamics and 12
 13 how relations of otherness may be created through proximity as much as distance. 13
 14 In Part II, Lavis, Zivkovik et al. and Lindenmeyer all explore bodies as the primary 14
 15 sites in which caring and eating encounter one another in everyday life. Each, in a 15
 16 different way, captures the multi-directionality and myriad scales of this encounter, 16
 17 demonstrating that in individual moments of eating and feeding, care may not 17
 18 always be felt to be so ‘caring’, or food so ‘good’ or ‘right’. Part III reverses the 18
 19 flow of Part I and directs attention to the ways in which discourses of care perform 19
 20 eating. Here, Coles, Eli et al., and Truninger and Teixeira focus on how political 20
 21 and ideological modes of caring frame eating behaviours, and illustrate, in turn, 21
 22 how care is simultaneously placed and enacted. In so doing, the chapters in this 22
 23 part deconstruct how social and personal frameworks embedded in caring actions 23
 24 shape eating practices. 24

27 **Disentangling the Entanglements between Eating and Caring** 27

28 28
 29 The chapters of this volume all demonstrate that care is a foundational concept in 29
 30 current critical debates about ‘good’ and ‘proper’ eating across a range of contexts, 30
 31 including clinical settings, schools and public institutions, retailers and the market, 31
 32 and online forums. Yet a systematic critical analysis of the concept of care in 32
 33 relation to food practices and preferences has, to date, been largely absent from the 33
 34 interdisciplinary field of Food Studies. It has been commonly implied – although 34
 35 not explicitly drawn out as a concept worthy of examination – in a wide range of 35
 36 accounts of food selection and preparation, feeding and eating. It is this body of 36
 37 work that provides, in part, the ethnographic and theoretical foundations of our 37
 38 approach and which we look to extend here by drawing care explicitly to the fore 38
 39 for closer interrogation. 39

40 Current scholarship within Food Studies has often invoked a definition of 40
 41 care in a soft, virtuous form, associating it with commensality, affection, love, 41
 42 kinship and social cohesion. Caring what other people eat in these contexts, the 42
 43 literature tells us, is related to the forming of social bonds; it is a gesture of love 43
 44 and affection, a symbol of nurture, and the manner through which individuals 44

1 are incorporated – culturally, emotionally and biologically – into a social group 1
 2 (Carsten 1997; Fischler 1988). Care manifests, then, in work that explores the 2
 3 interplays between food, being and belonging, and elucidates how feeding and 3
 4 eating are pivots around which identities, of both selves and groups, are forged 4
 5 and performed (Abbots 2011; Klein and Murcott 2014). This process is thrown 5
 6 into particularly sharp relief when senses of belonging are put into a state of 6
 7 flux or drawn into dialogue with those of Others, as in the context of migration 7
 8 and multiculturalism. Ray's (2004) study of middle class Bengali-Americans, 8
 9 for example, demonstrates how commensal sociality reproduces social relations 9
 10 between families and helps maintain cultural continuities. Renne (2007) highlights 10
 11 how attentiveness to what is eaten reinforces West African identity and community 11
 12 in the USA. Likewise, Toumainen (2011) points to the ways in which solidarity is 12
 13 fostered, and previously entrenched ethnic boundaries dissolved, among Ghanaian 13
 14 migrants in London through shared food practices and preferences. The notion of 14
 15 'culinary safe havens' (Saber and Posner 2013: 198) thus emerges in which eating 15
 16 is treated as a process through which intimacies are forged, boundaries blurred, 16
 17 coterminous bodies constituted and, as such, care enacted. 17

18

19

20 **The Slipperiness of Care** 20

21

22 In order to extend reflections on care within Food Studies beyond this softer 22
 23 conceptualization of caring, it is necessary to ask what caring is and what it means. 23
 24 To avoid the risk of not looking beyond the benign, even essential, life-sustaining 24
 25 aspects of care, we need to consider what else care might be and how it is conceived, 25
 26 provoked, inherited, mobilized, performed and rejected. Therefore, in addition to 26
 27 Food Studies literature, *Careful Eating* engages with the interdisciplinary body 27
 28 of literature that reflects on care. Thinking through care is a slippery exercise not 28
 29 only because care is diversely experienced, conceived of and applied to food and 29
 30 eating, but also because what 'to care' means is widely contested, with the opacity 30
 31 of the term extensively examined. A prominent example of such explorations is 31
 32 Finch and Grove's (1983) collection of essays entitled *A Labour of Love*, which 32
 33 explores and illustrates that caring is variously applied; to care may denote a 33
 34 feeling, a relationship or form of work (see also Fisher and Tonto 1990). Ungerson 34
 35 (1983) further bifurcates care into two converging manners of caring: care-for and 35
 36 care-about, a deconstruction that has helped to establish care as something one 36
 37 can do and something one can feel (Thomas 1993). In her more recent exploration 37
 38 Ungerson (2005) further elucidates that these dynamics of care as action, labour 38
 39 and performance as well as emotion, sentiment and feeling are still very much 39
 40 active with regards to how care is understood and delivered. 40

41 With some degree of agreement, Hinchliffe (2007) argues that when nurturing 41
 42 behaviours (and attitudes) are operating, care is signified. This frames caring as a 42
 43 manner of relating that is rooted in beneficence. As such, one can be said to care 43
 44 when one cultivates, cherishes, offers philanthropic or charitable support, or sustains 44

1 attention to, an Other (be that a person, object, idea or place). It is this model of care 1
 2 that is particularly explored by Mol et al. (2010a. See also Mol 2008) who seek to 2
 3 draw the hidden embodied specificities of care work to attention, illustrating how 3
 4 care practices challenge rationalist notions of a bounded human. Instead, the authors 4
 5 suggest, they constitute and reveal ‘the relations in which we make each other be’ 5
 6 (Mol et al. 2010b: 15). This portrayal of care as a nourishing force makes it easy to 6
 7 believe that when care manifests ‘good intentions’ (Mol et al. 2010b: 12) prevail, 7
 8 and a ‘good’ is mobilized and produced. It is viewing care within this framework 8
 9 that enables it to assume the qualities of a virtue (see also Barnes 2006, 2012). 9

10 This supposition that care acts as a beneficent force draws much strength from 10
 11 the series of ethical philosophies that explore the concept of care with a view to 11
 12 ascribe value to personal, political and global caring, and to ultimately inspire a 12
 13 universally applicable ‘ethic of care’. This could be seen as a social substrate from 13
 14 which emerge practices that support social justice and equality (see Barnes 2012; 14
 15 Held 2006; Tronto 1993). Wishing to illuminate how caregiving practices may 15
 16 underpin human society, scholars of an ethic of care propound this recognition to 16
 17 fashion *how* (not *if*) citizens care for each other. In turn, this framework has been 17
 18 utilized to disseminate models of best practice in a bid to promote and elucidate 18
 19 the hows of effective care (Twigg and Atkin 1994; Twigg 2006). Care emerges 19
 20 from this body of literature as at the root of our humanity and instrumental to 20
 21 mobilizing sociality (and thus survival), but it is simultaneously and paradoxically 21
 22 deemed flawed. As such, caring is legitimately re-appropriated and transformed 22
 23 into a set of skills and behaviours one can learn and become proficient in (Kubiak 23
 24 et al. 2007; Qureshi and Walker 1989). This slippage from instinct to learning 24
 25 allows discussion not only of how to teach the population to care, but also how 25
 26 to care ‘correctly’. Care, thus, emerges as a troubled hybrid, conceptualized both 26
 27 as an innate ability and as a biopolitical force that governs and disciplines. It is 27
 28 framed as something persons instinctively do and yet as a process to be learnt 28
 29 that demands expert knowledge, guidance and training. As such, care manifests 29
 30 as an ‘ontopolitical’ force (Connolly 1995: 2) – a set of ideas that functions to ‘fix 30
 31 possibilities, distribute explanatory elements, generate parameters within which 31
 32 an ethic is generated, and center (or decenter) assessments of identity, legitimacy, 32
 33 and responsibility’ (ibid.: 2). 33

34 It can be argued, thus, that calls for an ethic of care conflate being caring (as a 34
 35 state) with the construction of a social framework of common and collective good. 35
 36 Such a conflation avoids the prickly issues of normativity, control and hierarchy 36
 37 that the implementation of a framework for caring is arguably liable to create 37
 38 (Foucault 1978). Additionally, these discussions nimbly sidestep explorations of 38
 39 the vast array of motivations attached to the multiplicities of being caring and, as 39
 40 such, avoid questions that might work to problematize what care is and does. This 40
 41 volume engages with, and challenges, these perspectives in order to interrogate 41
 42 how assumptions of care as a virtue may influence, pervade, and sculpt social and 42
 43 individual practices and discourses around food and eating. Furthermore, actions 43
 44 that claim to be rooted in care also produce numerous behaviours, conclusions 44

1 and responses that may not be experienced as caring or care-full by all parties. 1
 2 Consequently, reflecting on caring *about* what Others eat – and perhaps, caring 2
 3 *for* Others through that concern – raise questions regarding how the taken-for- 3
 4 granted moral, righteous and worthy character of care allows demands to be made 4
 5 on social and individual (eating) behaviours. Thus what it means to care – that is 5
 6 to care-for, to care-about, to be caring – it seems, may not always be as caring as 6
 7 it appears, after all. 7

8 8
 9 9

10 **Regulated and Resistant Eating Bodies** 10

11 11
 12 By offering diverging examples of how caring is enacted and experienced both 12
 13 around and through eating, the following chapters demonstrate how the seeming 13
 14 benevolence of care is deeply embedded in governing processes of normativity, 14
 15 regulation and control. This recognition shifts the meaning of caring into a 15
 16 disposition or practice that is more than simply virtuous; it transforms into a 16
 17 mechanism of achieving outcomes that is at once wrapped in virtue but is also 17
 18 political. Accordingly, this volume traces how, when associated with food and 18
 19 eating, care may be problematically entwined around regulatory ideas of good or 19
 20 normative practices, citizens and bodies. 20

21 The ingesting bodies (of Others) have increasingly become key sites both 21
 22 of ‘surveillance medicine’ (Armstrong 1995. See also Foucault 2003) and of 22
 23 ‘biopower’, defined as the ‘numerous and diverse techniques for achieving 23
 24 the subjugation of bodies and the control of populations’ (Foucault 1978: 140) 24
 25 undertaken by nation states. In such a formulation, caring what Others eat and are 25
 26 fed emerges as a mode of discipline that is not only imposed upon individual bodies 26
 27 but also lived through these, as bodies are invested with technologies of power that 27
 28 render them docile (Foucault 1977). In this volume, this is highlighted by Truninger 28
 29 and Teixeira, through their exploration of school meals as ‘biopedagogies’ (Wright 29
 30 and Harwood 2009). Abbotts also shows this by examining the ways in which the 30
 31 governing classes in Highland Ecuador establish social distance in their attempts 31
 32 to discipline the eating behaviours, and shape the bodies, of the peasantry by 32
 33 subjectively constructing some forms of eating as care-full and others as care-less. 33

34 Within public health, the body has an extensive history as a site of such cultural 34
 35 and political disciplining around food. Public health in Britain, for example, has 35
 36 long emphasized structural factors that undermine wellbeing as well as bodily 36
 37 integrity and longevity. It has sought to intervene in these at the level of state 37
 38 policy (Twigg 2006. See also Lewis et al. 2000; Petersen and Lupton 1996), with 38
 39 food featuring in these processes since the nineteenth century (Baggott 2000). 39
 40 Underpinning much of those earlier interventionist policies were concerns over 40
 41 potential food shortages and malnutrition (Mills 1992). Underfed bodies were 41
 42 framed as both individually vulnerable and detrimental to the workforce, with 42
 43 a lack of food thereby regarded as potentially destabilizing to the individual 43
 44 and social body. Food insecurity and poverty, and their intersections with social 44

1 justice, and indeed injustice, continue to be pressing issues, both in the global 1
 2 south and, as shown by the rise in food banks (Trussell Trust 2014), in the global 2
 3 north. Malnutrition in ageing populations, particularly in relation to dementia as 3
 4 well as poverty, is also a growing global concern (Donini et al. 2013; Pierson 4
 5 1999). However, the bodies that are arguably framed as most in need of discipline 5
 6 in cultural imaginings and media discussions, especially in the global north, are 6
 7 those framed as ‘obese’. 7

8 Caring about what Others eat has, perhaps, taken its most explicit public form 8
 9 in relation to the politics of what the WHO has controversially termed a ‘global 9
 10 epidemic’ (WHO 2000) of obesity. As Zivkovik et al. and Lindenmeyer explore in 10
 11 this volume, obesity has been the focus of many and varied public health initiatives 11
 12 and interventions. Since the advent of the 21st century, these have also underpinned 12
 13 a swathe of obesity-focused entertainment television, particularly in the UK and 13
 14 USA. This has arguably enabled such knowledge claims not only to travel, but 14
 15 also to be performed and accepted as ‘fact’ in ways that visually categorize and 15
 16 stigmatize Others’ bodies (Eli and Lavis 2014; Inthorn and Boyce 2010; Oullette 16
 17 and Hay 2008). As Lindenmeyer’s chapter shows, obesity-focused discussions of 17
 18 eating often draw a linear acultural relationship between food and body fat, which 18
 19 is contested (Aphramor et al. 2013). They also frame corporeal fat simply as excess 19
 20 without meaning, which has been challenged by explorations of its embodiment 20
 21 and materiality (Colls 2012; Lavis 2014; Murray 2005). Through such discourses, 21
 22 the body emerges as central to the enactment of neoliberal citizenship; eating and 22
 23 food preferences are thereby positioned as integral to a seemingly virtuous self-care 23
 24 that enacts ‘good’ citizenship through responsabilized caring for both the individual 24
 25 and social body. Eating becomes entangled in neoliberal notions of individual 25
 26 responsibility, and continuous self-improvement (Guthman 2011; Walkerdine 2003) 26
 27 with the feeding of Others, especially children, also an act that must be performed 27
 28 within disciplined parameters (Bell et al. 2009; Zivkovik et al. 2010). This latter, 28
 29 and its widespread gendering, is also particularly demonstrated in a slightly different 29
 30 but related context by debates around breastfeeding (see Faircloth 2010; Stearns 30
 31 1999). Relationships between foods and bodies are therefore key ways in which 31
 32 ‘technologies of the self’ (Foucault 1988) are inculcated and enacted (see also 32
 33 Lupton 1996, 1997). As such, however, certain bodies and persons can also find 33
 34 themselves omitted from constructions of a ‘good’ citizen. 34

35 As care sits so awkwardly between the personal and the political, when offered 35
 36 to those considered at risk or vulnerable it can produce discomfort and resistance. 36
 37 This has been seen more widely in relation, particularly, to disability (Campbell 37
 38 and Oliver 1996) and mental health (Crossley and Crossley 2001), which have 38
 39 both seen important challenges to taken-for-granted paradigms of illness and 39
 40 care in recent years. These have sought to extend inclusion by exploring notions 40
 41 of citizenship and wellbeing, and have also highlighted individuals’ agency and 41
 42 embeddedness in wider networks of relations as caregivers as well as receivers 42
 43 (see also Twigg 2006). In this volume, the potentially uncomfortable dynamics 43
 44 of care are drawn out by both Lindenmeyer’s and Lavis’ accounts of intimate 44

1 interactions within clinical encounters. Lindenmeyer shows that the series of 1
 2 positions and identities created by care services do not only function as top-down 2
 3 models of intervention, but also work to affect all of those involved in the process. 3
 4 She thereby illustrates how experts, whilst enabled and authorized to convey 4
 5 proclamations on the how, when and what of caring practice generally, are also 5
 6 party to and instrumental in the production of new tensions, which emerge from 6
 7 the manner through which caring relationships are structured. As such, as Lavis 7
 8 explores, both carers and those being cared for negotiate between normative 8
 9 notions of care and the complexities and experiences of personal lived realities, 9
 10 from which alternative models of caring may emerge. Both of these chapters 10
 11 consequently not only point to the implicit power dynamics inveigled in caring, 11
 12 but also highlight that being cared for is not necessarily experienced as a positive 12
 13 intervention. They thereby demonstrate how care may become absent to itself in 13
 14 dialogues around food, as interventions that are wrapped up as care in the giving 14
 15 may not be experienced as care in the receiving. 15

16 Practices of resistance to such biopolitical, and indeed often biomedical, 16
 17 framings of the relationships between foods, care and individuals are also present 17
 18 in Abbots' account of discourses of good and proper eating propounded by the 18
 19 governing classes that define the preferred foods of the peasantry as lacking in care. 19
 20 Measures are consequently taken to encourage more careful eating practices which, 20
 21 Abbots shows, have little effect, with the peasantry enacting care for and through 21
 22 food in their own, more intimate ways, while continuing to consume those foods 22
 23 deemed care-less in public spaces. Likewise, Zivkovic et al.'s chapter explores 23
 24 how 'sweetness', in the form of refined sugars, is constructed in diverging ways 24
 25 by public health initiatives and individual eating bodies. Their ethnographically- 25
 26 rich discussion reveals how ingesting sugar in a context of social disadvantage 26
 27 contrasts to normative notions of a 'correct' diet; sweetness, they argue, 'emerges 27
 28 as a strategy of caring', which reclaims sugar from public health discourse, not 28
 29 only repositioning its categorization but also its materiality. As such, this chapter 29
 30 elucidates not only how seemingly well-meaning interventions concerned with 30
 31 the health of biological and social bodies can be regarded – and experienced – as 31
 32 an instrument of (attempted) governmentality, but also how these may be resisted 32
 33 through material moments of ingestion. As Lavis' exploration of eating disorders 33
 34 in this volume also does, Zivkovic et al. thereby demonstrate that not only do 34
 35 such interventions interfere with, and reposition, bodily materialities, but also that 35
 36 materialities of bodies and foods 'interfere' (Haraway 2008) more profoundly with 36
 37 interventions themselves. This indicates the importance of attending to corporeal 37
 38 and consumable materialities when exploring food and care. 38

39
 40

41 **The Bodily Materialities of Careful Eating** 41

42
 43 Scholars exploring the materiality of food (Bennett 2007, 2010; Carolan 2011; 43
 44 Lavis, forthcoming; Probyn 2000, 2012), argue it to be 'an active inducer- 44

1 producer of salient, public effects, rather than a passive resource at the disposal of 1
 2 consumers' (Bennett 2007: 45). In turn, Roe shows how 'materiality is displaced 2
 3 during the event of eating, bodies collide, mingle, and separate' (2006: 467). Such 3
 4 scholarship engages with food, thus, as 'more-than-food' (Lorimer 2005. See also 4
 5 Kearnes 2003). In parallel, various ontological developments across the social and 5
 6 physical sciences have recently given rise to a renewed focus on the affective 6
 7 materialities of embodiment as part of this wider turn to materiality (see Blackman 7
 8 2012; Coole and Frost 2010). This allows a particular approach to corporeality 8
 9 and embodiment as both enfolded in and enacted by encounters between food 9
 10 and care. It emphasizes bodies as at once indeterminate and dynamic, but also as 10
 11 vulnerable to interventions wrapped up as 'care'. 11

12 In tandem, but from a differing disciplinary standpoint, critical realist 12
 13 approaches to care have also sought to take account of lived bodily materialities 13
 14 and their wider contexts without resorting to biological reductionism (Williams 14
 15 1999). Such an engagement casts light on how particular bodies become 15
 16 constructed as in need of care, with wider political discourses coalescing at the 16
 17 level of the individual (Twigg 2006). Yet, it also illuminates the intimacies and 17
 18 tensions involved in caring for an Other's body, highlighting the intrinsic troubling 18
 19 of bodily boundaries in caregiving. Like eating, receiving care through acts 19
 20 such as washing and feeding signify a rupture or re-siting of bodily boundaries 20
 21 in ways potentially pleasurable and painful. To care for an Other's body and to 21
 22 allow another to transgress one's corporeal/territorial boundaries demands both 22
 23 trust and a shifting of power dynamics, as well as questioning of what a body 23
 24 means and where its boundaries lie (see Lawton 2000; Pols 2006, 2013; Twigg 24
 25 2002). Care may be shared between bodies as multiple bodies become entangled 25
 26 through caring: It is Lindenmeyer's chapter that shows this most explicitly as the 26
 27 clinician-patient relationships she discusses collapse boundaries between those 27
 28 receiving and those giving care. This sense of the coming together of imagined as 28
 29 well as corporeal bodies, as eating and caring is shared between them in ways that 29
 30 trouble easy assumptions of individuality, is also interrogated by Lavis. As such, 30
 31 recognizing the body as entangled in webs of relations produced both by eating 31
 32 and caring, is also to recognize plurality both of and within bodies. It has been 32
 33 suggested that eating is always multiple; it is shared between bodies whilst also 33
 34 making many bodies (Abbots and Lavis 2013; Lavis, forthcoming). Thus, both 34
 35 eating and caring bring into question distinctions between the individual and the 35
 36 multiple. The 'body multiple' (Mol 2002) engendered by both of these acts, and 36
 37 their mobilizations of one another, is one connected to other bodies, human and 37
 38 non-human, and also to practices, technologies, and objects that produce diverse 38
 39 kinds of bodies and ways of being human. 39

40 As Twigg concludes, 'focussing on the body also enables us to explore some of 40
 41 the complexities of 'care' as a category of activity' (2006: 173) – one, we suggest 41
 42 that produces and displaces particular bodies. Bodily materialities are not just 42
 43 acted upon, but are also created by discursive formations of food and eating; these, 43
 44 it might be said, 'enable and coordinate the doing of particular kinds of bodies' 44

1 (Blackman 2008: 1). It is perhaps a turn to ‘viscerality’ that has most opened up 1
 2 a way to interrogate relationships between agential bodily materialities and wider 2
 3 biopolitical and cultural structures that are arguably often enfolded in but eclipsed 3
 4 by a focus on caring what Others eat. Viscerality has been defined as ‘the sensations, 4
 5 moods and ways of being that emerge from our sensory engagement with the 5
 6 material and discursive environments in which we live’ (Longhurst et al. 2009: 6
 7 334). Developed particularly in the work of Jessica and Allison Hayes-Conroy 7
 8 (e.g. 2010a, 2010b), a turn to viscerality seeks to engage with ‘contextualized and 8
 9 interactive versions of the self and other’ (2010b: 1273) and establish the centrality 9
 10 of the material body to an exploration of wider political and social structures and 10
 11 interventions. It argues that ‘the dynamics of social institutions and/or structures 11
 12 are always already visceral’ (ibid.: 1274). 12

13
 14

15 **Careful Eating and the Construction of Otherness** 15

16
 17 Food’s power to entangle biological bodies within wider political and cultural 17
 18 structures is a recurrent motif of this volume, and is productively explored across 18
 19 many of the chapters through the lens of otherness. Invoking issues of national 19
 20 identity and belonging, Truninger and Teixeira unearth the undercurrent of 20
 21 Portuguese nationalism and ‘national taste’ in the making of children’s bodies in 21
 22 the context of school meals and the education system, whereas Flowers and Swan 22
 23 discuss how multicultural Taste Tours in southwestern Sydney are framed as a 23
 24 means of challenging racism and breaking down ethnic divisions and stereotypes. 24
 25 Flowers and Swan, however, draw attention to the flipside of such initiatives by 25
 26 pointing to the ways in which these can create and reinforce social distance and 26
 27 difference. They thereby indicate how culinary identities and gustatory boundaries 27
 28 are constructed by ‘the eating of the Other’, and demonstrate how eating can both 28
 29 create and dissolve social and bodily boundaries. Eating is therefore explored 29
 30 in this volume as an intersection through which dynamics between the self and 30
 31 Other are brought into sharp relief (see also Abbots 2013). Food is consequently 31
 32 as much ‘a marker of difference’ (Caplan 1997: 9) as it is of similarity and while 32
 33 scholarship within Food Studies has accounted for this, it has arguably been less 33
 34 skilled at highlighting the ways that food practices are often as fraught, divisive 34
 35 and tension-filled as they are harmonious and cohesive (Abbots and Lavis 2013; 35
 36 Holtzman 2013; Wilk 2010). This lack is a reflection, perhaps, of a tendency 36
 37 within Food Studies towards, what Holtzman has labelled an ethnography of tasty 37
 38 things (2006) and a Pollyanna-ish inclination for foods that comfort and soothe 38
 39 (2013). As he reminds us, food is ‘an arena to create and evoke joys in things that 39
 40 are so close to us but are also a site for tensions, anxieties and regrets’ (2013: 145). 40
 41 Comfort can often be discomfiting, and closeness claustrophobic. 41

42 These wider tensions and ambivalences between proximity and distance, 42
 43 sameness and otherness, and intimacies and estrangements, are all glimpsed in a 43
 44 variety of ways across the chapters of this volume. For example, in Coles’ account 44

1 of chicken consumption in southeast London, place (both imagined and material)	1
2 is experienced and ingested by middle class professionals who attempt to assuage	2
3 their food anxieties and insecurities whilst constructing a cosmopolitan identity.	3
4 The structural class dynamics that Coles explores, both implied and explicit, are	4
5 just one dimension of how tensions around eating and caring come to the fore, and	5
6 how the notion of place is employed to construct seemingly caring identities. This	6
7 thread is also picked up by Abbots, who interrogates how relations of distance	7
8 are reflected in, and potentially destabilized by, conflicting notions of care-full	8
9 and care-less foods. Eli et al. also illustrate this multiplicity to care positioning;	9
10 investigating a web platform, they interrogate how personal care agendas can be	10
11 made to travel and map across spaces and distances using digital technologies.	11
12 Social media as a modality of mobilizing care is also taken up in Rousseau's	12
13 chapter, which demonstrates how counter-discourses of good and proper eating	13
14 practices are produced through rapid exchanges across cyberspace. Lavis too pays	14
15 attention to interplays of proximity and distance. By engaging with individuals	15
16 affected by anorexia, she shows how not eating may unfold wider ethical concerns	16
17 into self-care by mapping the world in ways both careful and yet painful. In diverse	17
18 ways, this volume therefore demonstrates that environments and proximities are	18
19 positioned, and even made, by eating-as-caring for (imagined) places, spaces	19
20 and Others.	20
21	21
22	22
23 Caring Consumption: Entwining the Personal and Political	23
24	24
25 The production of Others and selves through careful eating further points to the	25
26 ways in which the personal and political are entwined in the subjective depths of	26
27 the body. DuPuis (2000), drawing on David Goodman's (1999) evaluation of actor-	27
28 network approaches to food, illustrates this process through the lens of organic	28
29 milk and the 'not-in-my-body' politics of refusal engendered by fears over bovine	29
30 growth hormone. Challenging perspectives that centre on commodity chains, she	30
31 stresses the role of the reflexive consumer in the co-production of food systems and	31
32 interrogates ways in which political activities are played out through everyday food	32
33 choices. Similarly, Collier and Lakoff (2005) point to the increasing politicization	33
34 of domestic life and Barnett et al. highlight how 'care, solidarity and collective	34
35 concern' (2005a: 45) increasingly shape consumer choice and the extent to which	35
36 ethics are located in domestic lives (Barnett et al. 2005b). This theme of caring	36
37 consumption is further unpacked in Goodman et al.'s (2011) account of alternative	37
38 food networks and fair trade which, they point out, are premised on the notion that	38
39 eating differently can change the world (of food). They demonstrate the role such	39
40 forms of consumption play in the creation of the moral and ethical self and, in so	40
41 doing, elucidate how an ethic of care is embedded in fair trade networks. Moreover,	41
42 for Goodman et al., discourses – or in their words, the 'cultural economies' (ibid.: 42	42
43 209) – of fair trade are more than mere marketing tools: instead they are 'semiotic	43
44 intermediaries' that are ' <i>indispensable</i> in creating the meanings of fair trade good	44

1 as caring consumption' (ibid.: 209-10, emphasis in the original). As such, the 1
 2 'traffic in things' constitutes the 'traffic in care' (ibid: 209). They thereby not only 2
 3 indicate the relationalities that eating may engender, but also elucidate how these 3
 4 are commoditized, concluding that fair trade 'works to translate the social relations 4
 5 of care into the economic terms of the minimum price and price premium' (ibid. 5
 6 2016). Care, therefore, can be practised at a distance (Lewis and Potter 2011: 15), 6
 7 albeit through a mechanism that, paradoxically, works to reconnect (Carrier and 7
 8 Leutchedford 2012; Kneafsey et al. 2008; Morgan 2010). 8

9 Alternative food networks have been subject to further criticism, in part because 9
 10 of their elitist, and often raced and racializing, characteristic (Hayes-Conroy in 10
 11 press; Slocum and Saldhana 2012; West and Domingos 2012). Consequently, 11
 12 questions emerge regarding which social actors have the economic and cultural 12
 13 wherewithal to consume in a 'caring' manner. Or, in other words, following 13
 14 Goodman et al. (2011), who can 'traffic' in care. In this volume, this is considered 14
 15 by Coles as he examines the ways in which middle class sensibilities and anxieties 15
 16 about eating are experienced and enacted by his participants' careful consumption. 16
 17 In so doing, he indicates the class-premised food spaces they inhabit, avoid and 17
 18 imagine. Intersecting with Goodman et al.'s (2011) discussion of fair trade, Coles 18
 19 further highlights the role that the material economy of food, such as labels, plays 19
 20 in making specific networks of production (partially) transparent. He shows how 20
 21 these, often imagined, networks are materially and discursively (re)produced. 21
 22 Weberian notions of class performativity (Weber 1978), and ways in which they 22
 23 intersect with more structural dynamics, are also addressed by Eli et al., Abbots, 23
 24 and Zivkovic et al. These three chapters share an interest in interrogating who has 24
 25 the cultural authority to define the constitution and parameters of careful eating. 25

26 The contested production of food knowledges, especially in reference to 26
 27 competing models of 'good' and 'healthy' eating, and the mechanisms through 27
 28 which particular voices are heard and given authority over others, has been subject 28
 29 to some attention (see for example, Abbots and Attala, in press; Flowers and Swan, 29
 30 in press, Rousseau 2012; West et al. 2014). In this volume, Abbots focuses on 30
 31 cultural fairs and examines how notions of tradition interplay with ideas of careful 31
 32 eating, whereas Lavis and Lindenmeyer address clinical contexts. Zivkovic et 32
 33 al. explore the arena of public health, and Truninger and Teixeira, the education 33
 34 system. This theme is also key to Eli et al. and Rousseau's explorations of how 34
 35 social media and user-generated content can provide a platform for sharing and 35
 36 challenging information and misinformation about caring foods. But, as Rousseau 36
 37 shows us, new technologies can reinforce and maintain existing cultural hierarchies 37
 38 of knowledge just as much as they can democratize, destabilize and give space to 38
 39 new and other voices. 39

40 The classed, racialized and gendered dynamics of eating and caring are also 40
 41 seen through the lens of labour relations, specifically in relation to the authority 41
 42 that the performance of reproductive labour both enables and prohibits. The 42
 43 extent to which women continue to perform the majority of food work within 43
 44 the domestic domain has been well established (Counihan and Kaplan 1998; 44

1 Pilcher 1998; Weismantel 1988), as has the ways in which women commonly 1
 2 privilege the preferences of family members over their own needs (Counihan 2
 3 1999; DeVault 1991; Murcott 1983). This ‘primary carer’ role has been elucidated 3
 4 by Vallianatos and Raine (2008) who argue that the gendered self-definition of the 4
 5 Arabic and South Asian women with whom they researched in Canada rested on 5
 6 their capacity to provision food and cook for their families. Ensuing from such 6
 7 constructions, popular media and public health discourses frequently expound 7
 8 mothers’ roles in producing childhood obesity (Maher et al. 2010; Zivkovic et al. 8
 9 2010). In contrast, Zivkovic et al. show in this volume how such constructions are 9
 10 bound up with affective intimacies in domestic spaces, Flowers and Swan, in turn, 10
 11 demonstrate how such gendered relations of care labour may be enacted outside of 11
 12 the domestic realm as they interrogate the emotional labour of ‘hostessing’ in the 12
 13 context of culinary tourism. In so doing, their chapter expounds the intersections 13
 14 between gender and ethnicity and the ways in which boundaries of otherness are 14
 15 concomitantly blurred and reinforced through the process of outsourcing and 15
 16 commoditizing care. This theme of outsourcing is further taken up by Truninger 16
 17 and Teixeira as they point to the multiple carers involved in the production of 17
 18 Portuguese school meals and, ultimately, children’s bodies. 18

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21 **Final Reflections on the Entanglements between Eating and Caring** 21

22 22
 23 Elspeth Probyn (2010) reminds us that eating inherently enacts utterly ‘messy’ 23
 24 concerns. These are concomitantly deliberate and incidental, macro and micro, 24
 25 relational and intimate (Abbots and Lavis 2013: 6). As such, ingesting and digesting 25
 26 involve, and invoke, myriad decisions, actions and consequences through which 26
 27 individuals demonstrate that – and the extent to which – they care about particular 27
 28 issues, people and places. In turn, specific people, places and issues are (ostensibly) 28
 29 cared for through eating and not eating certain foods, places and Others. These 29
 30 complexities, and their multi-dimensionality, shift across and entwine the public 30
 31 and the personal: From consciousness-raising on the public stage and political 31
 32 activism, to everyday moments of shopping and eating, the cultural politics of care 32
 33 are, as the chapters in this volume demonstrate, played out at multiple sites. These 33
 34 include, but are not limited to, individual bodies (Lavis; Zivkovic et al.); kitchens 34
 35 (Truninger and Teixeira); clinical encounters (Lindenmeyer), cultural fairs 35
 36 (Abbots); tourism (Flowers and Swan); the market (Coles) and cyberspace (Eli et 36
 37 al.; Rousseau). Care then, as all of these contributions attest, is a slippery concept 37
 38 that takes on multiple forms and many guises. Although essential to human life and 38
 39 society on the one hand, it may also masquerade, and be wrapped up, as something 39
 40 entirely different from its seemingly intrinsic character. Caring, thus, can appear 40
 41 benign whilst also being politically charged and morally laden; its performances 41
 42 may be as care-less as care-full. Unearthing not only this slippery nature of care, 42
 43 but also how this slipperiness is produced and mobilized draws our attention to the 43
 44 unseemly politics of food more widely. Illustrating how particular bodies, persons 44

- 1 and citizens are marginalized and denigrated by carelessly-careful debates around 1
 2 food is a key contribution of this volume, and it is one that intersects with wider 2
 3 concerns regarding food, social justice and the (bio)politics of everyday inequality. 3
 4 As such, asking why and how individuals, groups, institutions and agencies care 4
 5 about what Others eat does not give rise to one simple answer. Rather it engenders 5
 6 a raft of complex responses and reactions that intersect, juxtapose and throw each 6
 7 other into sharp relief. It is those very complexities that we present in this volume 7
 8 and, in so doing, we offer up an intellectual, compassionate, and ultimately 8
 9 humanizing, reflection on what it means to eat, to care and to write about both. 9
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PART I

Eating to Care: Proximities and Productions

This opening part explores ways in which the act of eating produces, mobilizes and ruptures dynamics of care. Extending explorations of how individuals care for themselves and Others through their food choices, this part begins the volume's narrative arc by asking what relationships, discourses and imaginings of care are embedded not only in individuals' eating practices, but also in the ways they articulate their food preferences *vis-à-vis* other individuals and social groups. These processes are examined through the diverse contexts of culinary tours, social media debates, and celebrations of traditional food. As such, the central argument that care is a slippery concept that takes multiple forms and guises – and that this slipperiness enables caring to be politically deployed – starts to emerge. The chapters in this part all demonstrate that eating is an act inherently productive of, as well as entangled in, social relations – whether these are between ethnic groups, social classes or just individuals with conflicting views on what comprises 'good' food. All elucidate how these relations dynamically take shape through everyday engagement and proximity with Others. In so doing, each points to the ways that eating, eating the Other, and caring about the eating of Others demonstrate and enact relationships of care. In turn, careless eating – that is not eating in preferred manners and adopting foods considered less desirable – is shown to be constructed as a problematic practice that requires intervention and interference in the forms of, for example, health fairs, education and the instigation of online debates. Collectively, then, this part draws attention to the ways in which individuals ingesting careful foods are constituted as more caring than those who do not. In short, to eat (certain foods) is to care (for and about particular people and issues).

By tracing the often fraught and tension-filled nature of these processes, the chapters in this part further examine ways that subjective knowledges of proper eating are overlaid onto particular individuals or segments of society including, for example, ethnic women in the form of hostesses or members of the peasantry. They thereby indicate how particular social groups are expected to eat carefully, and the ways in which this intersects with ethnicity, gender, class, and body size. They further examine how these expectations are both upheld and challenged through social interactions. This part consequently highlights the political dynamics of care, the (moral) authority of the carer, and the eater as carer.

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Chapter 1

Multiculturalism as Work: The Emotional Labour of Ethnic Food Tour Guides

Rick Flowers and Elaine Swan

12 Introduction

In this chapter, we examine the complex gendered and racialized politics of caring work performed by guides on Taste Tours, a food-tourism social enterprise. The tours are organized by The Benevolent Society, Australia's oldest not-for-profit organization and run in southwestern Sydney. They are 'designed to show the very best of southwest Sydney's amazing multicultural food traditions' as a means 'to bridge cultural divides and build community pride, generate income for local businesses, and create training and employment opportunities' (The Benevolent Society 2011). Southwestern Sydney has a large migrant population and has long been represented in racist ways in the media and public imaginary (Poynting et al. 2004; White 2004). The tours are presented as attempts at countering such 'negative perceptions', thus creating a more 'caring' and 'careful' image of the region and its people through food.

A diverse organization with approximately 850 staff and 600 volunteers, The Benevolent Society provides a range of services focused on children, older people and women's health (Michaux 2010). It was established in 1813, only 30 years after the British First Fleet invaded Australia, to 'promote missionary work and the 'sacred duties of religion' (Clarke 2013: np). Originally called the NSW Society for Promoting Christian Knowledge and Benevolence, in 1818 it was renamed The Benevolent Society of NSW, and became a non-religious organization with the remit of providing 'relief of the poor, the distressed, the aged, and the infirm, and for other benevolent purposes' (ibid.: np). Since that time the society has extended its service provision to maternity services, home care, child protection, community development and more recently social enterprise activity. It derives most of its funding from government grants, and donors and recently income from social enterprises.

Against this backdrop, Taste Tours has been running for three years as a social enterprise. In essence, this means that the tours are organized as a business with a social purpose. Fee-income is reinvested back into the business and the community. Although somewhat contested, social enterprises are often imagined as more 'caring' organizational forms than those which are for-profit (Haugh

1	2005: 5). Taste Tours is described as ‘designed to give something back to the local	1
2	community’ (The Benevolent Society 2011).	2
3		3
4		4
5	Failed Multiculturalism	5
6		6
7	In order to understand the aims of Taste Tours, it is important to know that there	7
8	has been a longstanding economic and cultural marginalization of southwestern	8
9	Sydney (Poynting et al. 2004). It has large numbers of migrants and refugees from	9
10	southern and eastern Europe, Vietnam, the Middle East and Africa; is relatively	10
11	poor; and is the target of racist and Islamophobic media and political constructions	11
12	about ‘ethnic’ violent crime, the ‘criminalized Arab,’ and ethnic young men’s	12
13	‘gangs’, such that some major suburbs are portrayed as ‘no-go’ enclaves for Anglo-	13
14	Celtic Australians (Collins 2009; Dreher 2003; Noble 2009). As a result, there	14
15	has been a repeated demonization of categories such as the ‘Arab’, ‘Muslim’,	15
16	‘Middle Eastern’ and ‘Lebanese’ in the reporting of events in the region and racial	16
17	discrimination and violence towards men and women from these backgrounds.	17
18	Because of this context of ‘Othering’ Vietnamese, Arab and Muslim Australians,	18
19	southwestern Sydney is constructed as Australian multiculturalism ‘gone wrong’	19
20	(Dreher 2003). It is these negative ‘Othering’ perceptions of crime and danger, and	20
21	the effects of these on small ethnic businesses, that Taste Tours seeks to ‘rewrite’	21
22	through ethnic neighbourhood tourism and the work of the guides.	22
23		23
24		24
25	Eating the Other	25
26		26
27	Ethnic culinary tourism is one of a number of concerted efforts to construct ‘ethnic’	27
28	food as a medium through which people learn about other cultures and as a sign	28
29	that they, their cities and regions are more ‘tolerant’ of difference, more caring of	29
30	the Other (Duruz 2010; Flowers and Swan 2012, 2015; Hage 1997; Probyn 2000;	30
31	Sheridan 2000). Thus in Australia, ethnic food has ‘long been the acceptable face	31
32	of multiculturalism’ (Gunew 1993: 41). There has been much debate on the ethics,	32
33	politics and effects of such culinary tourism. The term ‘eating the Other’, taken	33
34	from bell hooks’ (1992) critique of the commodification and consumption of racial	34
35	difference by white people, has been taken up in food studies to characterize the	35
36	way that white middle-class people consume ethnic food as a form of cultural	36
37	capital production. For hooks, dominant white cultures visually or metaphorically	37
38	eat racialized bodies to spice up the blandness of mainstream white culture (Sheller	38
39	2003). Through commodification, the Other’s histories of racism and imperialism	39
40	are decontextualized in a process of ‘commodity fetishism’ (hooks 1992). Hence,	40
41	writers suggest that white people learn an attenuated idea of Others’ cultures and	41
42	the historical, political, colonial contexts of their lives and foods (Hage 1997;	42
43	Heldke 2003; hooks 1992).	43
44		44

1 At the centre of the critique is the idea that the Other is simply used as an object 1
 2 for a white project of narcissist self-development and status enhancement: one might 2
 3 say the consumer is careless and self-centred through their food. For writers such as 3
 4 Ghassan Hage (1997) and Lisa Heldke (2003), the greed of the eater for parading their 4
 5 cultural competence gets in the way of any care for the workers in ethnic restaurants, 5
 6 or the socio-cultural histories of their food and journeys as migrants or refugees. 6
 7 For Hage, it is a detached intellectual project lacking any sensory relationship to the 7
 8 materiality of food or actual engagement with local people (1997: 86). Eating the 8
 9 Other is thus a form of self-care, learning more about the self, with the desire to be 9
 10 oneself by getting closer to and incorporating the stranger. Eating the Other is more 10
 11 about appetite than generosity, and narcissism than altruism (Ahmed 2002). 11

12 A question arising from this debate is whether the Other can be eaten in a more 12
 13 caring and careful way. In one school of thought, Heldke sets out an anti-colonial 13
 14 project of eating the Other in which careful eating entails 'self-reflective eating' 14
 15 (2003: 117), learning how colonialism structures experiences of eating ethnic food 15
 16 and developing a more ongoing relationship with ethnic food producers – a more 16
 17 attentive sociality. In another school of thought, careful eating of the Other happens 17
 18 through 'everyday multiculturalism' (Wise and Velayutham 2009: 1): the ways multi- 18
 19 ethnic people have prosaic encounters and ongoing interactions in neighbourhood 19
 20 and everyday settings such as schools, buses, shops, community gardens, and sports 20
 21 fields. These interactions, so the argument goes, produce a more caring relation 21
 22 to the Other than a version of multiculturalism which relies on celebrations and 22
 23 festivals (Jakubowicz and Ho 2014; Wise 2010; Wise and Velayutham 2009). A third 23
 24 school of thought suggests that the sensory and embodied aspects of ethnic food 24
 25 encounters produce a visceral connection to the Other in positive ways (Highmore 25
 26 2008; Johnston and Longhurst 2012; Molz 2007). In this view, eating the Other in 26
 27 tourist encounters displays a physical as well as an intellectual stance of openness 27
 28 toward consuming difference, with tourists voluntarily seeking out a sense of risk 28
 29 and curiosity through ethnic food, and alienation which can result from eating 29
 30 unfamiliar food (Molz 2007: 82-5). These produce what Amanda Wise calls 'hopeful 30
 31 intercultural encounters' producing new ways of thinking and doing (2005: 172. See 31
 32 also Johnston and Longhurst 2012). 32

33 For Hage (1997) and Uma Narayan (1997), the focus needs to be on the 33
 34 agency of the Other in producing food-multiculturalism. Thus, Hage writes of 34
 35 the ethical importance of researching the Other as subject: what he calls the 35
 36 'feeder, not just the white cosmopolitan 'eater'. With these ideas in mind, in this 36
 37 chapter, we examine the caring work of the migrant women guides on Taste Tours. 37
 38 Over a 12-month period in 2012 and 2013 we undertook participant observation 38
 39 research on five tours, conducted a focus-group interview with five guides, plus 39
 40 one-on-one interviews. We participated in the tours, walking, eating, drinking 40
 41 and conversing with the guides, tourists and shopkeepers, undertaking what has 41
 42 been called 'tourist-ethnography' (Jack and Phipps 2005). We audio-taped and 42
 43 transcribed the focus groups and interviews. From this participant observation we 43
 44 produced data in the form of photographs and fieldnotes. Using a loosely grounded 44

1 theory (Charmaz 2014) approach, we followed a coding process augmented by 1
 2 memo-writing. We drew on literature on guiding work and emotional labour for 2
 3 our analysis and from the outset we were clear that we would use etic categories 3
 4 informed by critical race and feminist theories and thus positioning us closer to 4
 5 ‘critical’ ethnography than traditional ethnography. 5

6 6
 7 7

8 **Taste Tours: Ethnic Neighbourhood and Benevolent Tourism** 8 9 9

10 The Taste Tours program began in 2010 with a half-day walking tour in the suburb 10
 11 of Bankstown. It continues to expand with tours now being offered in seven other 11
 12 suburbs of southwestern Sydney. Names of tours include Babylonian Delights, 12
 13 South American Food Trail, Shanghai to Saigon, and World Explorer and typically 13
 14 participants to these tours will get to shop for and taste foods originating from 14
 15 various language groups and countries in the Middle East, Southeast Asia and 15
 16 South America. It should be noted that they are all multi-ethnic food tours. 16

17 Their website describes the tours as follows: 17

18 18
 19 All tours are led by local guides and hosted by businesses that share their stories 19
 20 of food and culture. We reveal the best places to eat and shop, all while you enjoy 20
 21 a feast for the senses. You’ll also get a sample bag to fill to bursting point with 21
 22 goodies collected along the way. *Taste* is far from your typical food tour. Let 22
 23 local guides share their secrets on the best places to eat and shop for authentic 23
 24 dishes and ingredients. 24

25 25
 26 There are usually between ten and 20 tourists on a tour and the guides work in 26
 27 pairs, with one leading the group and the other bringing up the rear, wheeling a 27
 28 trolley of samples, information and serviettes. Typically, a tour includes visits to 28
 29 three or four shops, one café and one restaurant, with time at each stop for a talk 29
 30 by the guides, shopping and sampling of foods. 30

31 In 2012, at the time of our fieldwork, the guides were all women, residents 31
 32 of southwestern Sydney and from non-Anglo Australian ethnic backgrounds: 32
 33 Lebanese, Chinese, Greek, Maltese, Egyptian and Pakistani. Guides were aged 33
 34 between 30 and 50 and most were second-generation, but some recently-arrived, 34
 35 migrants. They are not employees of The Benevolent Society but contracted on a 35
 36 freelance basis. As the literature on guiding work suggests, the work of the guides 36
 37 is highly varied (Bunten 2008; Cohen 1985; Salazar 2008; Valtonen 2009). And we 37
 38 observed that the Taste Tours guides are highly skilled, drawing on various kinds of 38
 39 expertise. Broadly speaking, they provide tourists with formal information about 39
 40 the suburb, and the businesses being visited; factual plus entertaining information 40
 41 about foods, and culture; marshal the group from its meeting point to the variety 41
 42 of shops, cafés and restaurants on the tour; answer individual and group queries on 42
 43 a range of topics; keep the group on time to the agenda; build group conviviality; 43
 44 and liaise with each business. 44

1 On the programme's website at the time of our research, the ethnic women 1
2 were positioned as housewives and mothers who cook for love. In fact, most Taste 2
3 Tours guides have university qualifications and some demonstrate considerable 3
4 professional pride not only in their knowledge of multi-ethnic foods but also ability 4
5 to lead and facilitate a group of tourists. By positioning them less as professionals 5
6 and more as local residents, The Benevolent Society may be creating a sense of 6
7 'authenticity' for tourists but are devaluing the work of the guides. We elaborate 7
8 on this in the rest of this chapter by analysing the emotional labour the guides 8
9 invest in performing their role. 9

10 Taste Tours can be understood as a form of 'ethnic neighbourhood tourism' 10
11 (Santos et al. 2008). While this type of tourist activity is small-scale, in cities that 11
12 are 'culturally diverse', there is a growing trend to make local neighbourhoods 12
13 destinations for 'tourists' from within the same city. Such tours capitalize on the 13
14 'ethnic' products of neighbourhoods by 'offering entertaining representations 14
15 of their culture and history and drawing attention to charged relations between 15
16 ethnicity and the ... urban landscape' (Santos et al. 2008: 1002). Touristification of 16
17 previously marginalized ethnic neighbourhoods is seen to bring benefits including 17
18 economic development, 'cultural revitalization' and cross-cultural understanding. 18
19 There are, however, concerns in the emergent literature about whose version of 19
20 culture is produced in the 'touristification' of ethnic neighbourhoods' and how 20
21 this can amplify rather than counter racial stereotypes circulating in the media 21
22 (Conforti 1996; Santos et al. 2008). 22

23 The caring work of the guides is not only shaped by a wider cultural discourse 23
24 of eating the Other and ethnic neighbourhood tourism, it is inflected by the history 24
25 and policies of The Benevolent Society and connotations of benevolence. Taste 25
26 Tours is described on their website as 'eating for a good cause'. This refers to 26
27 the aims of enabling intercultural learning, community pride, job creation and 27
28 economic development. Interestingly in relation to this, the concept of benevolence 28
29 in Christian tradition is defined as: 29
30 30

31 An attitude of the mind and heart that wishes the best for one's neighbour ... 31
32 benevolence is both comprehensive and universal. It wishes all good things for 32
33 the neighbour and it recognises the neighbour as everyone – including one's 33
34 enemies. (Glaser 1994: 111) 34
35 35

36 But there is, of course, a politics of benevolence where 'doing good' is vigorously 36
37 contested and particularly so in relation to race and power. Damien Riggs 37
38 (2004) argues that in political circles, 'white benevolence' in Australia has been 38
39 constructed as a challenge to Indigenous sovereignty. In essence, the concept 39
40 of benevolence says our intentions are good; look at the good things we do, 40
41 rather than showing how white people benefit from race privilege and the legacy 41
42 of colonialism. 42

43 We are presenting a framework to analyse the caring work of tour guides that 43
44 draws links between the politics of benevolence, ethnic neighbourhood tourism 44

1 and eating the Other. A strategy to make links between these bodies of literature 1
 2 is to analyse the ways tourist expectations are formed. Tourist expectations are 2
 3 the ideas and imaginaries about destinations with which tourists arrive and these, 3
 4 in turn, shape how guides behave (Salazar 2010; Skinner and Theodossopoulos 4
 5 2011). Thus, tourists have individual ‘pre-tour understandings’ (Bruner 2010, 5
 6 cited in Salazar *ibid.*: xiii) informed by widely-circulating political and cultural 6
 7 stereotypes and discourses (Salazar 2010). These ‘travel’ through documentaries, 7
 8 art, museums, photographs, postcards, travelogues, blogs, websites, guidebooks 8
 9 and brochures, news coverage, academic publications, literature, advertising and 9
 10 television (*ibid.*: 9). Ideas about ethnic neighbourhood tours can be affected by 10
 11 historical forms of ‘othering’ and racism together with discourses of celebratory 11
 12 urban multiculturalism (Santos et al. 2008). 12

13 Tourism websites form part of this circulation. Taste Tours has had lots of 13
 14 coverage in national and local newspapers, positioning them within food 14
 15 multiculturalism and social enterprise discourses. To get to the Taste Tours 15
 16 webpages, potential tourists have to go through The Benevolent Society’s main 16
 17 website. This is where potential tourists find information about the tours and the 17
 18 guides, and make bookings. The Benevolent Society’s website frames the caring 18
 19 agenda in relation to Taste Tours in particular ways. It is positioned in relation to 19
 20 the Benevolent Society’s history of ‘doing’ benevolence. 20

21 21

22 22

23 **Caring Work and Emotional Labour** 23

24 24

25 Drawing on critical race theories and feminist research on emotional labour and 25
 26 hostessing in the context of tourism we present an analysis of guides’ work – 26
 27 practices of care – against a backdrop of racism, Islamophobia and fear. It is against 27
 28 this backdrop that we make connections between a politics of eating the Other 28
 29 and emotional labour. The guides’ emotional labour is racialized and gendered in 29
 30 multiple ways. 30

31 As a form of tourism-work, guiding is complex, multifaceted and intricate. It 31
 32 encompasses a range of intellectual, manual, educational, emotional and social 32
 33 skills (Bunten 2008; Valtonen 2009), as we learned first-hand from observing and 33
 34 talking to the *Taste Tour* guides. Soile Veijola (2009a) argues that it is the ‘service- 34
 35 work’ aspect as opposed to these other elements of tour guiding which is now most 35
 36 significant for tourism. Hence guides are expected to be friendly, amiable and 36
 37 sociable, take care of the group’s needs, keep the group in a good mood, manage 37
 38 tensions, relax the group and create a comforting social atmosphere (Veijola 2009a. 38
 39 See also Wong and Wang 2009: 250). We examine this relational work through 39
 40 the concept of emotional labour, defined by Arlie Hochschild as ‘the emotional 40
 41 style of offering the service as part of the service itself (1983: 16, cited in Veijola 41
 42 and Valtonen 2007: 16). For example, Mike Crang (1997) describes how tourism 42
 43 workers are required to express emotional work such as deference, eagerness to 43
 44 44

1 please, and friendliness and to produce affective customer experiences in the here 1
2 and now of the social situation. 2

3 Relational caring service-work is theorized as a further extension of the cultural 3
4 feminization of labour. This is because it draws on emotional, aesthetic, domestic 4
5 and social skills of femininity (Adkins 2005; Gray 2003; Lovell 2000; Swan 2008; 5
6 Veijola 2009b). Women perform most of this service work, although increasingly 6
7 it is also expected from male workers. In this line of argument, Veijola and Jokinen 7
8 (2008) suggest that the best way to characterize the provision of care in tourism 8
9 is through the concept of ‘hostessing’. By this, they mean the work of attending 9
10 to the emotional, bodily and social needs of tourists which requires the core skills 10
11 of a good hostess or housewife – the capacity to relate, take care and host. They 11
12 write: ‘femininity is foundational to the acts and images of hospitality and care- 12
13 taking’ (ibid.: 42). 13

14 In this view, caring service-work in guiding is emotional labour and tour 14
15 guides are expected to ‘express positive emotions and to suppress negative ones’ 15
16 (Wong and Wang 2008: 252). For example, guides need to produce amiableness, 16
17 considerateness, friendliness and warmth in themselves; and relaxation, 17
18 satisfaction and openness in tourists. As Veijola argues it is about ‘the importance 18
19 of smiling and showing *a will to please* (2009b: 16). Hostessing then involves the 19
20 whole spectrum of bodily feeling, intellectual and communicative capacities and 20
21 expertise encompassing the body, voice, intonation, facial gestures. But emotional 21
22 labour is constrained by the cultural means for ‘pleasing’ such as size, looks, attire, 22
23 attitude, age and gender (ibid.: 21). For Veijola subservience is at its centre. 23

24 Hostessing is about the gendering of the work itself and the separation of 24
25 gender from the worker. There are two points worth noting here. First, claims to 25
26 performances of femininity as workplace resources are not evenly distributed or 26
27 rewarded (Adkins 2005). Not everyone can mobilize their gender at will (Skeggs 27
28 2004: 53). This is because hostessing skills are not seen as expertise or skill but 28
29 as ‘as part of their nature to please others and not their professional know-how’ 29
30 (Jokinen and Veijola 2012: 39. See also Bolton 2009). Thus, the terms under 30
31 which women and men perform hostessing and claim workplace rewards and 31
32 consequences are unequal (Adkins 2005; Swan 2008; Veijola and Jokinen 2008). 32

33 Secondly, there is an emotional burden of a work-culture where ‘the discipline 33
34 of “customer is always right” is pervasive in service settings’ (Wong and Wang 34
35 2008: 251). Thus, a mobilization of gender performance does not count unless it is 35
36 recognized as having audience effects (Adkins 2005: 123, cited in Veijola 2009b). In 36
37 other words, employee effectiveness is not measured on the basis of product quality 37
38 but on terms related to customers; workers therefore focus attention on the effects of 38
39 their labour on the intended audience (Adkins 2005: 122-3, cited in Veijola 2009b). 39
40 This means caring is reproduced under unequal and sometimes coercive power 40
41 relations in which ‘the customer is always right’ (e.g. Veijola and Valtonen 2007). 41
42 The audience act as the ‘final judge’ (ibid.: 20). This is further exacerbated by the 42
43 plethora of customer surveys, ratings, and job descriptions that ‘foreground customer 43
44 care, comfort, pleasure and contentment’ (Adkins 2005: 122. See also Veijola and 44

1 Valtonen 2007). This results in a ‘tight feedback loop’ between self-surveillance of 1
 2 emotions and intended audience effects (Veijola 2009: 120). 2
 3 In their work on tour guides, Jehn-Yih Wong and Chih-Hung Wang suggest 3
 4 that when guides are expected to lead tourists in ways that make them satisfied 4
 5 and happy, it is sometimes at the expense of what the guides may believe and 5
 6 feel. This adds an extra challenge for the emotional labour of tour guides because 6
 7 they have so little time off-stage in ‘which to release the emotional burden’ (2009: 7
 8 250). As has been noted, ‘privileged’ emotion managers have more autonomy 8
 9 and freedom in relation to their emotional expression and are provided with more 9
 10 organisational resources – time, space, buffers and training – to enable them to 10
 11 manage their feelings and produce an emotional performance (MacDonald and 11
 12 Sirianni 1996). In turn, this exacerbates the existing inequalities in the emotional 12
 13 exchange between tourists and guides (Bolton and Houlihan 2005). 13
 14 Veijola and Valtonen note that occupational racism means that caring work 14
 15 is imagined to ‘suit’ migrants, but they still do not consider emotional labour in 15
 16 racialized terms. In fact, generally little attention has been given to the racialization 16
 17 of emotion-work (Mirchandani 2003, 2012). Thus, much of the scholarship relies 17
 18 on a falsely universalist conceptualization of emotion and gender (Gunarathnam 18
 19 and Lewis 2001; Mirchandani 2003, 2012). In essence, the literature on emotional 19
 20 labour has ignored the differential affectivity of racially minoritized men and 20
 21 women (Ahmed 2012; Ramos-Zayas 2012; Tolia-Kelly 2009). 21
 22 The racialization of emotional labour can be understood in a number of ways. 22
 23 First, there are distinct ‘feeling-rules’ for racialized minorities in workplaces, 23
 24 inflected by class and gender (Froyum 2013; Ramos-Zayas 2012; Shan 2012; 24
 25 Wingfield 2010). These shape expectations about what racialized minorities are 25
 26 expected to feel, how they express what they feel and how their feelings are 26
 27 interpreted (Froyum 2013; Wingfield 2010). Secondly, emotional labour results 27
 28 from and is part and parcel of racial inequality. Research shows how racialized 28
 29 men and women are expected to suppress criticism of inequality and racism, to 29
 30 show ‘extraordinary emotional restraint’ (Wilkins 2012: 35. See also Froyum 30
 31 2013; Michandani 2003). Thirdly, social theorists have emphasized the importance 31
 32 of understanding the cultural racialization of emotion and care historically 32
 33 (Anderson 2000; Glenn 1992; Spelman 2008); for example, Elizabeth Spelman 33
 34 (2008) has argued that black people in America have been expected to labour at 34
 35 caring for whiteness. Emotional labour, then, is not universal but highly stratified 35
 36 and differentiated racially and by class. 36
 37 Emotional labour then needs to be understood as racialized in its ‘form, content 37
 38 and consequences’ (Froyum 2013: 1071), which has implications for guiding and 38
 39 tourism service work. As Ana Ramos-Zayas (2012) writes, emotional labour based 39
 40 on being ‘friendly’ is critical to the formation of the neoliberal personhood. But 40
 41 this style requires access to resources and audience reception for its successful 41
 42 performance. These may be unevenly distributed and with the ability to be friendly 42
 43 and to be seen as friendly by others, profoundly classed, racialized and gendered 43
 44 (Tolia-Kelly 2009). Audience reception of emotions is racialized as Sara Ahmed 44

1 (2004a) shows: feelings such as fear stick to some bodies and not others. Not 1
 2 everyone has the right bodily techniques for emotional labour norms, nor can they 2
 3 turn their emotions into workplace resources. 3
 4 Critical race theorists challenge the idea prevalent in much of the emotional 4
 5 labour literature that feelings are something we possess internally and then express. 5
 6 Rather ‘emotions produce the effect of surfaces and boundaries of bodies’ (Ahmed 6
 7 2012: 10). Hence, Ahmed writes of feelings as impressions: impressions we have 7
 8 of others and impressions we make on others (2012: 47). But emotions do not 8
 9 circulate between us smoothly or freely as some bodies remind us of histories that 9
 10 are disturbing (Ahmed 2012: 54). Racism then is a particular: 10
 11 11
 12 form of contact between others ... it is not simply that the subject feels hate, 12
 13 or feels fear, nor is it the case that the subject is simply hateful or is fearsome: 13
 14 the emotions of hate and fear are shaped by the ‘contact zone’ in which others 14
 15 impress upon us, and as well as leave their impressions. (Ahmed 2012: 194) 15
 16 16
 17 Past histories of contact mean that a racial Other can be perceived as threatening, 17
 18 fearful or disgusting. ‘These histories have already impressed upon the surface of 18
 19 the bodies at the same time as they create new impressions’ (Ahmed 2012: 194). 19
 20 In this way, emotions work performatively: in reading the Other as threatening, or 20
 21 disgusting, we become filled up with fear or disgust. 21
 22 Extending Ahmed’s conceptualization of emotions, Michele Lobo (2014) 22
 23 argues that whiteness in Australia works as a force that exerts affective pressures 23
 24 on racialized bodies in public spaces. These pressures have the ‘potential to wound, 24
 25 numb and immobilise bodies affecting what they can do or what they become’ 25
 26 (Lobo 2014: 1). Whiteness materializes through ‘racialized mis-interpellation 26
 27 and bodily intensities of hurt, anger and frustration’ (ibid.: 2). Racism thus ‘sucks 27
 28 out life’ fragmenting and shattering (Hage 2008, cited in Lobo 2014: 104). To 28
 29 counter such shattering intensities requires the mobilization of affect by racially 29
 30 minoritized Others to capacitate bodies to inhabit public spaces. 30
 31 In summary, emotional labour understood as hostessing is a productive way 31
 32 to analyse an important element of the work of the tour guides on Taste Tours. 32
 33 But, as often conceived, it does not get at how emotional labour is racialized. The 33
 34 scholarship by critical race theorists asks us to reflect on how hostessing skills 34
 35 and expertise may be differentially and unequally produced and received, and 35
 36 require more labour in response to racism, its impressions and forces by racially 36
 37 minoritized tourist workers such as the tour guides. 37
 38 38
 39 39
 40 **Caring Work on Taste Tours** 40
 41 41
 42 As a guide you have to notice the overall tone of the tour and see what’s needed. 42
 43 So you can actually tell when people are losing interest ... You have to stop 43
 44 and then change the tone and lift things up. So there’s a general feeling that you 44

1 get. It's like an over-riding tone in your head at all times, monitoring that in 1
 2 the background. 2
 3 3
 4 This first quotation comes from a guide regularly employed by Taste Tours who is 4
 5 an Australian woman of Maltese heritage. We start here as this quote exemplifies 5
 6 how she and other guides see the intensity of keeping tourists happy as a critical 6
 7 part of the work they do. Caring work for the guides also entails researching and 7
 8 presenting information about the extensive range of 'ethnic' food ingredients, the 8
 9 tourist-site history and building relationships with local shopkeepers, although 9
 10 we noted that this form of labour was less discussed by the guides. Rather, the 10
 11 guides placed emphasis on their emotional labour and relational caring work such 11
 12 as monitoring and transforming the emotional climate of the group. This work also 12
 13 involves producing a group from a rag-tag of individuals (Valtonen 2009). 13
 14 Emotional labour has to start at the very beginning of the tour when the 14
 15 guides create a welcoming friendly atmosphere and start to cohere the group. The 15
 16 following excerpt from our fieldnotes describes the work of two guides at the 16
 17 beginning of a multi-ethnic tour in Bankstown in southwestern Sydney: 17
 18 18
 19 The guides start by welcoming people at the railway station. The lead-guide is 19
 20 a Lebanese Australian woman, about 35 years old, who grew up in Bankstown. 20
 21 She has a quintessentially Lebanese-Australian accent (called 'Leb-speak' 21
 22 colloquially by Lebanese-Australians). It is 'Arabic-accented English' with 22
 23 different vowel and stop-rhyme patterns than Anglo-Celtic English (Port and 23
 24 Mitleb 1983). The trainee guide, about 28, is a migrant who came from mainland 24
 25 China in her teens. The guides stand in pedestrian space with a plain black 25
 26 uniform, plus microphone and headset. As the tourists arrive they smile broadly, 26
 27 welcome each new arrival and organise take-away coffees. When all 15 are 27
 28 assembled, the head-guide asks us: while we are all still standing, to introduce 28
 29 ourselves, by talking about our ethnic heritage, our favourite food and why we 29
 30 have come on the tour. Both guides listen to each of us in turn intently, and 30
 31 from time to time make self-deprecating jokes as tourists explain how they have 31
 32 multiple ethnic heritages (Scottish and Irish, Filipino and American, Greek and 32
 33 English) and what foods they like. The guides nod, look interested, lean forward, 33
 34 smile, and make listening noises for each and everyone's talk of 'chillis', 34
 35 'baklava', 'all foods', 'new foods' 'rice' They explain the purpose of the 35
 36 tour, the nature of the tours as a social enterprise and provide demographics on 36
 37 the suburb. The group visibly relaxes as people change their body language and 37
 38 start to smile. 38
 39 39
 40 An Australian-Greek woman guide explains that this is the work of 'ice-breaking' – 40
 41 encouraging tourists to share stories, and welcoming them to southwestern Sydney. 41
 42 In essence, the guides have to produce themselves as a 'welcoming body' (Wise 42
 43 2005: 175) so that the group feels cared for emotionally, socially and physically. 43
 44 This entails voice, race and body skills and in particular smiling and joking (Veijola 44

1 and Jokinen 2008). The guides have to produce this ‘welcoming body’ whilst 1
2 inhabiting racialized bodies, even in some cases to-be-feared bodies at a time of 2
3 intense Islamophobia and xenophobia in Australia (Ahmed 2012). Moreover, the 3
4 pedestrian space outside the railway station in which the guides welcome us, is 4
5 represented in the media as dangerous and feared as being a hotspot for violence, 5
6 especially at night. 6

7 But racialized bodies are not necessarily seen as ‘welcoming’ and so performing 7
8 friendliness when you are from backgrounds that are not seen to be very welcoming, 8
9 or indeed welcome in Australia, requires particular kinds of emotional techniques. 9
10 Amanda Wise discusses how elderly, white long-term residents talked about how 10
11 they perceived the bodies of Chinese shopkeepers as unwelcoming because they 11
12 did not greet them in the same way that white Anglo-Celtic shopkeepers would do: 12
13 ‘In this case, a welcoming body is expected to display emotions such as pleasure 13
14 and interest; to signal a ‘pleased to see you’ (2010: 925). Being seen as friendly is 14
15 unevenly distributed by race (Ahmed 2013; Tolia-Kelly 2006). Racialized bodies 15
16 such as those belonging to Muslims are marked as sources of fear or hate (Tolia- 16
17 Kelly 2006). 17

18 The guides are aware that part of their caring work is enabling white tourists 18
19 to overcome their fears. An Australian-Greek woman guide explains that the 19
20 tourists need ‘someone to ease you into the area. And that way it might enable 20
21 them to come back. They’ll take a different perspective on it. And they’ll be quite 21
22 happy to come back and shop again’. Indeed a repeated theme from the guides 22
23 was how fearful the tourists can feel because of the racist stereotypes reproduced 23
24 by the media, histories of racial encounters, and racialized bodies that remind 24
25 them of tensions, intensities of feeling, even perhaps the ‘tempestuous forces’ of 25
26 interracial encounters (Tolia-Kelly and Crang 2010: 2309. See also Ahmed 2012). 26
27 In particular, guides told us that tourists are scared of the imagined crime and 27
28 violence in the region. Some tourists confirmed this in conversations with us. As 28
29 a result, an important part of the guides’ work is to emphasize how safe the region 29
30 is, how friendly and generous the shopkeepers and local residents are. On one 30
31 occasion we heard a guide using humour to alleviate such fear, joking with the 31
32 tourists they can see that they do not need to wear bullet-proof vests in Bankstown 32
33 as it is safe and friendly. 33

34 A repeated motif in our interviews was that tourists were afraid to leave their 34
35 cars in the suburbs in which the tours take place. A few tourists we spoke to 35
36 admitted they worried about their cars being stolen. An Australian-Greek woman 36
37 guide explained: ‘A lot of people that come on these tours probably don’t come 37
38 across a lot of people with different nationalities. People come to Lakemba 38
39 completely scared and worried. Like, this lady came and she told me: is it all 39
40 right to leave my car here?’ Part of the guides’ caring work then is assuaging 40
41 the fear of the tourists. We observed they do this in a number of ways, including 41
42 using humour to relax the group, referring to shopkeepers by their names and in 42
43 some cases calling them Uncles and encouraging us to enjoy the food and the 43
44 streets. Whilst some guides might gently tease the tourists about their views on 44

1 safety, none of them directly challenged them on their racist or sensationalist 1
2 views about the region in which the guides live and work. This suggests an extra 2
3 dimension to the emotional labour of the guides in line with the ‘extraordinary 3
4 emotional restraint’ that racialized workers have to produce in the face of racism 4
5 (Wilkins 2012: 34. See also Froyum 2013; Mirchandani 2003). This theme of 5
6 emotional restraint in the face of racism is exemplified in the following quote 6
7 from an Australian-Egyptian woman guide who is also Muslim and wears a hijab 7
8 or headscarf that covers her hair and neck. 8
9 9

10 I’m telling them information about Islam and Muslims, and behaviour in 10
11 Ramadan. But I’m giving it in a way that is fun and acceptable to them. They’ve 11
12 probably never had the opportunity to gain this knowledge ... firsthand ... I 12
13 remember the first time I went on a tour ... This lady ... she said: “how many 13
14 kids do you have?” I said: “I have three daughters and one boy”. She said: “Are 14
15 you going to force your kids to wear the scarf?” I said: “I have no idea what kind 15
16 of books you have been reading about Muslims; but believe me, I never force 16
17 my kids to do anything. 17
18 18

19 The guide makes it clear that information-giving about Islam is not straightforward. 19
20 Even though the tourists have chosen to do a tour on Middle-Eastern food, she still 20
21 has to censor what and how she talks. She also has to contend with a tourist’s 21
22 racist question posed in a direct and personal way. Research on racist abuse in 22
23 service-work stresses how emotionally draining hearing and having to respond 23
24 to racial abuse is, leaving service-workers feeling anxious, humiliated and angry. 24
25 They are required to hostess whilst at the same time contain the affective pressures 25
26 and intense bodily impressions which Lobo (2014) argues can destabilize racially 26
27 minoritized women and men. 27

28 During our observations we heard other racist comments and questions by 28
29 tourists and saw tourists grimacing when guides explained what foods we would 29
30 be tasting, or when they tried particular foods. The guides treated these with 30
31 patience and good-will, helping the tourists to find ways to change their bodily 31
32 habits, sense of smell and taste, idea of good manners. In so doing, they laboured 32
33 to enable tourists to extend their multicultural senses and bodies. 33

34 Responding to racism is emotionally intense and not seen as part of good 34
35 customer service. As Veijola and Valtonen (2007) note, the presence of customer 35
36 feedback sheets structures how guides act. This is exemplified by this next excerpt 36
37 taken from our fieldnotes on a ‘feasting after fasting’ food tour in the Muslim 37
38 month of Ramadan. This tour was designed to ‘bring people together over the 38
39 dinner table and enable a greater understanding of different cultures and religions’; 39
40 according to the Taste Tours manager (Jones 2012: np). The manager of the tour 40
41 explained in a local paper that ‘Ramadan is the perfect opportunity to demystify 41
42 Islam a little bit for the people of Sydney by giving them a change to experience 42
43 the food and traditions accompanied by a local guide’ (ibid.). 43
44 44

1 The tour started with a meal in a Pakistani-Indian restaurant with two Muslim 1
2 women guides – one from Pakistan and the other from Egypt – explaining certain 2
3 food and religious customs; the tour continued with visits to shops and finally 3
4 coffee in a Middle-Eastern café with a large tent in the back yard. The tour started 4
5 with a breaking of the fast, followed by the meal with typical dishes from the Indian 5
6 sub-continent and the Middle East made for Ramadan. This excerpt illustrates the 6
7 intricate and extensive caring work of the guides: 7
8 8
9 At the end of the shopping after dinner, the guides marshalled the group of 9
10 twelve tourists – mainly white, two Lebanese, one Black American – through a 10
11 small, crowded Middle-Eastern coffee shop to a marquee tent in the backyard. 11
12 They had worked hard in the restaurant in front of bemused local residents to 12
13 relax us all and to explain the meanings of the breaking of the fast, describe the 13
14 foods we were eating, outline patiently how Ramadan rituals varied between 14
15 them, visit us round the large table and show us how to eat the different courses. 15
16 It was the first time such a tour had been run and the Tours manager was 16
17 present. In the tent, it was warm, hectic, with about 25 Middle-Eastern men in 17
18 small groups drinking Arabic coffee, sitting round small tables, talking Arabic 18
19 and laughing and smoking hubbly-bubbly (water-pipe). We seated ourselves 19
20 higgly-piggly around different tables, a little hesitantly as we weren't sure what 20
21 was going to happen next. Eventually tea and coffees came and Middle-Eastern 21
22 sweets on large trays. The two women guides were visibly tired but smiled at us, 22
23 worked hard to find us seats in the tent. It was late. And they were still checking 23
24 that we had got our drinks, liaising with the waiter to order special requests and 24
25 encouraging us to eat. After all this, they then asked us to complete the lengthy 25
26 feedback forms, providing biros and explaining how helpful it was to them. 26
27 People had not stopped drinking and eating but tried to balance the forms on 27
28 the small round coffee tables crowded with cups and sweets. It was dark and 28
29 noisy, so difficult to write. We didn't complete ours as we were researching but 29
30 one of the guides was insistent that it was useful information and she would 30
31 really like us to do it. Finally, she took the completed forms to the Taste Tours 31
32 manager and they had a quick scan. She looked slightly nervous. But it seemed 32
33 like the evaluations were positive by some gentle nodding and low-key smiles. 33
34 34
35 We were surprised the Ramadan dinner finished with the completion of the forms. 35
36 We and other tourists were less than keen to complete the forms. It felt like an 36
37 intrusion on what had been a sociable, convivial if a little strained evening. The 37
38 evaluation form was extensive and detailed with 24 questions with 5-likert-point 38
39 scale with a third of the questions focused on marketing, a third on demographic 39
40 information about the tourists and a third on feedback on the guides and the tours. 40
41 The names of the guides and the tour were at the top of the first page. Whilst Taste 41
42 Tours is badged as social enterprise designed to do cultural-bridging work, it is 42
43 the tourists who are asked to judge the success of the tours. As a result, guides 43
44 44

1 spend energy, time and skill on anticipating customers' needs, a central part of 1
 2 hostessing work. 2
 3 The Benevolent Society values the tours in relation to their reception on 3
 4 tourists—and them feeling satisfied and 'well-treated'. Hostessing academics argue 4
 5 that this takes away the autonomy of service workers in determining the quality 5
 6 of their work. Hage (1997) notes white middle-class, cosmo-multiculturalists see 6
 7 themselves as the ones with the sensitivity, knowledge and care to adjudicate what 7
 8 constitutes authentic ethnic food. On Taste Tours, they are being asked too to 8
 9 evaluate the racialized caring femininity of the guides. This can be seen as a way 9
 10 in which 'colonial judgements' as opposed to local community judgements are 10
 11 being prioritised (Heldke 2003: 15). 11
 12 This next quotation underlines the pressure this adjudication creates; an 12
 13 Australian-Maltese woman guide explains: 13
 14 14
 15 I'm extremely emotionally attached to this. I can't help it really because when 15
 16 you're a creative person and you put so much of yourself into something you're 16
 17 putting it out there for random strangers. People who are actually into food. 17
 18 You're putting it out there for them to judge. Not only that; you're putting 18
 19 the future of Taste Tours on the line as well. So there's a huge amount of 19
 20 responsibility that I feel. 20
 21 21
 22 The guide 'others' the tourists when she refers to them as strangers. She describes 22
 23 how the emotional warmth on tours is a form of labour, not the result of friendship. 23
 24 She also emphasizes how her caring work extends to include the reputation of 24
 25 the social enterprise. As discussed in the service-work literature, customers are 25
 26 positioned as judge and jury, reproducing asymmetrical power relations in which 26
 27 the guides are not seen as foodie experts but as servers and 'locals'. On Taste 27
 28 Tours, this sense of deference and subservience is amplified through the social 28
 29 enterprise aims and connotations of benevolence. This comes through strongly in 29
 30 the next quote from the Australian-Maltese guide: 30
 31 31
 32 They expect when you're handing things out, the napkin should be there, the 32
 33 hand sanitizer should be there, everything should be paid for. They have an 33
 34 expectation – you can tell that they have an expectation after having done tours 34
 35 that expectation is there. So you're almost like a server to them. You're almost 35
 36 like a waiter or a waitress to them: who is there to provide this experience for 36
 37 them. Sort of like an airline hostess. 37
 38 38
 39 Explicitly echoing the term hostessing here, the guide understands the hierarchy 39
 40 of guiding work. Like many service workers, she knows that caring service-work 40
 41 is complex but devalued. 41
 42 42
 43 43
 44 44

1 Conclusion

2
3 In this chapter we have examined the caring work undertaken by migrant Australian
4 women tour guides on Taste Tours, an ethnic neighbourhood food-tourism social
5 enterprise, run by The Benevolent Society. We explore their caring work through
6 the analytic categories of emotional labour and hostessing because the literature
7 on emotional labour values the complex skills of caring work and places their
8 performance within a larger context of the service economy, epitomised by
9 tourism. Moreover, the analytical categories foreground gender, the blurring of
10 the domestic and work, and ongoing inequalities in relation to caring and skill
11 in tourism. They help us highlight one of the forms of care on Taste Tours. This
12 literature, however, has under-researched the racialization of emotional labour and
13 hostessing, which has to be explored in the context of The Benevolent Society,
14 southwestern Sydney and the work of the tour guides. In particular, we argue that
15 this racialized context creates particular ‘audience-effects’ (Adkins 2005; Jokinen
16 and Veijola 2012; Veijola 2009) and ‘emotional impressions’ (Ahmed 2012; Lobo
17 2014) with, and against which, the guides have to work.
18 In their introduction to this book, Lavis, Abbots and Attala ask what
19 relationships are produced through care and eating, and how these intervene in
20 individual bodies and shape particular forms of eating. In analysing the racialized
21 emotional labour of tour guides, we show how hostess-tourist relations in this
22 context, shape the bodies of the workers as they try to please, welcome and relax
23 the tourists, and manage racialized intensities and impressions. At the same time,
24 these relationships intervene in the bodies of the tourists as they learn to taste, smell
25 and eat different foods and walk through racialized spaces. We discuss how the
26 guides through their ‘hostessing’ enable the tourists to experience warm relations
27 with them and the local residents and to feel safe when they may have racist
28 assumptions or feelings about the guides and the region. Furthermore, tourists may
29 be curious about eating different foods and being in the midst of racialized spaces
30 but their bodies may betray them in feeling disgust, stopping them from eating the
31 Other with the vigour they wished (Longhurst, Ho and Johnston 2008). Or they
32 may want to eat particular ‘ethnic’ foods but not have the know-how. The guides
33 respond to these situations, caring for them by sharing stories, through ethnic
34 feeding work and eating techniques, being patient and attentive, undertaking fear-
35 assuaging work and enabling tourists to develop ‘multicultural senses, relations
36 and bodies’.
37 In addition to caring for the tourists, the guides work hard to care for the work
38 of The Benevolent Society and the representation of southwestern Sydney and its
39 residents. To produce the ‘cared for’ tourist, the guides have to suppress any anger
40 and frustration about racism. Whilst in asymmetrical power, bodily and emotional
41 relations of the service encounter, the guides use their agency to offer alternative
42 views of the region, their expertise and the lives of the locals to counter racist and
43 racialized assumptions the tourists may hold (Bunten 2011, 2013).
44

Furthermore, the tours are not straightforwardly commercial tourism but run as a social enterprise by a large charity with Christian roots. The tourists are positioned as benefactors with local residents and guides seen as grateful recipients in need of their help through the framing of the tours as 'eating for a good cause'. Indeed, the guides commence the tours begin by reminding everyone that they are on a social enterprise. As part of this, the guides were 'othered' on the webpage, at the time of our research, as housewives and mothers who cook for love, rather than as professionals with postgraduate qualifications. Hence, on Taste Tours, eating the Other is constructed as caring for the Other.

The caring agenda (Lavis et al., this volume) of The Benevolent Society is to use the guides' work as part of their community-building initiatives in the region, which includes repairing 'cultural and intergenerational divides'. The Benevolent Society benefits from the expertise of the guides, including their femininity and ethnicity as workplace 'assets' and their caring practices, service-producing bodies and ethnic feeding work as resources. At the same time, it does not provide the material, cultural or social resources with which the tours can acknowledge the wider context of colonial racialized relations, inequalities and racism. This is possible, as Emily Drew's (2011) work on anti-racist tourism shows. As Ahmed puts it: 'the desire to feel good or better can involve the erasure of relations of violence covering them over so can there can be a return to national pride' (2012: 197). Indeed, we can say that the sophisticated caring work of the Other produces white benevolence.

In sum, Taste Tours can be understood as a form of economic, cultural and social production. Capitalism has always exploited women's emotional labour and caring work in producing life but scholars suggest there is 'unprecedented intensification of appropriating women, femininity and women's work in the global labour market' (Veijola and Jokinen 2008: 121). The work of the guides helps sustain the life of multiculturalism in the face of racism, xenophobia and Islamophobia. It is what we call 'multiculturalism-as-work': producing relations, bodies and emotions which enable people to live together among difference, and often performed by migrant women in unpaid labour or undervalued paid labour. More concisely, the tourists learn to care for the Other through the Other caring for them.

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Chapter 2

Is Sharing Caring? Social Media and Discourses of Healthful Eating

Signe Rousseau

Dear journalist. Please spare me ur simplistic soundbite nutrition msgs. Nutrition & food are not black & white issues.¹

Social media allow and encourage everyone with access to the Internet to have a voice. These networking platforms are therefore the sites in which some of the most dynamic conversations take place and strongest communities are forged in our present ‘digital age’. Given our appetite for thinking about eating, moreover, it is perhaps inevitable that food has been one of the fastest growing topics on platforms like Twitter and Pinterest, where sharing, I argue, has become a shorthand for caring about what you eat. But social media also provide spaces which are fruitful for setting up false dichotomies between ‘good’, ‘nurturing’ and ‘safe’ foods and those that are products of scientific interventions (for example GMOs and the recent world-first ‘test tube’ burger), thought to be harmful to the environment and to healthy bodies. Inasmuch as they bring people together, then, social media can equally contribute to producing fractious and fractured communities that ultimately obstruct productive conversations about how best to care for ourselves, for our families, and for the planet.

This chapter focuses chiefly on Twitter as a space for debating topical issues related to health and eating. Following a brief overview of some of the existing research on social media, it considers three key subject areas which are particularly relevant to a paradigm of care and, more specifically, to the social dynamics embedded in the question of why (some) people care about what others eat. The first of these is scientifically engineered food, where caring most obviously manifests as *scaring*, typically by appeal to the naturalistic fallacy. Second are the discourses around obesity and other ‘lifestyle diseases’, where personal choices are most keenly scrutinized, critiqued, and in some cases leveraged as active resistance against a widespread moralizing trend, as in the case of the #notyourgoodfatty hashtag. The final – and arguably key – issue is that of authority, or of who has the (ostensible) right to make pronouncements and prescriptions about how others (ought to) eat. The question of authority is of course closely related to the examples of both scientifically-modified foods and obesity, but all three combine

¹ Tweeted by @Inglesdietitian on 17 April 2014, <https://twitter.com/InglesDietitian/status/456585781130174464>.

1 to demonstrate how the traditional hierarchies of food brokers (those informing 1
2 and governing others' food choices) and eaters (those making food choices) are 2
3 not necessarily disturbed *by* social media, but disturbances to which are made all 3
4 the more visible *through* social media.² In short, these relatively new technological 4
5 tools are useful for exposing existing hierarchies of careful eating, particularly as 5
6 those structures are challenged by new and emerging sites of authority. 6

7 It should be emphasized from the outset that it is not my contention that social 7
8 media platforms are exclusive agents in disrupting conventional notions of care 8
9 and expertise. It is, rather, to suggest that the technology behind social media can 9
10 contribute a precipitating agency to the already-fraught arena of discourses around 10
11 what is 'good' and 'proper' when it comes to how and what to eat. Not only would 11
12 the former grant too much agency to a tool designed and operated by people, but 12
13 it would also ignore the extent to which social media are not extrinsic to everyday 13
14 life. Quite the opposite; even if at times put in service of explicitly *anti*-social 14
15 behaviours, social media have quickly become intrinsic to the basic (but by no 15
16 means easy) business of managing our own – and others' – lives. 16

17 18 19 **Prosumption, Produsage, and Mediated Mobilism** 19 20

21 Often touted as a key characteristic of social media is the idea of 'prosumption', 21
22 or the conflation of production and consumption (Rousseau 2012b). Prosumption 22
23 describes the fact that we no longer merely consume, but also produce information 23
24 every time we partake in social media activity, for example by tweeting, updating 24
25 a Facebook status, penning or commenting on a blog post, to name just a few 25
26 of the now myriad ways that we get involved. Some, like sociologists George 26
27 Ritzer³ and Nathan Jurgenson, argue that capitalist economies have always been 27
28 informed by the twin priorities of production and consumption (for example in 28
29 fast food restaurants where patrons have to clean up after themselves by throwing 29
30 away containers and any uneaten food, thereby becoming part of the production 30
31 chain), but that technologies such as social networking sites simply foreground 31
32 and enhance the 'means of prosumption' in a way that is less exploitative and 32
33 ultimately more enjoyable (Ritzer and Jurgenson 2010: 19). Given that prosumption 33
34 is therefore more 'evolutionary' than 'revolutionary' (where a site like Amazon is, 34
35 for instance, just a 'logical extension' of physical shopping malls), Ritzer cautions 35
36 against 'operating with a dualistic sense of the material and digital worlds' as 36
37 the two are now largely indistinguishable, and the distinctions increasingly 37
38 meaningless (Ritzer 2014: 10. See also Ritzer et al. 2012). Media scholar Axel 38
39 Bruns adds a further dimension of appropriation with his model of 'produser', 39
40

41 ² My thanks to my husband Jacques Rousseau for helping to articulate this point. 41

42 ³ Ritzer is perhaps best known for the theory of McDonalidization – characterized by 42
43 the four priorities of efficiency, calculability, predictability, and control – as a feature of 43
44 modern globalization. 44

1 which prioritizes our roles as users rather than consumers of information (Bruns 1
2 2008). This is in keeping with active audience theorists such as Michel de Certeau 2
3 and John Fiske who in the 1980s contributed to destabilizing the model of ‘the’ 3
4 homogeneous media pitted against a similarly homogeneous mass of passive 4
5 consumers (Rousseau 2012a: 59). 5

6 Focused more on the intersection between use(r)s and the technology itself 6
7 is work that examines the appropriation process, or how new technologies are 7
8 ‘domesticated’, Maren Hartmann suggests the notion of ‘mediated mobilism’ to 8
9 describe the convergence of mobile media with the ‘consequences of increased 9
10 fluctuation, mobilization, and mobility’ among users (Hartmann 2013: 46). This 10
11 ‘double articulation’ of technology and content is similarly explored by Stine 11
12 Lomborg, who proposes that social media could more usefully be considered as 12
13 ‘communicative genres’, the difference being that a medium exhibits ‘technical- 13
14 material features’ whereas genres are more about ‘communicative conventions and 14
15 expectations’ (Lomborg 2011: 58). She does, however, point out that some media 15
16 features are also ‘socially negotiated’, so the distinction is by no means failsafe, 16
17 with Twitter as a case in point: ‘The microblog is an example of a communicative 17
18 genre at work across various media platforms, framed in the interplay between the 18
19 Internet and the mobile phone as communication media’ (ibid.: 60). 19

20 The evolution – and to some extent, therefore, instability – of theories about 20
21 social media are perhaps appropriate to the fluctuations of the media (or genres, 21
22 per Lomborg) themselves, understood both in terms of their technical possibilities 22
23 and how – and for what purposes – they are used. As Lomborg also points out, 23
24 while Twitter was not originally designed for conversation, 24

25
26 users themselves started having conversations and to spread each other’s tweets, 26
27 resulting in, for instance, the addressivity function of the @ sign and the RT 27
28 (retweet) function being embedded over time (...). By making changes at 28
29 the software level, Twitter has sought to adjust the service to users’ needs and 29
30 practices. (ibid.: 67) 30

31
32 It is no doubt the case that most social networking sites would justify their 32
33 continuous re-designs and updates as being in the interests of users’ needs and 33
34 practices. Yet the fact that neither the technology nor its purpose is static or 34
35 singular should also serve as a caution about the limitations of theory. Whether 35
36 we call ourselves (and others) prosumers, produsers, or agents – possibly even 36
37 victims – of ‘mediated mobilism’, conversations (and disagreements) on social 37
38 media platforms demonstrate that inasmuch as food and eating can, as the editors 38
39 explain in their introduction to this volume, produce otherness and create social 39
40 distance just as much as it can integrate and dissolve social boundaries, so can just 40
41 *talking* about food and eating. 41

42
43
44 44

1 **Cultured Beef**

2
3 On August 15, 2013, the world's first 'test tube' burger was cooked and tasted in 3
4 a live broadcast, with #culturedbeef trending on Twitter for the hour or so of the 4
5 proceedings. Made possible by funding (to the tune of \$325,000) by Sergey Brin, 5
6 co-founder of Google, the event provided an excellent sketch of the intersections 6
7 between food, science, popular culture and the twin poles of care and disgust. 7
8 It featured a (typically affordable) iconic, familiar, form of comfort food, but in 8
9 an (expensive) unfamiliar, futuristic guise. It was simultaneously an imaginary 9
10 'Frankenfood' and reportedly mundane in its blandness (Brewster 2013). Staged 10
11 for the camera, it was at once a public performance, and also a virtual peek into the 11
12 world of laboratory scientists, where most of us never venture. With a live audience 12
13 of journalists, and a virtual audience of anyone with an Internet connection, 13
14 its format straddled the tropes of entertainment, education and news. It was an 14
15 exclusive event with a massive guest list. The spectacle enacted the crossover 15
16 between the proverbial high and low brow cultures of food, and instantly became 16
17 part of a dynamic global conversation. 17

18 This conversation is by no means new, having been sustained in various guises 18
19 over several decades at least since the inauguration of the Green Revolution 19
20 pioneered by Nobel Laureate Norman Borlaug.⁴ It is a conversation regularly 20
21 punctuated by high profile institutional involvements and pronouncements and, 21
22 above all, shaped by controversy, for example Greenpeace's ongoing campaign 22
23 against the genetically modified 'golden rice'⁵ in a move that has been condemned 23
24 as a 'crime against humanity' (Connor 2014: np).⁶ Unhindered by a limit of 140 24
25 characters, these polarized positions migrate with remarkable ease to a platform 25
26 like Twitter: 26

27
28 @sexyfoodtherapy This is how I feel about #GMOs. #frankenfood #junkfood 28
29 #jerf #audreyhepburn #middlefinger #fckyou ... [accompanied by an 29
30 Instagrammed photograph of Audrey Hepburn with her middle finger raised]⁷ 30
31
32
33

34 4 Borlaug is also known as the 'man who saved a billion lives' after developing and 34
35 introducing high-yielding and disease-resistant crop varieties to famine-vulnerable areas 35
36 like Asia, Africa and South America (AP 2009). 36

37 5 'Golden rice' was developed to address Vitamin A deficiencies, estimated 37
38 to contribute to childhood blindness and to the deaths of millions of children annually 38
39 (Harmon 2013). 39

40 6 Other recent controversies include the 'Prop 37' and 'I-522' campaigns for labelling 40
41 of genetically modified (GM) foods in the states of California and Washington, respectively. 41
42 During these campaigns, environmental activist Mark Lynas, famously an early opponent 42
43 of GMOs, publicly pronounced that he had changed his mind, and is now a firm supporter 43
44 of genetic modification. 44

7 11 April 2014, <https://twitter.com/sexyfoodtherapy/status/454475658702635009>.

- 1 @Jennifur_Rainey: Disgusting, Creepy & Gross! #InvitroMeat now they are 1
 2 growing meat in labs http://en.wikipedia.org/wiki/In_vitro_meat ... In-Vitro 2
 3 meats http://www.futurefood.org/in-vitro-meat/index_en.php ...⁸ 3
 4 4 4
- 5 The Twitter account @invitromeat, meanwhile, was founded by '[T]wo students 5
 6 from Beckmans College of Design, searching for a GOOD argument against In 6
 7 Vitro Meat', as their Twitter profile puts it. The fact that their last (re)tweet was in 7
 8 October 2011⁹ suggests that their endeavour was unsuccessful. 8
- 9 The key difference between the longer ongoing conversations about the 9
 10 intersections between science and food, like those related to genetic modification, 10
 11 and the more recent one about cultured beef and the 'lab-grown' burger is, as one 11
 12 group of writers summarizes it, that 'the cells [in cultured meat] are generated 12
 13 through a tissue culture and cloning process that creates entirely new meat cells, 13
 14 rather than modifying existing cells' (Humes, Runquist and Weldon 2014). This 14
 15 distinction, which would allow (at least theoretically, considering the at-present 15
 16 prohibitive cost factor) for meat to be produced without harming animals or the 16
 17 environment, could be marshalled to generate a new set of ethical food parameters, 17
 18 argues the philosopher Julian Baggini (2013). But there is stronger evidence for 18
 19 a continued appeal to the naturalistic fallacy (in which anything from nature is 19
 20 considered 'good', and anything not is therefore 'bad' and probably unsafe), and 20
 21 to extremism over nuance: 21
 22 22
- 23 The belief that we have to choose between a food system that is over-dependent 23
 24 on technology and one that is more in harmony with nature rests on the 24
 25 assumption that there is a neat moral and conceptual contrast between 'natural' 25
 26 and 'artificial', and that this lines up neatly with the distinction between 'good' 26
 27 and 'bad'. If IVM [in vitro meat] is the greenest, most animal-friendly meat, yet 27
 28 it is even more artificial than a pitiful, intensively reared broiler chicken, then 28
 29 no one can maintain the fantasy that bucolic nature has a monopoly on good, 29
 30 ethical food ... IVM is just the most recent, vivid example of how our desire 30
 31 for the natural, traditional and aesthetically appealing food can clash with the 31
 32 value we place on animal welfare, environmental sustainability and the humane 32
 33 imperative to feed the whole world well. Almost all the coverage of IVM has 33
 34 glossed over this pluralism, presenting commentators as either for or against, 34
 35 period. (Baggini 2013: np) 35
 36 36
- 37 Somewhat ironically in an environment characterized by the mobility and 37
 38 fluctuations that generate 'mediated mobilism', this lack of pluralism is arguably 38
 39 part of what could be termed the current 'foodie zeitgeist'. This is the broader 39
 40 climate that both hosts and, to some extent, governs how people think about 40
 41 how and what to eat. It is the sentiment of leading food broker Michael Pollan, 41
 42 42
- 43 8 4 October 2011, https://twitter.com/Jennyfur_Rainey/status/121259154844299266. 43
 44 9 14 October 2011, <https://twitter.com/invitromeat/status/124835784418263041>. 44

1 whose perceived authority is reflected in one writer's description of him as the 1
 2 'High priest of American Food' (Kandil 2013), and whose 2013 book *Cooked* is 2
 3 summarized by one reviewer: 3

4
 5 Put simply, "good" transformations of the elemental world are premodern and 5
 6 elemental, while "bad" ones are industrial and high tech In the final analysis, 6
 7 the book serves forth a resolutely humanist story of cooking as that which 7
 8 might rescue the author's nation from "abstract" work and engineered food. In 8
 9 response to the felt risks that science and technology pose to the alimentary 9
 10 realm, Pollan works to root his American reader in an *elemental* purpose of 10
 11 cooking: to cultivate human bonds, above all else. (Carruth 2013: np, emphasis 11
 12 in the original) 12
 13 13

14 It is this focus on 'real' food as a fundamentally *humanist* project which frames the 14
 15 issue of industrially engineered food as being much less about scientific literacy 15
 16 and progress than it is about ethics and care – for yourself, for others, and for 16
 17 the planet. 17

18 To be sure, as Carolyn Mattick and Brad Allenby put it in their article on 'The 18
 19 Future of Meat' (2014), 'Food is a culturally charged domain, and the technological 19
 20 evolution of meat may well outpace the cultural acceptance of radically new food 20
 21 production technology', adding that focus group studies show that people have 21
 22 a 'negative visceral reaction to the thought of lab-grown meat' (Mattick and 22
 23 Allenby 2014: np). It is, in short, an intuitive rather than evidence-based reaction, 23
 24 and one for which Twitter hashtags like #Frankenfood and #jerf (just eat real 24
 25 food) enact both the 'technical-material features' of the character limitations of 25
 26 microblogging and also the now-solidifying 'communicative conventions and 26
 27 expectations' (Lomborg 2011: 59) of a particular (anti-food-tech) ideological 27
 28 position.¹⁰ By emphasizing a particular use (rather than mere consumption) of 28
 29 information driven by an explicit agenda of instilling fear, this example could 29
 30 also be considered one of the produsage of *scare* in the ostensible service of care. 30
 31 And if there is little evidence of plurality on less space-constrained platforms like 31
 32 blogs and websites, then a social media site like Twitter is even less likely to 32
 33 encourage distinctions from the 'black-and-white, emotionally charged view of 33
 34 agriculture and eating' that one writer (Danovich 2014: np) laments the current 34
 35 'food movement' as inhabiting: 'Yes, we want more people to get involved in the 35
 36 fight for more transparency, better worker protection, and increased access to good 36
 37 food, but has anyone stopped to wonder what kind of movement we'll have if we 37
 38 only get new members by scaring them into joining?' (ibid.). 38

39 One possible answer to that question, and as a concluding consideration for this 39
 40 section, is that it will (and may already) be the kind of movement that is fuelled in 40
 41 41

42 10 This is also a good example of what social psychologist Jonathan Haidt has termed 42
 43 the 'emotional dog and its rational tail', by which moral reasoning is 'generated *after* a 43
 44 judgment has been reached' (Haidt 2001: 814, my emphasis). 44

1 large part by confirmation bias, or favouring information that supports rather than 1
 2 challenges our existing worldviews. It should be emphasized that the argument 2
 3 here is not that social media *make* us biased, but that filtering mechanisms such 3
 4 as hashtags certainly make it easier to follow and share opinions which may 4
 5 be blinkered or uninformed, and thereby could work to consolidate existing or 5
 6 emergent biases.¹¹ This scenario is well summarized in a blog post called ‘The 6
 7 Terrible Tragedy of the Healthy Eater’, which satirizes what happens when you go 7
 8 online to learn how to eat well: 8

9
 10 That really skinny old scientist dude says anything from an animal will give you 10
 11 cancer. But a super-ripped 60 year old with a best-selling diet book says eat more 11
 12 butter with your crispy T-Bone and you’ll be just fine as long as you stay away 12
 13 from grains. Great abs beat out the PhD so you end up hanging out on a forum 13
 14 where everyone eats green apples and red meat and talks about how functional 14
 15 and badass parkour is. 15

16
 17 You learn that basically, if you ignore civilization and Mark Knopfler music, 17
 18 the last 10,000 years of human development has been one big societal and 18
 19 nutritional cock-up and wheat is entirely to blame. What we all need to do is eat 19
 20 like cave-people. (Strauss 2012: np) 20

21
 22 It is to some of those who advocate eating like cave-people, or rather like pre- 22
 23 agricultural hunter-gatherers, that I now turn. 23

24
 25 24
 25

26 **#RealMealRevolution** 26
 27 27

28 As scary as they are for some, genetically modified foods represent only a small 28
 29 portion of the industrialized food system that many associate with the arguably 29
 30 scarier phenomenon of a global obesity crisis.¹² The following two sections address 30
 31 some of the ways that public and private health discussions are framed on Twitter, 31
 32 specifically with regard to interventions – including publicly voiced resistance to 32
 33 the perceived need for interventions – as a way to perform care for the self and 33
 34 for others through food choices. Here again we see how traditional hierarchies 34
 35 are made more visible through social media networks, and as they revolve around 35
 36 36

37
 38 11 Another way to frame the same mechanism is that social media encourage what 38
 39 Ethan Zuckerman (2008) terms homophily, or ‘love of the same’, and that many of our 39
 40 activities on the Internet in general take place in what Eli Pariser (2011) calls a ‘filter 40
 41 bubble’. 41

42 12 It is beyond the scope and purpose of this chapter to rehearse the expansive body 42
 43 of work that deals with obesity as a public health crisis, and whether it merits the moniker 43
 44 of epidemic. See, for example, Gard and Wright (2005), Campos et al. (2006), and LeBesco 44
 44 (2010). 44

1 choices that are seemingly private, but with potentially wider public health 1
 2 implications, these discussions around health and weight are particularly fraught 2
 3 with the complexities of authority. 3

4 One notable development in the last decade or so is the notion that many of our 4
 5 modern ills – to which obesity and so-called lifestyle ailments like type 2 diabetes 5
 6 and cardiovascular disease belong – are the result of preferring a modern industrial 6
 7 diet (typically high in refined carbohydrates) over eating like our ancestors (the 7
 8 ‘cave-people’) apparently did (Teicholz 2014).¹³ This is the thinking behind 8
 9 diets – or rather new lifestyles as they are often referred to, with the suggestion 9
 10 that this is not a short-term solution focused ‘just’ on weight loss, but indeed a 10
 11 better way to live a generally healthier life – variously labelled as paleo, low- 11
 12 carb (with echoes of the Atkins diet popular some time ago, and still held up as 12
 13 an important precursor here), or LCHF (low-carbohydrate, high-fat). Some of 13
 14 the most popular US-based authorities are sites like Jimmy Moore’s Livin’ La 14
 15 Vida Low-Carb (<http://livinlavidalowcarb.com/blog/>), the Diet Doctor (www.dietdoctor.com, offering “Real Food for Your Health”), and Authority Nutrition, 15
 16 which promises ‘*the truth* about nutrition’ (<http://authoritynutrition.com/about/>, 16
 17 emphasizes in the original). 17
 18 18

19 The LCHF movement got a further recent boost when Professor Tim Noakes, 19
 20 the highly rated South African sports scientist who had famously been advocating 20
 21 ‘carbo-loading’ for marathon runners and other athletes since the publication 21
 22 of his 1985 best-selling *The Lore of Running*, publicly claimed that everything 22
 23 he thought he knew about nutrition had been wrong. He subsequently began to 23
 24 advocate the LCHF diet, particularly for those who are carbohydrate-intolerant and 24
 25 insulin-resistant (both often precursors to and symptoms of type 2 diabetes, which 25
 26 Noakes claims to have developed after a lifetime of eating too many carbohydrates 26
 27 and other ‘wrong’ foods like those labelled low-fat). In 2013 he co-authored 27
 28 (with two chefs and a nutritionist) a best-selling cookbook called *The Real Meal* 28
 29 *Revolution*. The LCHF diet is popular enough that it is known locally in South 29
 30 Africa as the Noakes or Banting diet,¹⁴ with restaurants and other eateries offering 30
 31 specialized Noakes or Banting menu options. In April 2014, it was announced 31
 32 (on *Twitter*) that the ‘1st International Low Carb, High Fat Lifestyle Conference’ 32
 33 was scheduled to take place in South Africa, featuring @ProfTimNoakes and 33
 34 @livinlowcarbman (Jimmy Moore).¹⁵ 34

35 Common to the narrative and ethos of the Paleo community is the notion not 35
 36 only that we have been eating ‘wrongly’, but also that we have been duped into 36
 37 doing so by corporate interests that prioritize money and politics over public health 37
 38 38

39 13 The question of what our ancestors actually ate, including whether this was ‘better’ 39
 40 for us, is not without contention either. See, for example, Zuk (2013). 40

41 14 William Banting was a British undertaker who was among the first to popularize a 41
 42 low-carbohydrate eating plan through his booklet called *Letter on Corpulence, Addressed* 42
 43 *to the Public*, published in 1863. 43

44 15 27 April 2014, <https://twitter.com/HELPPdietSA/status/460527433310289920>. 44

1 (Taubes 2002, 2007). In this scenario, it is the combined efforts of Big Food, Big
2 Ag, and Big Pharma which conspire to make us fat and sick. Part of embracing
3 the lifestyle, therefore, involves nurturing a distrust of what may be termed
4 conventional sites of authority or expertise, like doctors, registered dietitians and
5 government departments tasked with developing nutritional guidelines. A few
6 examples from Noakes's Twitter timeline exemplify the trend:

7
8 @ProfTimNoakes: @PastryKeegan The public will decide. In era of social
9 media, public will eventually discover what works for each, independent
10 of "experts"¹⁶

11
12 @ProfTimNoakes: Debate increasingly irrelevant since informed patients now
13 making therapeutic choices for themselves independent of "experts"¹⁷

14
15 @ashman_65: @ProfTimNoakes great response Tim. I have seen many skeptics
16 converted. I no longer trust my doc #lchf¹⁸

17
18 @ProfTimNoakes: Heart Foundations will soon have to answer for contribution
19 to global obesity/diabetes epidemic. <http://amzn.to/1gGoVmB> [link Nina
20 Teicholz' 2014 book, *The Big Fat Surprise: Why Butter, Meat and Cheese*
21 *Belong in a Healthy Diet*]¹⁹

22
23 @OzParadoxdotcom: Congrats to @garytaubes @ProfTimNoakes @
24 livinlowcarbman et al. for rebirthing Banting's #LCHF cure, downsizing misery
25 for millions.²⁰

26
27 These themes are of course not exclusive to Paleo/LCHF/Banting narratives,
28 but belong to a wider trend of responding to various food crises by reinforcing
29 how *little* consumers know, and therefore how little actual control they have over
30 their choices. As Emma-Jayne Abbots and Benjamin Coles put it in the context
31 of 'Horsemeat-gate':

32
33 In this representation, the consumer is naïve, somewhat hapless and has been
34 duped by the complexities of the agri-food industry What is required, then,
35 the narrative goes, is enhanced awareness of our food chains, a reconnection to
36 "local" and "national" foods and trusted sources, and an education that will help
37 consumers make "better choices". (Abbots and Coles 2013: 544)

38
39
40 16 9 March 2014, <https://twitter.com/ProfTimNoakes/status/442708225486782464>.

41 17 11 April 2104, <https://twitter.com/ProfTimNoakes/status/454704908613472256>.

42 18 11 February 2014, https://twitter.com/ashman_65/status/433305780318904320.

43 19 16 April 2104, <https://twitter.com/ProfTimNoakes/status/456501396963999745>.

44 20 28 April 2014, <https://twitter.com/OzParadoxdotcom/status/460728008794312704>.

1 What these examples of Paleo/LCHF/Banting discourses and lifestyles do is to 1
 2 offer, through this ‘enhanced awareness’, a way to seize that control over personal 2
 3 choices. This is accomplished both through gaining more knowledge and, 3
 4 importantly, sharing that experience, which is where we see the richness of social 4
 5 media as Lomborg’s ‘communicative genre’, rather than simply a technological 5
 6 development. So, as with Pollan’s humanist tracts, these projects are at once 6
 7 personal and public: every LCHF success story contributes to the ‘tipping point’ 7
 8 that Noakes and others envisage happening: 8

9
 10 @ProfTimNoakes: #RealMealRevolution completes 10th consecutive week 10
 11 as top selling book in South Africa. Will South Africa be 1st country to “tip” 11
 12 to LCHF? 12

13
 14 @Gesundheith_SA: @ProfTimNoakes Congratulations to all you are a brave 14
 15 man. I am converted #LCHF and I will definitely spread this way of living.²¹ 15
 16 16

17 Yet where the sharing facility of social media arguably becomes problematic is 17
 18 when personal agendas are presumed to be appropriate for everyone, particularly 18
 19 when advocating a health behaviour not yet supported by conclusive evidence 19
 20 of being safe to follow in the long term. In other words, when sharing personal 20
 21 choices (via Twitter in this instance) *becomes* a mode of caring about other 21
 22 people’s preferences, as illustrated by the following exchange involving, among 22
 23 others, this author: 23

24
 25 @sacrisis: @WOOLWORTHS_SA Get execs to read @ProfTimNoakes book & 25
 26 reduce low fat bull-shit products on your shelves & bring in more healthy full fat 26
 27 27

28 @Dr_Rousseau: @sacrisis In fact some people quite enjoy those “bullshit” low- 28
 29 fat products and don’t need your dietary advice, thanks. 29
 30 30

31 @Ikhukhu: @Dr_Rousseau Well said. No need to turn individual dietary choices 31
 32 into a holy war. 32
 33 33

34 @Topcherry001pc: Woolies also sucked in by lo-fat dogma. They’ll change as 34
 35 dictated by buying habits of customers²² 35
 36 36

37 Here again we see the theme of being ‘duped’, yet this time the ‘victim’ is 37
 38 Woolworths (a food and clothing retail chain), whose adherence to the ‘lo-fat 38
 39 39

40 40
 41 41
 42 42

43 21 27 April 214, <https://twitter.com/ProfTimNoakes/status/460434362761093120>. 43
 44 22 30 March 2014, <https://twitter.com/sacrisis/status/450184409258676224>. 44

1 dogma' in turn makes ostensible victims of the consumers who evidently do not
 2 have the choice of 'good' full fat products when shopping.²³
 3 Indeed, if there is a prevailing sentiment in media discussions about food
 4 and public health, it is one of suspicion and distrust, with not infrequent gestures
 5 at conspiracy theories and ulterior motives.²⁴ This is the climate that accuses
 6 manufacturers of Girl Scout cookies of 'profiteering off an obvious public health
 7 problem' (Barclay 2014: np), and normalizes scepticism (if not outright cynicism)
 8 about, for example, whether a company like Coca-Cola can legitimately be
 9 involved in obesity research and interventions (Husten 2014). (The regularity of
 10 versions of the latter example prompted the Obesity Society to issue a position
 11 statement in March 2104 condemning ad hominem attacks on researchers with
 12 ties to 'suspicious' funding, stressing that 'funding source is not a sufficient basis
 13 upon which to discount otherwise sound scientific evidence', Obesity Society
 14 2014).²⁵ Unsurprisingly, nurturing distrust in 'conventional' authorities routinely
 15 results in the manufacture of new sites of authority and expertise – in this case
 16 the maverick Professor considered brave enough to challenge existing 'dogma'.
 17 Once again, this is by no means exclusive to social media (the countercultural 70s
 18 could not have existed if this was the case), but the speed of progressions like this
 19 support Ritzer's notion of new technologies like these simply foregrounding and
 20 making more visible a historical 'means of presumption'. Social media in this
 21 way can function not only as mechanisms of sharing and (s)caring, but also to
 22 unveil the construction (and sometimes disruption) of social structures governing
 23 the prescriptions of how and what to eat.

23 Part of the reasoning behind the LCHF eating plan is that fats have been
 unfairly maligned by nutritional guidelines, and also that low-fat products encourage the
 overconsumption of carbohydrates (often through added sugars), thought to be a key driver
 of obesity and diabetes.

24 See for example The Food Babe (foodbabe.com), a blog dedicated to investigating
 'what's really in your food' by American blogger Vani Hari. In 2014, she infamously
 uncovered that the chain restaurant Subway used a chemical in their bread which is also
 found in yoga mats, and successfully campaigned for the company to change its bread
 recipe, despite there being no scientific evidence of any dangers to human health from
 ingesting said chemical (Novella 2014). At the time of writing, Hari had close to 700,000
 fans on Facebook, and had most recently authored a blog post titled 'There Might Be Dead
 Animal Parts in your V8! & Homemade V8 Juice Recipe'.

25 As the author of a preliminary study of the effects of media exposure to
 contradictory nutrition messages concludes, one potential concern of this 'distrust' trope
 is that it could 'undermine the success of healthy eating campaigns and interventions. If
 people notice contradictory information about wine, fish, and other topics, and ultimately
 begin to doubt nutrition research and recommendations, then they might be less receptive
 to subsequent nutrition and non-nutrition related health campaign messages – perhaps even
 rejecting them altogether' (Nagler 2013).

1 **#notyourgoodfatty** 1

2
 3 If embracing the LCHF lifestyle is one way to stage careful eating by seizing 3
 4 control out of the hands of ‘experts’ of one’s food and body, a very different mode 4
 5 of caring is offered in the community of people who refuse to conform to one 5
 6 version of an ‘ideal’ weight. This is the ethos behind Fat Acceptance (FA)²⁶ and 6
 7 Health at Every Size (HAES) movements, which, as their names suggest, challenge 7
 8 what they see as the reductionist conflation of health with weight. Amanda Levitt, 8
 9 an ‘Unapologetic Fat Lady’ and host of the blog Fat Body Politics, outlines some 9
 10 of the key issues facing the community: 10

11
 12 The lack of diversity is a huge issue in the community and that even harms the 12
 13 reality of what it means to be a fat person in regards to health, because when 13
 14 everyone thinks that fat people are white and middle class they falsely believe 14
 15 we all have access to health behaviors. This places soul [sic] blame on individual 15
 16 fat people for performing health in a way our society deems acceptable ... 16
 17 People who demand we conform to an inaccessible performance of fatness, one 17
 18 that is based on proving health, are not actually interested in the humanity of fat 18
 19 people but in us performing for them and their comfort. 19

20
 21 Those demands also harm fat people in the community who don’t perform fatness 21
 22 in a “socially acceptable” way due to numerous reasons but overwhelmingly you 22
 23 see that it has more to do with lack of access to health behaviors than just purely 23
 24 not caring. (Levitt 2014: np) 24

25
 26 In keeping with this language of *performance*, it was Levitt who coined the hashtag 26
 27 #NotYourGoodFatty as a way to publicly – or at least on Twitter – challenge 27
 28 how fat people are perceived and treated. As she concludes: ‘I’m not interested 28
 29 in performing fat positivity in a way that harms other fat people by letting 29
 30 outsiders know I am meeting their demands on my body. I want to challenge those 30
 31 demands’ (ibid.). 31

32 Michelle Allison, who blogs under the moniker The Fat Nutritionist, and 32
 33 tweets as the @fatnutritionist, demonstrates: 33

34
 35 I’m not insulting myself when I call myself fat. Your assumption that I hate 35
 36 myself is pretty insulting though. #notyourgoodfatty 36
 37
 38
 39
 40

41
 42 26 In the US, The National Association for the Advancement of Fat Acceptance was 41
 43 founded in 1969, and reportedly found ‘new life’ in the last decade or so thanks to FA 42
 44 blogs and other Internet-based activity (Honan 2009). For background on fat acceptance 43
 movement in the US, see for example Saguy and Riley (2005). 44

1	If you actually cared about fat people's health, you'd let them exist in the world	1
2	in peace. Harassment is not helpful. #notyourgoodfatty	2
3		3
4	Judging someone as automatically less valuable due to a physical trait is bigotry.	4
5	Congratulations, you're a bad person. #notyourgoodfatty	5
6		6
7	Appearance-based discrimination is wrong. Telling people they are disgusting	7
8	"for their own good" is wrong. #notyourgoodfatty	8
9		9
10	Remember always, fat people: People are afraid of you because you have an	10
11	awesome power – to destroy the hierarchy. #notyourgoodfatty ²⁷	11
12		12
13	In a follow-up post clarifying what is (and is not) meant by the hashtag, Allison	13
14	explains further, emphasizing what she believes to be the limits on other people's	14
15	authority to comment on and/or interfere with her size:	15
16		16
17	Random strangers on the street shouting abuse at fat people "for their own	17
18	good"? No. Not acceptable. Doctors withholding effective treatment for certain	18
19	health issues on the condition that fat people engage in a risky, non-evidence-	19
20	based treatment (dieting)? No. Not acceptable, and not health-promoting. Well-	20
21	meaning but ignorant, or even frankly abusive, family members or friends	21
22	tossing off health advice to adults who have not solicited it? No. Not acceptable.	22
23	(Allison 2014: np)	23
24		24
25	Allison's follow-up post was inspired by the (somewhat predictable) misuse of	25
26	the hashtag, as if to give credence to the kind of abuse it was meant to confront.	26
27	Yet even here, the sense of a caring – and cared for – community appears	27
28	to trump the naysayers, putting agency and authority squarely in the hands of	28
29	the #notgoodfatties:	29
30		30
31	@karenczmills: Trolls don't bother me. You can't take this positive activism	31
32	experience from me. I will not give you that power. #notyourgoodfatty ²⁸	32
33		33
34	@Artists_Ali: There should be a new fatty hashtag since #notyourgoodfatty is	34
35	overrun w/ Reddit trolls.	35
36		36
37		37
38		38
39		39
40		40
41	27 These tweets (from 4th-5th April 2014) were 'Storified' (Storify being another	41
42	social media application designed to collect media and 'make the web tell a story', https://	42
43	storify.com), and can be viewed collectively at https://storify.com/marxroadrunner/	43
44	fatnutritionist-being-amazing-on-the-notyourgoodfa .	44
	28 15 April 2014, https://twitter.com/karenczmills/status/455940008193425408 .	

- 1 @Ravenverde: @Artists_Ali I've blocked them all, so for me, #notyourgoodfatty 1
 2 is full of strong fatties and their supporters.²⁹ 2
 3 3 3
 4 To bring the discussion back to the – often false – dichotomies between what is 4
 5 'good' and 'bad' when it comes to eating behaviours, Shaunta Grimes (HAES 5
 6 advocate, and member of FA web-based collective Fierce Freethinking Fatties) 6
 7 points out that: 7
 8 8 8
 9 Interestingly, the opposite of a Good Fatty isn't a Bad Fatty ... [T]he opposite 9
 10 of a Good Fatty is a fat person who does not need to justify or apologize for 10
 11 their existence or for the existence of fat people in the world. If we eat donuts, 11
 12 we're still valuable. If we don't exercise, we're still valuable. Even if we're not 12
 13 healthy, we're still valuable. The opposite of a Good Fatty is a fat rebel who 13
 14 believes in autonomy and that a person's health is a personal concern and not up 14
 15 for public debate. (Grimes 2014: np) 15
 16 16 16
 17 As we have seen with the example of the LCHF lifestyle, creating communities of 17
 18 both care and dissent, such as those inhabited by #notyourgoodfattys, is not limited 18
 19 to social media, but these digital tools certainly do facilitate the rapid expansion 19
 20 of, and by extension support for, such groups. Perhaps a more noteworthy feature 20
 21 of the social mediascape is how the same mechanisms that allow for rapid 21
 22 expansion (as in the case of such open, rather than closed, or subscription-only 22
 23 groups) disallows privacy. In short, if you want to trend on Twitter, you are of 23
 24 necessity open to public scrutiny, and thereby also vulnerable to abuse by 'trolls'. 24
 25 And while the examples above demonstrate an asserted robustness in the face of 25
 26 such abuse, the apparatuses which conduce to confirmation bias are no less at 26
 27 play here: by blocking all the 'Reddit trolls', this particular user also succeeds in 27
 28 using Twitter to create an echo chamber of virtual support, where dissenting views 28
 29 are essentially prohibited and this particular configuration of authority remains 29
 30 inviolable. While this perhaps succeeds in creating a safe and unthreatening virtual 30
 31 space, it is also a space which translates very poorly to the 'real world' where 31
 32 discrimination continues for the most part unabated (Abrams 2012; Berlant 2007; 32
 33 Christian 2007; Slocum et al. 2011). 33
 34 As Grimes makes clear in her description of the opposite of a 'Good Fatty', the 34
 35 (self-formulated) question here is not so much one of health, as it is of value, privacy 35
 36 and the authority both to care and to share. Yet, the description of 'autonomy' as 36
 37 being ultimately extrinsic to public life and debate is also at odds with the logic of 37
 38 #notyourgoodfatty, which is about proclaiming that autonomy on a public platform. 38
 39 It is about asking for attention from and then rejecting any accountability to that 39
 40 public. This is not to argue against the perfectly reasonable premise that someone 40
 41 is of value even if they are not healthy, but there is also a certain disingenuity 41
 42 underlying the idea that personal choices (should) have no public ramifications. 42
 43 43 43
 44 29 22 April, https://twitter.com/Artists_Ali/status/458581804640124929. 44

1 The lines are sometimes subtle, but often less so, between using tools like social
2 media to exhibit, ‘perform’, or ‘produce’ behaviours that contribute to disabling
3 rather than enabling someone. As Dr. David Katz (Director of the Yale University
4 Prevention Research Centre) summarized a recently published study examining
5 the correlations between fatness and fitness that challenge the idea of ‘healthy
6 obesity’ thanks to the increase in coronary calcification with excess weight, the
7 results generated:

8
9 a potentially important message that argues back against the “ok at any size
10 movement”. Size may be ok, but coronary disease is not. If we have to control
11 our body fat to prevent calcified plaque in our coronary arteries, that is not a
12 body image issue; it’s a matter of potentially life and death significance. (Katz
13 2014: np)³⁰

14
15 Matters of life and death are rarely entirely private matters, and especially not
16 when they are rehearsed on publicly accessible social media networks.

17 18 19 **On Whose Authority?**

20
21 Underpinning many of these debates and online performances of ideological
22 positions about what constitutes careful eating is the question of why anyone
23 should care about what others eat, and indeed who has the right to intervene –
24 or interfere, as I have called an unwarranted intervention elsewhere (Rousseau
25 2012a) – in others’ choices. The examples surveyed so far illustrate a variety of
26 motives, from nurturing our humanity through caring for the planet in the case
27 of cultured beef, to seizing control from the ‘traditional’ experts through an
28 LCHF lifestyle, to giving a proverbial finger to the body police by refusing to
29 be a #goodfatty. Diverse as the end results of each of these positions may be,
30 they all take part in a contemporary ‘democratization’ of knowledge and expertise,
31 which is fuelled in significant part by the mechanics of the web and social media
32 that facilitate the very active use (and re-use, and sometimes abuse, for the sake
33 of sensation and/or fear-mongering) of an exponentially expanding databank of
34 information. It is quite possibly this relatively recent opening up of conversations
35 about what were previously specialized fields – here, genetic engineering,
36 nutrition, public health – which both destabilizes public perception in traditional
37 expertise, and also generates expectations in finding (or creating) authority from
38 non-conventional sites.³¹

39
40
41 ³⁰ See also Sainsbury and Hay (2014), who argue for an ‘urgent rethink of the “health
42 at every size” concept’.

43 ³¹ While lay individuals have arguably had and shared opinions on topics beyond
44 their expertise well before the advent of social media, today’s digital climate is unique
in that it has enabled and normalized a more eclectic pool of interlocutors in any given

- 1 The chef industry is a case in point, as Anthony Bourdain points out in an 1
 2 interview with (chef and food writer) Michael Ruhlman: 2
 3 3
 4 Ruhlman: When you choose to be a chef, what are your obligations, if any? 4
 5 5
 6 Bourdain: Increasingly there are obligations. In my generation I don't think there 6
 7 were, we didn't think about any obligation. We were in the pleasure business, 7
 8 that was it. Your only obligation was to give your customers a good time at a 8
 9 price point they found reasonable. And you didn't care where the tomato came 9
 10 from as long as it was a pleasure-giving tomato. That dynamic has changed. 10
 11 Chefs think about that stuff now. Because the issues are raised and discussed 11
 12 within the community. Because chefs are either being pushed to be citizens of 12
 13 the world or are just naturally thinking about these things from the get-go. These 13
 14 were not issues we thought about back then. (Ruhlman 2014: np) 14
 15 15
 16 The changing 'dynamic' that Bourdain refers to here is at least in part driven by 16
 17 digital advances which mean that it has become increasingly difficult to continue 17
 18 to, for example, not *publicly* care about where a tomato comes from if all your peers 18
 19 do.³² Although the provenance of a tomato is an admittedly frivolous example, 19
 20 it speaks to the much broader paradigm of care that describes an attitude to the 20
 21 world, and to others. And this is a conversation that goes beyond the professional 21
 22 chef community to be alive and well on social media platforms, where chefs and 22
 23 other food personalities are often scrutinized for behaviours not even related to 23
 24 food, and where crowds can turn harsh if they do not like what they see.³³ 24
 25 Jamie Oliver is one chef who seems particularly adept at annoying people, 25
 26 but the example of whom is particularly instructive when it comes to the often 26
 27 contradictory concerns around the expectations, responsibilities and entitlements 27
 28 relating to public conversations about how we ought to eat. Oliver's career to- 28
 29 date exemplifies the contemporary expansion of the expertise of a chef, as in a 29
 30 professional who is trained to cook for other people. In addition to the environmental 30
 31 conversation. So it is not unusual to see scientists in public conversations with non- 31
 32 scientists on Twitter. Closer to intellectual (as opposed to scientific) pursuits related to food 32
 33 and eating is the example of restaurant reviewing, where the professional critic is now in 33
 34 increasing competition with amateur bloggers, and crowd-sourced review sites like Yelp 34
 35 for public attention. 35
 36 36
 37 32 One of the first web-based scandals in the professional cooking world was 37
 38 when examples of culinary plagiarism were revealed by which a restaurant in Sydney 38
 39 had reproduced without credit dishes from well-known American restaurants Alinea and 39
 40 WD-50. The similarities were noted thanks to pictures of the dishes being posted on the 40
 41 restaurant website. 41
 42 33 For example when television cook Ina Garten, also known as the 'Barefoot 42
 43 Contessa', was maligned for supposedly refusing the wish – via the *Make-A-Wish* 43
 44 *Foundation* – of a young fan and cancer patient. For this and other examples, see Rousseau 44
 (2012b).

1 matters that inform Bourdain's version of how to be a 'good citizen', these include 1
 2 in Oliver's case issues related to public health and nutrition, particularly in the 2
 3 context of childhood obesity (Rousseau 2102a). When promoting his then-latest 3
 4 venture *Jamie's Money Saving Meals* in 2013, Oliver made reference to how people 4
 5 on limited budgets eat in Mediterranean countries, with the perceived insinuation 5
 6 that they managed this 'better' than their British counterparts: 6

7
 8 I meet people who say, 'You don't understand what it's like'. I just want to hug 8
 9 them and teleport them to the Sicilian street cleaner who has 25 mussels, 10 9
 10 cherry tomatoes, and a packet of spaghetti for 60 pence, and knocks out the most 10
 11 amazing pasta. You go to Italy or Spain and they eat well on not much money. 11
 12 We've missed out on that in Britain, somehow. (quoted in Deans 2013: np) 12
 13 13

14 Oliver's remarks generated a variety of reactions that do well to summarize the 14
 15 controversies underlying the very idea of a generalized philosophy of how to (and 15
 16 who can) perform care. One writer opined that although he believes that Oliver's 16
 17 'heart is in the right place', he 'needs to stop publishing books, the last one of 17
 18 which was judged one of the unhealthiest on the market, while internally tutting at 18
 19 the deplorable lack of quinoa in "poor communities"' (Andreou 2013: np). Another 19
 20 criticized Oliver for furthering a myth of 'authentic peasant food', which not only 20
 21 ('wrongly', it is implied) upholds an extremely lucrative cookbook, restaurant 21
 22 chain and food television empire in the UK and the US, but also perpetuates a 22
 23 classist notion of the 'deserving poor', as opposed to the British poor whose habits 23
 24 Oliver laments (McCormack 2013). 24

25 In a defence (of sorts) was the argument that while Oliver might not be an 25
 26 expert in the field of either nutrition or poverty, his experience grants him more 26
 27 authority than most: 27

28
 29 It's pretty bloody rich that one might look at a cookery expert like Oliver – who 29
 30 became fixated some years back on giving cookery classes to the poor, teaching 30
 31 impoverished kids what vegetable [sic] looks like, negotiating with dinner ladies 31
 32 about budgets, fighting with local government and the actual prime minister on 32
 33 the matter of how to break the vicious circle which leads to child existing on 33
 34 chips and cheese – and shout back at him, 'Well what do you know about how 34
 35 poor people feed their children?' The fact is: probably much more than you. 35
 36 (Dent 2013: np) 36
 37 37

38 In a post entitled 'Jamie Oliver Should Stop Trying to Teach Poor People How to 38
 39 Eat', finally, an American writer agrees with the previously cited suggestion that 39
 40 the chef is 'entitled' to his opinions, but concludes that 'he's not entitled to the 40
 41 position of culinary hero for a population he disdains' (Anderson 2013: np). A 41
 42 few weeks after the incident, Oliver himself acknowledged the indignation that he 42
 43 had caused, but claimed to be undeterred: 'If I don't say these things, no one else 43
 44 fucking will. The government doesn't like to say stuff like that because they're 44

1 chasing votes. I'm in the slight luxury of not being able to get myself fired. The 1
 2 public are my first boss' (quoted in Lewis 2013: np). 2
 3 These pronouncements speak to an intriguing interplay of care and disdain 3
 4 that frame not only this isolated example (on both the sides of Oliver and of his 4
 5 critics), but publicly staged conversations about 'proper' eating in general. While 5
 6 Oliver claims to be motivated by care for those he intends to help, some of his 6
 7 critics disallow that possibility because of his wealth, suggesting instead the more 7
 8 cynical motive of capitalizing on a group whom he actively dislikes. But besides 8
 9 this being a classic example of a 'damned if he does, damned if he doesn't', 9
 10 more notable in the context of the main concerns of this chapter is the frequency 10
 11 with which normative language is marshalled to address situations which are 11
 12 clearly more complex and nuanced than such prescriptions allow. 'Should' a 12
 13 celebrity chef be involved in teaching poor people how to eat? Not according 13
 14 to his job description, no. But that does not prohibit him from attempting to do 14
 15 so, any more than it should prevent an accountant from volunteering at a soup 15
 16 kitchen – *if* such involvements are welcomed by the their supposed beneficiaries. 16
 17 'Should' an overweight person be pressured into losing weight to conform to an 17
 18 'acceptable' BMI? Not if they do not put themselves or others at risk, or represent 18
 19 an undue burden on public healthcare costs, in which case it would be reasonable 19
 20 to extract higher premiums (as with smokers, who pay more for the freedom to 20
 21 put themselves at risk). 'Should' we eschew lab-grown, or genetically modified, 21
 22 foods in favour of those that are local, organic, unsullied by Big Food and by the 22
 23 compromised ethics of traditional 'experts'? Well, clearly yes. And clearly no. 23
 24 24
 25 25

26 **Conclusion** 26

27 27
 28 It should hopefully be clear that each of the responses to the questions above are 28
 29 themselves loaded, and could be complicated much further in trying to ascertain 29
 30 who has the right to decide what is 'best' (what if, for example, poor people do *not* 30
 31 welcome Jamie Oliver's involvement? Would a government intervention be more 31
 32 appropriate? Is *any* intervention appropriate? And so on). It should hopefully also 32
 33 be evident that there is some dimension of all the issues discussed in this chapter 33
 34 which have little to do with social media, and which would likely continue to be 34
 35 divisive without these digital facilities. 35

36 But digital technologies like social media have long ceased to be an optional 36
 37 extra for purely recreational purposes. While they certainly continue to provide 37
 38 that function, the merely 'social' part of the technology now exists in addition 38
 39 to the many more consequential activities we see unfolding on these platforms, 39
 40 among them debates and nascent movements – some indeed worthy of the name 40
 41 crusades – related to 'good' and 'proper' eating. In this way Stine Lomberg is 41
 42 absolutely correct in calling the very term social media 'nonsense', but not 42
 43 because 'it presumes that other communication media are not social' (Lomberg 43
 44 44

1 2011: 56). Rather, it is a nonsense term because of how little of the activity that the 1
2 technology facilitates is accurately described by the term ‘social’. 2
3 There can be no doubting the net positives afforded by the digital age, including 3
4 unprecedented access to information, and the formation and maintenance of 4
5 countless virtual communities. But at least some of that social media activity, as 5
6 the examples in this chapter collectively demonstrate, conduce to less productive 6
7 results like confirmation bias and the generation of false dichotomies that this 7
8 concluding exchange from Noakes’ timeline both satirizes and illustrates: 8
9 9
10 @PrimalPerks: Interesting how either people love disussing [sic] @ 10
11 ProfTimNoakes diet or they consider his name a swear word! Reckon those are 11
12 the carb addicts. 12
13 13
14 @ProfTimNoakes: @PrimalPerks Even for scientists, nutrition is a religion. So 14
15 I am either the Patron Saint or the excommunicated Heretic. No in-between.³⁴ 15
16 16
17 It is tempting to speculate, as others have done,³⁵ about whether it is the technology 17
18 itself that is to blame. But as psychologists Daniel Kahneman and Amos Tversky 18
19 (1974) pointed out several decades ago already, human beings excelled at cognitive 19
20 biases and logical fallacies long before any digital age. What social media do 20
21 instead is afford us is the opportunity to observe social hierarchies at work, which 21
22 includes the twin dynamics of consent and resistance as new voices and authorities 22
23 make themselves heard. 23
24 So it is perhaps also to be expected that while the digital tools we have available 24
25 to us can certainly enhance our lives, they can – and clearly do – also exacerbate 25
26 the things we already do badly, like impatiently preferring the simplistic over the 26
27 nuanced. Once again, this is not to blame technology, but rather to acknowledge its 27
28 facilitating role in what one social scientist describes as a ‘hunger for fast, definitive 28
29 answers’ (quoted in Adler 2013: np) in which everyone, lay and professional 29
30 alike, is complicit. Here we see one of the consequences of ‘mediated mobilism’, 30
31 whereby social media at once facilitate and indeed compel the simultaneous 31
32 consumption and production of information. As active prosumers, we inhabit a 32
33 more democratic, and therefore empowering, knowledge landscape. But as we 33
34 have seen with the examples in this chapter, it is also a space in which hierarchies 34
35 of authority and expertise can become exposed and disrupted in ways that are not 35
36 uniformly constructive. Combined with the notion that ‘all that happens must be 36
37 known’ (the very art-imitates-life motto of a fictional social media company in 37
38 David Eggers 2014 novel *The Circle*), these vagaries of mobility could, in the end, 38
39 39
40 40
41 34 4 May 2014, <https://twitter.com/ProfTimNoakes/status/463029455850856449>. 41
42 35 For example Nicholas Carr, who famously asked if ‘Google is making us stupid’ 42
43 in an essay for *The Atlantic* which was later developed into the book *The Shallows: What* 43
44 *the Internet is Doing to Our Brains* (Carr 2010). 44

- 1 function most successfully at generating a recipe for *not* thinking very carefully 1
 2 about how to eat. 2
 3 3
 4 4
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1	Chapter 3	1
2		2
3	Caring about Careless Eating:	3
4	Class Politics, Governance and	4
5	the Production of Otherness in	5
6	Highland Ecuador	6
7		7
8		8
9		9
10	Emma-Jayne Abbotts	10
11		11
12		12
13		13
14		14
15		15
16	Introduction	16
17		17
18	This chapter explores the ways in which care is politically deployed in the Southern	18
19	Ecuadorian Andes. Specifically, I consider how particular groups mobilize care in	19
20	myriad ways to critique, interfere and govern Other people's eating by appealing	20
21	beyond the health of the eaters' individual bodies to that of the broader social	21
22	body. Put simply, I elucidate how particular social groups, in this context the local	22
23	Cuencano population and the migrant-peasantry, are subjected to visions of 'good	23
24	food' perpetuated by other social groups structurally positioned above them in the	24
25	social order – privileged migrants and the governing class. As such, I interrogate	25
26	what constitutes 'careful eating' and examine how subjective notions of care-	26
27	full (Miele and Evans 2010) and care-less food work to establish social distance	27
28	and produce otherness. My aim in this chapter is, therefore, to demonstrate how	28
29	discourses of good food and proper eating that are ostensibly premised on caring-	29
30	for the corporeal bodies of Others and appear benign are, instead, politically	30
31	motivated and centred on caring-about wider social issues.	31
32	The ethnography on which I draw is set in the greater Cuenca region of the	32
33	Southern Ecuadorian Andes. Colloquially known as 'the Athens of Ecuador',	33
34	the region is renowned for its pre-Inca ruins, Spanish colonial architecture and	34
35	a rich tradition in literature and the arts. It is also arguably the whitest and most	35
36	conservative areas of Ecuador and a deeply entrenched class hierarchy, which	36
37	intersects with ethnicity, kinship and ideas of 'cultured' (read white urban)	37
38	behaviour, continues to permeate every facet of social and cultural life. Outside of	38
39	Cuenca city – a UNESCO world heritage site – the landscape contains a number	39
40	of small rural and semi-rural communities, which have historically relied on small	40
41	and medium scale agriculture as their primary economic strategy. This heritage is	41
42	valued, celebrated and marketed, and made materially manifest in the form of the	42
43	<i>Chola Cuencana</i> – a mixed-race, female folkloric figure that straddles both the	43
44	country and the city (see Abbotts 2014a; Weismantel 2001, 2003). However, the	44

1 economy of these communities has been transformed in recent years as the area 1
2 has witnessed extensive and sustained outward migration to the USA and Europe 2
3 following national economic crisis and the collapse of the rural economy in the 3
4 late 1990s. The resultant remittance incomes have resulted in the emergence of a 4
5 newly-wealthy migrant-peasant class, who are orientated towards being ‘modern’ 5
6 and socially mobile (Abbots 2014a). More recently, the region has also received 6
7 a number of more privileged migrants, primarily from North America, who are 7
8 seeking a lifestyle change and in 2009 Cuenca was named ‘The World’s Best 8
9 Retirement Haven’ by *International Living* magazine (International Living 2010). 9
10 This group, while small in number, are significantly shaping the local foodscape 10
11 and engage readily with discourses of good food. 11

12 Throughout this chapter I draw on my fieldwork amongst this group of 12
13 privileged migrants, as well as my research among the governing upper and middle 13
14 classes (hereafter governing classes), who are primarily based in the city but also 14
15 commonly have economic and social ties to, and actively govern, the *campo* 15
16 (countryside) and *campesinos* (peasantry). Consequently, I also discuss those who 16
17 have more humble economic origins and continue to reside in the *campo*, with 17
18 whom I have lived with and conducted long-term extensive fieldwork primarily 18
19 in the form of participant observation, group discussions and unstructured 19
20 interviews. I prefer to refer to this group as the migrant-peasantry rather than the 20
21 more commonly used *campesino*. This is because, while this social group are 21
22 the longstanding local residents of the *campo* and define themselves as such, the 22
23 international outward migration of their kin and the receipt of remittance incomes 23
24 is now their household’s primary economic strategy and they consciously reject 24
25 small scale agricultural production and the social baggage which accompanies 25
26 being *campesino*. Defining this group then as the migrant-peasantry best reflects 26
27 their historical social and economic background as members of ‘the peasantry’ 27
28 while also allowing for their current aspirations and economic practices, as 28
29 well as the cultural expectations that are laid upon them by those ‘higher’ in the 29
30 social order. 30

31 Whilst recognizing that individual subjectivities are multi-faceted (Ong 1999) 31
32 and class categories are, in lived realities, more mutable and complex than academic 32
33 analysis can fully account – as well as being mindful of the ways migration can 33
34 destabilize class orders (Abbots 2012a) – clear class distinctions and tensions 34
35 emerge between the groups I discuss below. Untangling the relationships between 35
36 these socially different groups can, therefore, provide insights into the ways in 36
37 which everyday food practices play a major role in the constitution and enactment 37
38 of these class dynamics. I have addressed this theme previously (Abbots 2011, 38
39 2013, 2014b) and in this chapter I look to extend my earlier analysis of, and bring 39
40 a fresh perspective to, the political entanglements between eating and class by 40
41 viewing them through the rubric of care. This chapter thereby takes the stance that 41
42 care is not politically benign but is instead a biopolitical instrument through which 42
43 individual bodies can be regulated and governed. As such, it draws inspiration 43
44 from a body of literature that demonstrates how caring is entangled with moral 44

1 values (Barnes 2012) and enables the bodies of both carer and cared-for to be 1
 2 relationally co-produced (Mol 2010). Moreover, it plays with the notion that ‘to 2
 3 care’ is both a feeling (to care-about) and a practice (to care-for) (Ungerson 1983; 3
 4 Tronto 1993), and looks to build upon this multi-layered conceptualization of 4
 5 care by examining that ways that caring-for (Others) can obfuscate cares-about 5
 6 broader social issues. The slippery nature of care – and how this enables it to 6
 7 be deployed within class relations – is thus brought to the fore. In addition, my 7
 8 discussion implicates Foucauldian questions of governance (Foucault 1978), as 8
 9 I interrogate the ways in which privileged migrants and the governing classes 9
 10 construct (perceived) absences of care in the local Cuencano population and the 10
 11 migrant-peasantry as a problem that requires intervention. I consequently indicate 11
 12 how the bodies of some social groups are governed – or more accurately attempted 12
 13 to be governed – by an Other and elucidate how practices that seem to be premised 13
 14 on intimacies, closeness and concern are, instead, centred on the enactment and 14
 15 potential contestation of governmental power. 15

18 **Privileged Migrants: Caring-about Local(s) Eating** 18

19
 20 They don’t know what they’re doing: they’re eating all this junk food and just 20
 21 don’t realise what they’re doing to their bodies – how bad it is for them. And the 21
 22 waste as well: the amount of rubbish that gets produced and just gets thrown all 22
 23 over the landscape – this beautiful landscape! It’s being ruined. 23
 24

25 The above was spoken by Angela, one of my research participants who had 25
 26 recently migrated to Ecuador from the USA, during a focus group discussion with 26
 27 a number of privileged migrants¹ on their eating preferences and practices. I use 27
 28 it as a springboard for this chapter as it not only indicates the ways in which this 28
 29 group voice their concerns about Other people’s eating, but also suggests how 29
 30 multiple cares for healthy bodies and environments, and cares about the effects 30
 31 of the industrial food system, are entangled and crystallized under the rubric of 31
 32 careful eating. Privileged migrants, who predominantly originate from the USA 32
 33 but also come from Australasia and Europe, are moving to the greater Cuenca 33
 34 region in numbers significant enough to be socially visible and economically 34
 35 impactful. This group’s motivations for making what, for many, is a socially, 35
 36 culturally and economically drastic move revolves around the desire for a more 36
 37 ‘simple life’ and ‘simple food’ (Abbotts 2013: 121). Simple food meaning, in their 37
 38 words, concomitantly ‘local’, ‘organic’ and ‘traditional, as well as preferably 38
 39 purchased ‘directly off the people who grew it’ such as ‘the peasant women 39
 40 with the baskets and the wheelbarrows of fruit’. However, during the course of 40
 41

42 ¹ These individuals are more commonly defined, and at times define themselves, 42
 43 as expatriates or expats. Drawing on Fechter (2007), I prefer to use the term ‘privileged 43
 44 migrants’ in acknowledgement that ‘expatriate’ is not a politically benign category. 44

1 our individual and group interviews about their own food practices, it was not 1
 2 uncommon for my participants to start talking, like Angela, about how and what 2
 3 Cuencanos, particularly those from the lower rungs of society, eat. 3
 4 Returning to that focus group, Tammy picked up the conversational thread, 4
 5 agreeing with Angela's views and lamenting the perceived lack of fresh fruit 5
 6 and vegetables in the local population's diet and a heavy reliance on refined 6
 7 carbohydrates, stating; 'they have all these amazing fruit and veg here – it's so 7
 8 cheap and there is such a range, but they just don't eat them'. The two women 8
 9 ruminated on the health consequences of this diet, with Angela asking, 'I heard 9
 10 that stomach cancer is on the rise here, why do you think that is'? Cynthia offered 10
 11 an answer: 'they're a different build than us – short and stocky – so maybe they 11
 12 can eat differently'. 'But they eat so much more', Bryan interjected, '*mote* [a white 12
 13 corn] is so filling, I can only eat a small amount and I'm full, but they can eat 13
 14 loads of it'. The conversation turned towards what was generally understood as a 14
 15 Cuencano propensity for sugary sweet foods, and my participants highlighted the 15
 16 sweet treats associated with fiestas, as well as the large quantities of soft drinks 16
 17 consumed, with Bryan exclaiming 'and those bottles aren't small; 3 litres'! In 17
 18 turn, his wife Carol was concerned about the health of Cuencano children, and 18
 19 drew my attention to the 'food that is sold in the streets outside of schools – 19
 20 *salchipapas* [mini-hot dog sausages and chips] and fried foods and that foamy 20
 21 sweet ice-cream', which she stated was 'damaging to their health, right from the 21
 22 start – it's irresponsible'. 22
 23 These understandings of Cuencano eating practices are arguably based more 23
 24 on preconceptions and casual observations, including that of body size and 24
 25 waistlines, rather than intimate acquaintance with the local population and they 25
 26 are, in many ways, self-(re)producing. Moreover, neither are they unexpected 26
 27 given my participants' views on the food industry more generally, and the fast-food 27
 28 sector specifically. All studiously avoided the two global chains most prevalent in 28
 29 Cuenca, Burger King and Kentucky Fried Chicken, and the popularity of these 29
 30 chains amongst Cuencanos was a cause of great despair, with Lois exclaiming, 30
 31 'why are they eating this stuff when they have all this wonderful fresh produce?' 31
 32 Even the very presence of such chains was the cause of much disappointment and 32
 33 disdain, as privileged migrants came to the realization that 'they couldn't escape' 33
 34 such restaurants and the dynamics of globalization. The global chains and their 34
 35 products were consequently held up as markers of all they deemed wrong with the 35
 36 food system and were regarded as antithetical to the 'simple foods' and values upon 36
 37 which privileged migrants are trying to base their new lifestyles. Enmeshed within 37
 38 this discourse is the notion that the local population are not aware of the 'dangers' 38
 39 of eating 'bad' foods from global chains and, if they were, they would cease to 39
 40 do so. This is because, as Donna told me 'it's all new to them, it's still a novelty'. 40
 41 And, as Xenia surmised, 'well, they're [Cuencanos] just not as far along as us in 41
 42 realizing the dangers of *those* foods' (my emphasis). 'Those foods' meaning those 42
 43 that are regarded – within the polarized framework held by privileged migrants – 43
 44 as diametrically opposed to local, organic, simple and traditional. As such, the 44

1 dangers are not limited to the effects on individual bodies, but also to the manner 1
 2 in which ‘they erode the sites of simple food production, displace the local, and 2
 3 supplant tradition’ (Abbotts 2013: 125). Thus we start to see how caring-for the 3
 4 health of Cuencano bodies is shaped by and shrouds value-laden cares-about the 4
 5 contemporary food system. I develop this point below but first I want to attend to 5
 6 Xenia’s contention that Cuencanos ‘are just not as far along as us’. This statement, 6
 7 I suggest, warrants some unpacking in that it produces social distance between 7
 8 privileged migrants and Cuencanos, as well as drawing attention to the latter’s 8
 9 absence of care. 9

10 10
 11 11

12 **‘Just Not as Far Along’: Experience, Knowledge and the Absence of Care** 12 13 13

14 In stating that Cuencanos are not ‘as far along’ as privileged migrants, Xenia 14
 15 draws attention to her social group’s greater awareness – and cares about – ‘those 15
 16 foods’ and their seemingly inherent risks. In contrast, Cuencanos are discursively 16
 17 constructed as lacking awareness and consequently, care. Because if they did have 17
 18 such knowledge and previous experience, the assumptive narrative goes, Cuencanos 18
 19 would surely start caring about what they are eating and the consequences of 19
 20 such consumption and change their behaviours. This resonates with Guthman’s 20
 21 (2011) critical discussion of the causes and consequences of obesity, in which she 21
 22 stresses the problematic ways that neoliberal governmentality shifts responsibility 22
 23 away from public institutions onto the individual. Consumerist and educational 23
 24 approaches towards foods are thus favoured, and ‘problems’ located in a lack of 24
 25 personal responsibility and knowledge. Guthman thereby elucidates the politics 25
 26 of knowledge production and the manner it not only creates a problem to care 26
 27 about (and proffers a solution), but does so in a way that enables a particular 27
 28 group to ‘socially scold’ (ibid.: 18) an Other, concluding that ‘the alternative-food 28
 29 movement attaches political citizenship and ethics to personal investments in body 29
 30 and health’ (ibid.: 193). 30

31 In Cuenca we can see these dynamics of political citizenship and personal 31
 32 responsibility unfolding through the notion of privileged migrants caring about the 32
 33 diets and the bodies of Cuencanos. As their comments indicate, Cuencano eating 33
 34 preferences present a ‘pedagogical moment’ (Goodman, in press) through which 34
 35 the local population can learn to make ‘better’ food choices. Cuencanos thus need 35
 36 to learn, as far as privileged migrants are concerned, to care (more) about their 36
 37 food. And, to do so, they need to acquire knowledge about their preferred foods’ 37
 38 ‘dangers’ in order to travel ‘as far along as us’. As such, this discourse draws 38
 39 attention to Cuencanos’ (assumed) lack of care, not only for themselves but also 39
 40 for society. They appear, following Guthman, to be lacking in political citizenship. 40
 41 It is important to note, however, that this absence is not necessarily seen as wilful 41
 42 and a form of neglect, but is instead premised on a (perceived) lack of knowledge 42
 43 and understanding. In turn, caring about what the locals eat can be understood as 43
 44 a demonstration of privileged migrants’ own knowledge and global citizenship. It 44

1 is not only their knowledge that matters here, however, but also their experience, 1
 2 action and personal responsibility. Privileged migrants, the narrative goes, have 2
 3 lived and eaten in a (Western) context of complex and ‘dangerous’ foods and 3
 4 have witnessed the ‘dangers’ first-hand, only to realize these and change their 4
 5 lives accordingly. They have learnt about what constitutes careful eating. To put it 5
 6 crudely, they have been there and have emerged on the other side whereas the local 6
 7 population, according to them, have not and are, moreover, not in a position to do 7
 8 so – or at least not to do so *yet*. As Xenia testifies, Cuencanos are still embracing 8
 9 complex foods without due care as it is still new to them; they have yet to learn 9
 10 what comprises careful eating. 10

11 There is consequently a time and spatial politics to privileged migrants caring 11
 12 about Cuencano eating practices, as they look back to – and arguably down upon – 12
 13 the local population with the benefit of their own hindsight based on (previously) 13
 14 being in a time and place in which complex foods are deeply embedded. I have 14
 15 argued previously that these individuals regard their move to Cuenca as a shift in 15
 16 time as well as space as they attempt to, somewhat misguidedly, return to a location 16
 17 that is, in the words of one, ‘like living in the 1950s’ (Abbots 2013: 121). I wish to 17
 18 extend this here and suggest that privileged migrants position not just the place of 18
 19 Cuenca, but also the Cuencanos contained within it as being further back in time, 19
 20 despite the latter’s preference for ‘modern’ foods. How and what Cuencanos eat 20
 21 becomes a marker of this temporal distance, with the local population consuming 21
 22 industrial and modern foods because, in the words of Donna, they are a ‘novelty’. 22
 23 Modernity thus belies a naivety. In contrast, privileged migrants construct 23
 24 themselves as having recognized the dangers of such developments and are now 24
 25 looking to ‘return’ – from a position further along the ‘stream of time’ (Fabian 25
 26 1983: 17) – to a pre-industrialized situation where foods are ‘simple’. 26

27 Caring about what others eat, then, can be seen as a mechanism through which 27
 28 these social distinctions are realized. I address the issues of nostalgia and the 28
 29 rendering of (a particular group) of Cuencanos into a past further below, but first I 29
 30 wish to highlight that it is not solely through imaginations of the past and present 30
 31 that social distance is created. Visions of a future also play a role, with privileged 31
 32 migrants constructing Cuencano eating preferences as predicated on gratification 32
 33 in the present and lacking foresight. Again, this highlights a (perceived) absence 33
 34 of Cuencano care about the longer-term consequences of their eating preferences, 34
 35 whereas privileged migrants’ own cares about food in the present are orientated 35
 36 towards, and premised on, the future. As their comments testify, privileged 36
 37 migrants care about the longer-term implications of consuming complex food on 37
 38 the health of both individual and social bodies, as well as the natural environment. 38
 39 These cares are multi-faceted and there is slippage between a range of pressing 39
 40 and prescient concerns, with issues such as the level of obesity and associated 40
 41 health risks, waste, pollutants, food safety and pathogen levels, environmental 41
 42 damage, climate change, the erosion of culture, the demise of tradition and global 42
 43 homogenization all being raised by my participants to a greater or lesser extent. 43
 44 Moreover, it is not uncommon for the lines between these factors, and between 44

1 caring-for and caring-about (Ungerson 1983; Tronto 1993) to be blurred, with 1
 2 privileged migrants – as can be seen in Angela’s comment – associating the eating 2
 3 of processed foods and refined carbohydrates with a variety of social ills. Caring- 3
 4 for Cuencanos and their bodily health is, in this context, tantamount to caring 4
 5 about society, and its resilience and reproduction, more generally. 5

6 6

7 7

8 **We Care (and Others Don’t)** 8

9 9

10 My point here is that there is no one easy answer to the question of why privileged 10
 11 migrants care about what Cuencanos eat. Instead, care is mobilized in, and takes 11
 12 on, a number of different guises, while frequently being packaged and crystallized 12
 13 around one issue (and solution). Spatially, it also extends beyond the local 13
 14 population and environs and is orientated to broader, more global concerns, such 14
 15 as the expansion of the global fast-food chains and the eradication of local culture. 15
 16 Again, this is another point of contrast with Cuencanos, who are commonly 16
 17 understood by privileged migrants as not only focused on immediate gratification 17
 18 but also as failing to recognize the effects of their eating preferences on the wider, 18
 19 global population. Thus, privileged migrants ‘other’ Cuencanos through the 19
 20 rubric of care and lack thereof. This arguably enables the former to construct a 20
 21 position of cultural authority over the latter. Yet, while they discursively create 21
 22 distance, the political and cultural capital of privileged migrants is limited outside 22
 23 of their specific social group, and they have little to no opportunity to influence, 23
 24 or interfere (Rousseau 2012), with the eating practices of the local population. 24
 25 They may be alternatively – and simultaneously – concerned and dismissive of 25
 26 Cuencano eating practices, but they can only be so from the sidelines of society. 26
 27 Nevertheless, their discourse – and the distancing it produces – provides a central 27
 28 tenet of their own self-identity. 28

29 As caring-for local bodies and caring-about what they eat is symptomatic 29
 30 of migrants’ wider and deeply entrenched concerns about modernity and the 30
 31 globalization and industrialization of food, it is perhaps not surprising that 31
 32 discourses of food politics circulate widely and frequently in privileged migrant 32
 33 circles. One of the characteristics of these discussions that initially most 33
 34 surprised me was not just the frequency of food as a conversational topic, but 34
 35 also the uniformity of opinion and values. I am not saying here that migrants are 35
 36 a homogenous group, for tensions do exist within the community and migrants 36
 37 come from myriad social and economic backgrounds and have a range of political 37
 38 ideals and level of interaction with each other. Rather, I am suggesting that a 38
 39 contrary view on eating, for example that fast food chains were not necessarily 39
 40 as dangerous or as antithetical to ideas of good food as commonly represented, 40
 41 is a significant marker of difference which aligns one, perhaps, more closely to 41
 42 Cuencanos. At times I presented this and other ‘alternative’ views, with the aim 42
 43 of playing devil’s advocate, and was met with anything from forceful rebuttals 43
 44 and personal rebukes to being frozen out of conversations. This suggests that 44

1 caring about food (through a very particular lens) can be a mechanism through 1
 2 which privileged migrants forge relationships with each other through their shared 2
 3 ideals; care emphasizes their own similarities and proximities and minimizes their 3
 4 differences and distances. 4

5 Privileged migrants therefore tend to regard their own food preferences as 5
 6 both more caring and careful than the local population. Yet this enactment of care 6
 7 is not just directed towards Other people and places. Self-care is also inherently 7
 8 bound-up with their eating preferences, as they look to care for their own bodily 8
 9 health through the consumption of simple food and the avoidance of complexity 9
 10 and its associated risks. This, however, gives rise to tensions as caring for the self 10
 11 and caring for and about Others are not easily reconcilable (see also Lavis, this 11
 12 volume). In Cuenca, acquiring 'trustworthy' simple food that is also deemed 'safe' 12
 13 for their bodies results in many migrants avoiding local food sites, such as markets, 13
 14 and paradoxically acquiring their food from larger scale, industrial providers 14
 15 such as supermarket chains, as well as importing their own specialist health food 15
 16 products from the USA (Abbots 2013). The ironies of this, and contradictions 16
 17 between ideals and practice, is not lost on a number of my research participants 17
 18 who struggled to come to terms with their own practices and ventured towards 18
 19 'unsafe' food in a bid to live the simple life they had imagined. Yet the issue 19
 20 remains that they find it difficult to care as they wish and, upon being presented 20
 21 with the dilemma of choosing self-care and large scale complexities that they 21
 22 consider are dangerous to society or practising their cares for society and opting 22
 23 for small-scale simple food that carries a risk to their own body, they ultimately 23
 24 select the former. A number sought to explain this decision on the grounds that an 24
 25 Ecuadorian supermarket chain is a less dangerous entity than a global fast food 25
 26 chain. They may well be correct, and no doubt many would concur, and I am not 26
 27 intent on staking a claim for either. What I do want to highlight, however, is that 27
 28 in making this argument, privileged migrants continue to show that while they do 28
 29 not – and cannot – care as much as they would like, they care more than the care- 29
 30 less Cuencanos who continue to eat processed, modern and industrial foods. 30

31 31
 32 32

33 **The Governing Classes: Caring About Cultural Continuities** 33

34 34
 35 Privileged migrants are not the only actors to care about the eating practices of the 35
 36 local population, nor in coalescing multiple, broader cares around the 'undesirable' 36
 37 food preferences of a particular social group. The actions of the local governing 37
 38 classes invoke striking parallels with privileged migrant discourse – and the 38
 39 culpable actors upon which it centres. Yet this group has arguably more political 39
 40 capital and leverage than the recently arrived privileged migrants, and their cares, 40
 41 as I aim to show, take on a more interventionist and governmental tone. In Cuenca 41
 42 city and its immediate suburbs, caring-for citizens takes the form of healthy eating 42
 43 education stalls in central locations, such as those near schools, parks and plazas, 43
 44 which reproduce normative clinical knowledge (for example, consume more 44

1 fresh fruit and vegetables). In rural areas, however, these ‘caring events’ tend 1
 2 to take a different form and healthy eating education morphs into celebrations 2
 3 of local ‘traditional’ foods – known colloquially as *comida típica*² – often with 3
 4 accompanying history lessons and the championing of cultural continuities. 4
 5 A health fair in Jima, a large village approximately an hour and a half bus 5
 6 journey away from Cuenca city, was one such caring event. The people of Jima, 6
 7 like many of the rural communities in the greater Cuencano region, have been 7
 8 feeling the effects of sustained, primarily male, migration to the United States and 8
 9 parts of Europe³ and, in particular, members of the lower rural classes have been 9
 10 enjoying a new remittance-fuelled prosperity that has transformed their social 10
 11 and economic lives. As a consequence, their diet and eating preferences have 11
 12 inclined towards the processed and those foods deemed ‘modern’. My research 12
 13 participants, who were predominantly drawn from this social group (hereafter the 13
 14 migrant-peasantry), commonly consumed refined carbohydrates and sugars in 14
 15 the form of white bread, white rice, soft drinks and added sugar juices, and ate 15
 16 little fresh fruit and vegetables. Their rural location prohibits their patronage of 16
 17 the global fast-food chains, although they commonly enjoy basted chicken and 17
 18 hotdog sausages from local fast-food restaurants and stalls. In short, their diet 18
 19 appears, at first glance, to be not that far removed from the stereotype created 19
 20 by privileged migrants and could be deemed as lacking in care, for both self and 20
 21 others, from this normative vantage point. Moreover, as the import of small-scale 21
 22 agriculture diminishes as an economic strategy, smallholdings make way for large 22
 23 villas, and the wealthiest employ domestic servants, leisure time has increased 23
 24 substantially and rural households have shifted from being units of production to 24
 25 ones of consumption (Abbots 2012a; Pribilsky 2007). 25
 26 Jima’s Health Fair, then, had the seemingly dual, and not necessarily 26
 27 compatible, aims of providing professional health support and caring for the rural 27
 28 lower classes whilst concomitantly celebrating local food. To this end, a health 28
 29 outreach vehicle, with accompanying professionals, dominated much of the affair 29
 30 and offered advice and pragmatic support on issues of body weight, nutrition, and 30
 31 diabetes, amongst other medical concerns. Running alongside this was a number of 31
 32 temporary food stalls, managed by the governing classes and run by the migrant- 32
 33 peasantry, which sold a range of ‘healthy’ dishes. These had to follow particular 33
 34 guidelines that were sensitive to the fair’s theme and, consequently, the sale of 34
 35 hamburgers, fries, soft drinks and lager was banned. As one of my migrant-peasant 35
 36 participants, Sonia, explained to me, ‘it’s because they’re not good for you, for 36
 37 37
 38 38
 39 2 I have discussed *comida típica* and its mutable definitions at length elsewhere 39
 40 (Abbots 2011, 2012b, 2014a) but the term can loosely be translated to ‘typical food of the 40
 41 region’. 41
 42 3 See Abbots (2012a, 2014a) for further discussion, especially in relation to gender 42
 43 roles, labour relations, kinship and consumption practices. Also Miles (2004) and Pribilsky 43
 44 (2007) for ethnographic discussions of neighbouring communities, and Whitten (2003) for 44
 45 an overview of the transformative causes and consequences of migration in the region.

1 your body, they have a lot of fat'. However, her follow-up comment suggests 1
 2 another factor informed the guidelines; 'and it's because they're foods that aren't 2
 3 from here – they're from the USA'. In contrast, the foods that she and others 3
 4 were selling – roast guinea pig, *mote*, *empanadas* (deep fried cheese pastries) and 4
 5 *chicha* (maize fermented beer) – were 'from here'. One does not have to be a 5
 6 nutritionist to note that these foods are also high in fat and refined carbohydrates, 6
 7 and could also be classified as 'unhealthy' if one so desired. But, it appeared the 7
 8 governing class organizers were not desirous to do so, and placed the two types of 8
 9 foods into two very different categories – one that was unacceptable to the health 9
 10 fair and seen to be exogenous to the region, and the other acceptable and local. 10

11 In constructing this differentiation, the governing classes indicate the wider 11
 12 cultural values and political dynamics that inform their notions of caring and 12
 13 careful food. Specifically, their categorization of foods points to the ways in which 13
 14 the promotion of cultural continuities and concerns over disruption to traditions 14
 15 are bound up with the enactment of care, in this case for the bodily health of the 15
 16 (lower-class) individual. In other words, the health fair appears, at first glance, 16
 17 to be a caring intervention designed to improve the physical wellbeing of the 17
 18 rural lower classes in the face of increasing body mass and rises in related health 18
 19 concerns. But scratch beneath the surface and we start to see the valorization and 19
 20 promotion of local food heritage. This is not to negate the primary objective of 20
 21 the fair, or the work of the health professionals involved. I am merely arguing 21
 22 that there are other dynamics running alongside these caring interventions, and 22
 23 in this context they are the reproduction of 'tradition' in the form of *comida* 23
 24 *típica*. This process became even more visible when the fair's other activities 24
 25 commenced. These included a cookery competition, which was based on *comida* 25
 26 *típica* dishes and involved a number of participants dressed up in the costume of 26
 27 the *Chola Cuencana*. A history lesson followed this, in which the head teacher of 27
 28 the secondary school exhorted the gathered villagers not to forget their past, their 28
 29 origins, or their cooking traditions. 29
 30
 31

32 Teaching the Care-less Peasantry to Care 32

33
 34 Jima's Health Fair indicates the extent that the governing classes echo privileged 34
 35 migrants' perspectives on globalization and industrialization, with these being 35
 36 regarded as irrevocably damaging to cultural continuities. The shifting food 36
 37 preferences and increasing body mass of the lower classes are seen as evidential 37
 38 of this perceived 'danger' and measures are subsequently taken to reinstate and 38
 39 promote a more 'traditional' diet. *Comida típica*, and the people who consume 39
 40 it, are thereby constructed as somewhat vulnerable to the exogenous influences 40
 41 of global fast-food chains and the industrial food system, in part because they 41
 42 are seen to not know any better and are thereby constructed as not in a position 42
 43 to fully care – for both themselves and about the consequences of their food 43
 44 preferences. They are, to all intents and purposes, regarded as caring less about 44

1 such matters than those above them on the social scale. In reality, the eating 1
 2 practices of the migrant-peasantry are more resilient than they are given credit and 2
 3 *comida típica* is a rather flexible and dynamic category that allows for historical 3
 4 processes of colonization and creolization (Abbotts 2011, 2012b, 2014b). But what 4
 5 emerges from this governing class discourse is: first how eating certain foods 5
 6 (and abstaining from others) is constructed as a mechanism of caring for culture 6
 7 and its reproduction; secondly, the extent that this discourse is targeted towards a 7
 8 particular social group; and thirdly, how education and knowledge are seen as a 8
 9 solution for this perceived absence of care. For while the governing classes may 9
 10 be orchestrating events like the Jima Health Fair, it is not their eating practices – or 10
 11 indeed their bodies – which are the concern here, despite them also frequenting 11
 12 global fast food chains, cosmopolitan cafés and fusion restaurants in the city 12
 13 (Abbotts 2014b). Instead, it is those of the migrant-peasantry. 13

14 So why are the migrant-peasantry singled out for such ‘caring’ interventions? 14
 15 And why is this group discursively constructed as particularly care-less of their 15
 16 own corporeal and social body? The answer lies, in part, I argue in the general 16
 17 context of the transformation of social life witnessed in villages like Jima, 17
 18 where the established class hierarchies are being challenged by new remittance 18
 19 prosperity. This has led to the production and circulation of a discourse that 19
 20 extends beyond food practices in which the *nouveau riche* migrant-peasantry 20
 21 are publicly chastized and ridiculed for their ‘naïve’ and ‘foolish’ economic 21
 22 strategies and consumption practices that are, the narrative goes, creating a 22
 23 variety of social ills and breakdown. But is also relates, I contend, to the manner 23
 24 in which the bodies of peasants are inherently bound up in notions of local food 24
 25 and its (re)production. 25

26 ‘The peasantry’, whether migrant or otherwise, have a unique position in that 26
 27 they are materially and discursively embedded in the food landscape as producers, 27
 28 as well as consumers. Moreover, the form of small-scale production with which 28
 29 they are associated is the very type of seemingly non-industrialized, non-complex 29
 30 and synchronic practices that are valued by privileged migrants and the governing 30
 31 classes alike. I am not saying here that these forms of production are timeless 31
 32 and simple, and my participants who maintained smallholdings used a variety of 32
 33 established techniques, such as oxen-pulled ploughs and planting during a full 33
 34 moon, alongside chemical fertilisers and modified seed. Rather I am arguing that 34
 35 privileged migrants and the governing classes attempt to gloss over historical 35
 36 processes and contemporary changes by constructing the peasantry, and their 36
 37 food practices, as bastions of ‘tradition’.⁴ A similar process has been located in 37
 38 Alentajo, Portugal by West and Domingos (2012), in reference to the Serpa cheese 38
 39 Presidia of the Slow Food Movement. They argue that, rather than challenging 39
 40 consumerism *per se*, such initiatives construct, through an elitist and middle- 40
 41 41

42 4 Elsewhere I have discussed how these processes play out and are concomitantly 42
 43 contested and upheld by members of the migrant-peasantry, as well as unpacking the 43
 44 gendered dimensions of these dynamics (Abbotts 2014a). 44

1 class valuing of 'tradition', notions of good and bad foods. As such, a narrative 1
 2 of the artisan local producer is created that glosses over historical political and 2
 3 economic relations and social change. Likewise, Brass' (2000) account of new 3
 4 social movements traces the intellectual genealogy of the agrarian myth and shows 4
 5 that primacy is given to tradition, culture and practices that are already seen to 5
 6 exist. Thus, peasantness is essentialized in a reactionary and regressive manner 6
 7 that can suppress grassroots voices in its attempt to recapture and rediscover an 7
 8 imaginary 'golden age'. Being a producer of 'simple' food does not, of course, 8
 9 equate to being such a consumer, and the peasantry have, by definition, historically 9
 10 produced for the market (Bernstein 2010). Yet, there is, I suggest, a collapsing 10
 11 of production and consumption within this privileged migrant/governing class 11
 12 discourse, in which assumptions are made about the eating preferences of the 12
 13 contemporary migrant-peasantry, based on nostalgic romanticized imaginations of 13
 14 'the peasantry'. In short, because they are seen to have historically produced food 14
 15 in a 'traditional' manner, there is also an expectation that they eat in a 'traditional' 15
 16 way – and will continue to do so. More importantly in the context of this volume, 16
 17 they are expected to care about their food and its continuities. When they are 17
 18 perceived to not be doing so – to be careless – their eating practices are constructed 18
 19 as a problem that requires intervention and governance (cf. Foucault 1978). 19
 20 These interventions take various forms ranging from explicit public critique 20
 21 in the local media to more subtle governance measures, including calls for 21
 22 tighter regulation to curtail the transformation of agricultural land and limit the 22
 23 construction of villas and expansion of non-productive spaces, such as leisure 23
 24 gardens. Moreover, those members of the migrant-peasantry, like Sonia, who 24
 25 refuse to perform their expected 'producer and purveyor of traditional food' role 25
 26 appear to be excluded from a number of community initiatives, especially those 26
 27 that promote a particular rural and cultural aesthetic to the tourist industry (Abbots 27
 28 2014a). In addition, small-scale farming is high on the curriculum of rural schools. 28
 29 The school in Jima, for example, had a large plot and I witnessed schoolchildren 29
 30 working it and growing typical foods, such as corn, nearly every day. Luisa, a 30
 31 secondary school teacher who had worked in the city and its rural environs, talked 31
 32 me through recent national and local government initiatives that were promoting 32
 33 small-scale agriculture and explained how education was a key aspect of this 33
 34 programme. She told me: 34
 35
 36 There is a national curriculum, but there is flexibility. The schools in the *campo*, 36
 37 they specialize much more in agriculture. It's because we don't have the skills 37
 38 anymore, since migration, and the *campesinos* don't know how to grow things. 38
 39 But the parents, they don't want their children to be associated with the *campo*, 39
 40 to learn those types of things. 40
 41
 42 Taken together, then, this raft of governing class led activities and initiatives, from 42
 43 health fairs and public history lessons to building regulations and agricultural 43
 44 education are orientated towards maintaining continuities in the food practices 44

1 of the migrant-peasantry, upholding cultural traditions and reasserting established 1
 2 social roles. All invoke care in different guises, whether it is for bodily health 2
 3 in the case of the Health Fair, the landscape and rural aesthetic in reference to 3
 4 building regulations, or national agricultural yields and children's futures. Yet, 4
 5 despite these different ambitions, they all have a similar consequence of governing 5
 6 migrant-peasant bodies by looking to influence what and how they acquire food 6
 7 and what and how they eat. Moreover, they all discursively work to construct 7
 8 the migrant-peasantry as lacking in care. In turn, this (constructed) absence is 8
 9 defined as a problem that requires rectification and intervention; a process that 9
 10 consequently, following Foucault (1978), legitimizes the actions and authority of 10
 11 the governing classes. 11

12 12
 13 13

14 **A Care-Less Migrant-Peasantry?** 14

15 15
 16 These things aren't important; we don't even think about them; it doesn't matter 16
 17 to us; people don't care where it [their food] comes from. 17
 18 18

19 The above quotation comes from Juliana, a young lower class, but aspiring, 19
 20 Cuencana who grew up in the *campo* but now lives and works in Cuenca city. We 20
 21 were discussing the fast food industry specifically, and food safety and security 21
 22 more widely, following newspaper coverage of a recent 'discovery' of an illegal 22
 23 slaughterhouse in a small town outside Cuenca that had introduced horsemeat into 23
 24 the food chain. She continued to tell me that 'everyone in the area' knew about the 24
 25 slaughterhouse and it had only hit the headlines following ministerial involvement 25
 26 and an investigation by high-ranking government officials. She was also fairly 26
 27 ambivalent and pragmatic about such matters and unconcerned that horsemeat 27
 28 had been passed off as another type of meat, explaining that 'this happens all the 28
 29 time; you ask for a certain amount of beef, and they don't have it, so they give 29
 30 you the amount that is there and then make up the rest with meat from under the 30
 31 counter'. Moreover, she did not care that various types of meat were going onto 31
 32 the pile – 'cats, dogs, rats: anything they would find they would use'. For Juliana, 32
 33 her main issue was that the animals were unhealthy and that their diseases could 33
 34 cross-contaminate and enter the food chain as it had, according to her, ended up 34
 35 everywhere, 'especially in *embutidos* (processed meat products) – even those from 35
 36 [a European style chain popular with privileged migrants and the middle classes]'. 36

37 Juliana's views on meat appear to be a striking contrast, with the exception 37
 38 of the issue of food safety and personal bodily health, to those held by privileged 38
 39 migrants⁵ and, as such, they lend credence to the widely held perception that 39
 40 the lower classes do not care about their food. In many respects, this discourse, 40
 41 although rarely based on intimate acquaintance as far as privileged migrants are 41
 42 concerned, seems to be a rather accurate summation. Juliana regaled to me on 42

43 43
 44 5 And also those of Coles' participants (this volume). 44

- 1 another occasion how she was 'different' to many people of her social group 1
 2 because she knew about food and where it came from, due to her experience of 2
 3 working in one of the global chains: 3
 4 4
 5 I know that the food for Cuenca is shipped from a centre, and the chickens are all 5
 6 kept in little tight cages, with the lights on all the time, and all they do is eat and 6
 7 eat so they get fat and have short little legs because they can't move and they're 7
 8 too heavy. But *other* people here don't; they just think the chicken comes from 8
 9 the *campo* like any other chicken and is killed there and then. (my emphasis) 9
 10 10
 11 The knowledge Juliana has does not stop her eating at the global chains, not least 11
 12 because of the opportunities to gain prestige and social status these restaurants offer 12
 13 an aspiring Cuencana and, in this way, her approach differs to that of privileged 13
 14 migrants. Nonetheless there are also parallels in the way she positions herself as 14
 15 knowledgeable of such food supply networks whereas Other people are not. 15
 16 Juliana's views were widely supported by a number of my migrant-peasant 16
 17 participants, who also consistently made it known to me that they were not 17
 18 interested in where their food originated or how it was produced. The terms 18
 19 'organic', 'fair trade' and 'higher welfare', for example, were not in their lexicon: 19
 20 an indication, perhaps, of the cultural specificity of such labels (see Coles this 20
 21 volume). It is tempting to attribute this seeming lack of care to a range of other 21
 22 absences including the lack of visibility and prevalence of such labels, a lack 22
 23 of alternative food movements and associated discourses, a lack of choices 23
 24 available to consumers, and a lack of resources through which to obtain such 24
 25 foods. Notwithstanding, I would better reflect, perhaps, the perspectives of my 25
 26 participants if I did not try to explain away their lack of interest (or care) through 26
 27 structural factors and simply reiterated Juliana's statement that 'these things aren't 27
 28 important' to them. 28
 29 To define lower class rural Cuencanos approach to food as essentially non- 29
 30 caring and care-less would, however, be a misrepresentation. Caring is not just 30
 31 a practice to which they are subjected, and potentially challenge through their 31
 32 continued consumption of complex and industrially processed foods in the face 32
 33 of the governance and education measures and the public critique of privileged 33
 34 migrants and the governing classes. They also enact care relations through food 34
 35 and, despite all appearances to the contrary, can also care about foods' origins, 35
 36 albeit on a different scale and in a more private and intimate context. In so 36
 37 doing, they too create relations of distance and proximity and establish sameness 37
 38 and otherness. 38
 39 39
 40 40
 41 **Kinship Relations: Creating Otherness through Intimacies** 41
 42 42
 43 *Cuy* (guinea pig) is a dish that is lavished with a great deal of care, as well as 43
 44 being a mechanism through which care is enacted. It is also a dish commonly 44

1 defined as *comida típica* and consequently celebrated as cultural heritage by the 1
 2 governing classes in events such as the Jima Health Fair. But members of the 2
 3 migrant-peasantry do not need to be taught to care about *cuy*, or for its cultural 3
 4 continuities for that matter, as it remains deeply embedded in their domestic and 4
 5 intimate lives, and their self-care of their households. *Cuy* has been noted to have a 5
 6 unique capacity to create and maintain social bonds (Abbots 2011; Bourque 2001; 6
 7 Weismantel 1988). It is an exceptional foodstuff in that its consumption, with some 7
 8 omissions like the Jima Health Fair⁶, is restricted to public and private festive 8
 9 occasions and shared only within close social networks. Moreover, its production 9
 10 and preparation are characterized by a labour-intensive, non-mechanized and 10
 11 time-consuming process. In short, it is a dish firmly associated with commensality, 11
 12 sociality, intimacy and the making of individuals as kin (cf. Carsten 1997). In 12
 13 Jima's migratory context this takes on an additional dimension, as packages of 13
 14 the roast dish are sent from women in Jima to their male kin living in New York, 14
 15 effectively remaking them 'Jimeño' and minimizing loss (Abbots 2011). What 15
 16 is of import here, for both sender and receiver alike, is that the *cuy* 'tastes of 16
 17 home', with migrants asserting that those acquired from elsewhere do not have the 17
 18 same unique flavour as those received from their kin. This is because, according 18
 19 to my participants, other, more commercially available, *cuyes* did not receive the 19
 20 same level of attention and care as those raised and prepared by kin, nor are they 20
 21 composed with the same materials as those 'from home'. As Rosa explained: 21

22
 23 It's to do with what the *cuyes* eat. I don't know what other *cuyes* from other 23
 24 places eat, or what people feed them, but it's a mixture of things. But good 24
 25 *cuy*, should eat alfalfa and *hierba* (local grass), that's what makes them good 25
 26 for eating. 26

27
 28 In this context, unlike chicken and other meat discussed by Juliana above, origins 28
 29 are important and the migrant-peasantry care where *cuy* comes from. This is 29
 30 because, I suggest, for the particular dish of *cuy* to make a person Jimeño (or 30
 31 Cuencano) it has to be from Jima (or Cuenca). The natural resources of the place – 31
 32 in the form of feed – are materially transformed into the meat of the *cuy*, which, 32
 33 in turn, is digested and constitutes the body of the eater. Lavishing care on the *cuy* 33
 34 can thus be translated into caring for the person who will be eating it, especially 34
 35 when the person in question is physically absent as is the case in this migratory 35
 36 context. This, in turn, promotes kin and cultural continuities. 36

37 This form of feeding and eating appears to be somewhat benign, and related 37
 38 more to social closeness and the creation of intimacies, which is how I have 38
 39 previously framed the consumption and exchange of *cuy* (Abbots 2011). This 39
 40 resonates with the established literature on commensality and the biological and 40
 41 emotional incorporation of individuals into a social group through the ingestion of 41

42
 43 ⁶ On such occasions, measures are taken to personally distance the producer/preparer 43
 44 from the meat and minimize intimacies (Abbots 2014a). 44

1 shared substances (Carsten 1997). But I now want to consider the flipside of the 1
 2 process. Holtzman (2013) reminds us of this and the ways in which closeness can 2
 3 be stifling and family relations fraught (see also Wilk 2010). Hence, the tensions 3
 4 within these intimate surroundings should also be considered, and that which 4
 5 seems apolitical and benign may, indeed, be wracked with political dynamics. 5
 6 The act of giving, and withholding, food has a power dimension in that it subjects 6
 7 a body to the actions of an Other, a contention examined by Weismantel (1988) 7
 8 in an Ecuadorian context who demonstrates that the serving of food provides 8
 9 women with a sense of empowerment in an otherwise patriarchal society. As such, 9
 10 accepting food can be regarded as an act of voluntary subjugation to an Other 10
 11 and an acknowledgement of their (not uncommonly temporary and transient) 11
 12 authority. Returning to Jima and the migrant-peasantry, we see a similar relation 12
 13 in the practice of sending packages of *cuy* to migrated kin. On one hand, this can 13
 14 be regarded as an act of caring for physically absent loved ones and a token of 14
 15 ongoing affection. But on the other, it can be seen as a practice of governance, 15
 16 through which Jimeña women enact and maintain their authority within their 16
 17 distributed household, and ensure that their continued presence is felt through the 17
 18 foods they send and encourage their migrated male kin to ingest. Caring through 18
 19 feeding can consequently be regarded as an act of governance through which 19
 20 individuals inscribe themselves onto the body of Others. As such, they establish a 20
 21 dynamic of distance and differentiation while simultaneously creating closeness. 21
 22 Caring-for others, therefore, can be – and is – a nurturing and loving act that 22
 23 facilitates proximity. But is also one that enables the construction of otherness, 23
 24 even in the most intimate of domains. 24

27 **Conclusion** 27

28 28
 29 In this chapter I have traversed myriad ways through which otherness is produced 29
 30 through the entangled dynamics of eating and caring. These processes are situated 30
 31 at multiple scales and located within a range of social relations: within migrant 31
 32 peasant households, between the governing classes and the migrant-peasantry and 32
 33 between privileged migrants and the local Cuencano population. In so doing, I 33
 34 have drawn attention the ways in which individuals and social groups look to 34
 35 demonstrate that they care not only through their eating practices, but also their 35
 36 judgement of others'. As such, I have sought to show how care can be deployed 36
 37 and mobilized as a political tool that helps establish and maintain social distance, 37
 38 even in the most intimate of settings. 38

39 Care is a slippery concept that takes many different forms and guises. 39
 40 Moreover, it is also a concept that wraps and shrouds political dynamics: it is 40
 41 premised on taken-for-granted notions of what is good for self and society such 41
 42 as, in this context, cultural continuities, bodily health and local foods. However, 42
 43 it is this very shrouding, and the ease with which care is manipulated, that gives 43
 44 care its political and problematic characteristic. In the greater Cuencano region to 44

1 ostensibly care-for Others is to care-about a range of wider concerns. However, in 1
 2 caring, I have contended, privileged migrants and the governing classes discursively 2
 3 construct Others – the local Cuencano population and the migrant-peasantry – as 3
 4 lacking in care. This (assumed) absence, in turn, is produced as a problem that 4
 5 requires interventionist measures that concomitantly, following Foucault (1978), 5
 6 legitimize the social authority of particular cares and carers and help minimize 6
 7 social distance between them while simultaneously establishing distance between 7
 8 self and the Other. In the light of such interventions, it is tempting to regard the 8
 9 migrant-peasantry's and Cuencano individuals' continued consumption of 'bad' 9
 10 foods – or their lack of care – as an embodied challenge to such governance 10
 11 attempts. There is danger, however, of overlaying conscious political action onto 11
 12 practices about which individuals claim they 'do not care'. Hence I am somewhat 12
 13 cautious in attempting to make such an argument, although I would like to raise 13
 14 the possibility that to not care, or to not demonstrate care in ways that are socially 14
 15 expected, is a form of appropriation and contestation of dominant discourses of 15
 16 what constitutes careful eating. 16

17 Whether or not Cuencanos and the migrant-peasantry care about what and how 17
 18 they eat is subject to question and in this chapter I have tried to tease out other 18
 19 ways that the enactment of care *vis-à-vis* eating can be glimpsed while also being 19
 20 faithful to my participants' own voices that they do not care about such matters. 20
 21 However, we should, perhaps, not be asking how much people care about what 21
 22 they eat, but where their caring relations are directed and how they are enacted 22
 23 through their eating practices. Moreover, we need to ask what 'to care' means 23
 24 and what forms it can take in particular social contexts for particular individuals 24
 25 and social groups, as well as what care does. Only then, I suggest, can we start to 25
 26 understand the ways that care – as both practice and sentiment – can be politically 26
 27 deployed as a governance tool. 27

28 28
 29 29
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 37 omissions remain, however, my own. 37

38 38
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PART II

Embodied Encounters between Eating and Caring

Turning to focus on embodiment and corporeality, this central part interrogates encounters between food and care at the level of individual as well as social bodies. Acting as the analytic pivot between Parts I and III of the volume, it engages with the complex multi-directionality of relations between eating and caring, exploring how they diverge, overlap and take place at many scales. Tracing how knowledge claims and registers of value around eating frame, shape and enter into bodies, the contributors also explore eating as an act that resists or repositions such discourses, offering up alternative modalities of care and self-care. Across diverging empirical contexts they thereby challenge often taken-for-granted linkages between care, food and bodies, and take the body as the starting point from which to trace alternative relations engendered by both eating and caring.

The part begins by engaging with discourses of care that both shape but also emerge from the 'foodwork' of (not) eating practices in anorexia. These elucidate that seemingly disconnected flows of caring may simultaneously overlap as well as clash in the processual shaping of Selfhood and Otherness. It is also these convergences and entanglements that emerge when turning to interrogate the disconnect between discursive framings of refined sugar and the relational intimacies of ingesting sweet foods. Here we see that caring about what others eat in public health and biomedical discourses can eclipse the affective materialities of food and eating, as focus shifts towards the patrolling of body contours. By entering into clinical encounters that focus on weight, the part ends by drawing out this troubling of materiality, as both foods and bodies become quantifiable. Across these chapters, then, food emerges as a problematic vector that can be set to care in particular ways whilst obscuring or truncating others. All three contexts highlight interplays of absence and presence as eating and caring are seen to obscure as well as engender one another.

This part demonstrates, thus, that interactions between food and care are multiply sited, taking place within and between, as well as beyond, bodies. Their moments of encounter are lived and felt, and may be subjectively experienced as lacking in care. As such both eating and caring emerge as ways in which materialities, bodies and selves are produced and disrupted as well as mediated.

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Chapter 4

Careful Starving: Reflections on (Not) Eating, Caring and Anorexia

Anna Lavis

Engaging with the volume's interrogation of what is 'brought to the table' by exploring interplays between care and food across diverse contexts, this chapter engages with the question: why and how does *not* eating engender or mobilize care? To explore this, it draws on data from two qualitative studies within large NHS inner-city mental health trusts in England: The first involved participant observation and interviews with service users in an eating disorders inpatient unit (2007-2008) and the second comprised interviews with users of eating disorders outpatient, daypatient and inpatient services (2013-2015). By engaging with individuals diagnosed with anorexia, alongside clinical and ethical discussions of treatment, this chapter traces how competing paradigms of caring and eating, illness and selfhood, touch edges in the bodies and lives of individuals living with anorexia. In so doing, it widens the question posed above to ask what food and care both *are* and *do* in the myriad moments of their embodied encounters.

In clinical terms, the self-starvation of anorexia nervosa is regarded as lacking in self-care and propelled by a loss of agency to the illness. This conceptualizes food not only as *the* vector through which to care for an individual with anorexia, but also as that which (re-)produces their self-care, where that comes to mean literally care of the self. Feeding (as eating through caring) is positioned as forging a teleological pathway from a current illness to a future anorexia-free self. In the clinic (see Foucault 2003) food is therefore 'an essential therapeutic intervention' (Powers and Cloak 2013: 82) not only for the integrity of the suffering body but also for the recovery of selfhood. However, engaging with individuals with anorexia elucidates not only how such care may be experienced as care-less, but also that embodied practices of not eating engender alternative modes of attention; anorexia, although recognized by participants as an illness, offers ways of caring both for oneself and for Others. Such caring through not eating maintains both anorexia and selfhood as the illness maps and matters the space of the present moment in ways that may render this endurable.

Reflecting on entanglements between food and care in anorexia, then, constitutes an argument for an analysis of anorexia that both engages with the lived vulnerabilities of material bodies whilst also going beyond a focus on emaciation as a goal of self-starvation (see also Gooldin 2008; Lavis 2013, 2014; Warin 2010). Yet, this is also not to ignore the enormous suffering that anorexia can cause or to

1 regard practices of not eating as either fully agential or lacking in agency. There is 1
 2 no doubt that eating disorders are often, as Bob Palmer puts it, ‘miserable and life 2
 3 blighting’ (2014: iii) illnesses, but they also emerge from research participants’ 3
 4 narratives as integral to selfhood. As such, the distress that anorexia causes is 4
 5 intertwined with individuals’ ways of caring for self and Others both through and 5
 6 in spite of the illness. Exploring entanglements between food and care traces the 6
 7 texture and sociality of not eating practices, allowing anorexia’s clinical realities 7
 8 to remain acknowledged but ‘bracketed’ (see Biehl and Locke 2010: 318) in order 8
 9 that other narratives may also be heard. 9

10 Central to this inquiry is the concept of ‘foodwork’. This has previously been 10
 11 used in relation to the feeding practices that are part of caregiving in clinical/ 11
 12 residential settings, such as with individuals with dementia (cf. Heaven et al. 2013; 12
 13 Pierson 1999). In that context, foodwork’s meaning is shaped by the analogous 13
 14 term, ‘bodywork’; this has been described as the ‘ambivalent, hidden work that 14
 15 tends to remain unarticulated within official discourses’ of care (Twigg 2006: 136. 15
 16 See also Mol et al. 2010b). Recognizing bodywork as the conceptual underpinning 16
 17 of foodwork highlights the emotional labour and boundary-crossing intimacies of 17
 18 caring for another’s body in feeding as much as in other activities such as washing 18
 19 (cf. Twigg 2002; Pols 2013). As such, whilst holding firmly within its parameters 19
 20 a sense of how eating and feeding may be vectors of care, the concept of foodwork 20
 21 also highlights the potential tensions and regimes of value embedded in such 21
 22 mobilizations of caring. Foodwork is thereby a productive concept; it allows us to 22
 23 hold together in one analytical space the (not) eating practices of individuals with 23
 24 anorexia, which we might term careful eating, and the feeding practices of the 24
 25 clinic, which we could term care-full feeding. Exploring each of these as diverse 25
 26 modalities of foodwork offers insights into ways in which performances of caring 26
 27 *about* and *for* (Fisher and Tonto 1990) entangle food and bodies, and comprise 27
 28 both emotional labour and value constructions. 28

29 Yet, while these modalities of caring may sometimes clash, sometimes co- 29
 30 exist and often ‘map onto different dimensions’ (Mol 2010: 217), there are also 30
 31 convergences between the clinic and individuals with anorexia. Although the 31
 32 chapter begins with mobilizations of eating through caring on the eating disorders 32
 33 unit (EDU), and goes on to explore how individuals’ practices of not eating 33
 34 mobilize alternative pathways of caring, the flows of directionality are not so 34
 35 neat; these entanglements between food and care do not overlay the two empirical 35
 36 contexts in such a binary way. It is particularly in paying attention to shifting 36
 37 positionings of the body that overlaps and mimeses emerge. Food, bodies and 37
 38 care are all negotiated in relation to one another. Foodwork therefore emerges as 38
 39 a ‘complex and embodied activity’ (Pierson 1999: 130) on the part of the clinic 39
 40 and research participants whilst also being related to bodily materialities and 40
 41 embodiment in uncertain ways. Diverging conceptualizations of anorexia(s) and 41
 42 selves enacted through food and care produce, as well as intervene in, particular 42
 43 bodies. As such, this chapter echoes Annemarie Mol by asking, ‘what kind of 43
 44 44

1 matter is food? What kinds of bodies does it feed?’ (Mol 2012: 2), and suggests
2 that care offers a productive way to explore these questions.

3 4 5 **The Clinic: Anorexia and Care**

6
7 Self-starvation is arguably central to a diagnosis of anorexia nervosa, and
8 the illness is regarded as underpinned by ‘an intense fear of gaining weight or
9 becoming fat’ (American Psychiatric Association 2013). That an individual with
10 anorexia often ‘neither gives up in the face of the negative consequences of eating
11 restraint (not least hunger)’ (Palmer 2014: 5) means that anorexia has ‘one of
12 the highest mortality rates of all psychiatric illnesses’ (Bogle 2000: 2). Although
13 ‘most patients with anorexia nervosa receive treatment solely on an outpatient
14 basis ... a substantial minority receive inpatient treatment’ (NICE 2004: 6.5.2). It
15 is suggested that ‘patients may require inpatient care if they are suicidal or have
16 life-threatening medical complications ... or weight below 85 percent of their
17 healthy body weight’ (Williams et al. 2008: 187).

18 Treatment can be enforced in England through sectioning under the mental
19 health act ‘where substantial risk cannot be managed in any other way’ (NICE 2004:
20 6.5.7.3), although only ‘a relatively low proportion of inpatients with anorexia
21 nervosa are placed on formal compulsory treatment orders, with reports ranging
22 from 9% to 28%’ (Tan et al. 2010: 14). The justification for enforcing treatment
23 is underpinned by framing individuals with anorexia as lacking the capacity to
24 make decisions regarding treatment as a result of their compromised physical state
25 (see Giordano 2005). On the other hand, scholars have argued that accepting an
26 individual’s treatment refusal can be ethical, especially if this is an autonomous
27 decision against a background of frequent or repeated treatment failure (see Draper
28 2000; Matussek and Wright 2010). Attention on the part of medical ethicists in
29 recent years to values, seeing these rather than individual autonomy as affected by
30 the illness, has also challenged an assumed loss of capacity in anorexia, thereby
31 furthering complexity (see Tan and Hope 2008). As such, anorexia and its care
32 present to professionals a nexus of complex issues.

33 However, it has been suggested that if we accept that ‘anorexia nervosa is
34 not inevitably a progressive terminal illness ... it is preferable that treating
35 physicians focus on the preservation of life’ (Melamed et al. 2003: 62). Given the
36 risks of severe emaciation and the ‘intensive care’ (Treasure and Schmidt 2005:
37 95) required by the starved body, it is clear how from a clinical point of view,
38 ‘there is no doubt that the appropriate treatment is food’ (ibid.: 95). Thus, although
39 guidelines state that ‘weight gain is only one outcome of interest’ (NICE 2004:
40 paragraph 6.4.9), arguably ‘the common goal is to re-feed the patient’ (Griffiths
41 and Russell 1998: 128), particularly in inpatient treatment. As such, although the
42 heterogeneous nature of clinical practices must be acknowledged (see Berg and
43 Mol 1998) with differing approaches existing alongside widespread recognition
44 that psychological input is key, it is clear that food is a central vector of care.

1 Glimpsed through the regular weigh-ins of outpatient treatment, where food 1
2 consumed since the last appointment is measured through the body, this caring 2
3 through food is most starkly brought to the fore in daycare and inpatient treatment. 3
4 On the eating disorders inpatient unit (EDU) on which I conducted ethnographic 4
5 fieldwork, meals are only one part of an extensive programme of psychological 5
6 support. Yet a pervasive focus on feeding structures the temporal rhythms of 6
7 the unit as all other activities, from recreation to therapy, are arranged around 7
8 mealtimes. If I bumped into someone I had not seen for a few hours and asked 8
9 them what they ‘had been up to,’ many would reply with humour, ‘eating!’ As 9
10 one participant, Kate¹, put it, ‘every day is just, sort of, eating, to be honest 10
11 My whole life is planned around meals’. Likewise, in her interview, Abigail said: 11
12
13 They [staff] always tell us ‘you have to eat, it’s normal’. Oh yeah, cos, everyone 13
14 has a sandwich an hour after they’ve had lunch! ... All they do in inpatient 14
15 treatment is feed you, food, food, food, more food ... I wish they’d admit that 15
16 all they do is feed you and then let you go. I just wish they’d admit that, or warn 16
17 you that’s what’s going to happen when you go in. They say they’re going to 17
18 change you and ... and help and stuff. But they don’t, they just make you fatter. 18
19 (Abigail, inpatient, 2008) 19
20
21 It frequently infuriated participants when staff would not admit that three meals 21
22 and three Snacks amounting to 3,500 calories a day was, as one participant Chloe 22
23 put it, ‘a shed load of food’. Peter, a temporary psychiatric nurse charged with 23
24 the task of watching over lunch on his first day on the unit exclaimed in a loud 24
25 whisper to the service user eating next to him, ‘gosh you really do have to eat a lot, 25
26 don’t you!’ He was thoroughly chastised for this in a subsequent staff meeting but 26
27 participants discussed how they ‘appreciated his honesty,’ which was contrasted 27
28 to the discursive norms of the unit. These norms are twofold: On the one hand, as 28
29 Abigail suggests, there is a framing of eating as ‘normal’. On the other, when the 29
30 amount of food was challenged by service users, staff would frequently move away 30
31 from attempts at normalization to instead tell service users that ‘whilst you’re on 31
32 the EDU, food is medicine’ (see also Long et al. 2012). This discursive framing 32
33 positions mealtimes as clinical events that transact a substance – medicine – to be 33
34 taken for one’s own good. In turn, any refusal to eat on the part of service users 34
35 comes to be seen (and perhaps also felt by staff) as a refusal of their care. 35
36 On the EDU such refusals to eat, alongside vocalizations of distress at eating 36
37 or desire to talk about food or weight on the part of service users were often 37
38 described by staff as ‘the anorexia talking’ (see Tan 2003). This conceptualizes 38
39 such articulations as ensuing from a loss of agency to anorexia and sees the illness 39
40 as a current and temporary addendum to a patient’s ‘authentic self’ (Bruch 1974; 40
41 Tan 2003). It suggests that ‘the individual doesn’t really want to restrict her 41
42 eating, lose weight, or resist treatment – her Real Self has been invaded/infected/ 42
43
44 ¹ All names are pseudonyms. 44

1 colonized by an Outside Force' (Vitousek 2005: 3). Expounding such a clear 1
2 division aims to encourage service users to externalize their anorexia and thereby 2
3 re-find – literally recover – an illness-free self that is conceptualized not only as 3
4 having become trapped in, or effaced by, anorexia, but also as having preceded it. 4
5 What is advocated therefore is a change back into what one once was and, perhaps, 5
6 *should* be again. This elucidates, as does this volume more widely, that 'caring is 6
7 an activity in which (often moral) valuing is implied' (Heuts and Mol 2013: 130. 7
8 See also Barnes 2012). 8

9 To claim that not eating, or refusing the caring-as-feeding on the EDU, on the 9
10 part of an anorexic individual is not an autonomous or 'authentic' decision in this 10
11 way does save lives. It forms part of the architecture that justifies enforcement of 11
12 treatment under the mental health act, noted above. Yet, this not only is underpinned 12
13 by a particular value-laden paradigm of selfhood and pathology but also offers 13
14 a way in which to perform this as care; it cleaves a conceptual space between 14
15 anorexia and self into which caring through food can be fitted. This – in relation 15
16 to Fisher and Tronto's (1990) four dimensions of care – forges a pathway from 16
17 'caring *about*', framed as attentiveness, to 'Caring *for*', framed as the work of 17
18 caring (see also Tronto 1993; Ungerson 1983). Eating thereby becomes the vector 18
19 through which selfhood is rematerialized through the measurably-expanding 19
20 body – literally dripped back in through the swallowing of every mouthful. The 20
21 so-called 'authentic self' is at once the receiver and also goal of care, and is thereby 21
22 positioned tensely within two temporalities at once. Food, likewise, is both the 22
23 focus of this work, and also made to work in a particular way. 23

24 Exploring these feeding practices as a form of foodwork highlights how 24
25 nutritional value takes precedence over any other aspect of the sticky materiality 25
26 of food. As food becomes medicine, bodily perimeters likewise become linear 26
27 markers of illness or health, whilst intimate trajectories of food through corporeal 27
28 spaces are rendered paradoxically 'immaterial'; food as a vector of care does not 28
29 'matter' in and of itself. In their exploration of care and food in a nursing home, 29
30 Harbers et al. (2002) show how food is constructed differently within ethical and 30
31 medical discussions of food refusal and feeding in the context of dementia. A 31
32 'medical attitude to food (appreciating it for its nutritional value)' (ibid.: 216-17) 32
33 is contrasted to an ethical paradigm of food as a 'means to an end: survival, that 33
34 may be desirable or not' (ibid.: 217). On the EDU, as the nutritional value of 34
35 food also becomes enfolded into survival as an end goal, these discourses merge 35
36 to coalesce into one teleological production of food *as* care. Yet, not only is the 36
37 sensory materiality of food missing from this, but so too perhaps is the lived 37
38 experience of being cared for. 38

39 To suggest this is not to deny the care that is conducted in the clinic; participants 39
40 invariably recognized its value for other service users if not for themselves. 40
41 However, many also described the EDU as 'terrifying' and 'awful', with mealtimes 41
42 the focus of their fear and distress (see also Eli 2014; Gremillion 2003). Harbers 42
43 et al. argue that a caring attitude is one 'which tries to accommodate and please a 43
44 person' (2002: 217). Arguably the EDU's foodwork, and its underpinning in 'the 44

1 anorexia talking', dislocate both caring and eating from 'pleasing' not only in terms 1
 2 of the materialities of food but also of the person. The person, it is suggested, is 2
 3 currently absent as the present is *filled* only with anorexia, which must be replaced 3
 4 by food. As such, the anorexia of the *present* is worked on through foodwork 4
 5 in order to teleologically care for the self of the *future*. If, then, care comprises 5
 6 sustained 'tinkering towards improvement' (Heuts and Mol 2013: 125. See also 6
 7 Mol et al. 2010a), it is clear that the EDU's foodwork does care but that it does so 7
 8 in a way that sees improvement as both in the future and in the body. 8

9 Foregrounding the feeding of the body as the central element of care serves 9
 10 to locate anorexia *in* the body. It is clear that the suffering body is arguably one 10
 11 of the few ways that anorexia can be clinically 'grasped' in order that individuals 11
 12 may be cared for and so this positioning is pragmatic. However, it also serves to 12
 13 make bodies *essentially anorexic* and anorexia *essentially bodily*. Bodies thus are 13
 14 arguably not only made in the literal sense of nourishment on the EDU, but also in 14
 15 a more conceptual way; the clinic maps a particular paradigm of anorexia through 15
 16 the corporeal depths of digestive geographies (see Willems 1998). It is against the 16
 17 background of this particular arrangement of self, body and anorexia performed 17
 18 by the clinic's ways of caring that we now turn to engage with narratives of 18
 19 individuals with anorexia. From these emerge alternative arrangements of anorexia 19
 20 and corporeality, illness and self. 20

21 21

22 22

23 **Anorexia as Self-Care** 23

24 24

25 In her interview Tammy recounted how her anorexia 'was never kind of a 25
 26 deliberate diet to lose weight or anything like that'. She said: 'it's never been so 26
 27 much of a body image problem for me, it was more just kind of not wanting to 27
 28 eat and kind of regaining control over that'. Tammy described how control was 28
 29 gained not only by ingesting as little as possible without dying, but also by an 29
 30 accompanying preoccupation with food that we might term 'virtual foodwork'. 30
 31 This was also apparent in Lacey's interview: 31

32 32

33 I remember sitting on the bus on the way back from school ... And I got off 33
 34 the bus and I realized that I'd spent the entire bus journey counting the calories 34
 35 that I'd eaten that day, and that I was going to have to eat when I got home. 35
 36 And then I was thinking about the calories that I'd eaten all week and all that 36
 37 kinda stuff and it was like ... like looking back on that, it was just like I was 37
 38 thinking about probably so I don't have to think about everything else. (Lacey, 38
 39 daypatient, 2014) 39

40 40

41 I have explored elsewhere how practices, such as calorie counting and restricting 41
 42 food intake, which both enact and enframe *not* eating, illustrate that self-starvation 42
 43 does not simply constitute a lack in anorexia. Rather, it comprises continual work 43
 44 in order to engender 'relationships of absence' with food through which anorexia 44

1 is processually maintained (Lavis 2013). The illness is therefore both dependent 1
 2 upon, but also of greater significance than, practices of not eating. As such, the 2
 3 foodwork of not eating here is, on the one hand, in opposition to that of the clinic. 3
 4 Yet these also share and set to work a conceptualization of food as quantifiable 4
 5 in a way that belies any sense of its sticky materiality. Above, I suggested this 5
 6 effacement in the clinic to be produced by the enfolding of a medical model of 6
 7 food into an ethical paradigm of saving lives. In participants' narratives now, 7
 8 food's materiality is again obscured in its intertwining with particular productions 8
 9 of value. However, these relate to the space of the present rather than future, as 9
 10 foodwork emerges as a way of producing anorexia to care for the self. This takes 10
 11 us beyond the clinic's binaries of self and Other, future and present. 11
 12 In her interview, Josie, described her self-starvation and the virtual foodwork 12
 13 that accompanied it as: 13
 14 14
 15 A distraction and an escape from the real world, the pressures, the worries, the 15
 16 stress, things that I couldn't control, things that I didn't know how to handle. It's 16
 17 a really easy thing to focus on and to let take up your mind ... It was something 17
 18 to focus on that didn't hurt, that I could control when I couldn't sort out some of 18
 19 the other issues. (Josie, inpatient, 2014) 19
 20 20
 21 That not eating offers a way of controlling and numbing emotions is recognized; 21
 22 anorexia has been described as 'a functional coping strategy in which control of 22
 23 eating serve[s] as a means of coping with ongoing stress and exerting control' 23
 24 (Eivors et al. 2003: 96. See also Treasure et al. 2007). Yet these accounts of 24
 25 'counting calories', and thereby 'escap[ing] from the real world', also suggest 25
 26 that the numbness offered by virtual and actual self-starvation goes beyond the 26
 27 control of emotions. By letting anorexia 'take up your mind', as Josie put it, there 27
 28 would seem here to be an agential absencing of the self that both maps onto and 28
 29 yet importantly also contrasts with the conceptualizations of self and illness in the 29
 30 clinic, above. In her interview, Claudine said: 30
 31 31
 32 You just sit there and sometimes it [anorexia] manifests itself in a sort of 32
 33 numbness and I'll just lie on my bed, stare into space and I'll sleep a lot or 33
 34 something like that. I just want to stop thinking and you do almost zone out as it 34
 35 were. (Claudine, inpatient, 2008) 35
 36 36
 37 In many participants' accounts there is a slippage between this zoning *out* through 37
 38 anorexia described by Claudine and the illness as a space to zone *into*. Anorexia 38
 39 was described by one participant as 'my space' and another as a 'my little bubble', 39
 40 with Emila saying 'it's almost like it's a world that you live in, that's separate from 40
 41 everybody else'. In her interview Nita described this spatiality in terms of safety. 41
 42 She said that anorexia had 'been a safety net for so long, removing it is the scariest 42
 43 thing in the world. ... I think that's what has stopped me getting better completely 43
 44 and being fully recovered, is that it's a safety net that I don't want to remove'. She 44

1 continued, 'it becomes so much a part of you' and asked, without it, 'what would 1
2 I be?' 2

3 The sense here of anorexia as a 'safe space' that offers 'retreat' is reminiscent 3
4 of Ellen Corin's discussions of 'positive withdrawal' (Corin 2007) in psychosis. 4
5 Corin suggests that withdrawal signifies a way to 'defend an inner space' (ibid.: 5
6 283) through the construction of a kind of 'psychic skin that parallels the social 6
7 skin' (ibid.: 283). Reflecting on anorexia as 'psychic skin' illustrates that the 7
8 illness, as a space of numbness or retreat, is not empty; it does not comprise a gap 8
9 where the 'authentic self' used to, or should, be. Rather, in participants' accounts 9
10 anorexia stills the present in a way that forges an alternative subjectivity of space 10
11 and being; this is a space *for* and *of* selfhood whilst also, importantly, being 11
12 recognized as a space forged through illness. Yet, this is not to see the self simply 12
13 as suspended or held within anorexia. Rather, selfhood 'manifests', to borrow 13
14 Claudine's word, within and with the illness. Whilst poignantly elucidating how 14
15 the cleaving attempts to remove anorexia from self on the part of the clinic may be 15
16 experienced as care-less rather than care-full, Nita's questioning of 'what would I 16
17 be' without anorexia, evinces an 'intersubjective fusion' (Jackson 2002: 340) with 17
18 the illness that runs through many participants' narratives. Thus, if the foodwork 18
19 of not eating processually maintains anorexia for participants, it also maintains 19
20 their sense of self. In so doing, it is felt to be a modality of self-care that mediates 20
21 how they live and move through the present moment. 21

22 Kate described anorexia as 'how I do things. You do it quietly, you do it on 22
23 your own'. Likewise, Elisa said of anorexia that it 'would be probably the only 23
24 thing in my life that's been constant for the last, I don't know, seven or eight years 24
25 or something and I guess it's become a part of me and a part of my routine'. These 25
26 descriptions of anorexia as 'part of my routine' and 'how I do things', afford a 26
27 glimpse into how, to participants, anorexia may be a way of making and mapping 27
28 the space of the present; not eating thereby emerges as a form of care that 'craft[s] 28
29 more bearable ways of living with, or in, reality' (Mol 2008: 53). The virtual and 29
30 actual foodwork of not eating, albeit ambivalently, mediates how participants 30
31 encounter the worlds around them; it processually reproduces an illness that offers 31
32 a way to withdraw from, or interact with, these. Such a conceptualization of the 32
33 illness as 'crafting' the present is contrasted in some accounts with the uncertainty 33
34 signified by the future. As Elisa put it, 'you don't quite know what the future 34
35 holds' and, to her, this emphasized anorexia's safety. Thus, if caring comprises 35
36 'persistent tinkering in a world full of complex ambivalence and shifting tensions' 36
37 (Mol et al. 2010b: 14), anorexia offers a way of caring for the self that navigates 37
38 tensions; or, as Leila put it, 'anorexia looks after you'. 38

39 This sense of self-care through anorexia clearly diverges from the clinic's 39
40 conceptualization of the illness. But there are also overlaps not only between ways 40
41 of caring but also between how the clinic and participants envision the object 41
42 of care. In the EDU the so-called 'authentic self' was at once the receiver and 42
43 also goal of care, which positioned it within two temporalities at once. Here, as 43
44 anorexia itself emerges as a modality of care, the self is cared for in the space of 44

1 the present moment but in a way that may not offer any other temporality. Caring 1
2 through not eating performs stasis rather than teleology, with all the ambiguity that 2
3 'stasis' suggests. 3
4 There is a precariousness to anorexia as a modality of self-care; its safe space 4
5 is potentially consuming. Josie illustrated this in her interview by saying, 'I felt 5
6 like I wasn't existing'. This slippage from a space of selfhood to one of effacement 6
7 was also described by Lacey, who said the process from one to the other was 'like 7
8 rolling down a slope'. Yet, despite the distress expressed at this sense of a loss of 8
9 agency to, and sometimes betrayal by, anorexia, participants do not always wish 9
10 to give up this particular modality of self-care; rather, their narratives evince an 10
11 accommodation to the ways in which caring may be a deeply painful activity. This 11
12 was clear in Hadia's interview when she recounted how she would sometimes 12
13 sit and just, as she put it, 'be alone with anorexia'; she described feeling 'safe' 13
14 and 'okay' in this space. But, Hadia also described how she would sometimes 14
15 feel her anorexia becoming too strong, too entrapping in a way that 'pushed [her] 15
16 out'. Yet, instead of this statement signifying a wholesale alignment with clinical 16
17 conceptualizations, within it diverging paradigms touch edges before quickly 17
18 parting ways. In order to care for herself within this entrapment, Hadia described 18
19 working harder at her foodwork to processually reproduce the space of her illness 19
20 and align herself with(in) it. 20
21 It was arguably therefore her experience of anorexia's narrowing of possibility 21
22 that led Hadia to continually re-invent it as '[her] space'. In this, she illustrates 22
23 that 'people make-do with what they have' (de Certeau 1984: 18), whilst also 23
24 showing that anorexia as a mode of self-care could be regarded, following Plato, 24
25 as a 'pharmakon' (2005; Derrida 2004); it is not only both remedy and poison 25
26 at once but, importantly, remedy for its own poison. Evincing the doubledness 26
27 encapsulated by the preposition 'through', self-care through anorexia sees anorexia 27
28 as at once a vector of caring but also as something that is difficult to live through. 28
29 These become enfolded as participants like Hadia work harder to catch up with 29
30 anorexia so that it may continue to 'look after' them. The illness is thus a way 'to 30
31 live with what would otherwise be unendurable' (Fischer 2007: 423) where the 31
32 unendurable may be at once cause and effect. 32
33 Therefore, care-full dynamics of ordering and producing the everyday through 33
34 the foodwork of not eating have been seen to enable a particular selfhood to emerge, 34
35 albeit painfully and precariously, within and through anorexia. This, however, does 35
36 not simply constitute a reversal of the clinic's paradigm of selfhood as in opposition 36
37 to anorexia. Rather, the processual mapping of the present in participants' discussions 37
38 points to an imagining of selfhood that is less bounded. Although conceptualizations 38
39 of anorexia as skin and space seem de-relational, there is a complex sociality to 39
40 many participants' narratives. Returning to Corin's metaphor of 'psychic skin' 40
41 (2007: 283) illuminates this sense of connection as well as disconnection. As Michel 41
42 Serres reminds us, skin is porous as 'in it, through it, with it, the world and my body 42
43 touch each other' (2008: 80). Therefore, extending the existing sense of anorexia as 43
44 that which maps encounters between inner and outer worlds, the final section will 44

1 now explore a more relational ordering enacted by participants through the careful 1
 2 sociality of foodwork. If, in rematerializing the self through the body, the clinic 2
 3 performed care in a paradoxically dual and yet embodied way, in this discussion 3
 4 of anorexia *as* care the body has hovered at the periphery of the page, seemingly 4
 5 unrelated to anorexia or food. By now turning to explore how not eating cares for 5
 6 Others, troubled and troubling bodily materiality is brought finally into analysis. 6

7 7
 8 8

9 **Careful Sociality: (Not) Eating (and) Others** 9

10 10

11 In her interview Rashida described how she had begun to self-starve after her 11
 12 father had been hospitalized for a terminal illness. She poignantly recounted having 12
 13 watched him ‘shrinking away’ and feeling that if she could ‘just eat less than him’, 13
 14 so that he would never become smaller than her, ‘things would be okay’. Likewise, 14
 15 Elisa said of her sister’s hospitalization when they were children: 15

16 16
 17 What I really remember hating when she was ill is seeing everyone else at school 17
 18 and all of her friends and all of my friends carrying on as normally and being 18
 19 healthy and laughing with each other and I really hated that because, you know, 19
 20 my sister was in hospital, it was like the end of my world, um, and I think I 20
 21 want, I wanted that to be marked and almost by punishing myself and by making 21
 22 things bad for me I was marking that and almost not putting myself in the same 22
 23 boat as her but giving myself something, something bad because I would have 23
 24 preferred it was me to be ill. (Elisa, outpatient, 2014) 24

25 25

26 Both Rashida and Elisa’s accounts echo the discussions above of not eating as 26
 27 a modality of gaining control, particularly in emotionally distressing situations. 27
 28 Yet, they also evince the painful partiality of such control, as not eating may 28
 29 successfully map and maintain the space forged inside anorexia but is powerless 29
 30 beyond this. We might therefore be tempted to suggest that here we are confronted 30
 31 with the limits of conceptualizing – or even, experiencing – anorexia as caring. Yet 31
 32 reflecting again on not eating as active foodwork takes us beyond this to illuminate 32
 33 the place of emotional labour in this discussion; this elucidates how food, and its 33
 34 lack, are set to work here in a way that performs caring about Others. 34

35 In contrast to explorations of the caring implicit in commensality (see Carsten 35
 36 1997), Rashida and Elisa’s narratives frame the sharing of a lack of food as 36
 37 engendering threads of care between bodies and persons. If care is at once ‘both 37
 38 a practice and a disposition’ (Tronto 1993: 104) and the last section’s discussion 38
 39 of self-care explored practices, care emerges here as an embodied disposition. In 39
 40 their felt powerlessness to care for their family members in any other way – to 40
 41 map the future or indeed present for their loved ones – Rashida and Elisa entangle 41
 42 their bodies into a performance of care, enacting a mimetic alignment. Elisa’s 42
 43 words that she ‘would have preferred it was [her] to be ill’ frame her not eating as 43
 44 a ‘somatic mode of attention’ (Csordas 1993). That this may be at once ‘attentive’ 44

1 (Fisher and Tronto 1990) and yet not necessarily fully agential resonates through 1
2 Elisa's words above, and elucidates that not eating may be a way caring *about* in 2
3 the face of an inability to care *for*. 3
4 Although Rashida and Elisa's performances of care are embedded in the 4
5 intimacies of familial relations, a similar mimetic alignment of suffering bodies, 5
6 but across geographical distances, occurs in other participants' narratives of not 6
7 eating. Some described how they had been chastized as children for not finishing 7
8 the food on their plates with variations on the line 'think of the starving children'. 8
9 They related this to a need to not consume 'too much', which was enacted through 9
10 anorexia. Similarly, in her interview, Juno likened her not eating to the sponsored 10
11 24-hour famine established by the charity Vision UK in which participants raise 11
12 money to aid victims of famine. Recent work has illuminated how eating is an 12
13 act that engenders webs of sociality between eating bodies across spatial and 13
14 temporal distances (Abbots and Lavis 2013). This has extended discussions of 14
15 commensality to explore food as a substance that travels across distances, be those 15
16 affective, material or both. Here Juno's words instead evince the sociality of shared 16
17 absence; not eating mobilizes caring as an engagement with Others that seeks to 17
18 'maintain' or 'repair' the world (Tronto 1993: 102-3). It signifies an attentiveness 18
19 forged through 'recognizing the needs of those around us' (ibid.: 127). It was 19
20 Milla who most deeply expressed this during her interview; she described her 20
21 anorexia as both 'an illness' and also 'a sort of testimony to the wrongness of 21
22 the world'. In so doing, she referred to the philosophy of Simone Weil. It was 22
23 Weil herself who wrote about attention that it 'consists in suspending thought, 23
24 leaving it available, empty, and ready to be entered by its object' (Weil in Little 24
25 1988: 130). As such, together, 'testimony' and 'attention' articulate a sense of self- 25
26 suspension that navigates between anorexia as self-protection and self-loss, whilst 26
27 also intertwining these with the care of Others. Milla recounted how she was told 27
28 she was 'too global' by staff in the EDU who felt she should 'focus on [her]self': 28
29 29
30 I know I've been told over and over again 'your, your protest won't stop 30
31 exploitation in the third world just because you know, you boycott coca cola it 31
32 isn't going to stop them cutting down the rainforests' ... Erm and, 'what do you 32
33 think the starving people would say if they saw you doing this to yourself?' All 33
34 this stuff. Of course I know, of course I know. (Milla, inpatient, 2008) 34
35 35
36 It is perhaps as anorexia compromises conditions of possibility in the mingled 36
37 protection and engulfment, seen above, that caring for Others offers a way of being 37
38 oneself through the alternative becoming of mimesis. As such, linking one's self- 38
39 starvation to other suffering bodies across geographical distances also reinforces 39
40 a particular modality of self-production. It allows anorexia to be reinforced by 40
41 the body of an imagined Other. The illness thereby becomes, at once, legitimized 41
42 and moralized. 42
43 Scholars have previously explored anorexia in relation to cultural discourses 43
44 of morality, arguing that 'anorexics [are] misguided moralists' (O'Connor and Van 44

1 Esterik 2008: 7). It has been suggested that eating disorders ‘are the symptoms 1
2 of ordinary morality, which is just being taken seriously – or more seriously than 2
3 usual’ (Giordano 2005: 8-9). Yet, with a few exceptions (see Gooldin 2008; Warin 3
4 2010), such discussions have tended to focus on anorexia’s intersections with 4
5 the wider cultural valuing of ‘purity’ and ‘lightness’ (Giordano 2005: 127) in a 5
6 Euro-American context. Here instead it is food itself (and its lack), rather than 6
7 the secondary effect of this on bodies, that emerges as a ‘moral choice’ (Coveney 7
8 1999: 33). As self-starvation maps nascent forms of careful sociality, it becomes 8
9 ‘an attempt to meet the other morally’ (Noddings 2013: 707). This intersects with 9
10 wider enactments of ethically concerned consumption (see Miele and Evans 2010) 10
11 whilst also framing not eating as ‘a moral achievement’ (Tronto 1993: 127). 11
12 Yet, drawing on a moral framework in this way is also performative; it serves 12
13 not only to mime and mediate Others but also produce them, mapping other bodies 13
14 and other hungers over those of participants. As such not eating as a somatic 14
15 modality of attending to the suffering of Others enacts a complex interplay of 15
16 visibility and invisibility. We saw this in the somatic echoing of her father’s illness 16
17 in Rashida’s narrative, above, as her not eating sought to nourish him by effacing 17
18 her. Moreover, in this wider discussion of care in a global context, caring through 18
19 not eating simultaneously forges links between bodies based on suffering, whilst 19
20 also recognizing – or, perhaps, feeling – *only* the suffering of the Other’s body. 20
21 This gains a hyper-visibility whilst that of participants is maintained as peripheral. 21
22 The doubledness and dualism in this is elucidated by turning to one participant, 22
23 Michelle’s, slippers. 23
24 ‘What can one say, I ask, about a slipper?’ says Michel Serres (2008: 64). 24
25 In the EDU many things were asked and uttered about Michelle’s slippers. 25
26 These were old, worn and not a little battered; her toe came through the end 26
27 of one and the stripes had faded to grey. Staff often tried to convince Michelle 27
28 to buy a new pair of slippers, drawing her attention to their visual appearance, 28
29 which they described as ‘uncared for’. To staff, thus, keeping these slippers was 29
30 indicative of a wider lack of self-care. By delinking Michelle’s slippers from 30
31 anything but her body and her anorexia through this paradigm of self-care, the 31
32 clinic thereby bound these together, as we saw above. Yet, Michelle felt that her 32
33 slippers ‘would do’ as to replace them when they still ‘worked as slippers’, as 33
34 she put it, would be ‘wasteful’. To Michelle her slippers were entangled with her 34
35 wider ethic of care as ‘not consuming too much’. Michelle justified keeping her 35
36 slippers by saying: 36
37 37
38 The way society is now it just seems so complex and in terms of consumerism ... 38
39 there’s this constant effort to produce a new variety or just something different. 39
40 Or just, ‘new extra this’ – even cornflakes, you know, ‘extra crunchy’ with ‘extra 40
41 added this’ ‘added whatever’, something that people think might be good 41
42 for their health or improve their teeth of whatever Or types of teabags! It’s 42
43 just ridiculous the amount of choice. And there is just such a lot of waste and 43
44 it creates, whether it’s about food or anything, it creates an attitude that it’s ok. 44

1 But the amount of waste we produce is just ridiculous and it's actually shameful 1
2 I think. Some people elsewhere would do anything for the minutest thing we 2
3 throw away. (Michelle, inpatient, 2008) 3
4 4
5 Thus, to conceptualize Michelle's footwear only as metonymic of a lack of self- 5
6 care enacted through not eating would privilege the visual narrative of both her 6
7 slippers and her body over her voice. This would perhaps be care-less rather than 7
8 care-full. Yet, the staff's discussions of Michelle's slippers have also highlighted 8
9 a tension between embodiment and disembodiment that has resonated throughout 9
10 this discussion of careful sociality. On the one hand, it has become clear that 10
11 anorexia is about far more than a quest for corporeal emaciation; complex, 11
12 relational and intimate practices of caring have shown the illness to be embodied 12
13 and yet not *about* the body as a visual entity. As, at once, a profoundly 'somatic 13
14 mode of attention' (Csordas 1993) to Others that forges affective links through 14
15 bodies and their suffering, anorexia has also paradoxically emerged as something 15
16 that effaces the body and enacts dualism. As not eating *as* self-care and careful 16
17 sociality are contrasted to the clinic's vision of a lack of self-care within anorexia, 17
18 competing paradigms of care not only frame bodily materialities in diverging 18
19 ways but also 'interfere' (Haraway 2008) with these. Bodies become caught up 19
20 in practices of caring for self and Others through food in ways that engender 20
21 moments of encounter between anorexic ways of caring and those of the clinic. 21
22 In her interview Eva described the effects starvation had on her body; she 22
23 recounted bones so sharp that when she turned over in bed she felt them scratching 23
24 against her skin from within and described how her hair had fallen out and her 24
25 skin dried to flakes. Before entering the EDU she had been frightened that 25
26 she was about to go blind because her vision was so blurred. Here the somatic 26
27 vulnerability of Eva's suffering body does seem, in line with the clinic's claims, 27
28 to disrupt the caring performed by anorexia. Indeed, Tronto argues that 'in order 28
29 to recognize the needs of others, one must first be attentive to one's own needs 29
30 for care' (1993: 131). Here then, as in Michelle's slippers, caring for Others and 30
31 self would seem to be difficult to align (see also Abbots, this volume). Yet, Eva 31
32 said of this, 'anorexia's got nothing to do with my body. The physical bit's just a 32
33 symptom of my mind'. In this simultaneous foregrounding of bodily suffering and 33
34 yet repudiating of the body as 'important' to anorexia, lived corporeal materiality 34
35 is re-framed as outside the relationship – the careful sociality, perhaps – between 35
36 anorexia and self. This disallows embodied suffering to disrupt caring. Echoing 36
37 Hadia's reconfigurations in relation to a felt loss of agency to anorexia above, here 37
38 self-care and careful sociality are enfolded and, once again, placed beyond the 38
39 painful as well as quantifiable perimeters of the body. 39
40 This delinking of body and self importantly also demonstrates how diverging 40
41 ways of caring *about*, *for*, *through* and *within* anorexia, seen throughout this 41
42 chapter, converge. This is because it allows Eva to engage in clinical treatment, 42
43 seeking care for her bodily suffering whilst also holding onto anorexia and its 43
44 ways of caring. She described feeling 'grateful' that the clinic had enforced her 44

1 eating and thereby ‘taken away the pain, but not anorexia’. We see, thus, how 1
 2 within the intimacies of bodily depths, diverging paradigms and scales of care 2
 3 co-exist and that caring perhaps always entails negotiation of co-existing as well 3
 4 as competing ‘goods’ (see Mol et al. 2010a). Eva allows herself to be cared for 4
 5 in a way that she feels to maintain her anorexia *and* selfhood. That this permits 5
 6 the illness to continue mapping the space of the present in ways that care for Eva 6
 7 warrants recognition as we listen to her narrative. Yet at the same time it perhaps 7
 8 also suggests that anorexia’s ‘careful sociality’ may be, most of all, with itself. 8

9 9
 10 10
 11 **Conclusion** 11

12 12
 13 It is viscerally clear why, in anorexia, ‘the story of illness that trumps all others’ 13
 14 (Frank 1997: 5) is the clinical. Yet, this chapter has sought to show that there 14
 15 are other stories that need attending to. For both the clinic, and individuals with 15
 16 anorexia, not eating keeps the illness present. Yet what is kept present, and indeed 16
 17 effaced, diverges. To the clinic anorexia signifies a lack; the present is effaced by 17
 18 illness so that clinical care is both of – and has as its goal the recovery of – the 18
 19 ‘authentic self’. Through a food-as-medicine paradigm, eating becomes a linear 19
 20 modality of rematerializing this self, envisaged as lost through self-starvation. 20
 21 In contrast, to some individuals with anorexia the illness offers a way of living 21
 22 through the present; this is forged and mapped by, but also ambivalently contained 22
 23 within, anorexia. In these narratives, anorexia and self cannot be distinguished 23
 24 so neatly, as the illness offers a space of and for selfhood whilst also performing 24
 25 care about and for (imagined) Others. In the introduction, I called on an idea of 25
 26 bracketing to allow recognition of the clinical realities of anorexia whilst opening 26
 27 up a space in which to explore beyond these. As the chapter has unfurled, we have 27
 28 seen how these are also in tension in the lives of participants; illness and selves, 28
 29 bodies and pain, eating and caring, are all divergently and procesually positioned 29
 30 and bracketed in relation to one another. In particular, the materialities of foods 30
 31 and bodies have shifted in and out of view as ways of caring have engendered 31
 32 interplays of visibility and invisibility. Alongside this troubled and troubling 32
 33 materiality, it is perhaps both the distress and intermittent loss of agency in 33
 34 participants’ lived experiences of anorexia that most problematizes an idea of the 34
 35 illness as care. Yet, it is also both of these that underpin its importance; caring is 35
 36 cyclical as care of the self necessarily instigates caring for anorexia so that it may 36
 37 continue to ‘look after you’. Thus, this chapter has perhaps most shown that caring 37
 38 about individuals with anorexia depends ‘to an important extent, on one’s sense of 38
 39 empathy and compassion for a person’s suffering’ (2005: 261) as well, perhaps, on 39
 40 listening. By tracing along some of the sharper edges of both eating and caring, the 40
 41 discussion has sought to forge understandings of how care, food and anorexia are 41
 42 all lived and felt, resisted and reconfigured, in ways that disrupt but also ‘matter’ 42
 43 the intimacies of individual bodies, selves and everyday lives. 43
 44 44

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44 44

Chapter 5

The Sweetness of Care: Biographies, Bodies and Place

Tanya Zivkovic, Megan Warin, Vivienne Moore,
Paul Ward and Michelle Jones

13 Introduction

15 Lyn is an overweight mother of five children. She is in a domestically violent
16 relationship with a man on the methadone program and she has a heart condition.
17 Since losing over \$100 a week from her government benefits, she can no longer
18 run a car, safely transport her kids to school or pay for their uniforms. One of
19 her children has Asperger Syndrome. While doing her food shopping she buys
20 a cheap cake mix and tells me her body ‘craves sweet things’. She said ‘I really
21 try to be healthy and to not eat crap but you know I’ve got a sweet tooth and
22 sometimes when things really get under my skin, I’ll think to myself ‘go on then,
23 have some chocolate’.

25 We begin with this vignette to illustrate how sweetness intersects bodies, place and
26 care at a time when Australia is running its largest obesity prevention program –
27 OPAL (Obesity Prevention and Lifestyle). We conducted ethnographic research
28 over twenty-three months with socially disadvantaged families in Adelaide, South
29 Australia (August 2012 – July 2014). Our aim was to explore how families in
30 this community respond to, negotiate and/or resist ‘healthy lifestyle’ messages
31 when healthy living guidelines may present a ‘disconnect’ with the adversities of
32 everyday life (Lindsay 2010). Health promotion initiatives urge this population
33 to care for their own bodies and those of their families through a range of social
34 marketing messages, including reducing sugar intake.

35 Tracing the historical development of nutritional science from its moral
36 Christian beginnings, Coveney (1999) reveals how foods that impart flavour and
37 pleasure (e.g. sugar, fat, salt) have been restricted (and constructed as ‘sinful’)
38 in dietary discourse. In accordance with this moral weight attributed to food,
39 not all sugars are created equal. Australian (and international) dietary guidelines
40 encourage populations to ‘Eat more fruit and vegetables’ and to ‘Eat less sugar’,
41 taking for granted distinctions between foods that contain ‘natural’ sugars – and
42 are viewed as ‘good’ – and the ‘harmful’, ‘added’ sugars of ‘bad’ processed foods
43 and confectionary. Lyn has adopted this advice, categorising refined sugars as
44 ‘sometimes foods’. Yet, whilst she constantly abstains from the ingredients that

1 she associates with pleasure and taste, eating sweet things in the form of refined 1
2 sugars also provides her with the ‘small pleasures’ she needs to care for herself and 2
3 to cope with the adverse circumstances of her everyday life. As such, Lyn’s words 3
4 show that, in places where hardship can ‘get under one’s skin’, people may care 4
5 for themselves and others in ways that counter dominant healthy eating messages. 5
6 Nutritional scientists assert that a preference for sweet tastes appears to be part 6
7 of our ‘basic biology’ (Mennella and Ventura 2010). Before birth, a sweet taste 7
8 prompts increased swallowing of amniotic fluid and in early infancy, sweet solutions 8
9 elicit a variety of responses that are positive or hedonic (such as lip smacking or 9
10 finger sucking). Breast milk is sweet as it is high in lactose or milk sugar (Hall 10
11 1979) as are commercial infant formulae based on the composition of breast milk. 11
12 From very early in life, it is therefore suggested, we learn to associate sweetness 12
13 with feeding and comfort. While this illustrates the bodily materialities of sugar (in 13
14 utero, early life and taste receptors on a tongue), its reception is culturally shaped 14
15 and embedded. In his classic study, Mintz (1985) shows how the taste of sweetness 15
16 (associated particularly with sugar production) had a distinctive history that altered 16
17 not only diets in the West, but equally impacted notions of time, gender and class, 17
18 as well as senses of self – especially in relation to family, community and labour. 18
19 Extending Mintz’s groundbreaking work on the political economy of sweetness, 19
20 other anthropologists using sensory approaches (Seremetakis 1994; Stoller 1989) 20
21 have similarly shown how sugar is entangled in social relations (Cowan 1990, 21
22 1991; Warin and Dennis 2005). For example, Cowan (1991) and Warin and Dennis 22
23 (2005) have demonstrated how sweetness and the senses are deeply entwined, in 23
24 that apparently natural or taken-for-granted practices of sensorily encountering 24
25 sugar (e.g. eating it, tasting it, smelling it, seeing it) are invested with meaning, 25
26 emotion, memory, and value. Fragrant hot black tea sucked through lumps of hard 26
27 Persian sugar connect otherwise distant sites of Iranian homes, sociality, past and 27
28 present (Warin and Dennis 2005). The ingestion of locally produced fruit-flavored 28
29 liqueur in Greece, served in ‘a richly adorned thin-stemmed glass [of] silver or 29
30 crystal’ enables Sohoian ‘girls and women [to] literally produce themselves as 30
31 properly feminine persons’ (Cowan 1990: 65-6). 31
32 As recent research on care and food has elucidated, it is ‘not only the *substance*, 32
33 food,’ that has value (e.g. nutritional value) but ‘the *practice*, eating, is at least as 33
34 important’ (Mol 2010: 217, emphasis in original). As Mol argues, the ambience, 34
35 aesthetics and relationality of food not only shape or constrain the practice of 35
36 eating but also the nutritional value, the substance consumed. In this chapter we 36
37 highlight how sugar as chemical substance and sweetness as relational experience 37
38 are intimately, and at times uneasily, linked in the lives and lounge-rooms of our 38
39 participants. We approach sweetening as a way to comfort and connect through 39
40 momentary pleasures involving those ‘bad’ sugars which are constructed as sinful 40
41 (ascetically and nutritionally) in health discourse. We propose that sweetening is 41
42 a useful conceptual category for thinking through the discordance between public 42
43 health understandings of sugar and how ethnography reveals local contingencies 43
44 of care through sweetness. 44

1 While sweetening is widespread and may operate in all of our lives, this 1
2 chapter explores how it is enacted as a practice of care in Playford, a place of 2
3 social disadvantage. Following Mol's idea of care as a process of 'tinkering' (2010; 3
4 Mol et al. 2010a) that involves 'crafting more bearable ways of living with, or in, 4
5 reality' (Mol 2008: 53), we show how care is configured in the context of food, 5
6 eating and disadvantage. Sweetness, we argue, emerges as a strategy of caring 6
7 (for oneself and for others) practised by low-income families to negotiate social 7
8 hierarchies and relations, and sweeten circumstances that have gone sour. Families 8
9 thereby reclaim the meanings of sugar beyond a nutritional discourse of 'dietary 9
10 sugar' and 'sweetness' permeates everyday language as people are described as 10
11 'sweetie' or 'honey', things are 'sweet' and circumstances become palatable. As 11
12 such, we view sweetness *as* a practice of care. 12

13 It is therefore the everyday forms of resistance and the reclaiming of both care 13
14 and sugar from public health discourse that we develop in this chapter through the 14
15 concept of 'sweetening'. Contrasting discourses and practices of care are contested 15
16 in the meanings of sweet foods. Anthropologists and care theorists highlight the 16
17 political malleability of 'care': how care can be used to support different political 17
18 agendas (Tronto 1993) that inform cultural imaginings of food and eating (cf. 18
19 Mol 2010). Care, as it is employed in healthcare or healthy lifestyle programs, is 19
20 embedded in culturally-entrenched understandings of what is morally 'right' and 20
21 what is 'good', both for bodies and for society (Barnes 2012; Held 2006). Eating 21
22 'good' food and performing the 'right' activities are valued by health interventions 22
23 such as OPAL as ways to educate and support families to care for themselves and 23
24 for others (by eating and sharing these 'right' foods). 'Good intentions' are implicit 24
25 in these understandings of care (Mol et al. 2010a: 12) and are taken-for-granted 25
26 in obesity prevention strategies. As this chapter demonstrates however, this caring 26
27 that aims to stop people from eating and drinking the substances that are cheap, 27
28 plentiful and tasty misses its mark because asking people to refrain from one of the 28
29 few things that makes them feel good, feels uncaring. These tensions between how 29
30 care is understood and experienced differently need to be foregrounded to account 30
31 for the effects of socio-economic inequities on bodies. 31

32 Margaret Lock's concept of 'local biologies' (1993) has challenged the notion 32
33 of a universal, 'natural' and readily standardizable body, and foregrounded 33
34 bodies as at once both socio-political and material, whilst also being products 34
35 of individual lived experiences in specific environmental, historical, and socio- 35
36 political contexts. We draw on this concept of local biologies to trace the ways 36
37 in which sugar and sweetness are 'craved' by hungry bodies, and used in the 37
38 everyday negotiation of social relations to enact care. In exploring how bodies, 38
39 place and care meet in a semiotics and embodied politics of 'sweetness', we attend 39
40 to the body as 'embedded' in both material and social processes and circumstances 40
41 (Niewöhner 2011), tracing the intimate entanglement of physiological responses 41
42 to the taste of sugar and the sweetening of social relations. By considering the 42
43 frictions and complexities that come together in families' consumption of sweet 43
44 foods, this chapter dislodges care from its associations with 'good intent' (Mol et 44

1 al. 2010b) and critically examines how care *through* sweetening is entangled with, 1
 2 and shapes, both bodies and lives. 2
 3 3
 4 4
 5 **Challenges to Care in a Place of Poor Health** 5
 6 6
 7 Playford is a place that has pockets of *Deep and Persistent Disadvantage* 7
 8 (McLachlan et al. 2013) and is rated as one of the most disadvantaged areas in 8
 9 Australia (Hordacre et al. 2013). A third of households live in poverty and there 9
 10 is a high incidence of unemployment and sole parent families (ibid.: 2013). As 10
 11 comparative studies in low and high-income areas of Adelaide show, low-income 11
 12 families spend a higher proportion of their income on food and this is constrained 12
 13 by other household expenses (including the rising costs in housing and utilities), 13
 14 leading to a greater prevalence of 'food stress' (Ward et al. 2013; Wong et al. 14
 15 2011). The majority of families in our study conveyed that healthy foods were 15
 16 outside their purchasing power and, as a result, cheaper foods, which tend to be 16
 17 higher in fat or sugar, became more enticing out of a 'taste of necessity' (Bourdieu 17
 18 1984: 178). 18
 19 There is a significant body of research that has explored relationships 19
 20 between place and health inequalities (Popay et al. 2003; Pearce et al. 2012) 20
 21 and it is well established that people living in disadvantaged areas experience 21
 22 poorer health (Putland et al. 2011). A negative gradient between SES and health 22
 23 is typical of the relationship between class and most measures of health risk or 23
 24 outcome (Commission on Social Determinants of Health 2008). This is apparent 24
 25 in an analysis of 2010 Australian Bureau of Statistics data commissioned by the 25
 26 Australian federal government, which found that almost a quarter of adults living 26
 27 in the City of Playford reported their health as 'poor' (24 percent compared to 27
 28 17 percent in the Adelaide metropolitan area) (Hordacre et al. 2013). In a paper 28
 29 titled the *Imperfect bodies of the poor*, social historian Peel (2004), who grew 29
 30 up in Playford, points to how poverty is inscribed in place *and* also in bodies: in 30
 31 crooked backs, missing teeth, and prematurely aged, frail or obese bodies. These 31
 32 entanglements of place and poverty in the local biologies of bodies is evident 32
 33 in Playford, where obesity prevalence is high, with 70.7 percent of people self- 33
 34 reporting as overweight or obese according to standard BMI measures (The 34
 35 University of Adelaide 2014). 35
 36 The OPAL program was initiated in twenty South Australian communities, 36
 37 including two in Playford. Identified using place-based strategies, selected 37
 38 geographical areas were marked as being 'in need' of obesity prevention and 38
 39 lifestyle change. Obesity is approached as a public health issue in which unhealthy 39
 40 eating and lack of physical activity present risk factors for chronic disease and 40
 41 OPAL was one of the first Australian programs to manage this 'risk' through 41
 42 partnerships with South Australian local governments and local businesses. 42
 43 Through cooperative partnerships with local businesses OPAL has increased the 43
 44 availability and sales of fresh fruit and vegetables and lean cuts of meat at one 44

1 local supermarket and increased the sales of bottled water (by reducing its cost) 1
 2 instead of soft drinks at a local recreation centre. These efforts underscore taken- 2
 3 for-granted hierarchies of nutritional value, elevating the status of some sugars and 3
 4 displacing the value and accessibility of others. 4

5 In the OPAL programme, public health knowledge about added sugar is 5
 6 foregrounded by its ‘empty’ caloric character but not the satiating sensory and 6
 7 emotional dimensions that are experienced, and which are detailed in the following 7
 8 sections of this chapter.¹ In training sessions and promotional materials for ‘healthy 8
 9 eating’ the unseen quantities of dissolved sugar in products like breakfast cereals 9
 10 and fizzy drinks are visually displayed, and measured in teaspoon-equivalent 10
 11 cubes. Publically revealing sugar quantities becomes a way to educate people 11
 12 about the foods that are high in sugar, are not healthy and should be eaten, as per 12
 13 the Federal government’s *Australian Dietary Guidelines* ‘only sometimes and in 13
 14 small amounts’ (National Health and Medical Research Council 2013: 10). The 14
 15 relevance of corporeal engagements with both the substance of sugar and the 15
 16 feeling it provokes is thus overlooked. In prioritizing nutritional information over 16
 17 sensory encounters with food (Hartwick et al. 2014), sugar is framed as a substance 17
 18 to be measured, and its consumption controlled. This portrait of harm ignores how 18
 19 disadvantage, poverty, sustained unemployment and precarious livelihoods impact 19
 20 on people’s abilities to change ‘lifestyle behaviours’. Participants live in cycles of 20
 21 financial and food scarcity, and many have learned to live thrifty lives. 21

22 Many participants admitted to skipping meals, particularly breakfast as a 22
 23 deliberate financial strategy to make their money and their food ‘stretch’, like 23
 24 John who in his early 40s lives on his Newstart Allowance. John admitted, ‘Oh, 24
 25 I’ll often skip breakfast. If I’ve got no money, I gotta get by the cheapest way I 25
 26 can’. The challenges to caring for oneself and for others in this context of poverty 26
 27 and poor health was expressed by Ben. Long-term unemployed, overweight and 27
 28 in poor health, Ben asserted that his work prospects were negligible. ‘I’ve got a 28
 29 bad back, depression and anxiety. I’m on the methadone program and I’ve also 29
 30 got a heart problem. Who on earth is going to employ me?’ Living in a household 30
 31 of eight people who are all reliant on welfare payments is a continual financial 31
 32 struggle for which his family had been referred by Centrelink, Australia’s social 32
 33 security government welfare branch, for counselling: 33

34
 35 We were left with only \$25 a fortnight for all eight of us to live on after all 35
 36 expenses had been paid, the rent, bills etcetera. If anything unexpected came 36
 37 up we would be in the shit house ... Seriously though, how can we manage our 37
 38 finances without being in financial hardship when we’re only left with \$25 a 38
 39 fortnight for eight people? 39
 40 40
 41 41
 42 42

43 ¹ In nutrition discourses the term ‘empty calories’ refers to food and drinks that 43
 44 supply energy but little or no nutrition. 44

1 The unequal distributions of power, money and resources encountered in the 1
 2 day-to-day lives of Ben and his family structure the location and quality of their 2
 3 housing; educational opportunities; access to public transport, and food and 3
 4 medical care. All are influential determinants of their health (Drewnowski 2012; 4
 5 Offer et al. 2012). 5

6 That 'inequality gets under the skin' to affect the functioning of bodies has 6
 7 been raised by epidemiologists Wilkinson and Pickett in their book on societal 7
 8 inequalities, *The Spirit Level* (2009), which describes how population health and 8
 9 negative emotions, such as stress and anxiety, are intricately tied to social position. 9
 10 Extending their argument, sociologists Peacock et al. analyse how people deploy 10
 11 'collective imaginaries' as part of a repertoire of techniques for reconfiguring 11
 12 identities and resisting structural inequalities which 'get inside the body and impact 12
 13 on health' (2014: 390). Attending to an intertwining of bodies, place, and care 13
 14 reveals how social disadvantage enters the *interiority* of bodies; how, for example, 14
 15 housing and economic insecurities and addictions affect the physiology of nerves, 15
 16 blood flow to the heart and skeletal functioning through anxiety, angina and aching 16
 17 backs. These 'local biologies' (Lock 1993, 2013) of disadvantage are situational 17
 18 and they traverse bodily boundaries: whether it is medicating with methadone or 18
 19 sweetening social life through sugar consumption, substances and addictions act 19
 20 on social life in ways that go far beyond notions of being 'unhealthy' to bodies. 20
 21 It is in this context that we explore opportunistic eating and the physiological 21
 22 responses to hunger, articulating the entanglements of both biology and culture. 22

23 Writing from a psychological perspective, Bryant et al. (2007) refer to 23
 24 'opportunistic eating' as disinhibition; 'a tendency towards over-eating and eating 24
 25 opportunistically in an obesogenic environment' (ibid.: 409). Importantly, their 25
 26 study also highlights how factors such as stress and disadvantage are associated 26
 27 with making fewer healthful food choices (ibid.: 411) and increased consumption, 27
 28 especially of sweet foods. These authors suggest that along with gender and shared 28
 29 environmental factors – what we would call *habitus* (Bourdieu 1977) – that there 29
 30 may be some associated biological reasons for these sweet food preferences. 30
 31 While outside the scope of this chapter, there is certainly cause to examine the 31
 32 ways in which hunger, economic insecurity and abundance of high-sugar and 32
 33 high-fat foods are implicated in terms of adipose tissue processes, metabolism 33
 34 and muscle physiology, increased brain activity and differing levels of hunger and 34
 35 satiety related peptides. Or as Landecker suggests, how 'things outside of the body 35
 36 are transformed into the biology of the body' (2011: 178). Psychological studies 36
 37 on the adaptive physiological responses to the external world, such as 'thrifty 37
 38 phenotypes' and 'disinhibition' (Bryant et al. 2007), speak to the entanglements 38
 39 of biology and culture. Anthropologically speaking, these local biologies are 39
 40 implicated in the competing paradigms of care that are embodied and negotiated 40
 41 in the everyday lives of research participants living in Playford. 41

42 Our findings suggest that it is essential to consider how social disadvantage 42
 43 creates conceptualizations of eating and care that are different from public 43
 44 health admonitions, and that sweetening difficult circumstances is important to 44

1 pleasure, place and social relations. For our research participants in Playford, the 1
2 negotiation of their position in the world involved responding to circumstances of 2
3 disadvantage with and through their bodies, by caring through food for themselves 3
4 and for others. 4

5 5

6 6

7 **Care for the Self** 7

8 8

9 Participants involved in our study describe knowing that sugar is deemed in 9
10 clinical terms to be unhealthy, implicating its consumption in diabetes and weight 10
11 gain, but this understanding exists alongside other multiple meanings. Sugar may 11
12 be empty calories but it is not an empty category. Caring for oneself by eating 12
13 sweet foods is associated in our participants' narratives with cravings, desires 13
14 and their fulfilment, but also with unwanted weight gain and health problems. 14
15 These contrasting and at times competing experiences of sugar consumption and 15
16 its effects are apparent in the disclosure of an 18 year old participant, Sienna. 16
17 Describing herself as 'skinny but a little pudgy', Sienna says that parts of her 17
18 body are 'very flabby' and she conceals her arms and stomach, admitting that she 18
19 never wears tee-shirts but is fond of sporting tight stockings or long socks under 19
20 short skirts. 20

21 Sienna has a history of what she terms 'severe depression and anxiety' and 21
22 reports being a 'fussy eater' since the age of four. Sienna is disgusted by the taste 22
23 of vegetables; she dislikes most meats; salads make her shudder; she despises the 23
24 smell of mushrooms; can't eat nuts; won't touch seafood; rarely eats bread; avoids 24
25 spicy food; hates the taste of milk; abhors rice and doesn't eat eggs. In our first 25
26 interview, Sienna revealed that her self-described 'fussiness' emerged after her 26
27 parents' separation when she was around two and that it intensified in the course 27
28 of a custody battle, after which her father moved interstate for a decade, an event 28
29 which she described as 'still reeling from'. Sienna said, 'I had no control over 29
30 my life except for what I could eat because of all the custody drama, you know, I 30
31 didn't feel in control. So, I would pick what I ate. And it's just kind of stuck with 31
32 me'. It is not only the avoidance of some foods that forms part of Sienna's coping 32
33 strategy, learnt from an early age, for dealing with the vicissitudes of social life. 33
34 Conversely the taste and provision of other foods are equally important, marking 34
35 levels of social cohesion. When asked what she does to get by when stressful 35
36 things happen, Sienna says she eats 'comfort foods'. 36

37 While pleasure is constrained in Sienna's household by physical illness and 37
38 psychological distress, sweetness is gained through the consumption of 'junk food 38
39 like chocolate, chips, anything your heart desires and craves at that moment, you 39
40 know, soft drink ... because if you're stressed out, you kind of need something. I 40
41 deserve this. This is going to help me. Usually, for me, it's comfort food'. While 41
42 sweetening social life through sugary foods is a practice Sienna uses to comfort 42
43 and care for herself, she also positions sugar as dangerous saying: 43

44 44

- 1 Hey, I got to stop this 'cause if I keep doing this I'm gonna get *really* fat, and 1
 2 that's really bad ... because you know, the larger you are, the more chance that, 2
 3 you know, the higher chance of you developing diabetes or, you know, being 3
 4 overweight means there's a few years cut off your life, you know? 4
 5 5
 6 Sienna's knowledge about the harmful effects of sugar and fat does not instigate 6
 7 a change in her eating practices. Observing a higher prevalence of obesity in her 7
 8 neighbourhood, Sienna commented, 'everything is just really crap around here it's 8
 9 like you just want to comfort eat 'cause everything sucks, so yeah'. Consuming 9
 10 sugar holds multiple meanings that surpass nutritional factors. It can be an active 10
 11 agent in achieving moments of pleasure and comfort amidst bitter circumstances, 11
 12 and sweetness can be embodied and experienced as self-care in the consumption 12
 13 of sweet foods. Relishing comfort foods is also an act of resistance against public 13
 14 health imperative of healthy eating. Chocolates are sometimes squirreled away, 14
 15 hidden in Sienna's bedroom and eaten in secret. Enacted at night either in the 15
 16 privacy of her bedroom or with her mother in the living-room, 'comfort eating' 16
 17 is a way to candy-coat the stressors of day-to-day social life; the threat of violent 17
 18 neighbours, ubiquitous financial insecurity and the routine of performing social 18
 19 pleasantries in her poorly paid, part-time and precarious customer service job. To 19
 20 Sienna, people who 'come through my register and steal things' or who are 'just so 20
 21 rude' and neighbours who can become violent and who threaten 'to bash me with 21
 22 a metal pole' are part and parcel of living in the area. 'Everyone up here is so rude. 22
 23 And like in the city they're kind of snobby, but at least they're nice if you talk to 23
 24 them. Here it's like, 'I hate you because you looked at me funny!'" 24
 25 Sienna's statements echo with popular stereotypes about 'ferals' or 'bogans' 25
 26 who live north of Adelaide and she reveals how these stereotypes also become 26
 27 a resource for the disadvantaged, as people 'play up to' and leverage on these 27
 28 stereotypes for their own benefit.² Social scientists have long reflected on how the 28
 29 limited agency of subordinate classes to mobilize and upset social hierarchies can 29
 30 facilitate the proliferation of small-scale acts of resistance (such as petty theft) 30
 31 (de Certeau 1984; Scott 1985) and the regaining of symbolic power (Bourdieu 31
 32 1984). Tactics used to subvert power relations can be seen amongst disadvantaged 32
 33 communities in Newcastle upon Tyne, in the UK, where a 'black market' trade 33
 34 in contraband 'junk' foods operates among disenfranchized students revealing 34
 35 resistance to healthy school lunches, which is documented in a film clip entitled 35
 36 *Bro, are you selling?* (Ahmed 2013; see also Truninger and Teixeira, this volume). 36
 37 In this era of health and lifestyle management, we propose that these 'weapons of 37
 38 the weak' (Scott 1985) be extended to other embodied activities. Sweetening, we 38
 39 argue, serves to highlight structured cleavages of (bio)power and is a strategy of 39
 40 resistance against public health regulations on eating that people living in Playford 40
 41 creatively perform. 41
 42 42
 43 2 'Feral' or 'bogan' are Australian terms that connote 'rough' working-class cultural 43
 44 identities, much like the 'chav' in the UK (Hollingworth and Williams 2009; Nayak 2006). 44

1 It is in relation to this daily grind of disadvantage that some families living 1
2 in Playford pose a challenge to public health conceptualizations of sugar as mere 2
3 ‘empty calories’, and reclaim the meanings of sweetness in their local worlds. 3
4 Sugary foods, in places of locational poverty, can sweeten moments of discomfort 4
5 and, as in the following case of Jude, provide an accessible way to ‘tinker’ (Mol 5
6 et al. 2010b: 13) with one’s body and emotions through sensory gratification and 6
7 enacting care for oneself. 7

8 Jude was born to working class UK migrant parents struggling to make ends 8
9 meet. She described her parents as ‘heavy drinkers’ and ‘hard on her’, recalling 9
10 that they made her undertake the majority of household domestic tasks as a young 10
11 girl. Being conceived out of an affair and living in a poor household were the two 11
12 reasons Jude cited for her parents’ attitude to her. At the age of 11 she was sent 12
13 to live with a family friend in a bakery where she worked the night shift until 13
14 the age of 16. With disrupted educational opportunities Jude married a man in 14
15 her late teens who beat her severely. ‘He was a real madman. He broke all my 15
16 fingers. He slashed my face open’, she said while lifting her chin to show me the 16
17 scar. To stop the ‘flashbacks’ of the beatings (that occurred 30 years ago) Jude 17
18 takes anti-depressants. She said, ‘They stop me from remembering the things you 18
19 don’t want to remember’. When ten years into the marriage the abuse was inflicted 19
20 onto their young son, Jude left her husband. Soon after however, she entered into 20
21 another domestically violent marriage and had a second son. In the course of the 21
22 two abusive relationships Jude habitually overate, often seeking pleasure from 22
23 ice-cream. Reflecting on this period of her life Jude exclaimed: ‘I was starting 23
24 depression then because of what I was going through’ and ‘I was eating really bad 24
25 ... I did not care about my body or weight’ which escalated to 140kg. Indulging in 25
26 ice-cream enabled Jude to experience some pleasure during discomfort, which she 26
27 explained as a strategy to ‘survive in the moment the best way I could’. 27

28 This over-consumption of ‘comfort foods’ is no longer part of Jude’s 28
29 repertoire of techniques for coping with adversity. Now diabetic, and having had a 29
30 gastrectomy to treat stomach cancer, she is unable to digest foods that are high in 30
31 fat or sugar. By repositioning previous food practices as harmful, Jude described 31
32 how her current ways of eating and preparing whole foods are informed by public 32
33 health principles of healthy eating. She said, ‘in a way I was abusing my own self 33
34 but not realizing that’s what I was doing’. As Jude’s biographical narrative shows, 34
35 sugar can lead to weight gain and be harmful to the body, but its consumption may 35
36 also be a strategy, albeit not necessarily a conscious one, to attenuate unhappiness 36
37 and disadvantage through material and gustatory pleasure. For Sienna and Jude 37
38 eating sweet treats reveals tensions between contextual experiences of ‘comfort 38
39 eating’ and the dietary discourses that construct high-sugar diets as careless eating. 39
40 The practice of caring for the self by ‘sweetening’ social life can be biologically 40
41 damaging and, at the same time, can enable ‘survival’, offering a taste of something 41
42 pleasant during times of hardship. 42

43 In their work on the social aspects of dietary sugars, McLennan et al. (2014) 43
44 link the seemingly contradictory meanings of sugar as both ‘good’ and ‘bad’ to 44

1 the commodification and corporate branding of sugar products. Self-care through 1
 2 consuming products that are bad for health is part of a pervasive marketing strategy. 2
 3 Sugar is transformed into a commodity that is fetishized as imbued with elevated 3
 4 status or mood – including sexual arousal and climax ‘for pleasure seekers’ 4
 5 satisfied by Magnum ice-creams such as ‘Lust’ in the ‘Seven Deadly Sins’ range. 5
 6 Sugary products, their packaging and advertisements make possible an experience 6
 7 of luxury and happiness in an impoverished place. In the everyday advertising of 7
 8 popular chocolates, consumers of Cadbury chocolates are transported to ‘Joyville’ 8
 9 or invited by Ferrero Rocher to ‘share the secret of gold’, while the purchase of 9
 10 Mars-owned Dove confers an experience that is ‘silky smooth’ and Bounty is filled 10
 11 with a ‘taste of paradise’. These chocolates are frequently mentioned as desirable 11
 12 by participants such as Karen, a single mother of two, who buys blocks of Dove in 12
 13 large quantities when they are on special. These chocolates enable the imagining, 13
 14 however briefly, of a taste of luxury, rather than a ‘taste of necessity’ (Bourdieu 14
 15 1984: 178). 15

16 16
 17 17
 18 **Care for Others: Social Relations** 18
 19 19

20 While sweetness is often used and marketed towards care for the self, it is also 20
 21 critical in our care for others. Rewarding children with lollipops and ice-cream, 21
 22 demonstrating appreciation or adoration with a box of chocolates, and celebrating 22
 23 the progression of others’ years with a birthday cake are culturally normative 23
 24 exchanges that sweeten social relations. This sweetening of social life is played 24
 25 out in the relationship between Sienna and her mother with whom she lives. 25

26 Ironically having chosen the pseudonym Candy, Sienna’s mother described 26
 27 purchasing the foods that sweeten her daughter’s moments of anxiety and 27
 28 depression. Candy’s identity is intricately related to her position as a mother. 28
 29 Having moved out of her natal home at the age of 13, Candy enjoys being the 29
 30 caretaker and provider for her 18 year old daughter and also nurtures other young 30
 31 boarders who live in her home. Candy buys the foods she knows Sienna will eat 31
 32 and drink, usually sweet tasting soft drinks, processed pasta sachets and biscuits. 32
 33 Much of Sienna’s socializing occurs at night at home with her mother and the 33
 34 house boarders sitting in front of the television, where they chat, and enjoy the 34
 35 pleasures of sharing sweet foods. In the household snacking is often restrained 35
 36 during the day but, as Sienna explained ‘after dinner it’s like fair game. Everyone 36
 37 is just like *SNACK!*’ 37

38 38
 39 If we’re, you know, if we’re sitting in the lounge and we’re like, ‘I feel like a 39
 40 snack,’ then we get up. And then like an hour later someone else would be like, 40
 41 ‘I feel like a snack,’ and then someone will bring back other things. It’s a bad 41
 42 system, I must admit. But that’s what we do, so. 42
 43 43
 44 44

1 Subversive Eating

2
3 In Candy and Sienna's lounge room the experience of sweetness operates to
4 strengthen social relations through the sharing of taste, and also by making time
5 and space for its consumption (McLennan et al. 2014). Sweet foods, like cigarettes
6 before them, demarcates liminal zones where everyday concerns are temporarily
7 suspended (in tea breaks, smokos³ and snack times) and commodities are fetishized
8 and enjoyed. In her study on gender and class as dimensions of smoking behaviour
9 in Britain, Graham (1994) found that cigarette smoking was associated with
10 women from low socio-economic classes who have caring responsibilities and
11 limited financial resources. In her study, smoking punctuated the passing of time.
12 It was a way of marking time and making time in an otherwise chaotic or boring
13 day. Making time in the day for oneself is promoted in the long-running Nestlé
14 slogan that consumers should 'Have a break ... have a Kit Kat', enacting self-
15 care through momentary pleasures. In a similar light, the Australian confectionary
16 brand Allen's reminds us that pleasure and joy, despite difficult circumstances, can
17 be experienced in the present hence the marketing line 'It's moments like these
18 you need Minties'.⁴

19 Like smoko breaks, snack-time is processual, reproducing social relations
20 night-by-night. This intimate and relational practice of snacking in front of the
21 television can offer an escape from the stressors of life, where the commensality of
22 being with others either in flesh or virtually on screen is sweetened through those
23 foods and drinks that are promoted and advertised as associated with 'enjoyment
24 and immediate gratification' (Harris et al. 2009). Sugary products may pose 'risks'
25 to health but they are advertised and promoted as a reward, a 'happy, sometimes
26 secretive or 'naughty' indulgence' (McLennan et al. 2014). Candy buys large
27 packets containing 'fun sized chocolates' or single servings of sweet biscuits such
28 as Tiny Teddies. Asserting that 'it's more expensive that way' she pays heed to
29 health advice by purchasing sugary foods 'in small amounts', and in line with her
30 daughter's desire to lose weight. 'You know' Candy said 'a moment on the lips,
31 a lifetime on the hips'. Competing paradigms of care collide as health discourses
32 of 'careful eating' and relational practices of sweetening shape and constrain food
33 portions and preferences. However, restraint is difficult to exercise at night when
34 'subversive' eating (Albon 2005) takes hold. As Sienna conveyed guiltily: 'It's a
35 bad system, I must admit. But that's what we do'. Contested enactments of care are
36 played out in Candy's relationship with her obese stepdad. While her own mother
37 worries about his weight and its impact on his health, Candy sneaks him lollipops
38 asserting 'you can't deny the man everything'.

39 'Subversive' eating is not only a central impetus in children's taste for sugar
40 (Albon 2005) but is sustained into adulthood, with a sense of 'naughtiness'
41 around the consumption of sweet foods that is promoted in the marketing of
42

43 ³ A slang term used in Australia for a short cigarette break.

44 ⁴ Minties are a soft chewable mint flavoured sweet.

1 ready-made sugary products (McLennan et al. 2014). In contrast, the social 1
 2 marketing that informs health and welfare programmes in Playford demonstrates 2
 3 a moral imperative to encourage people in the community to make the ‘right’ food 3
 4 decisions and, in turn, to care for themselves and their families. Care operates 4
 5 through food, explicitly healthy food, in obesity interventions like OPAL, but 5
 6 this understanding of care is contested in Candy’s family where caring through 6
 7 food involves more than simply choosing or providing healthy options (Fox and 7
 8 Smith 2011). 8

9 Our ethnography reveals ‘care’ to be a more fluid category, and one that 9
 10 operates through the nuanced day-to-day sweetening of social life. Care is thus 10
 11 embodied and negotiated in sharing the pleasures of sugar, and, conversely, in the 11
 12 public health imaginings that promote its restriction. In their discourse analysis 12
 13 of maternal resistance to Jamie Oliver’s school dinners in the working class area 13
 14 of Rotherham in the UK, Fox and Smith (2011) point to the ways in which media 14
 15 sources and government policies overlook the multiple meanings of care that are 15
 16 constructed and embodied in the provision of food. Shunning homemade school 16
 17 meals and resisting health interventions, Rotherham mothers caught media attention 17
 18 by passing burgers and buns to their children through the school railings. Labelled 18
 19 in the popular press as ‘sinner ladies’, the mothers came to represent the ‘flawed 19
 20 consumption’ habits and practices of the UK working classes (Peacock et al. 2014. 20
 21 See also Warin 2011). Resonant with tensions between the discursive framings 21
 22 of care in healthy lifestyle programs and the embodied practice of sweetening, 22
 23 the Rotherham mothers’ offering of pleasant tasting foods to their children was 23
 24 represented in the media as a marker of ‘distorted priorities’ (Peacock et al. 2014). 24
 25 These examples point to the coalescence of class and gender in care contexts. Care 25
 26 through feeding is entrenched in cultural understandings of women’s roles and is 26
 27 positioned in the media as susceptible to working-class mothers’ poor ‘tastes’, 27
 28 their unhealthy diet and lifestyle choices (Fox and Smith 2011; Gillies 2007). 28
 29 Public health notions of careful eating compete therefore with differing paradigms 29
 30 of care (including powerful connections of kinship, gender relations and care 30
 31 through food) in places of disadvantage. 31
 32 32
 33 33

34 **Conclusion** 34

35 35
 36 In the lives of our participants refined sugars are immediately satiating, easy to 36
 37 access and affordable. Yet they are positioned as ‘sometimes’ or ‘discretionary 37
 38 foods’ in government advice. Sociological literature has shown how, in the context 38
 39 of social disadvantage, public health care that asks people to refrain from the 39
 40 things that they take pleasure in ‘may do more harm than good’ (Lindsay 2010. 40
 41 See also Stead et al. 2011). The arguments in this chapter go beyond the troubling 41
 42 of public health configurations of ‘care’ that persist in nutritional discourse to 42
 43 demonstrate how people care through sweetening. We agree with Mol et al. that 43
 44 ‘writing about care’ requires a ‘need to juggle with our language and adapt it’ 44

1 to everyday situations where care ‘may involve jointly drinking a hot chocolate 1
2 while chatting about nothing in particular’ (2010b: 10). In places of poverty and 2
3 hardship, we argue, ‘tinkering’ with food, eating and bodies is instrumental to the 3
4 sweetening of circumstances and social relations. 4

5 Our research on sweetening has parallels with studies on the relationship 5
6 between bodies, place and smoking which demonstrate a class and gendered 6
7 gradient to smoking behaviour. Research conducted in a low income area in 7
8 Glasgow, Scotland reveals how smoking is practised in order to deal with living 8
9 in a stigmatized region (Stead et al. 2001). Similarly, studies in the UK show how 9
10 socio-economic inequality contributes to the smoking activity of mothers from 10
11 minority groups and in poor communities, as smoking can be associated with 11
12 ‘resting and refuelling’; the maintenance of usual routines; a way to cope with 12
13 boredom and breakdowns in normal everyday life; a ‘break’ from the ongoing, 13
14 intensive care of children (Graham et al. 2006; Hawkins et al. 2010; Marsh and 14
15 McKay 1994). In research conducted in Christchurch, New Zealand the double 15
16 stigma of living in a socially disadvantaged neighbourhood and the habit of 16
17 smoking (a stigmatizing activity) creates ‘smoking islands’ in which smoking 17
18 is a normalized behaviour (Thompson et al. 2007). Similarly, our fieldwork 18
19 demonstrates that sweetening operates among research participants living in 19
20 Playford both as a visceral technique and as an everyday form of resistance, for 20
21 ameliorating ‘inequalities in the social trajectories in which they are embedded’ 21
22 (Graham et al. 2006: 7). 22

23 Healthy lifestyle programs in Playford face challenges when the eating habits 23
24 of people are unresponsive to health messages, which can be undermined by 24
25 making them amenable to people’s own agendas or identities. This ‘normative 25
26 dissonance’ (Popay et al. 2013) is played out in the living room of Candy who 26
27 consumes ‘fun size’ chocolates because they are ‘in small amounts’. It is also 27
28 embodied in the lives of Sienna and Jude who deploy sweetening as a strategy for 28
29 experiencing, albeit momentarily, the comfort and happiness that are eroded in 29
30 personal histories of rejection, abuse, bullying, depression, and anxiety. Assigning 30
31 a positive value to sugar and sweetness is a technique used by this marginalized 31
32 group to ‘upset sensory and social hierarchies’ (Howes and Classen 2014: 77) 32
33 entrenched in mainstream public health campaigns that construct sugar as wholly 33
34 negative. We propose that sweetening must be understood in its local context, as 34
35 embedded in the bodies and social lives of those who sweeten in order to cope and 35
36 to care when one’s place in the world diminishes possibilities for other securities 36
37 (Peacock et al. 2014). Public health imperatives to reduce sugar consumption (and 37
38 its multiple meanings) among those with what Graham et al. term ‘biographies 38
39 of disadvantage’ (2006: 7) may be marred then by the efforts and practices of the 39
40 disenfranchized to make social life palatable, in effect, to make the bitter sweet. 40
41 41
42 42
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1	Chapter 6	1
2		2
3	Food, Weight and Care in the Consultation	3
4		4
5	Antje Lindenmeyer	5
6		6
7		7
8		8
9		9
10	Invisibilities of Food	10
11		11
12	Interactions around food, weight and eating that take place during health care	12
13	consultations can bring up complex emotions. Exploring the context for these	13
14	emotions necessitates looking at, and linking, discourses and debates around food	14
15	and eating, and care. Above all, Fisher and Tronto's (1990) four dimensions of	15
16	care can shed light on different aspects of the consultation: On the side of the	16
17	health professional, 'caring about' (attentiveness) aims to be mindful of the other's	17
18	need; within the biomedical paradigm, this could be seen as the doctor or nurse	18
19	noticing that the patient is overweight and therefore in need of help. However,	19
20	it might be more fruitful to interpret 'caring about' as attending to the patient	20
21	more holistically, without prioritizing weight. 'Caring for' implies the doctor or	21
22	nurse taking on responsibility for the patient, and initiating the actual work of	22
23	'caring': the dialogue of the consultation which should include talking about food	23
24	and eating in a sensitive manner. However, the care receiver is also involved by	24
25	being receptive and judging the effectiveness of care. As food and eating are an	25
26	important aspect of maintaining health in everyday life, 'caring about' what other	26
27	people eat becomes an important aspect of 'caring for' the patient.	27
28	Setting aside the debate over whether weight loss itself is desirable, achievable	28
29	in the long term or salutogenic (Aphramor 2005), this chapter initially set out to	29
30	explore the entanglement of food and care in primary care consultations. I aimed	30
31	to identify accounts of these consultations in the qualitative health literature	31
32	to find out how doctors, nurses and patients experienced them and how 'care'	32
33	was understood in this context. For this, I aimed at a broad reading rather than a	33
34	systematic approach ¹ , with a review of qualitative and sociological journals backed	34
35	up by a Medline and CINAHL search (using search terms such as weight/obesity	35
36	in combination with primary care/consultation/doctor-patient relations), followed	36
37	by snowballing from citations. I extracted quotes that illustrated interactions	37
38	between health professionals and patients that took place during the consultations,	38
39	focusing especially on emotions experienced by both parties. As many studies	39
40	were quite descriptive, it was not possible to conduct a full meta-ethnography	40
41		41
42	¹ Similar to qualitative reviews with a more systematic approach (cf. Malterud and	42
43	Ulriksen 2011; Mold and Forbes 2011), most articles discussed here are from the UK, US,	43
44	Australia or Scandinavian countries and the majority of participants are female and white.	44

1 drawing together authors' interpretations of what had occurred (see Thorne et al. 1
2 2004). Instead, I conducted a secondary analysis of data from participant quotes 2
3 and descriptive passages, including theoretical interpretations where they were 3
4 given (cf. Gronning 2013; Tischner 2013). This enabled me to draw on a wide 4
5 range of sources and develop a focus on care and emotion that would have not 5
6 otherwise been possible. 6

7 When working through the literature, it soon became apparent that food is a 7
8 curious absence in this literature, with weight taking centre stage. Researchers 8
9 looking at experiences of giving and receiving healthy eating advice have noted a 9
10 curious slippage between 'healthy eating' and 'weight management', with healthy 10
11 eating campaigns, dieticians, GPs and patients focusing on weight rather than 11
12 what is eaten (McClinchy et al. 2013). While qualitative research has explored 12
13 the complex individual meanings attached to food and eating practices, e.g. as an 13
14 expression of personal memory and nostalgia (see for example Ferzacca 2004; 14
15 Lupton 1994), interactions in the clinic sometimes boil down to exhortations to 15
16 'eat less': 16

17
18 He said, 'Well, you just have to stop eating'. And I said, 'If it would have 18
19 been easy for me, I would have done it a long time ago'. (Merrill and Grassley 19
20 2008: 143) 20

21
22 I went to see my doctor and he gave me the following comment: 'Eat less and 22
23 exercise more and stop complaining!' (Gronning et al. 2013: 277) 23
24 24

25 Where food does appear, it emerges as a topic that doctors and nurses use to 25
26 talk about their patients. This tends to come with a strong moral framework that 26
27 differentiates between good and bad foods (see Lupton 1996). For example, cream 27
28 cakes and biscuits are mentioned by professionals to illustrate patients' refusal to 28
29 take on board their recommendations. Meanwhile, 'good foods' are introduced to 29
30 give an exaggerated picture of patients being untruthful or in denial about their 30
31 eating, with patients saying they are eating nothing but fruit and vegetables or 31
32 lettuce. Both these usages are unlikely to lead to a meaningful discussion about 32
33 food and eating in the consultation. 33

34 To begin with, I will trace how this slippage from food to weight is encouraged 34
35 by a wider stigmatizing cultural and clinical focus on a need to 'tackle' what is 35
36 widely, but possibly unhelpfully, termed an 'obesity epidemic' (Flegal 2006; 36
37 Mitchell and McTigue 2007). This concept frames policies and practices of care, 37
38 with 'caring about' obesity shaping ways of 'caring for' patients. I will argue 38
39 that caring about obesity without also caring about the complexities of food and 39
40 eating creates a disconnect between what both carers and cared-for 'ought' to do 40
41 and their lived realities (see also Zivkovik et al. this volume). In turn, this gives 41
42 rise to difficult emotions of anger and frustration that complicate discussions 42
43 around food and eating. This chapter, then, will look at the intersections between 43
44 44

1 weight discussions, emotions and bodies, exploring why these discussions are so 1
2 extremely uncomfortable for doctors, nurses and patients. 2
3 3
4 4
5 **The ‘Obesity Crisis’: From Caring About to Caring For** 5
6 6
7 Consultations on food and weight take place in the familiar context of obesity as 7
8 a major public health crisis, with both the academic and professional literature, 8
9 as well as the mass media, full of alarm on the impact of the ‘obesity epidemic’ 9
10 (Campos 2004) and the cost especially to publicly-funded health services (Wang 10
11 et al. 2011). A policy paper by the Academy of Medical Royal Colleges (2013) is 11
12 one of many voices comparing the work of anti-obesity campaigners to those that 12
13 championed tobacco control in earlier decades: 13
14 14
15 Like those doctors who realised that smoke-filled homes and offices of the 1950s 15
16 were creating a health time-bomb, we demand action today. Just as the challenge 16
17 of persuading society that the deeply embedded habit of smoking was against its 17
18 better interests, changing how we eat and exercise is now a matter of necessity. 18
19 (Academy of Medical Royal Colleges 2013: 14) 19
20 20
21 Food choice, however, is more than just a ‘deeply embedded habit’. Sociologists 21
22 and anthropologists have widely explored the myriad social, ritual and 22
23 interactional functions of food (see for example Lupton 1996; Visser 1986; Wilk 23
24 2010). Furthermore, while tobacco can be simply, however painfully, ‘cut out’, 24
25 food sustains life: ‘People do not need to smoke, but they do need to eat’; this 25
26 common-sense statement has been used by the WHO Director-General to urge 26
27 the worldwide development of healthier food environments (Chan 2011). Yet, 27
28 current health policy initiatives tend to focus on the individual rather than the 28
29 environment. A case in point is the UK based ‘Making Every Contact Count’ 29
30 (MECC) which recommends that primary care professionals raise weight and 30
31 eating with their overweight patients as often as possible. This means that ‘caring 31
32 about’ what people eat could become an important part of doctors’ and nurses’ 32
33 professional roles of ‘caring for’ patients. 33
34 However, a problem arises in the transition from ‘caring about’ to ‘caring for’ 34
35 (officially taking on responsibility for the patient), especially when the details 35
36 of that care are pre-figured by guidelines. For example, the MECC programme 36
37 stresses the importance of empowering individuals and helping them to make their 37
38 own decisions (see for example the training materials published by NHS Yorkshire 38
39 and the Humber in 2010). Yet, it can be assumed from the overall climate of 39
40 urgency that weight will often be raised regardless of the original reason for the 40
41 consultation and the patient’s wishes. This matters as ‘caring about’ includes 41
42 focusing – for the moment – exclusively on intuiting what the individual person 42
43 feels and needs: attentiveness (Fisher and Tronto 1990), or empathy (Mercer 43
44 and Reynolds 2002). In their extensive analysis of ‘kindness’ in modern health 44

1 care, Ballatt and Campling describe a virtuous cycle in which an underlying 1
 2 tenor of kindness (warmth, sympathy, compassion) can lead to attentiveness to 2
 3 the individual patient (noticing, thinking, feeling, learning), which in turn enables 3
 4 attunement (responsiveness, sensitive caring) and fosters trust and improved co- 4
 5 operation between patient and health professional (Ballatt and Campling 2011: 45). 5

6 Qualitative research with overweight people, however, has found that this 6
 7 focus on what the patient feels and needs is often not realized in practice (Chugh 7
 8 et al. 2013; Tischner 2013). Since raising the topics of weight and eating is framed 8
 9 as potentially lifesaving by health policy, accepting responsibility for the patient 9
 10 ('caring for') can imply that the doctor or nurse now feels responsible for the 10
 11 patient's eating; this leads the health professional to 'care about' obesity rather 11
 12 than the individual patient. This can result in 'apparently appropriate advice 12
 13 [being] perceived as patronising by patients' (Malterud and Ulriksen 2011). 13

14 Two exploratory frameworks are particularly valuable to contextualize the 14
 15 qualitative literature around consultations on weight. One very clearly is the 15
 16 existence of weight stigma and the 'spoiled identity' (Goffman 1963) of obesity, 16
 17 which will be discussed in more detail later in this chapter. The other is the 17
 18 embodied experience of being overweight, which is closely linked to emotions 18
 19 and relationships around food (Tischner 2013). Qualitative studies offer rich 19
 20 descriptions of emotions unleashed during consultations which, with the unequal 20
 21 distribution of power in the consultation (Foucault 2003; Turner 1987), could 21
 22 inhibit the free, empowering dialogue envisioned by MECC campaigners. The 22
 23 accounts of study participants also suggest that emotions are often not expressed 23
 24 in the consultation, especially when they are 'difficult' emotions such as anger. It 24
 25 is however possible to imagine that they contribute to overweight people delaying 25
 26 to seek help for other health problems (Mold and Forbes 2011). 26

27 The literature on doctors' and nurses' thoughts and experiences around raising 27
 28 weight in the consultation shows that, while many see making patients aware 28
 29 of their weight and the associated health risks as part of their duty to provide 29
 30 care (Hansson et al. 2011), some are also aware of the potential sensitivity of the 30
 31 topic. This could mean refraining from possibly-upsetting terms, and sometimes 31
 32 avoiding the topic altogether (Brown and Thompson 2007). Doctors and nurses 32
 33 may deliberately choose not to raise the topic of weight in order to avoid opening 33
 34 a 'Pandora's box of psychological problems' (Michie 2007). On the other hand, 34
 35 these consultations emerge as difficult spaces for all involved. Patients might feel 35
 36 patronized when being told what (not) to eat. However, doctors and nurses can feel 36
 37 vulnerable too, despite the power imbalance in the clinic discussed by Foucault 37
 38 and others. Trying to instigate behaviour change is often tinged with frustration 38
 39 when the patient does not lose weight. As weight is always visible and cannot be 39
 40 disguised, practitioners' own struggles with their body can come uncomfortably to 40
 41 the fore when discussing weight and eating. 41

42 Primary care is different from other health encounters, such as with dieticians, 42
 43 in that there is the potential for an ongoing discussion around weight with the 43
 44 same doctor or nurse. Both patients and health professionals bring the memory of 44

1 earlier discussions about weight with them, and these are embedded in personal 1
2 experiences over the whole lifecourse. Not only do patients often have a history 2
3 of struggling with weight that goes back to their childhood, but also a history of 3
4 consultations about weight (in my own case, this goes back to my mother being 4
5 given a booklet titled *Your Overweight Child* when I was 13). Some patients may 5
6 expect the history of past consultations to be taken into account when eating and 6
7 weight is mentioned; doing so might make these discussions more fruitful and 7
8 less painful. 8
9 9
10 10
11 **Anger** 11
12 12
13 In accounts from overweight research participants, anger towards a doctor or 13
14 nurse is often palpable, emerging in the literature as well-honed stories outlining 14
15 the impact of an insensitive or thoughtless remark in the consultation. As if in 15
16 an attempt to diffuse the rawness of the pain felt by the teller, humour is often 16
17 used when these stories are recounted. While open discrimination and humiliation 17
18 by doctors or nurses is rarely recounted, weight stigma can still overshadow 18
19 interactions with health professionals when the patient feels angry at being 19
20 positioned as lazy and stupid: 20
21 21
22 [Female participant]: My [overweight] friends and myself are all people who've 22
23 got degrees ... we can read the literature ... and we fully understand what we 23
24 should or shouldn't eat. (Tischner 2013: 81) 24
25 25
26 Ostensibly neutral clinical terms such as 'obese' can also provoke negative 26
27 emotions (Gray et al. 2011): 27
28 28
29 [Female participant]: 'Morbidly obese' I hate it. I hate that term. It just plays 29
30 hell with my mind. I'm not morbid, I'm not ugly, I'm not a morbid person; I'm 30
31 a happy person. (Thomas et al. 2008: 324) 31
32 32
33 This account shows how being labelled 'morbidly obese' can be perceived as 33
34 a hurtful and anger-inducing judgement of the whole person. As hinted above, 34
35 considerable annoyance may also be caused by a doctor or nurse introducing 35
36 obesity without asking about the patient's history or any previous attempts to 36
37 lose weight. This does not only move the consultation away from the immediate 37
38 needs of the patient but also creates a disjoint between the consultation and the 38
39 experience of a lifetime of struggling with weight: 39
40 40
41 [Female participant]: The doctor said, 'Well, your blood pressure is high. You 41
42 need to lose weight'. And I said, 'I realize that'. He said, 'Well, you just have to 42
43 stop eating'. And I said, 'If it would have been easy for me, I would have done it 43
44 a long time ago'. And he said, 'Well, you just need to learn how to do that'. And 44

- 1 so to me it was like an impasse ... I walked out of there ... and I thought, 'The 1
2 hell I will!' (laugh). (Merrill and Grassley 2008: 143) 2
3 3 3
- 4 While this discussion creates a strong response of anger and rebellion, other 4
5 patients recount feeling frustrated and angry by only being given standardized 5
6 information without regard to past attempts at losing weight: 6
7 7 7
- 8 [Female participant]: I think if they listened and respected you as an individual 8
9 instead of lumping fat women together ... You should be more interested in 9
10 hearing me say, 'I've tried A, B, C, and D. How do we get to G, F, H, I, J?'. 10
11 (Chugh et al. 2013: 424) 11
12 12 12
- 13 [Male participant]: I went to see my doctor and he gave me the following 13
14 comment: 'Eat less and exercise more and stop complaining!' I thought 'you 14
15 don't understand jack shit'. I asked him if he expected me to pay for the 15
16 consultation and he said yes. I told him to forget about it and I haven't seen him 16
17 since. (Gronning et al. 2013: 277) 17
18 18 18
- 19 Interactions that imply a perception that every health condition is put down to 19
20 a person's weight may cause not just anger, but also worry that other problems 20
21 might be overlooked: 21
22 22 22
- 23 [Participant, gender unclear]: you think, 'Well, nobody's going to tell you 23
24 what's wrong if you've got something wrong with you because they're putting 24
25 everything down to your weight,' and to me that's wrong. (Brown et al. 25
26 2006: 670) 26
27 27 27
- 28 [Female participant]: I've had medical professionals tell me that problems I've 28
29 had are because of my weight when I've had the same problems for a number 29
30 of years before I was at this weight ... people try and make it easy for medical 30
31 professionals not to address people's actual real health problems and just say 31
32 well if you go away and lose weight, you know, then you'll be better. (Tischner 32
33 2013: 91) 33
34 34 34
- 35 Both male and female participants cited above show a strong sense of anger; 35
36 because anger is a difficult emotion for people in a situation of unequal power, 36
37 and especially for women (Kring 2000), this may be more problematic for 37
38 female patients. In the accounts above, anger is not expressed in the consultation, 38
39 although some doctors and nurses recount how patients may become 'furious' if 39
40 their weight is raised when they come in with an unrelated issue (Hansson et al. 40
41 2011). Nurses also realize that some patients may stay away once it becomes clear 41
42 that they will be weighed (McClinchy et al. 2013). 42
- 43 It seems a common-sense proposition that some health professionals should 43
44 respond emotionally to these consultations as well. The following accounts 44

1 show health professionals feeling frustrated and annoyed as the patient does not 1
2 lose weight: 2
3 3
4 [Health professional]: But it's when you get 6 weeks down the line and they're 4
5 still not losing weight and they swear blind they're eating nothing that you start 5
6 the struggling and you think, well, where do we go now? (McClinchy et al. 6
7 2013: 502) 7
8 8
9 [Male GP]: You can lead a horse to water but you can't stop it eating cream 9
10 cakes. (Gunther et al. 2012: 98) 10
11 11
12 [GP]: I end up feeling it isn't possible for them to do it [lose weight], so I feel 12
13 annoyed with them for not just doing it. (Epstein and Ogden 2005: 752) 13
14 14
15 While these responses could be seen as not very 'caring', Ballatt and Campling 15
16 (2011) clearly link this kind of negative feelings to discourses around care. They 16
17 describe how feelings of being a failure due to an inability to make a lasting 17
18 difference – compounded by a target driven work culture – can lead to dislike 18
19 and resentment towards patients. As these emotions contradict the self-image of 19
20 'caring' professions, they are often not voiced and doctors and nurses can feel 20
21 guilty about having them. In this context, it is 'all too easy to feel furious with 21
22 patients who appear to be undermining all efforts to help them' (ibid.: 60). 22
23 In the accounts discussed here, professionals do not openly speak of showing 23
24 their anger and frustration towards patients. However, one GP does discuss using 24
25 anger as a motivator: 25
26 26
27 [Female GP]: I express frustrations to my patients sometimes. ... I think they 27
28 have to see us getting a little bit upset or angry ... I think some patients are 28
29 moved by that, and I think it does get them going a little bit. (Gudzune et al. 29
30 2012: 154) 30
31 31
32 Other health professionals described how they could retreat behind blocking 32
33 communication and standard advice without expressing anger (ibid.), while 33
34 patients might still perceive criticism from the tone of the doctor's voice: 34
35 35
36 [Female participant]: So, you're on the receiving end of factual comments that 36
37 are – the intonation is disapproving. ... It's not what you say; it's how you say 37
38 it. (Chugh et al. 2013: 424) 38
39 39
40 The experiences described above are highly personal but can still be divided 40
41 into two broad typologies that seem especially prone to producing anger and 41
42 frustration. On the one hand, a disconnect appears between the patient's and the 42
43 health professional's understanding of what is important for the consultation, 43
44 for example when weight is raised out of the blue, or when other health issues 44

1 are ignored in favour of weight. This means that ‘caring about’ obesity trumps 1
 2 ‘caring about’ the patient. On the other hand, the persistence of weight over time 2
 3 may wear down both health professionals and patients: ‘it’s an issue every time 3
 4 they come in’ (Brown and Thompson 2007). While patients may feel that their 4
 5 lifelong struggle with weight is being ignored, doctors and nurses are frustrated 5
 6 that patients seem not to be doing enough to help themselves. However, some 6
 7 health professionals acknowledge that rapport and trust is built up over time, with 7
 8 discussions of weight a ‘continuous conversation over many years’ (Gudzune et 8
 9 al. 2012). In order to lead to the real partnership envisioned by Gudzune et al., this 9
 10 conversation should acknowledge a patient’s lived experience of weight as well as 10
 11 the history of earlier discussions. 11

12 13 14 **Shame, Guilt and ‘Saving Face’** 14

15
16 The stigmatized nature of obesity is acknowledged by many qualitative studies 16
 17 of the patient experience (see Gronning et al. 2013, Malterud and Ulriksen 17
 18 2011). What makes the experience of weight stigma particularly distressing is 18
 19 the constant visibility of obesity. While someone who is smoking or regularly 19
 20 drinking alcohol may be able to ‘pass’ as healthy at times, the overweight body 20
 21 is always on display with some overweight people feeling constantly monitored, 21
 22 for example when eating in public or shopping for food (Tischner 2013). This 22
 23 phenomenon may be reinforced by the ubiquity of de-humanized representations 23
 24 of ‘headless fatties’ in the media (Cooper 2007). The moral implications of obesity, 24
 25 its conflation with gluttony and laziness and its use as a vehicle for uneasiness with 25
 26 a society driven by growth and consumption (see for example Bordo 2003), work 26
 27 to position the overweight person as morally deficient. This can take the form of 27
 28 the body as ‘metonymically’ standing for the whole person which is then seen 28
 29 as morally deficient (Tischner 2013: 115). Overweight people interviewed about 29
 30 their experiences often stress that they are more than ‘just’ their weight but that 30
 31 they feel judged by other members of the public: ‘People think you’re stupid. If 31
 32 you’re fat you’re stupid or you’re a pig ... you’re a glutton. You gorge yourself’ 32
 33 (Brown et al. 2006: 669). 33

34 When applying the concept of weight stigma to health interactions, some 34
 35 researchers focus on health professionals’ stigmatizing attitudes which, although 35
 36 not always conscious or directly expressed, can lead to patients experiencing 36
 37 labelling, stereotyping or discrimination. This, in turn, may render patients avoiding 37
 38 healthcare or screening (Malterud and Ulriksen 2011; Mold and Forbes 2011). On 38
 39 the other hand, some doctors and nurses were seen to respond compassionately to 39
 40 their patients’ distress: 40

41
42 [Female GP]: There comes a time when you get so disappointed with yourself, 42
 43 because you just can’t lose weight. You think you’ve done everything, and you 43
 44 still can’t like yourself. You lose confidence. (Hansson et al. 2011: 8) 44

1 The concept of stigma resulting in a 'spoiled identity' (Goffman 1963) could be 1
 2 instrumental in understanding why some patients readily accept that only they 2
 3 are to blame for their weight and any medical conditions possibly related to it 3
 4 (Malterud and Ulriksen 2011), while others attempt to resist the stigmatized 4
 5 identity (Tischner 2013). Gronning and colleagues (2013) link obesity stigma to 5
 6 Goffman's theory of a split between a socially acceptable, visible 'front stage' 6
 7 and an invisible, private 'back stage' persona (Goffman 1969) to explore how 7
 8 overweight people manage shame and blame. As weight is always visible, it 8
 9 cannot be hidden back stage; however, people can avoid presenting themselves as 9
 10 lazy and greedy by explaining their weight problem through factors over which 10
 11 they have little or no control, such as physical or mental problems (Gronning et al. 11
 12 2013: 274). Others may portray themselves as 'addicted' to food or not in control 12
 13 of their eating as their families reject foods they dislike (see for example Peel et al. 13
 14 2005). However, doctors may interpret a self-presentation as powerless as pushing 14
 15 responsibility towards *them*: 15

16
 17 [GP]: I think a lot of them believe that someone else is going to do the job for 17
 18 them. ... They put the responsibility on me; I'm the one who's going to fix it so 18
 19 they lose weight. (Hansson et al. 2011: 7) 19
 20 20

21 As the stigmatized identity of obesity is strongly linked to ideas of responsibility 21
 22 for the self, some overweight people resist stigma by positioning themselves as 22
 23 a 'responsible fat person' who engages in activities seen as healthy in a medical 23
 24 paradigm, such as keeping fit or eating lots of vegetables (Tischner 2013: 77). 24
 25 Taking this position can also lead to the consultation becoming difficult as health 25
 26 professionals believe that the patient would surely lose weight if they behaved in 26
 27 this way: 27

28
 29 [Nurse]: He tells me that he eats nothing but fruit and vegetables, and that he 29
 30 can't understand why he hasn't lost any weight ... when a patient says that to 30
 31 you, it's very difficult to say, 'Look, I don't necessarily believe what you're 31
 32 telling me because, if you did all that, you'd be losing weight'. (Brown and 32
 33 Thompson 2007: 538) 33
 34 34

35 [Nurse]: They often say 'I don't understand it, I don't eat anything', but actually 35
 36 we know they do. (Hansson et al. 2011: 7) 36
 37 37

38 [GP]: ... almost a classic response from women who want to lose weight, but 38
 39 are big, is the sort of 'but I only eat a lettuce leaf' approach. (Epstein and Ogden 39
 40 2005: 752) 40
 41 41

42 These accounts outline a disconnect between patients' narratives and what the 42
 43 professional 'sees' and 'knows'. Instead of exploring what patients mean by 43
 44 their statements and understanding attempts to save face and avoid shame, health 44

1 professionals seem to interpret them as being untruthful. This, in turn, can lead to 1
 2 the consultation becoming even more difficult as they do not wish to confront the 2
 3 patient with accusations of lying. The hyperbole in recounting unrealistic patient 3
 4 narratives ('only a lettuce leaf') seems to express a great deal of frustration. The 4
 5 following account in which a GP recalls discussing eating with people who have 5
 6 recently consulted a dietician is very telling in this context: 6

7
 8 [GP]: [The patient said] 'Well, [the dietician] said I'm doing fine' and you can 8
 9 see on the screen 'cut down on cakes and biscuits'. The interpretation of what's 9
 10 been said to them which has been a clear message and they come to me with 10
 11 they are 'doing fine', they never come to me and say 'they said I should eat less 11
 12 fat' or 'I should stop having chocolate'. They say, 'they told me to eat regularly'. 12
 13 (McClinchy et al. 2013: 502) 13

14
 15 Here, the GP seems to interpret the patient's narratives as wilfully ignoring 15
 16 professional advice, which is especially glaring as the message given by the 16
 17 dietician is clearly visible 'on the screen' (again, there is a difference between 17
 18 what the patient says and what the professional sees). However, they can be 18
 19 interpreted differently, for example as focusing on positive messages ('doing fine'; 19
 20 'eat regularly') while avoiding negative messages ('cutting down' 'eating less' or 20
 21 'stopping'). Following Gronning et al. (2013), it could also be seen as an attempt 21
 22 to save face (would anyone gladly report to their doctor that they were told to stop 22
 23 eating chocolate?) 23

24 The accounts cited in this section illustrate how feelings of shame and attempts 24
 25 to save face can make consultations around weight very fraught. A focus on visible 25
 26 and measurable weight serves to obscure lived complexities around eating. Health 26
 27 professionals privileging the visible and measurable weight and the report on the 27
 28 computer screen may set up an antagonistic relationship with their patients who 28
 29 feel that their struggles with weight or to achieve a healthier life are ignored (see 29
 30 Tischner 2013): 30

31
 32 This construction [by health professionals] of obese people as fundamentally 32
 33 unreliable, and even deceitful, fails to take account of the shame and guilt which 33
 34 might inhibit full disclosure of consumption, but also discredits people's lived 34
 35 experiences and beliefs of their own bodies as responding differently to food. 35
 36 (Throsby 2007: 1565) 36

37
 38 Many doctors and nurses seem to find it difficult to find space for 'caring about' 38
 39 as the need to 'care for' patients, e.g. by preventing cardiovascular disease, looms 39
 40 large. Doctors' accounts tend to focus on the concept of responsibility (describing 40
 41 attempts at saving face as denying responsibility or even pushing responsibility 41
 42 on to them). An additional dynamic seems to operate between doctors and nurses, 42
 43 with GPs feeling that patients look to them to 'fix' their problem (Hansson et 43
 44 al. 2011), and nurses in turn feeling frustrated that GPs offload responsibility 44

1 onto them, leaving them in the role of intermediary between doctors and patients 1
 2 (Mercer and Tessier 2001; Wright 1998). However, some health professionals are 2
 3 able to discuss the often psychological reasons for being overweight rather than 3
 4 focusing on responsibility: 4

5
 6 [Health professional]: I tend to talk quite a bit about the psychology: a lot of them 6
 7 know what they're doing wrong but they just can't stop doing it. (McClinchy et 7
 8 al. 2013: 502) 8

9
 10 [Female GP]: It's very much a question of comforting words or, so to speak, off- 10
 11 loading the blame. (Hansson et al. 2011: 6) 11

12
 13 Doctors and nurses taking this approach might make the consultation less likely 13
 14 to lead to the feelings of guilt, shame and frustration described above. Meanwhile, 14
 15 for patients, removing the link between talking about weight and feelings of guilt 15
 16 and shame could make it easier to seek a frank and open discussion of eating, 16
 17 thereby reducing the invisibility of food. 17

18
 19

20 **Visible Embodiment in the Consultation Relationship** 20

21
 22 As discussed above, another important aspect of obesity is its visibility, not only 22
 23 in the literature, as noted, but also corporeally. In the consultation, the doctor or 23
 24 nurse is given an immediate cue for questions about weight (and possibly also for 24
 25 the assumption that the patient is not aware that they are overweight as they would 25
 26 aim to lose weight if they were): 26

27
 28 [Nurse]: Every time they come in, it's an issue, is very demoralizing for the 28
 29 patient and probably negative to the relationship we have with them. (Brown 29
 30 and Thompson 2007: 478) 30

31
 32 However, discussions of weight also put the body of the doctor or nurse centre 32
 33 stage. This can work to unsettle the 'affectively neutral' doctor role highlighted by 33
 34 classical medical sociology which is non-emotional and non-judgmental (Bury and 34
 35 Monaghan 2013); this implies that the doctors is perceived as disembodied while 35
 36 the body of the patient is foregrounded as an object of examination and treatment.² 36
 37 A focus on the body of the health professional becomes especially difficult if they 37
 38 are themselves overweight as it is increasingly seen as their responsibility to be of 38

39
 40

41
 42 ² Some sociologists have also outlined a gendered dimension to this dynamic, 41
 43 in which the doctor's role is aligned with rationality and masculinity (DasGupta 2003), 42
 44 whereas the role of the nurse is more complex as there is a strong link to caring for the body 43
 of the patient and taking on a maternal role (Allan 2005). 44

1 a normal weight (Monaghan 2010). Therefore, the authority of the doctor or nurse 1
 2 as expert could suffer if they were seen not to follow their own advice: 2
 3 3
 4 [Male participant]: If [the practitioner] were themselves in shape and fit and 4
 5 healthy and enthusiastic and driven and happy within themselves, I think that 5
 6 would all paint a picture of someone who is a success at what they are preaching. 6
 7 (Leske et al. 2012: 312) 7
 8 8
 9 Brown and Thompson's (2007) study of the impact of nurses' own body size 9
 10 on their interactions with obese patients provides additional examples of the 10
 11 uncomfortableness of nurses' embodied presence. Similar to the overweight 11
 12 patient who discerns criticism in the doctor's voice, the gaze of patients can affect 12
 13 the nurse's self-image and confidence without anything being said: 13
 14 14
 15 [Nurse]: With some patients, talking about healthier eating issues, I can see them 15
 16 focus on my stomach ... I do feel very conscious of and sometimes I think 16
 17 maybe I should just move into something and go and do something else where I 17
 18 don't have to feel self-conscious. (Brown and Thompson 2007: 540) 18
 19 19
 20 Some overweight nurses aim to overcome this by discussing their own struggles 20
 21 with weight in an attempt to create rapport with patients (Brown and Thompson 21
 22 2007; Gudzone et al. 2012). This could be a positive example for 'caring about' 22
 23 patients as sharing the struggle with weight also acknowledges lived realities 23
 24 and implies that it is a long-term process. However, there is also the worrying 24
 25 possibility that rapport-building between nurses and female patients may reinforce 25
 26 gendered stereotypes along similar lines to 'fat talk'. First described by Nichter 26
 27 (2000), 'fat talk' is self-deprecating discussion of weight which creates rapport 27
 28 in social interactions between women or girls. The flip-side is that self-esteem is 28
 29 reduced and beauty norms are uncritically perpetuated. In discussions between 29
 30 nurses and patients, these patterns could possibly work to endanger rapport rather 30
 31 than enhancing it: Brown and Thompson suggest that nurses who are critical of 31
 32 their own weight might be, in turn, more critical of their patients. 32
 33 While a similarity between health professionals' and patients' weight could 33
 34 uncomfortably blur the boundaries between them as well as creating rapport, thin 34
 35 health professionals might be seen as not able to understand patients' struggles: 35
 36 36
 37 [Nurse]: If they don't perceive you as ever having a problem with weight or with 37
 38 what you eat, then they obviously think you can't possibly understand what I'm, 38
 39 you know, on about. So it can be difficult. (Brown and Thompson 2007: 539) 39
 40 40
 41 The visual nature of the body then sets up the potential of caring relationships 41
 42 such as these developing into no-win situations in which the body of the health 42
 43 professional is always 'wrong': if they are overweight, their authority could suffer 43
 44 and their advice could be taken less seriously. If they are not overweight, they 44

1 could be seen as unable to understand a patient's situation, thereby increasing the
2 distance between them. On the other hand, creating rapport over weight issues
3 could also be problematic as similarities between nurses and patients may be too
4 easily assumed (Brown and Thompson 2007).

5

6

7 **Compassion**

8

9 So far, I have focused on emotions that make consultations around weight
10 difficult, especially where the interaction produces strong responses such as anger
11 or frustration in both patients and health professionals. Yet, the literature also
12 shows that these situations can be at least partly overcome by doctors and nurses
13 showing compassion for the patient. Similar to the 'kindness' described by Ballatt
14 and Campling (2011), compassion is an underlying ethos of care closely linked to
15 'caring about' the patient, closely attending to their need as a fellow human being
16 (Bradshaw 2011).³ However, as compassion also has an emotional component, it
17 can be difficult to sustain, especially towards people that seem unwilling or unable
18 to improve their own health. Some argue that the obesity discourse increases its
19 status as a 'self-inflicted' condition and therefore makes it harder to feel compassion
20 for the overweight (Fraser et al. 2010; Magliocca et al. 2005). Clearly, its absence
21 can be acutely felt by some overweight people:

22

23 [Female participant]: Educate the doctors how we feel. Do a video letting them
24 look, this is the way that we feel. I'm a full-figured woman, but I have feelings.
25 I care. I want you to care. (Chugh et al. 2013: 424)

26

27 However, the difficulty of compassion might also be linked to the particular
28 dynamics of the doctor-patient relationship in primary care, not least when there is
29 no opportunity to resolve the problem:

30

31 Once the person says, 'well, I'd like some help to lose weight but actually I don't
32 want [referral to commercial weight loss programmes]' then you're absolutely
33 right the cupboard is bare. (Aveyard 2014: no page)

34

35 Chew-Graham and colleagues (2004) argue that patients who seem unable or
36 unwilling to summon the motivation to recover are particularly toxic for the doctor-

37

38
39 ³ As compassion has been included into official health policy for nurses
40 (Commissioning Board Chief Nursing Officer 2012), there now is the thorny question of
41 whether it can be trained and tested; it might even constitute emotional labour if prescribed
42 by official bodies (see for example Aldridge 1994). Ann Bradshaw (2009) describes it as
43 a virtue, i.e. a synergy of intention and practice aimed towards care for the stranger; this
44 is a definition I would like to use here as it is closely linked to Fisher and Tronto's (1990)
description of care as both personal 'caring-about' and practical/institutional 'caring-for'.

1 patient relationship, as they make GPs feel powerless to bring about positive change. 1
 2 Moreover, an unrealistic emphasis on a good personal relationship between doctors 2
 3 and patients only adds to the pain and frustration for GPs who are unable to achieve 3
 4 it. This pattern is similar to the cycle of emotional overinvestment in the caring 4
 5 role, followed by negative feelings towards patients and guilt about these feelings 5
 6 described by Ballatt and Campling (2011). However, others claim that, given 6
 7 the right tools, doctors and nurses can overcome this impasse by acknowledging 7
 8 and validating difficult emotions (both their own and those of their patients) and 8
 9 negotiating solutions in partnership with the patient (Cannarella Lorenzetti et al. 9
 10 2013, Halpern 2007). In the context of consultations around weight, this could 10
 11 move the consultation towards a focus on lived experience which should include 11
 12 a discussion of lived realities of food and eating; however this is likely to rely on 12
 13 an ongoing relationship as there is very little time in the individual consultation. 13
 14 14

15 16 **A Different Conversation?** 16

17 17
 18 Any conclusions regarding what is happening ‘in the consultation’ drawn from 18
 19 published qualitative research obviously need to be treated with caution. As I 19
 20 was looking for anything related to discussions around food and emotions during 20
 21 consultations in articles often focusing on other issues, I needed to ‘cherry pick’ 21
 22 passages and quotes that are illuminating in this context. Most researchers look 22
 23 at either health professionals or patients in isolation; while some studies draw on 23
 24 accounts from both, they do not elicit reflections on a shared consultation. There 24
 25 are publications in other fields that illustrate how this could work, for example 25
 26 Green et al.’s (2009) in-depth exploration of one doctor’s and her patient’s 26
 27 interpretation of what was seen and said when they discussed a breast ultrasound 27
 28 image. Throughout the literature there are plenty of examples of good care, either 28
 29 framed as compassion or as a creative tinkering and problem-solving process as 29
 30 described by Mol (2009). However, trying to talk about food and weight can be an 30
 31 intensely uncomfortable situation for both health professionals and patients, often 31
 32 ending with the patient not feeling ‘cared for’. 32

33 While I have described the development of clashing emotional responses 33
 34 above, these need to be set in the context of power in the consultation. Classically, 34
 35 ‘the clinic’ has been theorized as empowering the doctor who enacts power by 35
 36 ‘his’ dehumanizing gaze (Foucault 2003) or performs a role of parental authority 36
 37 towards a childlike patient (Parsons 1951). This could be exacerbated by 37
 38 patients feeling treated like naughty children and therefore regaining a sense of 38
 39 autonomy by disregarding health professionals’ recommendations (Broom and 39
 40 Whittaker 2004). However, the picture here is more complex as doctors, nurses 40
 41 and patients are restricted by external social forces (guidelines, time allotted for 41
 42 the consultation) and more recent theories also focus more on interactional and 42
 43 relational forms of power. In Kwok-Fu Wong’s (2003) four-part model of power, 43
 44 the traditional understanding of power flowing from the professional is related 44

1 to the most 'negative' force of power (power-over). As the gatekeeper to further 1
 2 treatment, the GP has some power over the patient, which becomes noticeable 2
 3 from patients' fears that valid health concerns may be overlooked because of an 3
 4 overwhelming focus on weight. The situation becomes more equalized when 4
 5 looking at power-to (to act or effect change) as health professionals have power to 5
 6 advise and the patient equally has the power to ignore advice; however, this can 6
 7 be a very negative power that does not affect the professional very strongly and 7
 8 can lead to 'irritability and dysfunctional frustration for a considerable amount of 8
 9 time' (Tuckett 1976: 192). 9

10 The more positive forms of power (power-from-within and power-with) are 10
 11 more difficult to attain in this situation. Firstly, power-from-within requires the 11
 12 development of self-confidence and self-acceptance that is diametrically opposed 12
 13 to the dynamics of weight stigma; secondly, power-with requires solidarity 13
 14 and therefore mutual support by overweight people or a strong collaborative 14
 15 relationship. This is seen in some of the health professionals' and patients' accounts 15
 16 but does not seem the norm for discussions of food and weight. What appears 16
 17 more pervasive is a dynamic of enacted powerlessness on both sides, leading to 17
 18 stagnation and frustration, where obesity itself seems to hold the greatest power. 18
 19 This can only be exacerbated by the discourse of obesity as an existential crisis 19
 20 with health bodies and politicians urging that 'something must be done'. On the 20
 21 other hand, there are opportunities for starting 'a different conversation': 21
 22 22

23 [GPs] might say, 'well it would help your blood pressure if you lost weight or 23
 24 you'd help prevent a heart attack if you lost weight' ... probably the most helpful 24
 25 thing you can do ... is to say, 'would you like some help to lose weight?' And 25
 26 then you're into a kind of a different conversation. (Aveyard 2014: no page) 26
 27 27

28 While this approach moves away from using negative motivation and threat to 28
 29 achieve lifestyle change, it still assumes that patients will want or need 'help' 29
 30 and that the GP can provide it. In contrast, Iona Heath, a general practitioner well 30
 31 known in the UK as a strong critic of over-zealous intervention, has described 'the 31
 32 art of doing nothing' as essential to her role: 32
 33 33

34 I met a young doctor [who] is also a brilliant musician ... she had written a piece 34
 35 of electronica music that she played for us. It had a repeating line ... 'I know I 35
 36 can see you through this'. As this phrase repeated in the music, I slowly realized 36
 37 how different this statement is from the more usual 'I know I can help you with 37
 38 this' and the difference is about witnessing and about being there when there is 38
 39 little help to be had. It is an offer of companionship, of solidarity and a promise 39
 40 not to run away. It is part of the art of doing nothing. (Heath 2012: 244) 40
 41 41

42 The 'art of doing nothing' includes thinking, waiting, listening, noticing, 'being 42
 43 present' as a compassionate human being and acknowledging that sometimes the 43
 44 practitioner cannot 'help', for example because the sources of the problem lie in the 44

1 socio-economic environment and not the individual. In the case of consultations 1
2 around food and weight, a 'doing-nothing' approach might include listening to 2
3 the patient's history around food and being genuinely interested in the meaning of 3
4 food in their life. It may also include political campaigning for a less obesogenic 4
5 environment as 'we have an obligation to speak out for those who have no voice 5
6 and to describe to politicians and policy-makers, as often as we can, how their 6
7 policies play out in the realities of daily life' (ibid.: 244). 7

8 Another approach to take would be to enact a paradigm shift away from a 8
9 'weight centred framework' that seems to be effective only in the short term while 9
10 leading to negative consequences such as weight cycling and other health goals 10
11 being ignored (Aphramor 2005). Bacon and Aphramor (2011) have argued that 11
12 a 'Health at Every Size' approach should focus on improving health by helping 12
13 patients to build healthy eating and physical activity into their everyday lives, 13
14 regardless of weight. A similar solution has been proposed for diabetes care: 14
15 15

16 We find that if physicians view themselves as experts whose job is to get patients 16
17 to behave in ways that reflect that expertise, both will continue to be frustrated. 17
18 However, when health professionals let go of the traditional view of provider- 18
19 centred care and recognize the patient as the primary decision-maker, they 19
20 become more effective practitioners. (Funnell and Anderson 2000: 1709) 20
21 21

22 I started this chapter with an interest in the links between discourses of food 22
23 and care and the dynamics played out in the consultation. This was grounded 23
24 both in my own experience and the existing qualitative research on overweight 24
25 people's perspectives. I found that interactions around weight could be intensely 25
26 uncomfortable as they can unleash emotional responses in both health professionals 26
27 and patients and have the potential for a mutual enactment of powerlessness in the 27
28 face of obesity. Discourses of care are crucial to understanding why this happens. 28
29 Unrealistic demands on the 'caring' professions could lead to exhaustion and 29
30 becoming unable to care. 'Caring for' the patient is often dominated by struggles 30
31 around assigning responsibility for obesity (to the patient, doctor or nurse). This 31
32 means that 'caring about' the patient is superseded by modes of 'caring for' the 32
33 patient dominated by attempts to effect behaviour change with little regard for 33
34 the emotional aspects of food and the lived experience of being overweight. A 34
35 way out of this impasse could be a focus on 'caring with', an underlying ethos 35
36 of solidarity and trust between carer and cared-for (Tronto 2013) . 'Caring with' 36
37 includes letting go of trying to make patients lose weight and moving from an 37
38 intervention centred framework to a focus on the individual history and experience 38
39 (including earlier discussions about weight). This would hopefully open the way 39
40 to a real conversation about food and eating in the consultation. 40
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PART III

Caring to Eat: Distances and (Dis)Connects



11 This final part turns its attention to how care performs and provokes eating. 11
12 Reflecting on the Part I, where eating was shown to produce relations of care, 12
13 the chapters in this part now reverse that focus to demonstrate not only how care 13
14 is employed to frame, generate and suffuse food and eating, but also how this 14
15 framing functions to establish (particular) foods as fair, right and good. Caring 15
16 about food, and foods that are cared about, are further shown as placed – into 16
17 agendas, ideologies and locations – so as to support regulatory systems and the 17
18 personal visions of what careful food is, how it is perceived and how it should 18
19 be organized. Approaching this overall theme from diverging perspectives, all 19
20 three chapters work to illustrate how assertions that claim to care-about food are 20
21 mobilized in association with notions of wider moral beneficence. In so doing, 21
22 they demonstrate how frameworks of care enact and inform eating behaviours in 22
23 multiple settings such as the market place, social institutions and on the Internet. 23
24 Consequently, these chapters also highlight the ways in which careful food is 24
25 simultaneously constructed as safe and fair food – meaning, in this context, food 25
26 that supports and sustains all parties involved. As such, careful eating becomes not 26
27 only synonymous with goodness, but also emerges as a practice through which 27
28 one can embody goodness. This part therefore further unpacks the bio- and socio- 28
29 political forces motivating careful eating. 29
30 The chapters further expose how discourses of careful food are entangled with 30
31 a series of imaginaries or signified places – distanced and connected – as well as 31
32 a rhetoric of the alternative, which together cohere to assemble and determine 32
33 what constitutes careful, safe and socially responsible behaviour around eating. 33
34 Here, then, place(s), the good and the safe are shown to be intertwined, uniting as 34
35 mutually informing potencies that compel, drive and influence food preferences. 35
36 Associatively, real and imagined distances between eaters and what ‘should’ be 36
37 eaten emerge as instrumental to enacting careful eating. Notions of proximity 37
38 and distance are thereby demonstrated to be pivotal to how careful foods are 38
39 conceptualized, with perceived disconnects from and around food production 39
40 shown to strain and stretch how food is understood, embraced or rejected. 40
41 Furthermore, distances enable foods to embed into socially acceptable narratives 41
42 and new social places, thereby fashioning places from which to care from and 42
43 in. As the chapters demonstrate, new technologies are also actively supporting 43
44 the emergence of these (imagined) geographies of careful eating. As such, 44

1 strangers deliver webs of anonymous (cyber)care, distances are transformed into 1
2 proximities, and carers, eater and foods become 'connected'. 2
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Chapter 7

Placing Security: Food,
Geographical Knowledge(s) and the
Reproduction of Place(less-ness)

Benjamin Coles

Food Security and Securing Food: A Geographer's Perspective

One of the more profound shifts in contemporary food provision is consumers and producers variously seeking to reclaim food from agri-industrial capitalism. This shift has most typically been sited within a range of 'alternative' food networks and initiatives that articulate an array of ethics surrounding consumption and production. As such, it suggests that likeminded consumers and producers (and a host of interconnected actors within food provision more broadly) increasingly care about food and the modes, methods and ultimately places that are implicated in its production, processing, retail and consumption. Along with this shift, various agents increasingly demonstrate a concern to secure food from what they perceive to be systems that reject the inequities, imbalances and injustices of agri-industrial food methods. By engaging with, and explicitly acknowledging, the geographies and geographical relations that underscore these efforts to secure food, their actions demonstrate the extent to which they care about food and the spaces and places from which it emerges.

This chapter considers what happens to spaces and places when food is framed by entangled notions of security and care. It does this using the example of Fred and Ginger, an affluent, mixed-race couple from London who claim they care about the food they eat and use this caring to inform their consumption. The pseudonyms, which were chosen by the couple to signify comedic Hollywood actors and renowned dance partners Fred Astaire and Ginger Rogers, take on particular, though perhaps unknown (to Fred and Ginger), resonances within this account. In a comment attributed to former Whitehouse staff member Faith Wittlesey and appropriated by former Texas Governor Ann Richards (in a speech at the 1988 Democratic Convention), it was said that Ginger Rogers did everything that Fred Astaire did, only backwards and in heels. In the account I give here, Ginger does quite a lot of the work when it comes to food provision and caring. As a couple, Ginger and Fred are an indicative (rather than representative) example, whom I present in order to provoke broader questions about food, consumption and practices that surround security and care – practices that, as

1 the other contributions to this volume demonstrate, are themselves multiple and 1
2 partial. Taking this perspective, this chapter thus confronts the contradictions and 2
3 paradoxes that emerge in association with one form of caring about food, and, in 3
4 the process, explores the other spaces that are produced when food is secured. 4
5 Owing to a range of ‘asymmetric threats best represented by concerns for 5
6 climate change, peak oil and financial turmoil’ (Sage 2014: 255), contemporary 6
7 food provision is often cast as ‘insecure’ (Bohle et al. 1994; Brown and Funk 2008; 7
8 Lang and Heasman 2004). Furthermore, such insecurity is typically projected onto 8
9 the ‘folk devil’ (see Jackson 2010) of ‘conventional’, ‘global’ agri-capitalism, and 9
10 the seemingly inherent inequities that come along with a food system in which 10
11 profit-seeking is the organizing principle. Through the state’s participation in 11
12 global commodity exchange and its compliance with international regulation and 12
13 governance (Jarosz 2011), it ensures that enough food is made available to feed its 13
14 population and that this is safe from pathogens, contamination and adulteration. 14
15 The latter also posits food security into audit-based regulatory frameworks that 15
16 help to detect threats and identify liability when things go wrong (Dunn 2007). 16
17 Thus, food security is both about feeding people and ensuring the free movement 17
18 of materials in order to reproduce the political economic function of the state. 18
19 Crucially, food security becomes enmeshed with broader regulatory security 19
20 regimes (see Dikeç 2013) with remits that range from the capacity to mitigate 20
21 fraud to the power to secure borders and control the movement of bodies. 21
22 Security implies a space free from care, worry or anxiety (Coles 2013). When 22
23 it comes to food it means not only having enough food, but also having enough 23
24 of the right kind of food. It also means not having to worry about these types 24
25 of food issues – in effect, not having to care about food. As a spatial practice, 25
26 security delineates the safe from the unsafe and the self from the Other. A state 26
27 of security in essence frees the self from having to be concerned with Others 27
28 by demarcating the spaces in which Others, and the hazards they embody, can 28
29 be safely deposited, and by policing the borders of such spaces. These spatial 29
30 configurations that secure self from Other are evident in prisons (see Sibley and 30
31 Van Hoven 2009), gated communities (see Low 2001), or indeed as I touch upon 31
32 later, the *banlieues* of suburban France (see Dikeç 2008), as well as in the everyday 32
33 ideological assemblages that frame an array of class-based, ethnic, gendered 33
34 and/or racialized politics. Security thus implies a political process that identifies 34
35 hazards, territorializes differences and excludes them from space and place. 35
36 When it comes to discourse and debate around food, spaces of security and 36
37 insecurity are activated through multiple scales, spaces and materialities. Food 37
38 security is often tied to the big questions of gross national production and 38
39 distribution, conditions of abject poverty and concerns over net caloric intake, 39
40 and the ability of states to generate enough capital to feed their populations. 40
41 Food security is thereby often thought of a national problem, an issue for poor 41
42 countries – particularly those in the global south – and it is addressed through 42
43 increased production, international trade, aid, accord and goodwill (Clapp 2012; 43
44 McDonald 2010). In this context, and at this scale, food security can also become a 44

1 state tool for the subjugation and control of populations (Nally 2008; Nally 2011), 1
 2 as well as a space of resistance, struggle and emancipatory potential (Heynen 2
 3 2009, 2010; Heynen et al. 2012; Wilson 2013). 3
 4 Food security is also a technological problem, particularly from the perspective(s) 4
 5 of biosecurity, which secures food from infectious and hazardous agents. Employing 5
 6 a complex array of actors, technologies and modes of governance, this type of 6
 7 security seeks to maintain bio-secure, safe spaces and, in the process, attempts 7
 8 to exclude actual and perceived threats. The purpose of such security is twofold; 8
 9 it seeks both to secure space by ensuring that pathogens do not contaminate the 9
 10 food supply, and also to secure economic function within a neoliberal food regime 10
 11 by facilitating the trade of foodstuffs throughout an international food system 11
 12 (Hinchliffe et al. 2013; Hinchliffe and Bingham 2008; Maye et al. 2012; Pechlaner 12
 13 and Otero 2010). Security, in this sense, is constituted through specific discursive 13
 14 practices that assemble a multiplicity of local sites to respond to particular 14
 15 events in which biosecurity is threatened, breached or has failed (Everts 2013). 15
 16 Food biosecurity becomes interlinked with notions of geopolitical food security 16
 17 through an array of market devices and governance stratagems in which states and 17
 18 international bodies collaborate in the production and distribution of foodstuffs and 18
 19 come together to delineate secure spaces that protect and ensure the security of 19
 20 food – for the health and safety of populations (or their control) and to maintain 20
 21 trade as part of a neoliberal market-based food economy (Busch 2010). 21
 22 At the consumption level, however, efforts to secure food fall out of these 22
 23 systemic regulatory regimes and instead range from day-to-day struggles to afford 23
 24 and procure the body's basic reproductive needs (see Dowler et al. 2011; Kneafsey 24
 25 et al. 2013) to more nuanced forms of cultural reproduction in which food is secured 25
 26 from an affective register of socially reproduced anxieties (Milne et al. 2011; 26
 27 Jackson 2010). My focus here, however, is on end-consumers, such as Ginger and 27
 28 Fred, who are otherwise subjected to security's top-down technological measures. 28
 29 I am interested in the ways in which they incorporate perspectives on security and 29
 30 fold them into their own praxes of care and caring. Along the way, such consumers 30
 31 reproduce their own secure spaces and adapt them to variously reclaim or otherwise 31
 32 'secure' food from what they perceive to be its 'insecurities'. Particularly, I focus 32
 33 on the ways in which end-consumers employ geographical narratives, specifically 33
 34 discourses of place (and place-making), to secure their foods from the inequities 34
 35 and insecurities that characterise the agri-capitalist food system and ensure that 35
 36 their food supply is free from cares, worries and anxieties. Morgan (2010), focusing 36
 37 particularly on the exploration of 'alternative food' – foods that simultaneously 37
 38 highlight insecurity and seek to mitigate it – suggests food is 'the ultimate index of 38
 39 our capacity to care for ourselves and for others, be they our 'nearest and dearest' or 39
 40 'distant strangers': he notes that food plays a 'unique role in human reproduction, 40
 41 shaping our physical and cognitive development', and that without it, 'human life 41
 42 is "nasty, brutish and short"' (ibid.: 1852). Through this perspective, we see that 42
 43 food, security and care are interrelated and are made visible by consumers in the 43
 44 ways they articulate a range of concerns about personal and family health, other 44

1 people, animals and the environment. The practices of consumption shaped by such 1
 2 concerns ‘place’ and ‘re-place’ foods into a palatable imaginative geography of safe 2
 3 and, by extension, unsafe spaces and places. 3
 4 Alternative foods typically deploy a range of place narratives to highlight 4
 5 such imaginative geographies as ways to distinguish themselves from what is 5
 6 otherwise described as a ‘placeless foodscape’ (Holloway and Kneafsey 2000). 6
 7 Place is the frame through which people conceptualize and interact with the 7
 8 world around them (Sack 1992, 2001a; Tuan 1974). It is also the site onto which 8
 9 geographical imaginations – the ability to envision geographical connection – and 9
 10 imaginative geographies – the representations of those connections – are founded. 10
 11 Contemporary food provision is rife with such geographies that appear through 11
 12 various celebrations, narratives, ‘knowledges’ and representations of place and 12
 13 placeless-ness, and consumers are complicit in their reproduction (Coles and 13
 14 Crang 2011; Cook and Crang 1996). Subsequently, owing to the wide assortment 14
 15 of places in which consumers engage with food, the ways places are assembled 15
 16 matter to how consumers experience food and conceptualize their consumption. 16
 17 This chapter demonstrates that the ways in which consumers articulate their 17
 18 practices of care and security map closely onto the discourses of ‘knowledges’ and 18
 19 visibilities that have come to be associated with alternative foods. Indeed, perceived 19
 20 visibility and invisibility play important roles in shaping how consumers ‘see’ 20
 21 their consumption, whilst place and place-making are central to how consumers 21
 22 enact their consumption. 22
 23 Methodologically, as well as conceptually, this chapter is broadly topographic 23
 24 (Coles 2014). It is informed empirically by a long-term, multi-sited research 24
 25 programme comprised of structured and semi-structured interviews, informal 25
 26 chats, participant observation, site-writing, photography and archival research 26
 27 in and on an array of locales associated with food provision: street markets, 27
 28 supermarkets, farms, households and kitchens, abattoirs, corporate boardrooms 28
 29 and a host of other-such known and unknown, imagined and real places, whose 29
 30 interrelatedness make-up a geography of contemporary food provision. The aim of 30
 31 such topography in general is to articulate and analyse the role of place and place- 31
 32 making in the constitution of food provisioning practices. Particular to this chapter 32
 33 and volume, the aim of the two topographic cuts presented is to highlight how the 33
 34 partiality of any one place and perspective within food provision (or indeed foods’ 34
 35 geographies more broadly), such as Ginger and Fred’s, can be mobilized to tease 35
 36 out other questions about foods’ consumption and its geographies, such as those 36
 37 around security or care. 37
 38 Using the seeming ubiquity of chicken as a starting point, this chapter explores 38
 39 the dynamics between care and caring, security and securing, and place and place- 39
 40 making across Southeast London. I examine the ways in which Ginger and Fred, 40
 41 who reside in Camberwell, South London, deploy place to both secure food and 41
 42 to demonstrate that they care about it and its geographies. Ginger and Fred are 42
 43 affluent London barristers who identify themselves as high-investors into the 43
 44 ideologies that underlie alternative food. They express concern for their own 44

1 health and wellbeing, as well as those of the environment, people and animals that 1
 2 make up the food system, stating that they ‘care about their food, where it comes 2
 3 from and all of the things that goes along with that’. They both buy and buy into 3
 4 arguments that food should be produced as locally as possible, and tell me that ‘we 4
 5 as consumers should support British farming’, which also entangles the politics 5
 6 of care with those of class, ethnicity and nationalism. Fred and Ginger maintain 6
 7 that they focus their consumption on alternative and otherwise ‘ethical’ foods, 7
 8 shopping in ‘local’ markets for some items and ‘organic’ butchers for others, but 8
 9 also, primarily, through the web-based delivery service, Ocado. Furthermore as 9
 10 barristers who routinely work irregular hours, they also incorporate a range of 10
 11 other practices into their provisioning strategies ranging, as Fred puts it, ‘from the 11
 12 dodgy Chinese take away down the street, where you don’t know what kind of 12
 13 meat you are eating, to train station sandwiches with chicken from anywhere, to 13
 14 a proper Sunday roast’. Fred and Ginger’s perspective is not representative of the 14
 15 other consumers with whom I have worked over the course of this programme *per* 15
 16 *se*. However, their perspectives on and anxieties around food consumption, as well 16
 17 as attempts to utilize their consumption to address the multivalent contradictions 17
 18 presented within contemporary food, resonate across a broader spectrum of agents, 18
 19 discourses and places within food. 19

20 20
 21 21

22 **Chickens and Camberwell** 22

23 23
 24 Chickens represent a critical fulcrum in this discussion about the relationship 24
 25 between care and security, and about how consumers use narratives of place 25
 26 to reclaim and secure food from the placeless foodscape of contemporary agri- 26
 27 capitalism. The spatial contradictions and paradoxes that I signalled earlier 27
 28 materialize in the bodies of these modern chickens and the ways in which they 28
 29 are consumed. The modern broiler chicken stereotypically embodies and reflects 29
 30 notions of an uncaring food landscape – a place in which the birds are stripped of 30
 31 their identity by a techno-science and economic assemblage designed to reduce 31
 32 sentient beings into ‘crops’ – and subsequently re-think them in terms of ‘yields’, 32
 33 ‘cycles’ and ‘production times’. Indeed, nearly all chickens that we eat in the global 33
 34 north and west are the (bi)products of our agri-industrial food complex (see Boyd 34
 35 and Watts 1997; Buller and Roe 2014; Godley and Williams 2009). Fashioned 35
 36 through research and development, corporate agri-business and shifting social 36
 37 and economic policy, the modern broiler chicken is actually a very successful 37
 38 bi-product of the egg industry. Their scales of production reflect that success: 38
 39 ‘[T]here are some 17 billion domestic chickens worldwide, being equivalent to a 39
 40 ratio of 2.5 of these birds for every human (FAO 2007). There are approximately 40
 41 29 million laying hens and 116 million broilers in the UK at any one time’ (DEFRA 41
 42 2010: 3). Nearly all these chickens are from the seemingly placeless foodscape and 42
 43 they occupy some of the more troubling spaces within it, including high-density 43
 44 production facilities, and extremely high-capacity slaughterhouses. As a result, 44

1 their bodies become primary sites onto which the regimes of bio and geo-political 1
 2 security are projected, and which have the potential to represent a serious threat to 2
 3 food security and world health at large (Lowe 2010). 3
 4 Camberwell, like the rest of London and other cities and towns, contains a 4
 5 cosmopolitan foodscape in which consumers can opt in or out of an array of placed 5
 6 and placeless foods in order to secure food, and in the process draw their own 6
 7 boundaries around what is safe and unsafe (to eat). It is a rapidly gentrifying, up 7
 8 and coming neighbourhood in South London and is at the confluence of a variety of 8
 9 competing and often-contradictory food-sheds. There are local farmers' markets, 9
 10 and other sites and opportunities to consume foods that align with typical alternative 10
 11 narratives of place, provenance and so-called good food.¹ There is also a range of 11
 12 ethnic and ethnicized food outlets such as grocers, supermarkets and restaurants 12
 13 that, to varying degrees, highlight food provenances in which material authenticity 13
 14 rather than alternative food's placed narratives are channelled. There are also 14
 15 other local markets, fruit and vegetable vendors, butchers and miscellaneous food 15
 16 purveyors in which narratives of place/alternative take a backseat to other qualities, 16
 17 such as convenience, ethnicity, and or price. Flanked by affluent Dulwich on one 17
 18 side and more deprived Peckham on the other, Camberwell functions as a security 18
 19 'borderland' in which multiple spaces of security and insecurity are enacted and 19
 20 come together (see Hincliffe et al. 2013). 20

23 **Ocado: Chickens in Camberwell** 23

24 24
 25 According to the information on the packet of the first chicken I want to discuss, 25
 26 it is 'free range', 'organic' and produced by 'selected British farms'. The packet 26
 27 arrives in Camberwell at Ginger and Fred's house in the back of an Ocado delivery 27
 28 van. Ocado is an online supermarket that allows customers to order deliveries 28
 29 either from their website or through a smartphone app that enables customers 29
 30 to browse goods, place them in a 'trolley' and 'checkout'. The packet's label is 30
 31 blue and green, with a Union Jack in the top right corner, and text and images 31
 32 on the front. The text includes preparation and storage advice orientated around 32
 33 biosecurity, e.g. washing hands, keeping refrigerated, cooking to an adequate 33
 34 temperature (to kill bacteria such as campylobacter), and nutrition information, 34
 35 e.g. calories, protein, sugar and fat. It also contains a geographical narrative about 35
 36 chicken production and a line drawing of two chickens scratching around on the 36
 37 ground. The narrative text reads: 37

38 38
 39 Our organic chickens are reared exclusively for Waitrose on small, organically- 39
 40 certified farms in Northern Ireland. By day they are free to roam in open pastures 40

41 41
 42 1 Gibson-Graham (2014) provides a list of key buzzwords that are used to describe 42
 43 notions of 'alternative' economies from which the discourses of alternative foods are 43
 44 typically derived. 44

1 and exhibit their natural behaviour. By night, they are protected in purpose built 1
2 sheds and are fed an organic cereal based diet. 2
3 3
4 This text and image together evoke the familiar, albeit ambiguous, language and 4
5 landscape of 'good food' (Sage 2003). The explicit references to 'small farms', 5
6 'open pastures', being 'free to roam' and 'natural behaviour' provide Fred and 6
7 Ginger with a geographical imaginary that mobilizes a range of tropes associated 7
8 with alternative and good food movements. This imaginary, when juxtaposed with 8
9 blank packets of chicken without evocative descriptions, fashions an image of 9
10 what the spaces of chicken production ought to be like, whilst also fashioning 10
11 an image of what they ought not to be like. The former, according to the packet, 11
12 is procured from Waitrose and makes further branding associations between 12
13 Waitrose and a general sense of goodness within their foods. The latter refers, 13
14 presumably, to their competition and associates it with whatever the opposite 14
15 spaces of good food might be – bad food. Sage (2003: 51) posits good food as 15
16 a 'dialectical alternative' to the bad foods produced 'without due consideration 16
17 of the naturalness, provenance and quality of its ingredients, food which has not 17
18 been produced with the highest regard for animal welfare, the environment and the 18
19 nutritional well-being of its consumers' (see also Maye et al. 2007). 19
20 According to Ginger, she cares about: 20
21 21
22 ...the people who grow food...even the animals. If they've [the animals] had a 22
23 happy life, I feel better about it because it probably means they've been looked 23
24 after and are safer...I feel really strongly about it when it comes to chickens...I 24
25 read something or saw a documentary about battery chickens and how horrible 25
26 is that? That's why we only eat free range and organic chickens... 26
27 27
28 Ginger draws a connection between good animal husbandry practices (in her 28
29 words animals that have been 'looked after') and food safety. To extrapolate, for 29
30 Ginger *caring* about production (e.g. free range, and/or organic chicken farming, 30
31 etc), leads to at least some notion of safer, better food. While Ginger and Fred 31
32 both comment that they care that the chickens they eat are allowed to roam and 32
33 be natural in a protective environment, they also reveal that they (in their words) 33
34 'prefer British chickens' because they are 'safer', more secure and 'more ethical' 34
35 than chickens from 'other countries like Brazil'. Notions of safety and security 35
36 become bound-up in both husbandry practices and also a nationalist discourse that 36
37 places good within the UK and places bad in an Othered foreign foodscape. 37
38 The modern broiler chicken, however, regardless of how it has been farmed – 38
39 whether it is organic, free range, or raised in a barn, or indeed grown in the UK 39
40 or anywhere else – bears little resemblance to the 'natural' chicken evoked by 40
41 the packet from which Ginger and Fred consume. Instead it is produced through 41
42 a techno-scientific assembly of genetic manipulation (of both chicken bodies 42
43 and feed) that prioritizes particular features of the chicken's body, such as larger 43
44 breasts for white meat, and particular attributes of a chicken's life – specifically 44

1 compressing the time from hatching to slaughter into as few weeks as possible, 1
 2 and this is true for all chickens in a supermarket (see Striffler 2005; Stull and 2
 3 Broadway 2013). Additionally, modern chickens are produced through a system of 3
 4 industrialized cropping and contract farming, and ultimately large-scale slaughter, 4
 5 processing and packaging (see Boyd and Watts 1997). This, in turn, is only made 5
 6 possible through extensive, carbon-intensive systems of cold-chains, supermarket 6
 7 market consolidation, and centralized distribution that reduces the individuality of 7
 8 the animal into a crop (Buller 2013; Godley and Williams 2009). When questioned, 8
 9 however, neither Ginger nor Fred is aware of these materialities. Instead, they 9
 10 have to rely on the descriptors on the packet. Ginger, who identifies herself as 10
 11 ‘anxious’ about what she eats, is desperate for information about, as she puts it, 11
 12 ‘the realities of food’ and turns to me with her questions, ‘it’s [organic/free range 12
 13 chicken] got to be better, right?’ 13

14 Narratives like the one on the packet connect consumers with imagined 14
 15 materialities of food production that ultimately cannot exist within the ways in 15
 16 which contemporary food provision is organized, nor within the ways that Fred 16
 17 and Ginger procure food. Rather, these narratives entangle food into a double fetish 17
 18 that deploys geographical knowledges to illuminate an imaginary of production, 18
 19 further obscures its materialities and insulates consumers from these materialities. 19
 20 Ginger’s knowledge of chicken production plays into a configuration that, in 20
 21 her words, produces ‘safe’ ‘happy’ British chickens, conflates these ideas with 21
 22 technical implications of ‘free range’ and ‘organic’, and juxtaposes them with the 22
 23 perceived horrors of ‘battery’ chicken farming from abroad. The result is that even 23
 24 though they are suspicious of supermarket practices (as discussed below), Ginger 24
 25 and Fred are willing to accept narratives on the package, if not as truth then at least 25
 26 as a proxy for greater equity in food. I argue, however, that as Ginger and Fred 26
 27 buy into such narratives, they simultaneously reinforce inherent and problematic 27
 28 binaries of happy and unhappy and of organic/free-range and ‘battery’ chickens. 28
 29 These narratives therefore contribute to putting practices into play that maintain 29
 30 the dualities that characterize contemporary food provision and further normalize 30
 31 the spaces of bad and good food whilst appearing to challenge them. 31

32 Fred and Ginger use the stories on packets to place their consumption within 32
 33 a food landscape/imaginary they care about. Likewise, they are aware of the 33
 34 limitations of such stories. They are aware that the landscape portrayed through 34
 35 the text and imagery on the packet, although factually accurate, may bear little 35
 36 resemblance to commercial chicken farms, where the two artfully-rendered birds 36
 37 pecking around a farmyard will be surrounded by thousands of others (Lowry and 37
 38 Miele 2011). They are aware that the packaging does not signal the complexity 38
 39 of chicken farming; either its history or the current system of contract farms, 39
 40 centralized production controls, and the other elements that characterize modern 40
 41 food production. 41

42 Ginger and Fred are less aware, however, of the label and packaging’s broader 42
 43 implications. By flagging its own food spaces as good, the packaging tacitly 43
 44 acknowledges the ethically and morally dubious practices that occur elsewhere 44

1 within chicken farming. It places these practices, however, onto Other producers 1
 2 and retailers that subscribe to them. This suggestion is made by constructing an 2
 3 image through labelling and other geographical representations that counters the 3
 4 imagined images of battery chicken farms and industrial meat production at large – 4
 5 the images that shape Ginger's, in particular, understanding of food production. 5
 6 The packaging, more significantly, fixes the image of 'good food' production and 6
 7 normalizes it within a specific spatial imaginary: one of pastures and freedom, 7
 8 and healthy, happy, natural animals. The effect of this good food space is twofold: 8
 9 it reinforces the idea that unhappy, unhealthy animals also exist but that they are 9
 10 locked away in some other space. But more problematically, it also normalizes 10
 11 images of good food and, by extension, what caring about good food might entail 11
 12 and how these cares might be enacted – namely through a particular kind of 12
 13 consumption (see Abbots and Coles 2013). 13

14 What I find fascinating about this first cut is that, in locating the source of 14
 15 their food, Ginger and Fred demonstrate their caring about food; in locating 15
 16 its production methods, its geographies become visible and appear secure. 16
 17 Paradoxically, as this happens, the rest of the process simultaneously dis/appears 17
 18 within the placeless realms of the neoliberal food regime(s) (Campbell 2009; 18
 19 Pechlaner and Otero 2010). Fred and Ginger's placed chicken arrives already 19
 20 processed into small parts and ready to be consumed. It emerges from the inside 20
 21 of a van and, upon scanning, it figuratively, if not literally, leaves Ocado's network 21
 22 of inventory control where it was a unit with a barcode (Dodge and Kitchin 2004). 22
 23 Before arriving at Ocado, the chicken was slaughtered, butchered and packaged, 23
 24 yet the places in which these processes happen remain obfuscated. When pressed, 24
 25 Ginger and Fred are aware that these places must exist, but they are distanced from 25
 26 them, the ethical challenges they might present, and the moral imperatives to act 26
 27 that come with a more complete geographical awareness (Sack 2001b). 27

28 28
 29 29
 30 **Hanging Chickens, 'Safe' Chickens** 30

31 31
 32 When we have time, we go to the good butcher... he knows what he's talking 32
 33 about...he's not like the supermarkets who are just out there to make money...I 33
 34 feel better about going to the butcher, and buying his meat (Fred). 34
 35 35

36 On their website, this butcher states: 36
 37 37

38 Our main suppliers of beef are [X] who mature their beef traditionally on the 38
 39 bone and [Y] [from] Lakenheath in Suffolk who specialise [sic] in pedigree rare 39
 40 breed beef. In pork we have welfare friendly Suffolk pork from [Z]. We now 40
 41 stock [W] free range chicken, where happy birds taste better as well as organic 41
 42 free range [V] chickens, a treasure from Suffolk. 42

43 43
 44 44

1 For Ginger and Fred, this is what a caring food landscape consists of: not only 1
 2 high-welfare, but also ‘pedigree’ ‘rare breed’ animals that appear in the butcher’s 2
 3 display as somehow not subsumed into an undifferentiated corporate industrial 3
 4 foodscape. In addition, and crucially, these qualities of care ultimately lead, 4
 5 according to the butcher, to better tasting food – a proposition that Fred and 5
 6 Ginger support. Referencing specific places of production suggests that narratives 6
 7 of place, and caring about places, matter to consumers. At the same time, however, 7
 8 it does not matter to consumers, such as Fred and Ginger, what places get evoked, 8
 9 whether it is somewhere in Suffolk, or any number of other places that produce the 9
 10 kind of food that stock the butcher’s counter, so long as they conform to a shared 10
 11 understanding of ‘good food’ spaces, and so long as the food does indeed come 11
 12 from some specific, however imagined, place – in this case, ‘Suffolk’ with its 12
 13 ‘good tasting’, ‘happy birds’, ‘welfare friendly’ pork and ‘traditional’ ‘pedigree’, 13
 14 ‘rare-breed beef’, and indeed Dulwich, where the good butcher resides. For Fred 14
 15 and Ginger, this butcher in Dulwich and other similarly positioned food purveyors 15
 16 who deploy such discourses and imaginaries help to reproduce their image of a 16
 17 placed food landscape, one that is safe and secure so long as its geographies are 17
 18 identifiable and maintained. The attention paid to provenance and tradition, whilst 18
 19 also ensuring welfare, presumably means that these food stuffs are ‘good to eat’, 19
 20 and ‘good’ for a number of other reasons (Goodman et al. 2010). 20

21 What they do not buy through Ocado, or the good butcher, Fred and Ginger 21
 22 purchase locally: the delis, the multiple ethnic grocers and other such purveyors 22
 23 that make up Camberwell’s food landscape. ‘Local’ for them, however, must 23
 24 still conform to idealized spaces that fit into these geographical imaginaries of 24
 25 good food. 25

26
 27 This butcher [the ‘good butcher’ in Dulwich] has good quality meat, not like 27
 28 those ones that we saw on Peckham High Street...you don’t know where that 28
 29 meat comes from...it could be anywhere. Not all of it’s expensive at the butcher 29
 30 though...I also feel strongly about supporting British farmers. And in Dulwich, 30
 31 everything is British, and is organic...’ (Ginger). 31

32
 33 They do not buy meat in Peckham, which is closer and therefore more local than 33
 34 Dulwich. They only go there to catch trains, for a *flâneur* experience in the market 34
 35 or on the high street, the odd trip to a Persian themed spice shop, or because 35
 36 Ginger ‘can’t help buying household stuff like dishwasher tablets or laundry 36
 37 detergent ...[at] the pound shop’. 37

38 Rye Lane, one of Peckham’s main shopping streets is a ten minute walk from 38
 39 Fred and Ginger’s house. Dulwich, where the good butcher is, is a bit further away. 39
 40 During one of our sessions, we went to Peckham as part of their ‘Saturday morning 40
 41 routine’. As usual for the couple, this includes a late breakfast at one of the nearby 41
 42 cafés that appeal to Camberwell’s emergent foodie culture by serving single origin 42
 43 coffee and ‘artisan’ pastries – and a trip to a spice shop on Peckham Road before 43
 44 heading to a refurbished pub to read the papers and chat. Peckham is characterized 44

1 as a poor inner city borough of London comprising migrant and working class 1
2 populations, but one that on the surface is socially mixed and appears to celebrate 2
3 'happy multiculturalism' (see Ahmed 2010). As Jackson and Benson (2014: 1201 3
4 quoting Butler and Robson 2001: 78) note, however, Peckham is also marked by 4
5 'tectonic' relations, where 'social groups or 'plates' overlap or run parallel to one 5
6 another without much in the way of integrated experience in the areas' social and 6
7 cultural institutions'. 7

8 Rye Lane is lined with small shops and numerous butchers and fishmongers 8
9 catering to both the local diaspora and its working class population. Unlike the 9
10 more upmarket butcher's in Dulwich, those in Peckham offer 'worryingly [to 10
11 Ginger] inexpensive meat' – much of which is on display in conditions that Ginger 11
12 is unsure of. Dead chickens and the odd duck hang in the windows – some have 12
13 yet to be plucked, the odd fly buzzes around, the gutter is littered with rubbish, 13
14 and there are odours not only of raw meat but raw meat near (or past) its prime 14
15 and old fish. 15

16 The people in the butchers, both patrons and workers, are not as identifiably 16
17 middle class as those who inhabit the 'good butcher' in Dulwich. Signage around 17
18 the products signals the bargains that are available, particularly in comparison 18
19 to the nearby 'Big 3' supermarkets. The products themselves – an array of meat 19
20 (especially mutton and goat, poultry and fish not found in typical UK vendors [see 20
21 Coles and Hallet 2012]); familiar and unfamiliar (to Ginger and Fred) fruit and 21
22 vegetables; and a wide variety of packaged foodstuffs with labels in languages 22
23 other than English – are indicative of the multi-classed, multi-racial, multi-ethnic 23
24 food spaces in this area (Lyon and Back 2012). The pricing, however, indicates that 24
25 these shops are aimed towards lower social economic groups, which for Ginger, 25
26 who uses the price of meat as a marker for quality, also positions these shops as low 26
27 quality. Ginger speculates that 'some of these butchers must also supply the local 27
28 kebab shops... where you don't know what you're getting'. Beyond languages on 28
29 the labels there does not appear to be any other mention of provenance. Labels that 29
30 claim products to be free range, organic or otherwise produced with these ideals in 30
31 mind are not evident, suggesting that food here is sold based on their material and 31
32 utilitarian properties and demand (e.g. for ingredients for the variety of dishes that 32
33 represent the tastes of nearby community members), as well as price, as opposed 33
34 to other qualities relating to welfare, sustainability and other issues that Ginger 34
35 and Fred care about (cf. Harvey et al. 2004). 35

36 This results in distinct food spaces for Fred and Ginger, the secure one that 36
37 they inhabit and use to practise their politics of care and caring, and the Other one 37
38 from which they demarcate their spaces of security. I must stress here that although 38
39 Fred and Ginger are a mixed-race couple, except in helping to delineate various 39
40 Other consumptive spaces that brush against each other but seldom overlap with 40
41 Ginger and Fred's, questions of race and ethnicity are less important in informing 41
42 their consumption than questions of affluence and class. As Jackson and Benson 42
43 (2014: 1201) comment, Rye Lane, which provides people like Ginger and Fred 43
44 with the opportunity to visually consume the Other from a position of security, 44

1 bifurcates ‘two worlds marked by ethnic and social difference’: Fred and Ginger’s 1
2 ‘world’ juxtaposes middle class notions of security with the consumption (but not 2
3 ingestion) of exotic dangers and the lived world of Others. 3
4 Care and caring are constructive processes. In order for Fred and Ginger to 4
5 demonstrate that they care about their food, they must fashion its geographies. 5
6 One geography imagines a food landscape of richly embedded social relations, 6
7 high animal welfare, and a host of other positive associations and relationships 7
8 around food production and consumption. This geography bypasses some of the 8
9 messier places and spaces of food, such as slaughterhouses and meat packers, and 9
10 is thus a partial representation of a caring food landscape (albeit one that only really 10
11 exists in an imaginative form). The other geography is one of threats, dangers and 11
12 Others comprised of unknown food and food origins, viscerally shocking displays 12
13 and a sense of foreignness – either of Brazilian chickens or various other, non- 13
14 British foodstuffs. Fred and Ginger’s geography of care, in other words, fashions 14
15 a geography to care about. 15
16 A tension, however, emerges between ‘knowing’ and ‘knowledges’. The 16
17 Dulwich butcher presents a sanitized version of meat production. Although it 17
18 makes claims towards provenance and signals taste, pedigree and tradition, 18
19 it brings Ginger and Fred no closer to the materialities of production than the 19
20 packet of chicken from Ocado, or indeed the supermarket meat that Fred eschews. 20
21 Ironically, the materialities that would bring the couple closer to production, 21
22 such as the obviously dead, but not-quite meat, not-quite-plucked chickens in 22
23 the butchers’ windows in Peckham, provoke a sense of danger and disgust and 23
24 are subsequently dismissed. They are perhaps too close to the realities of meat 24
25 production, as well as located in seemingly unsafe spaces that are consumed 25
26 visually, but no further. For consumers like Fred and Ginger, there is a desire to get 26
27 closer to the imagined materialities of food production, but in a distanced, clean 27
28 and safe manner. Food realities are messier, and evoke both feelings of disgust and 28
29 insecurity and danger (see Abbots 2014; West 2014). 29
30 I am interested in the ways in which the visceral geographies of meat production 30
31 that are presented in Peckham are refracted through sanitized narratives and secured 31
32 in safe places like the Dulwich butcher. Ginger and Fred object to the materialities 32
33 that might bring them closer to production and instead rely on imaginative 33
34 geographical narratives that produce the illusion of proximity. Thus the illusion 34
35 of being able to care is created for them, but this paradoxically also maintains, if 35
36 not increases, the distances (and invisibilities) of their consumption. Where the 36
37 supermarket (for Fred) is ‘just out to make money’ and the shops in Peckham 37
38 are a ‘bit too dodgy’ – and only good for the mundane placeless purchasing of 38
39 dishwasher tablets and hand sanitizer – the Dulwich butcher somehow fits between 39
40 the two: offering enough of a geographical narrative to bring farms close enough 40
41 to verify that their cares and anxieties are met, but far enough away not to disturb 41
42 Ginger and Fred’s sense of security. 42
43 43
44 44

1 Placing Security and Securing Place

2
3 Perceptions of visibility are vital components to the reproduction of secure spaces. 3
4 Whilst its internal mechanisms remain opaque, the war on terror, perhaps the 4
5 supreme example of security in a contemporary age, ensures that both its mission 5
6 (to prevent terrorism) and its target (terrorism) remain highly visible, and this state 6
7 of visibility is maintained through a security theatre of checkpoints, colour coded 7
8 alerts and visible technologies of 'safety' and surveillance. Such security rests 8
9 on the dichotomy between safe and unsafe spaces from which safety is wrought 9
10 (Dikeç 2013; Ranciere 2004). Ginger and Fred operate within this dynamic of safe 10
11 and unsafe in order to secure their food. By actively fashioning safe spaces they 11
12 simultaneously fashion unsafe spaces in order to secure geographies that attend to 12
13 their cares. These geographies reproduce so called 'sensible objects' that assemble 13
14 into an ideology-reinforcing 'aesthetic regime' in which the need for security 14
15 becomes normalized (Dikeç 2013; Ranciere 2004). 15
16 For Ginger, the images of 'battery' chickens and the well-documented ethical 16
17 challenges that such chickens – and more generally contemporary food provision – 17
18 present are superimposed onto the Othered spaces of Peckham's Rye Lane. These 18
19 battery chickens, their images, their supposed (non-)places of production, and the 19
20 discursive milieus in which they operate (particularly the ethical challenges they 20
21 present) comprise one such distribution of 'sensible evidences' that justify Fred 21
22 and Ginger's need to secure 'happy chickens' (and their geographies). Peckham 22
23 too is constructed through images, media and popular representations as a space 23
24 of danger associated with class and a related ethnic struggle, within which, as 24
25 Blokland (2009) suggests, middle-class gentrifiers seek to claim and otherwise 25
26 secure their own territories from these Others. In the words of Benson and Jackson 26
27 (2013: 47), Peckham is a: 27
28
29 loaded signifier, a place with a reputation...[associated] with a Cockney white 29
30 working class...and with gang and gun crime...[but also] ... as a trendy, arty 30
31 place...of (racialised) danger, an emerging cool art scene and an association 31
32 with Trotters Independent Traders.. 32
33
34 Battery chickens and Peckham combine into a threatening geography that presents 34
35 an affront to the issues around food and the body that Ginger and Fred care about. 35
36 For them, these geographies are largely unknown but are represented by placeless 36
37 battery chicken farms and invisible connections that link these to 'dirty' butchers 37
38 in 'dodgy' Peckham; there, chickens are not expensive enough to guarantee the 38
39 safety, health and welfare standards that the couple care about. The two visions, of 39
40 chickens and of Peckham, consolidate an aesthetic regime in which both become 40
41 parts of the same insecure space. Ginger and Fred utilize this insecurity to justify 41
42 their consumption practices. They reinforce their own secure spaces when they 42
43 travel to Dulwich and when they purchase 'happy chickens' from Ocado, each of 43
44 which emerges as a secure space through similar aesthetic assemblages. 44

1 This fashioning of security and insecurity, in turn, reproduces an ideology of 1
 2 security that has spatial consequences – namely that actual places are impacted 2
 3 by the consumption practices that Fred and Ginger employ. Place and place- 3
 4 making thus lies at the heart of this relationship between the secure and insecure. 4
 5 Regardless of what they are really like (if such a statement can stand), Peckham 5
 6 and battery chickens, and Dulwich and ‘happy meat’, are reproduced through co- 6
 7 constitutive imaginative geographical processes as much as they are through the 7
 8 material practices of consumption. 8

9 Sack (1992) suggests that all places of consumption hide their geographical 9
 10 interrelatedness – the awareness of which, he posits, inhibits the ability of 10
 11 consumers to make informed and for him intrinsically moral decisions (see also 11
 12 Sack 2003). Notions of geographical awareness underlie Fred and Ginger’s 12
 13 concerns about health and wellbeing when it comes to food. I argue that this is 13
 14 why they go to the lengths they do to consume foods whose geographies are made 14
 15 seemingly apparent to them. Likewise, when these geographies remain invisible, 15
 16 they seek to consume narratives that ‘place’ them into a geography that fits their 16
 17 perceptions of safe and secure food. These visibilities allude to a geographical 17
 18 awareness that helps them to make sense of, and construct, places and geographies 18
 19 out of what is otherwise a placeless foodscape. 19
 20 20
 21 21

22 **Towards a Moral Geography of Care and Security** 22

23 23
 24 Visible geographies are an important component in ensuring that food is secure 24
 25 from outside ‘contaminants’, be they pathogens, modes of unethical practice or 25
 26 close/distant Others that pose various threats to self-identity and society: ‘Visibility 26
 27 is supposed to produce verity’ (Dunn 2007: 49). Morgan (2010) suggests that 27
 28 ‘alternative’ food is one space in which a wide range of cares about people, animals 28
 29 and the environment come together, and where the connections lost to the placeless 29
 30 foodscape are reconnected – making it a space in which consumers can secure 30
 31 food from a food system whose very opaqueness makes it insecure. Conceptually, 31
 32 at least, alternative foods emerge from a tradition of alternative economies that, 32
 33 through their organization and practice, challenge the hegemony of contemporary 33
 34 neoliberal capitalism (Gibson-Graham 2006). For food, this tradition variously 34
 35 seeks to unravel and unveil the commodity fetish, in order reveal what Harvey 35
 36 (1990: 422) refers to as the ‘fingerprints of exploitation’ that underlie capitalist 36
 37 food production. Coles and Crang (2011) in an attempt to ‘get with’ commodity 37
 38 fetishism further argue that the appeal of alternative foods (and those that are 38
 39 positioned to appropriate the language and discourses of alternative foods) is that 39
 40 their geographies appear to be transparent and offer foodstuffs that do not fit into 40
 41 the conventional norms of agri-capitalism (see also Cook 2004; Cook and Crang 41
 42 1996; Cook et al. 2004). They note that such foods come packaged in a range of 42
 43 semiotic devices and material culture, as well as testimony and testimonials, which 43
 44 posit them into a visible geography. They further note that place and place-making 44

1 plays an important role in fashioning alternative foods. Not only do particular 1
2 types of places become stages on which these visible geographies are performed – 2
3 and subsequently consumed – they comprise didactic retail spaces that look, feel, 3
4 and provide consumption experiences that are alternatives to more mundane forms 4
5 of food provision. 5

6 Using these perspectives, I suggest that consumers, such as Ginger and 6
7 Fred, buy into ‘good’ geographical narratives as a way to secure their own food 7
8 consumption from that which is positioned as ‘bad’ and/or does not otherwise 8
9 map onto good’s discursive spaces (Goodman and Goodman 2007; Szasz 2007). 9
10 When thinking about care it is easy to make ourselves believe that caring is a good 10
11 thing; that it leads to better, more just, and indeed, ‘good’ outcomes because it not 11
12 only raises awareness about the interconnections between the self and Others and 12
13 between one place and others, but also seeks to produce more equitable relations 13
14 between ourselves and Others, and ourselves and other places. Place, ‘the frame 14
15 on which the object, subject and intersubjective is founded’ (Malpas 1999: 40), 15
16 and place-making are central to this configuration, an argument that Larson and 16
17 Johnson develop in their examination of affinity politics; in advocating an ‘open 17
18 sense of place’, they conclude that such a sense: 18
19 19

20 is guided by the recognition that situatedness is the singular motivating 20
21 precondition for thought and action...sustained engagement with this place 21
22 yields affinities that are...unpredictable and haphazard but also complementary 22
23 to progressive political and moral praxis precisely because they are already 23
24 attuned to humility and compassion (2012: 644) . 24
25 25

26 Care and caring are thus bound to how place is conceived and activated. 26

27 When thinking about care and caring through the lens of consumption, 27
28 however, it is possible to believe that these can be achieved (and demonstrated) 28
29 by consuming – and leading others to consume – the right stuff. Particularly when 29
30 it comes to foods that have been positioned as somehow alternative – and that 30
31 subsequently slip into becoming somehow ethical – such consumption reveals the 31
32 range of cares that are mobilized through food, its materialities and the places 32
33 and spaces in which it is produced (and consumed). It is not too much of a stretch 33
34 to then believe that such caring-through-consumption ultimately does good not 34
35 only to the self, but to Others and to other places and that this sense of goodness 35
36 emerges from the supposedly increased awareness of geographical interconnection 36
37 and connectivity that careful consumption engenders. Additionally, it is possible 37
38 to believe that caring not only secures food from a food system that, at least on 38
39 the surface, appears to be rather uncaring, but also a broader range of individual, 39
40 social, ecological and economic issues that are embedded into foods’ materialities. 40
41 Caring, I argue, is thus not only bound to the ways in which places and their 41
42 interconnectivity are conceived and activated, but also to the ways in which they 42
43 are articulated. 43
44 44

1 Care and caring through consumption, however, leads to spatial contradictions. 1
2 They are performative acts of place that make free spaces – free from the worries, 2
3 anxieties and cares that seemingly plague contemporary food provision. These 3
4 spaces are secured through a range of practices that further reveal a multitude of 4
5 concerns over contemporary food provision and their possible effects on bodies, 5
6 societies, cultures and environments. But, these practices themselves mobilize 6
7 processes that displace these concerns onto other spaces and thereby fashion 7
8 them. Making one space secure requires making another insecure. This results 8
9 in a contradiction in which care(s) becomes individualized, and secure spaces 9
10 maintained through exclusion and exclusivity. Such consumption is ultimately 10
11 predicated upon occluded geographies that proffer care to those who can afford it, 11
12 and maintain it through regimes of isolated and marginalized spaces, which, when 12
13 interrogated, reveal the very spatial unevenness that care is meant to resolve. 13
14 Fred and Ginger's story echoes that of nearly everyone I have talked with 14
15 during the course of this project. They are interested in food, concerned about its 15
16 production, willing to discuss how their cares translate into consumption practices, 16
17 and, significantly, able to afford the increased production costs to which such 17
18 cares ultimately lead. At the same time, they are broadly ignorant of the material 18
19 realities (and the hidden spaces) that underlie food production, particularly of 19
20 meat, as evidenced by Ginger turning to me for answers to assuage her self- 20
21 labelled anxiety. Simply put, they have not been to the farms, abattoirs, factories 21
22 and other such places that make up foods' geography and instead rely on an array 22
23 of mediated representations of both good and bad food. The rub, however, is that 23
24 even if their awareness were complete, which Sack (2004) argues is impossible, 24
25 the ability to care, and also act, is contingent on a range of other factors – time and 25
26 convenience being the main ones – but also a range of geographical knowledges 26
27 about how places/spaces of food production interrelate with those of consumption. 27
28 Fred and Ginger's story ultimately suggests how truly complex contemporary food 28
29 provisioning really is, and how its multi-faceted layers are variously mediated 29
30 through a range of fetishistic geographical narratives and imaginations about 30
31 food's production spaces – narratives that both reveal and hide its materialities – 31
32 and narratives about its spaces of consumption. The latter of these reveals that the 32
33 cost of care and caring, through what always amount to partial perspectives, is the 33
34 reproduction of exclusive spaces, the boundaries of which seem to be drawn along 34
35 'old' socio-geographic lines and speak to the broader questions of the inherent 35
36 spatial-unevenness of capitalism (Smith 1984). 36
37 So, then what would an inclusive space of caring food look like within 37
38 contemporary capitalism? Bringing this to a short conclusion, there is no such 38
39 thing. The nature of capitalism necessitates winners and losers – whether people, 39
40 spaces, or indeed animals. And, if notions of care are indeed mobilized through 40
41 an array of fetishistic properties that join together places and spaces, imaginative 41
42 geographies with bodies and materialities, care becomes morally fraught unless 42
43 it is positioned first within a post-capitalist world in which such fetishes vanish. 43
44 44

- 1 Even then there is still the body of the chicken to contend with. Even 'happy' 1
 2 farmyard chickens have their throats cut. 2
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Chapter 8

Configuring Relations of Care in an Online Consumer Protection Organization

Karin Eli, Amy K. McLennan and Tanja Schneider

12 Introduction

In this chapter, we explore tensions between expertise, care, and social responsibility enacted through and within HowToBuyWiki,¹ a Central European non-profit organization dedicated to the development of an emerging, open-source internet platform which, as the members describe it, is designed to promote ‘product transparency’.² We draw on interviews carried out with HowToBuyWiki’s six active members, as well as formal written records of their meetings and workshops, to examine the sometimes divergent ways in which care and authority take shape in the members’ discourses of HowToBuyWiki’s goals and methods, and their own positioning in the project. We pay particular attention to entanglements of responsibility, consumption, and care and, in so doing, highlight the ambiguities that inhere in this initiative to cultivate knowledgeable, caring, and careful consumer bodies. Specifically, we note the rhetorical and material roles of food in HowToBuyWiki’s configurations of care, using the organization’s discursive construction of chocolate on its wiki-platform as a case example.

¹ HowToBuyWiki is a pseudonym. Throughout this chapter, we use ‘group’ or ‘organization’ to describe the HowToBuyWiki organizing committee, and ‘member’ to refer to each individually. People who consult the HowToBuyWiki website for information are referred to as ‘users’ or ‘consumers’, while those who add information are ‘editors’. Users are generally not known to *HowToBuyWiki* members other than in the form of site-usage statistics and imagined identities; editors are recognized only by a self-selected pseudonym. ‘Company’ refers to an organization that produces and/or markets products; company representatives may also act as editors if they wish, and this is the case for several products listed on the wiki-platform.

² As a result of the evolution of information and communication technologies (ICTs), there has been a continued rise in the number of wiki-style websites: platforms that permit users to share information collaboratively and dynamically, rather than passively view content. In 2009, one of the most famous of these, Wikipedia, was used as an information source by over 50 per cent of internet users (Reavley et al. 2013).

1 From May to October 2013, we³ interviewed each of the six active committee 1
 2 members (hereafter members) of HowToBuyWiki (five in person, and one over 2
 3 Skype). The interviews were conducted with each member individually; while the 3
 4 interviews were semi-structured, and as such included overlapping questions, they 4
 5 also allowed each member to direct the conversation toward the issues and ideas 5
 6 most salient to her or his experience of the project. As the interview process unfolded, 6
 7 we found that HowToBuyWiki's story is one told through multiple, intersecting 7
 8 tensions. Through questions that called upon both actual and imagined experience, 8
 9 such as 'How did HowToBuyWiki start for you?', 'What would happen if users 9
 10 provided conflicting information?', and 'Who do you think HowToBuyWiki's users 10
 11 are?', the interviews delved into the members' dynamic framings of their project, 11
 12 which were entangled with negotiations of their own variable positioning as social 12
 13 entrepreneurs, leaders, knowledge brokers, and conscious consumers. In addition 13
 14 to the interviews, HowToBuyWiki provided us with access to website analytics, 14
 15 as well as to various documents, including the organization's constitution, student 15
 16 essays written about the platform, and archived meeting minutes, through which 16
 17 we could trace the development of HowToBuyWiki from its inception. We draw 17
 18 on all of these materials in this chapter. 18
 19
 20

21 **Enabling Cyber-Care** 21

22
 23 Existing research has drawn attention to a multiplicity of ways in which care can 23
 24 be understood and practised (e.g. Thomas 1993; Mol et al. 2010). Care practices, 24
 25 according to Jespersen et al., 'involve both emotional and personal relationships 25
 26 as well as the ongoing inner workings of collectives' (2014: 666); here, care 26
 27 invokes attentiveness to others, whether they are individuals or communities, and 27
 28 responsiveness to them. Caregivers in US medical practice, for example, work 28
 29 with patients to 'decide how to balance the risks to the patient against the potential 29
 30 benefits to the same patient' (London and Kadane 2003: 62). Care practices in 30
 31 interventions for obesity trialled in Denmark involve combined collective efforts 31
 32 to alter dietary and exercise habits in ambiguous and messy collaborations between 32
 33 care providers and patients (Jespersen et al. 2014). Changes are not necessarily 33
 34 prescriptive, but are instead constantly negotiated and adjusted in an effort to 34
 35 achieve, where possible, both clinical improvement and patient satisfaction. Such 35
 36 interpersonal caring contrasts with other forms of care, such as governments' 36
 37 caring for their citizens, which are associated with political, legal and moral 37
 38 responsibility and authority (Tronto 1993; Williams 1995), and where care is 38
 39 determined and prescribed according to culturally-embedded notions of the 'right' 39
 40 and the 'good' (Barnes 2012). 40
 41
 42

43 ³ The first author interviewed all six participants; the third author joined as co- 43
 44 interviewer in two of the six interviews; the second author transcribed all interviews verbatim. 44

1 Situated between interpersonal and authoritative care is the landscape of citizen- 1
 2 led care initiatives. Of particular salience to this chapter is community action for 2
 3 ‘political consumerism’ (Balsiger 2013), a form of informed consumption where 3
 4 citizens make ‘choices among producers and products with the goal of changing 4
 5 objectionable institutional or market practices’ (Micheletti 2003: 2). While most 5
 6 studies on political consumerism have focused on individual consumers, more 6
 7 recent work has begun to explore social movement organizations as pivotal 7
 8 agents, mobilizing consumers toward particular, politically-informed, modes of 8
 9 consumption (Forno and Graziano 2014: 140). Forno and Graziano suggest that 9
 10 Sustainable Community Movement Organizations (SCMOs) promoting political 10
 11 consumerism can be classified within a matrix, according to their ‘*attitude towards* 11
 12 *consumption*’ (alter- or anti-) and ‘*predominant scale of action*’ (local or global) 12
 13 (2014: 154, emphasis in original). The use of information and communication 13
 14 technologies (ICTs) as a primary mode of social action, however, complicates the 14
 15 latter part of this proposed typology. As Parigi and Gong argue, ‘digital ties’ (2014: 15
 16 250), operate identically to face-to-face ties, and hence strengthen participation and 16
 17 commitment to the movement’s cause, thus blurring the lines between local and 17
 18 global action. Likewise, Forno and Graziano argue that successful boycotts initiated 18
 19 via the internet have resulted in ‘transnational awareness to step up pressure on 19
 20 corporations’ and ‘a broader sense of community’ (2014: 141). Essential to such 20
 21 awareness and sense of community is the active forging of bonds of mutual solidarity 21
 22 and cooperation facilitated through the immediacy of social networking on the 22
 23 Internet (Lacey 2005). Perhaps the most prominent examples are the 2011 Arab 23
 24 Spring and Occupy protests: citizen-led political initiatives that amassed popular 24
 25 support through social media – and where, as Sutton et al. (2013) note, outrage over 25
 26 food prices and commodization, among other issues, played a catalyzing role. 26

27 While globalization and technical development may increase the global 27
 28 visibility of a cause, they may also influence how social movement organizations 28
 29 conceptualize and enact community-level and interpersonal care. HowToBuyWiki 29
 30 provides an example of a novel form of care that is facilitated by Internet-based 30
 31 technologies. Although HowToBuyWiki’s members do not explicitly define 31
 32 their organization’s practices as ‘care’, their emphasis on attending to ethical 32
 33 consumption issues, providing a responsive forum for consumer concerns, 33
 34 and promoting responsible (or ‘conscious’) consumption via a dedicated user 34
 35 community qualifies their practices as caring (as described by Jespersen et al. 2014; 35
 36 Thomas 1993) across the micro and macro levels. Mediated through words on a 36
 37 screen, the relationships they (aim to) develop are overlaid with ambiguity: users 37
 38 are imagined and yet remain anonymous; they interact and yet never encounter 38
 39 each other; they are provided with a platform for negotiation and personalization 39
 40 of data, yet must share knowledge in a rigid framework that limits their options 40
 41 and choices in order to (ostensibly) care for them. 41

42 Interwoven with the configuration of HowToBuyWiki’s implicit objective of 42
 43 cyber-care is the negotiation of the *authority to care*. HowToBuyWiki offers more 43
 44 than an online platform to enact and reproduce already-extant relationships of care. 44

1 Placing community participation and a re-structuring of knowledge at its core, 1
 2 HowToBuyWiki is situated to create new dynamics that blur the directionality 2
 3 of expertise and care. Like other wiki platforms, HowToBuyWiki adheres to a 3
 4 governance structure which relies on community-building, user expertise, and 4
 5 an ethic of altruism and mutual responsibility. Each user, then, is invested with 5
 6 the responsibility to provide and accept care in the form of community expertise. 6
 7 In practice, however, as this chapter will show, HowToBuyWiki negotiates the 7
 8 multiple loci of expertise, and the multi-directionality of care they entail, through 8
 9 assuming primary responsibility for the enabling of cyber-care. 9

10 While HowToBuyWiki configures cyber-care as (enabling) the sharing of 10
 11 information on consumer products online, the organization's own relations of care 11
 12 are centred on the in-person, material sharing of a particular consumer product: 12
 13 food. Members enact caring relations through the provision and sharing of time, 13
 14 space and (edible) substance. The development of the HowToBuyWiki platform 14
 15 depends on activities and decisions undertaken by the organization's six active 15
 16 members, and the interpersonal networks between them. As we discuss in this 16
 17 chapter, the centrality of food in HowToBuyWiki's meetings – as a sensorially- 17
 18 experienced material substance that is commensally incorporated into bodies – 18
 19 contrasts with, and accentuates, the non-sensorial, label-based format in which 19
 20 the organization frames food products on its wiki-platform. In this way, 20
 21 HowToBuyWiki is a case study that illuminates multiple forms of food-related 21
 22 care which are enacted every day and which intersect in the organization itself. In 22
 23 looking more closely at these forms of care, we ask: how does HowToBuyWiki 23
 24 construct the care relations that characterize its project? And how does it frame 24
 25 food products, and the roles thereof, in cultivating and maintaining care relations? 25

26
 27

28 **Making Chocolate on a Wiki-Platform** 28

29
 30 Central to HowToBuyWiki's online platform are comparative tables, which 30
 31 juxtapose various brands and models of similar products (e.g. mobile telephones, 31
 32 e-bikes) according to a list of applicable product attributes (e.g. weight, speed). 32
 33 The only food product currently featured in the comparative tables is chocolate – 33
 34 and, more specifically, fair trade chocolate.⁴ A close reading of the table – in both 34
 35 design and discourse – reveals that, as constructed by HowToBuyWiki, chocolate 35
 36

37
 38
 39
 40
 41
 42
 43
 44

4 We examine HowToBuyWiki's discursive construction of chocolate as an example of how the organization frames food products and 'conscious consumption' more generally; however, it is important to note that HowToBuyWiki's focus on fair trade chocolate products is not coincidental. Fair trade articulates concerns with labour- and sustainability-related issues, such as those connected with cocoa farming, that are central to HowToBuyWiki's vision of *the good*. And, having integrated successfully into mainstream market practices, fair trade labels also index everyday ethical consumption (cf. Low and Davenport 2005).

1 is a product like any other. Structured like the tables for all other products on the
 2 wiki-platform, the chocolate table presents users with factual, often quantifiable,
 3 information about the products it features – which, it should be noted, are commercial
 4 and mass-produced. In essence, the table provides a summary of the information
 5 already available on the products' wrappers. First to be featured is the brand name;
 6 then, the table names the product's flavour (milk, dark, or hazelnut), lists ingredients
 7 and allergens, and states the product's weight, the number of chocolate pieces in
 8 each packet, the percentage of fat content, the product's organic label (if known),
 9 the percentage of cocoa content, and the product's country of origin. The table
 10 also includes an image for each of the products. Notably, just as the table restricts
 11 the 'flavour' attribute to the factual triad of milk, dark, or hazelnut, it limits the
 12 images of the products themselves to their wrappers alone. Thus, the table includes
 13 no sensory information on the chocolate products themselves – neither visual nor
 14 descriptive; seemingly biased, experience-based details about texture, aroma, and
 15 finer distinctions of flavour are omitted in favour of information that quantifies
 16 and labels the (essentially hidden) materiality of the chocolate products featured.
 17 Chocolate, then, becomes quite literally enveloped in its brand. In the rest of the
 18 chapter, as we explore the ways in which HowToBuyWiki's members frame their
 19 project and the care relations it entails, we will return to the example of chocolate
 20 to examine how these discourses become embodied (or not) in the wiki-platform's
 21 representation of this food product.

24 **Organizing Around 'Conscious Consumption'**

26 HowToBuyWiki was founded in 2006 by a self-described 'group of friends' – a
 27 term that was repeated in each of the interviews. While membership has fluctuated
 28 somewhat over the years, the organization continues to be maintained by the
 29 three core founding members alongside three members who joined in 2007,
 30 2008, and 2011, through friendship and familial networks. HowToBuyWiki, as a
 31 founding member explained, is based on a 'civil society' concept, with emphasis
 32 on independence from other organizations and interests. The group has been
 33 managing its project as a registered charitable organization, a status which, as a
 34 founding member explained, protects the members from liability for the content
 35 users post on the platform.

36 At the heart of HowToBuyWiki is the establishment of an open-source Internet-
 37 based platform that promotes, in the members' words, product transparency.
 38 Product transparency, as constructed on the HowToBuyWiki platform, involves
 39 providing evidence-based information on various (user-selected) attributes of
 40 products, and the placement of similar products in direct comparison, such that
 41 users can compare attributes within different groups of product, or 'product
 42 categories'. HowToBuyWiki structures knowledge on products in table format: in
 43 each product category, various brands and models of similar products (e.g. mobile
 44 telephones, e-bikes) (rows) are tabulated against a list of applicable product

1 attributes (e.g. weight, speed, ingredients, fuel efficiency) (columns). In principle, 1
 2 products and attributes are limited only by user preference; insofar as attributes 2
 3 are meant to reflect user priorities, product data must be entered by users – or, as 3
 4 the members call them, ‘editors’ – and comparisons can be tailored to user needs. 4
 5 The HowToBuyWiki website is open to everyone and currently has approximately 5
 6 4,000 visitors per month, on average; however, if a reader wishes to become an 6
 7 editor, s/he must learn how to contribute to the HowToBuyWiki database – a 7
 8 process which requires some time and effort. This investment of time and effort 8
 9 is, however, the only hurdle to becoming an editor; HowToBuyWiki’s members 9
 10 do not employ a vetting process, and some members said they expect that product 10
 11 manufacturers will also join the wiki-platform as editors. 11
 12 Underlying HowToBuyWiki’s vision of product transparency is the members’ 12
 13 self-identification as ‘conscious consumers’. While the members’ individual 13
 14 understandings of ‘conscious consumption’ have not been incorporated definitively 14
 15 into HowToBuyWiki’s mission statement, they share an implicit commonality: 15
 16
 17 In the group ... there is some kind of common sense about, about conscious 17
 18 consuming. (...) in the meetings, we haven’t had so much discussions actually 18
 19 about this, because it’s more like implicit that we, we have a similar vision (E) 19
 20
 21 However unarticulated, ‘conscious consumption’, as constructed on the 21
 22 HowToBuyWiki platform, is both informed and conscientious, and is the main 22
 23 focus of care. Premised on the assumption that lack of transparency – lack of 23
 24 comparative knowledge or information about products – is what impedes consumer 24
 25 action, HowToBuyWiki engages in a data-centric form of consciousness-raising 25
 26 as a means to careful consumption. Although HowToBuyWiki focuses on the 26
 27 structuring and sharing of product information, rather than on product rating or 27
 28 recommendations, the members envision the platform as facilitating particular 28
 29 types of consumer action. In particular, the site was established as a response to 29
 30 companies and producers, implicitly understood as entities which cannot be trusted 30
 31 to act in a caring way towards their employees, consumers or the environment. For 31
 32 instance, upon founding the platform, the group set out to create product categories 32
 33 to exemplify how HowToBuyWiki might be used. They chose to compare mobile 33
 34 telephones, where the main focus was radiation values and their health impacts, 34
 35 and cars, where the main focus was carbon emissions. As one member explained, 35
 36 the two foci were chosen as they related to ‘ecological impact’, and represented 36
 37 categories of information not easily searchable. Thus, while the members did not 37
 38 rate mobile telephones or cars by ‘ecological impact’, they placed the information 38
 39 they provided, without (explicit) judgment, as a key element of ‘conscious 39
 40 consumption’. Likewise, the wiki-platform’s chocolate category features 40
 41 attributes through which the members implicitly frame ‘conscious consumption’. 41
 42 The chocolate products the table compares are all labelled fair trade – indeed, the 42
 43 table is named ‘Fair trade chocolate in comparison’ – and the absence of other 43
 44 chocolate products suggests an implicit linking of ‘conscious consumer’ identities 44

1 and fair trade labels (cf. Barnett et al. 2005). However, through including ‘organic 1
2 labels’ and ‘country of origin’ among the attributes, the members highlight that, 2
3 in addition to fair trade, conscious consumers should be aware of other product 3
4 features that have ethical (and, in this case, ecological) bearing. 4

5 The form of care that HowToBuyWiki promotes, then, positions ‘conscious 5
6 consumption’ at its core. As an organization, HowToBuyWiki members care for 6
7 their (imagined) user public through facilitating heretofore difficult-to-realize 7
8 ‘conscious consumption’, and thereby enabling users to become informed, and 8
9 then (potentially) take action by changing their purchasing habits. At the same 9
10 time, HowToBuyWiki constructs ‘conscious consumption’ as *careful* consumer 10
11 action. That is, being careful in time and global space – to protect health, wellbeing 11
12 and the environment in the present and for the future. In promoting transparency, 12
13 the group also seeks to cultivate careful consumers, ones who make informed 13
14 and conscientious decisions that consider the placement of each product, and 14
15 purchasing decision thereof, within a network of environmental and other ethical 15
16 relations. Fuelled by comparative information, consumer decisions, as facilitated 16
17 through the HowToBuyWiki platform, are never neutral: they are always-already 17
18 imbued with questions of care. 18

19 The group members’ discourses of ‘conscious consumption’ materialized in 19
20 their choices of interview venues. When we contacted the members to arrange 20
21 interviews, we suggested meeting in any space of their choice. Three of the 21
22 members chose to meet in urban spaces that underlined a particular vision of 22
23 ‘conscious consumption’. In the venue chosen by member F, progressive politics 23
24 and ‘conscious consumption’ are explicitly linked. The venue – a restaurant 24
25 located in a multifunctional building that includes meeting rooms, offices, a 25
26 public sauna, a pool, and a performance space – has a long history as a public 26
27 meeting space, having been founded and used by the local workers’ movement, 27
28 the women’s movement, and other social reformers. Today, the restaurant offers a 28
29 variety of ‘traditional’ dishes prepared with locally-sourced, seasonably available 29
30 ingredients. Another interview took place in a café/bar located in a converted 30
31 office block in the industrial part of town which is now visibly gentrified. 31
32 Similarly to the restaurant described above, this is a multifunctional space that 32
33 houses a book/magazine shop and a performance stage. The third café we visited 33
34 had a similar gentrified industrial look, with a menu focusing on fresh foods and 34
35 a variety of coffee concoctions. A local contact described the interview venues as 35
36 frequented by young professionals with an apparent artistic or intellectual bent, 36
37 who ‘consciously consume’ foods and spaces. 37

38
39

40 **Caring about ‘The Good’** 40

41
42 HowToBuyWiki members endorse a number of values central to their vision of 42
43 ‘conscious consumption’ – values that can be described under the headings of 43
44 fairness and sustainability. When we asked HowToBuyWiki’s members which 44

1 issues mattered most to them individually, responses gravitated to the same 1
 2 categories: fair trade, ethical labour practices, durability and reliability, and 2
 3 ecological impact. These issues, as one member explained, are all linked through 3
 4 the common thread of seeking *the good*: 4

5 5
 6 [What matters is] that these are the products which are produced in a good way. 6
 7 And 'good' means for me good for the nature, good for the people who make 7
 8 them. (D) 8
 9 9

10 Like ideas of 'nature' (Castree 1995), ideas of *the good* are neither self-evident nor 10
 11 universal. As Williams (1995) argues in his article on diverging discourses of the 11
 12 'public good' in opposing social movements, while rhetorics of *the good* appeal to 12
 13 an imagined consensus, they actually speak to group identities and actions. In their 13
 14 interviews, HowToBuyWiki's members did not discuss or debate what constitutes 14
 15 good products; their notions of goodness had already been established, and, as 15
 16 demonstrated in an earlier quote, made implicit, even tacit. And these notions of 16
 17 goodness were rooted in a mapping of careful global citizenship. A good product 17
 18 was one that was deemed to have positive impact within the broad ecology of 18
 19 production and consumption, with certain entities (labourers and the environment) 19
 20 being primary beneficiaries, and others (government, industry, retailers) placed 20
 21 lower on the hierarchy. To consume consciously, then, is to adhere to a vision 21
 22 of *the good* whereby the consumer, as a critical entity, cares for disadvantaged 22
 23 entities in the market economy. On the wiki-platform, this framing is apparent 23
 24 in HowToBuyWiki's exclusion of all non-fair trade chocolate products from its 24
 25 comparative table, and in its emphasis on 'organic labels' and 'country of origin' – 25
 26 indicators of labour- and sustainability-related concerns. 26

27 Although HowToBuyWiki's members all said they are committed to 'conscious 27
 28 consumption', they also explained that their personal convictions do not guide the 28
 29 construction of the wiki platform. Rather than place issues of sustainability and 29
 30 justice as the core of their project, they said, the group situates public participation 30
 31 as its main value. This focus on public participation is closely linked to the very 31
 32 founding of HowToBuyWiki, a process that started beyond the market context; 32
 33 indeed, the 'origin myth' of HowToBuyWiki, as one of the founders related it, 33
 34 is located in a public library. It was there, during a city planning project, that the 34
 35 three founding members converged, witnessing first-hand the involvement of the 35
 36 public (in this case, city residents) in making a decision about a project that would 36
 37 affect them all: 37

38 38
 39 [this city planning project] is surely something which brought us the idea how 39
 40 important – it has nothing to do with consumption, but – it was about participation 40
 41 and um, expressing an opinion, you know (...) we thought it would be also, 41
 42 if we offered the platform, there would be enough consumers who would be 42
 43 motivated enough to share their knowledge, motivated by the idea that they can 43
 44 help someone take a consumption decision which is well, um, argued. (C) 44

1 What initially inspired the founding members, then, was the idea of involving 1
2 the public (implicitly positioned as having less power, awareness, and potential 2
3 influence than the ‘conscious consumer’) in larger-scale decision-making. 3
4 This idea has remained central to the way HowToBuyWiki views itself and the 4
5 product – the platform – it provides to consumers. Moving away from (direct) 5
6 focus on the causes nearest to the members, HowToBuyWiki is intended to elevate 6
7 public participation above the top-down promotion of particular issues. This 7
8 conceptualization of care notably differs from policy and NGO configurations: 8
9 HowToBuyWiki ‘offer[s]’ a space where people can ‘share’, argue, offer advice, 9
10 and make their voices heard (within a defined and administrated space) – as 10
11 opposed to creating a site that provides users with ready-made recommendations 11
12 to incorporate and enact. As described in the above quote, HowToBuyWiki’s 12
13 construction of public participation is based on an assumption of altruism; just 13
14 as the group ‘offer[s]’ the platform to the unseen public, the users, according 14
15 to member C, are expected to feel ‘motivated’ to ‘help’ other, equally unseen, 15
16 consumers. The group, then, entangles actions and assumptions of care as the basic 16
17 foundation of its wiki-platform, with the project premised both on enactments of 17
18 ‘conscious consumption’, and on the imagining of users as people who care. 18
19 19
20 20
21 **Framing Shared Values, Caring Leaders and (Imagined) Careful Users** 21
22 22
23 The members of HowToBuyWiki, while committed to constructing a participatory 23
24 platform, continue to be committed to consumption decisions that foster *the good*. 24
25 This dual commitment is not without conflict, and the relative salience of each 25
26 value – public participation and *the good* – has shifted over time. In the words of 26
27 one of the founders: 27
28 28
29 I think in the beginning it was more, there was a stronger normative touch to it. 29
30 That we thought this should be a site – where we can see which products are 30
31 good and we promote, you know, like, promoting a sustainable way of doing 31
32 consumption, and I think we are moving slightly away from that. That I think we 32
33 are still normative of course, but more on a second level. That we say we want 33
34 transparency and not evaluation of products, you know? (A) 34
35 35
36 As this member implied, HowToBuyWiki’s evolution from the evaluation of 36
37 products to (apparently) neutral transparency – now the core of the project – is 37
38 aligned with the members’ original emphasis on public participation as the project’s 38
39 leading value. Thus, rather than promoting ‘normative’ constructs of sustainability 39
40 and justice, HowToBuyWiki now promotes an open platform which aims to 40
41 foreground the users’ own preferences and voices, rather than those of the 41
42 organization’s members. 42
43 Yet, while HowToBuyWiki members cite the platform’s openness as central 43
44 to its ethos (and even its *raison d’être*), this openness also leads to difficulty 44

1 in imagining how HowToBuyWiki might be administrated. In the interviews, 1
 2 we posed a hypothetical scenario to the members: What would happen if two 2
 3 users posted conflicting information about the same product? Would there be 3
 4 room for two narratives, for conflict? How would you decide which information 4
 5 would appear on the site? Their answers highlighted the ambiguity inherent in 5
 6 this situation. 6

7
 8 I can imagine that we can open a discussion forum in order to ask if the broader, 8
 9 the wider community, what their opinion is. Umm, I don't know. (...) But what 9
 10 we don't want is that we decide about what should stay on the platform. We 10
 11 don't want it, we really want to, just to give it, this platform, to our, to our 11
 12 editors. (...) my ideal would be that they should decide. (C) 12

13
 14 Do we, do we have the right to um, to edit some of the information which is put up 14
 15 by other people? Because then it becomes crucial. But because in the beginning 15
 16 it was really thought of as a participatory project, and everybody has the right to 16
 17 upload anything according to their, to the guidelines of the project. (E) 17

18
 19 This scenario, while hypothetical, revealed central definitional concerns for 19
 20 HowToBuyWiki's members. In the interviews, each of the members engaged 20
 21 deeply with this question, speaking out an internal debate without attempting to 21
 22 polish uncertainties into clear-cut responses. Centering the debate in the question 22
 23 of editing, the members discursively negotiated their practical role as wiki- 23
 24 platform administrators with their vision of creating an open, community-led 24
 25 platform. Thus, although HowToBuyWiki's members could conceivably judge 25
 26 between reliable and unreliable information, they expressed the concern that to 26
 27 endorse certain 'truths' on the platform would amount to backtracking on their 27
 28 ethos. As member E argued, HowToBuyWiki members did not 'have the right' 28
 29 to act as arbitrators of truth. Rather, the platform, suggested member C, belonged 29
 30 to HowToBuyWiki's members only insofar as it was theirs to *give away*. In this 30
 31 instance, caring for users did not mean guaranteeing the accuracy of information 31
 32 on the platform, but rather maintaining the integrity of the vision that underlay it. 32

33 While cast as central to HowToBuyWiki's ethos, the openness of the platform 33
 34 also has the potential to jeopardize the 'conscious consumption' goals of 34
 35 HowToBuyWiki's members – who, after all, aim to foster consumption decisions 35
 36 that facilitate *the good*. When structuring product categories, users might not share 36
 37 the priorities that HowToBuyWiki's members endorse, and might privilege certain 37
 38 attributes (e.g. price) over others (e.g. carbon footprint) in ways that do not align 38
 39 with HowToBuyWiki's aims. However, in practice, as the members explain, their 39
 40 open platform continues to facilitate 'normative' discourses – in ways that perhaps 40
 41 do not undermine the project's ethos, but do make it more ambivalent: 41

42
 43 [W]e tried to ask, if we realize the potential consumers – editors, sorry – the 43
 44 potential editors. They have other needs. Um, and important criteria to share 44

1 their knowledge. Maybe we can – leave it open. We can leave it open. Um, but 1
2 for us, these are still aspects we focus on, and when you go to the webpage this 2
3 is something which you can actually ... it becomes visible when you visit there 3
4 that these are the issues which are important for us. (C) 4
5 5
6 As member C pointed out, while HowToBuyWiki aims to provide an inclusive 6
7 platform that would meet the diverse needs of users, the platform, in effect, directs 7
8 users toward a particular form of engagement. Having created pages for product 8
9 categories as examples of how the platform might be used, the members of 9
10 HowToBuyWiki structured tables of product attributes that privilege the group's 10
11 own priorities. As such, they not only made their own priorities visible, but also 11
12 created a template – however unintentionally – that could focus future users/ 12
13 editors on certain product attributes over others. As the example of the chocolate 13
14 table demonstrates, while the members avoid the inclusion of product attributes 14
15 that might be biased by individual experience (e.g. texture, aroma), their choice 15
16 to include 'fair trade labels', 'organic labels', and 'country of origin', and exclude 16
17 price-related information, frames which attributes are the expected foci. Yet 17
18 this latent 'normativity', as one founding member explained, is not necessarily 18
19 opposed to the project's ethos of openness: 19
20 20
21 But we want to make it easy so that they can also take into consideration this 21
22 specific value which is very much being suppressed by the communication of 22
23 the company. (A) 23
24 24
25 Although fostering an open platform may be HowToBuyWiki's form of caring for 25
26 the user public, this openness is meant, ultimately, to facilitate the project's main 26
27 aim – promoting product transparency. Users are expected to use the platform in 27
28 particular ways: to employ its openness to demand hidden or difficult-to-obtain 28
29 information, to imagine which heretofore ignored product attributes should 29
30 be brought into the forefront, to contest information and demand evidence. As 30
31 HowToBuyWiki's members envision them, the users, then, are meant to use the 31
32 platform's openness *with* and *for* care, of themselves, others, the environment, and 32
33 their health. The platform is not merely a *tabula rasa* the users are 'given' (to use 33
34 member C's earlier term); rather, being cared for through an open forum, they are 34
35 expected to reciprocate with careful, altruistic, and goodness-driven action. 35
36 36
37 37
38 **Caring as/for Consumers** 38
39 39
40 In developing an open, community-based wiki platform, HowToBuyWiki's 40
41 members both assume and relinquish leadership of their project: they are social 41
42 entrepreneurs who aim to 'give' their project to users, who envision their project's 42
43 agenda being set by the public. At the same time, they do not imagine themselves 43
44 as being clearly separate from the public to whom they reach out. As mentioned 44

1 earlier, HowToBuyWiki endorses a ‘civil society’ concept, and members 1
 2 emphasize their organization’s independence from all other bodies – governmental, 2
 3 commercial, and even third-sector. As such, while at times drawing distinctions 3
 4 between ‘members’ and ‘users’ (as seen in the previous section), HowToBuyWiki’s 4
 5 members also discursively identify as consumers – and, specifically, as part of the 5
 6 platform’s user public. For example, when explaining why s/he found it valuable 6
 7 to be involved in HowToBuyWiki, member B said, 7
 8
 9 [HowToBuyWiki] would definitely make also my life easier if it would exist 9
 10 and would function. Um, because I’m also consuming products every day. And 10
 11 I often find it difficult to find free and comparable information which is, um, 11
 12 useful to me. (B) 12
 13
 14 While, in this instance, member B clearly identified as a consumer who might 14
 15 benefit from HowToBuyWiki, aligning oneself with the user public was also 15
 16 achieved through less direct discourses. When we asked member D, ‘What do you 16
 17 know currently about the people who are contributing to the site?’, s/he replied: 17
 18
 19 I know that there are not only consumers, but also producers who write on the 19
 20 site. (...) we thought that it’s not bad, because they are – we actually give them 20
 21 like the structure where they have to fill in the information. It means that even 21
 22 though it’s the producer’s side, but the consumer side gives ... the contents 22
 23 which we want to know. And most of that, these are not the contents that they 23
 24 always want to share with us. (D) 24
 25
 26 In this excerpt, member D seamlessly merged ‘we’ as HowToBuyWiki members 26
 27 and ‘we’ as consumers. This discursive merging was telling: while HowToBuyWiki 27
 28 aims to facilitate user-generated (as opposed to member-generated) priorities and 28
 29 structuring of knowledge, member D aligned HowToBuyWiki’s interests with 29
 30 those of the user public. The ‘us’ versus ‘them’ dynamic that appeared in member 30
 31 D’s response invoked members and users versus producers, firmly situating the 31
 32 project in consumer-based origins and agendas. 32
 33 While HowToBuyWiki’s members discursively position themselves as 33
 34 consumers, they also distinguish themselves from the public(s) for whom they care – 34
 35 by virtue of responsibility, not expertise. As self-described ‘conscious consumers’, 35
 36 the members identify themselves as possessing awareness and conscientiousness 36
 37 that align them with a particular segment of the public. By itself, this identification 37
 38 does not set the members apart from (potential) users. When we asked the members 38
 39 to describe how they imagined the wiki-platform’s users, each member said that 39
 40 the users of the site are most likely to be people who care about making informed 40
 41 consumption decisions, have awareness of particular consumption issues, and 41
 42 are actively searching for information about consumer products. The members’ 42
 43 imaginings of these users’ needs are actualized, discursively, in the wiki-platform’s 43
 44 comparative tables. For example, the chocolate table features information on 44

1 sustainability- and labour-related attributes, alongside information on allergens, 1
2 underscoring that while the members conceptualize ‘conscious consumption’ as 2
3 ethical consumption, they also imagine that some users are drawn to their site 3
4 for other information needs. Indeed, the organization’s meeting notes specifically 4
5 state that the project’s target population could be consumers with diabetes, or 5
6 consumers who follow a kosher diet (Minutes of meeting, 01/02/2008). 6
7 The imagined users largely resemble the members’ own ‘conscious consumer’ 7
8 profiles. However, what sets HowToBuyWiki’s members apart from other 8
9 ‘conscious consumers’ is the sense of bearing a special social responsibility. As 9
10 seen in previous sections, members spoke of ‘offering’ the wiki platform to the 10
11 public, of ‘giving’ it away – altruistic acts of fostering the public good. Another 11
12 recurrent discourse was that of being involved in HowToBuyWiki despite lacking 12
13 resources and, especially, time. In the interviews, each participant mentioned 13
14 that all members had full-time jobs and busy lives, and that HowToBuyWiki was 14
15 a ‘spare-time’ project, even a ‘hobby’. This discourse was invoked, mostly, to 15
16 explain the slow progress of the site; however, it was also used to underscore the 16
17 importance that members ascribed to their project, and the pride with which they 17
18 engaged in it. 18
19 19
20 [E]very one of us is very, very busy and we do it just by, because, as I said, 20
21 because we’re doing something which is good (laughs), which would have a 21
22 good impact and which consumers can really work and benefit from. (C) 22
23 23
24 Involvement in the project, then, is not merely a pleasurable challenge, or an 24
25 exercise in activism; it is imbued with a sense of social responsibility. Several 25
26 members said they had no stake in the success of HowToBuyWiki as individuals, 26
27 and that they would be glad if another organization developed a similar platform 27
28 with greater success. Yet, they explained that they continued to be involved in 28
29 the project given its (apparent) uniqueness in the consumer activist landscape. 29
30 This uniqueness of the platform – its formulation as caring for consumers through 30
31 openness, public participation, and transparency – was bound with a sense that the 31
32 members themselves bore special responsibility for the realization of the project. 32
33 As one founding member said, albeit with a humourous tone, when talking about 33
34 the beginnings of the organization: ‘And yeah ... then we thought we (laughs) if 34
35 not we, who else would do something about food transparency?’ 35
36 ‘Conscious consumption’ and social responsibility, however, did not translate 36
37 into (claims of) expertise. Indeed, throughout the interviews, HowToBuyWiki’s 37
38 members discursively set themselves apart from those they considered 38
39 ‘professional’ experts in the consumer protection arena. Such discourses of ‘us’ 39
40 (lay) and ‘them’ (experts) were most pronounced when the members discussed 40
41 plans for installing an Advisory Board. The Advisory Board, which has since been 41
42 convened, now includes advisors who represent academic, political, and social 42
43 entrepreneurship angles on consumer protection. At the time of the interviews, 43
44 44

1 when the Advisory Board was still being discussed, we asked the members about 1
 2 plans for convening the Board. 2
 3 3
 4 [We'd like to] install the Advisory Board, also to um, first of all, to get some 4
 5 feedback on the project and of people who deal with consumer protection and 5
 6 um, know, know what's going on in that field, because that's not our profession. 6
 7 We are doing this in our, as I said, in our spare time, as a kind of a hobby. (B) 7
 8 8
 9 [S]o we actually wanted to have this professional background on which we 9
 10 could um, we can um, lean on and on the other side it's good for us, or for the 10
 11 project, it's good to have the Advisory Board with names on it which are known 11
 12 (...) as professionals. Knowing that what they say that's, that's [authoritative] in 12
 13 some communities (...) especially in scientific communities. (D) 13
 14 14

15 The line that member B drew between HowToBuyWiki's members and the 15
 16 potential advisors was clear: the former are lay activists who, without the 16
 17 'professional' expertise of the latter, have neither the time nor the experience 17
 18 to move the project forward. For member D, however, the boundary was less 18
 19 clearly defined. According to member D, while the Advisory Board would provide 19
 20 'professional' expertise on which HowToBuyWiki can rely and build its future 20
 21 activities, the inclusion of known experts as advisors to the project would also be 21
 22 strategic, providing the project with recognition, legitimacy, and an authoritative 22
 23 tone it would not otherwise achieve. Member D's account of the Advisory Board 23
 24 points to an underlying question of impact. Although the project places public 24
 25 participation, and the leveling of authority, as its defining characteristic – the 25
 26 uniqueness that justifies its existence – the reality of the project, in which members 26
 27 have struggled for years to recruit users/editors, suggests that the wiki-platform has 27
 28 yet to gain momentum, or even a stable user base. Turning to a more 'traditional' 28
 29 model of expertise, based in individuals of renown, rather than in a faceless user 29
 30 community, HowToBuyWiki's members both concede the need for authoritative 30
 31 endorsement, and strategically solidify their self-identification as non-experts; it 31
 32 is their lay status, they suggest, not the actual merit of the project, which has 32
 33 impeded the platform's success with potential users. With the convening of the 33
 34 Advisory Board, the division of labour becomes clearer: the Board members are 34
 35 there to provide legitimacy and expert support, but the organization's members 35
 36 are those who provide care, and mobilize both experts and companies to care, too. 36
 37 37
 38 38

39 **Facilitating or Empowering Careful Action?** 39
 40 40

41 In keeping with the participatory ethos of their project, HowToBuyWiki's members 41
 42 cast themselves as responsible for the development and maintenance of an online 42
 43 platform – not for the provision of information. Their role, they argue, is to enable 43
 44 44

1 users to ‘organiz[e] information’, structure knowledge, and provide product data 1
 2 meaningful to them: 2
 3 3
 4 [I]t’s critical. It is not us who can make it move forward, I mean publish the 4
 5 content. It’s not the idea that we do the content. We just want to, to offer the 5
 6 platform, but it is the editors and the consumers who should fill it with content. (C) 6
 7 7
 8 The information, we won’t provide it. It has to be either the producers or 8
 9 retailers or the consumers. But we want to put in place a structure which allows 9
 10 for a different way of organizing information. Making it accessible, distributing 10
 11 information. (A) 11
 12 12
 13 Although HowToBuyWiki’s members have provided content for certain 13
 14 product categories, to exemplify how the platform might be used, they view 14
 15 their stepping back from content-provision as crucial to the project’s aim and 15
 16 future. Elsewhere in member A’s interview, s/he explained that HowToBuyWiki 16
 17 members can contribute information, but only as individual consumers, not under 17
 18 the aegis of their organization. However, as evident in member C’s quote, while 18
 19 HowToBuyWiki’s members may still (strategically) identify as consumers, they 19
 20 simultaneously draw a line between themselves and their user public. Thus, when 20
 21 it comes to engaging with the wiki-platform, boundaries between members and 21
 22 users become more apparent, with members providing infrastructure, while users 22
 23 populate the site. 23
 24 As described by members, then, HowToBuyWiki’s main role is *facilitation*, 24
 25 and the form of care that members provide to consumers is one of enabling the 25
 26 structuring and sharing of information as the latter see fit. Yet, as member A implied 26
 27 in the excerpt above, the organization’s focus on facilitating user engagement is 27
 28 not entirely neutral. In member A’s construction of user engagement, the wiki- 28
 29 platform would provide space for dialogue – dialogue, which, notably, would occur 29
 30 not just between consumers, but also between consumers, retailers, and producers. 30
 31 Indeed, the wiki community member A envisions not only shares information, but 31
 32 also demands it: 32
 33 33
 34 [Producers] in HowToBuyWiki now have to enter a dialogue, and have to 34
 35 provide this and structure this information in dialogue with other producers and 35
 36 in dialogue with the consumers. Yeah I think this is a fundamental change, I think 36
 37 this is very, very, different from advertisement. (...) And the idea is to say ... the 37
 38 consumers also have a certain power, by consuming or not consuming, but they 38
 39 need to organize their interests and discourses which are important to them in a 39
 40 certain way that maybe yeah, as I said, forces the producers to enter a dialogue 40
 41 with them. (A) 41
 42 42
 43 Member A, then, cast HowToBuyWiki as poised to create a new power 43
 44 dynamic. According to member A, through providing consumers with an open, 44

1 participatory wiki-platform, HowToBuyWiki would foreground consumers' 1
 2 voices and needs, and thereby highlight the power that consumers hold. The 2
 3 dialogue s/he imagined – a dialogue based on the categorizing and structuring of 3
 4 product information – would therefore overturn the extant vectors of the market. 4
 5 In alluding to advertising, member A underscored the (perceived) unidirectionality 5
 6 of communication between producers and consumers, and the suggested 6
 7 subversiveness of the wiki-platform, where consumers, no longer mere recipients 7
 8 of (potentially manipulative) messaging, would talk back. HowToBuyWiki, then, 8
 9 could empower consumers: to acknowledge and affirm their economic importance, 9
 10 make demands of producers, and take informed – 'conscious' – action. In this 10
 11 conceptualization of HowToBuyWiki, the organization would be a driving force 11
 12 for consumer empowerment through shifting dynamics of agency and power. 12
 13 Such an overtly politicized stance, and the neoliberal visions of responsibilized 13
 14 consumers to which it alludes, might seem to be at odds with the form of care 14
 15 espoused by HowToBuyWiki's members, one which emphasizes community and 15
 16 facilitation. Yet, as member A argued explicitly, and as other members suggested 16
 17 more implicitly, HowToBuyWiki members view 'conscious consumption' as one 17
 18 which, of necessity, would alter the landscape of the market. Careful consumers, 18
 19 they posit, will establish not only the value of disadvantaged entities (labourers, 19
 20 the environment), but also their own position at the crux of the market economy. 20

21 21

22 22

23 **Forming a Nexus of Care Relations** 23

24 24

25 The forms of care that HowToBuyWiki's members described – the careful actions 25
 26 enacted through the wiki-platform – are not the only careful actions that underlie 26
 27 HowToBuyWiki. Practices such as sharing time, food, and social activities have 27
 28 been central to the making and sustaining of HowToBuyWiki from its inception, 28
 29 and members all describe their involvement in the project and the attendant 29
 30 meetings as a way of strengthening their friendships. As other researchers have 30
 31 emphasized, friendship ties are important in maintaining SCMOs (Forno and 31
 32 Graziano 2014; Grasseni 2013; Parigi and Gong 2014). However, in the case of 32
 33 HowToBuyWiki, the organization itself can be seen as a platform for cultivating 33
 34 attentiveness to, and care relations with, one's friends. 34

35 When asked about how they keep in contact, members explained that day-to- 35
 36 day contact was maintained through email, telephone, and Skype, but that face- 36
 37 to-face meetings were much more important. Records of care practices feature 37
 38 centrally in the organization's otherwise brief agendas and meeting minutes. The 38
 39 first board meeting was accompanied by 'a glass of champagne and bacon pancakes' 39
 40 (Founding meeting agenda, 08/02/2006). While matters of taste and preference are 40
 41 omitted in the group's online characterization of chocolate, the members attend 41
 42 to personal tastes and preferences in their meeting minutes. To-do lists for each 42
 43 member prior to a weekend workshop included specific project-related tasks, 43

44 44

1 as well as the light-hearted reminder to '[r]eport any special requests for pizza 1
 2 toppings and breakfast supplies to [member A]' (Workshop schedule, 10/08/2013). 2
 3 The project is also an initiative through which members' friends and families 3
 4 can practise caring relations. These relations are expressed through the provision 4
 5 of money, encouragement and in-kind support. Initial plans for HowToBuyWiki 5
 6 were validated by experts as well as friends and family: 'University friends – find 6
 7 the idea very good' (Minutes of meeting, 04/04/2008); this support from friends 7
 8 is noted in the minutes in a list which also includes records of positive responses 8
 9 from academic experts and other supporting information. Meetings are held at the 9
 10 homes of members or their families. At an early stage of the project, the father 10
 11 of one of the members wanted to donate money to support the project (Minutes 11
 12 of meeting, 04/03/2008). This suggestion is echoed in later records; a means for 12
 13 formally accepting donations was devised by the group and several 'generous 13
 14 donations' were received, the most recent in 2013 (Minutes of AGM, 10/08/2013). 14
 15 Members also care for each other through support and encouragement, and by 15
 16 celebrating small successes: 'This report was greeted with raging applause', read 16
 17 AGM minutes, 'the continuation of the project was unanimously supported' 17
 18 (Minutes of AGM, 19/02/2011). In this way, HowToBuyWiki is not simply an 18
 19 internet platform, but an entity which catalyzes and facilitates a network of care 19
 20 between and around its members. 20

21

22

23 **Discussion: Matters of Care** 23

24

25 In the scheme of caring relations constructed by HowToBuyWiki's members, the 25
 26 members themselves care for consumers (through developing and maintaining 26
 27 the wiki-platform), while the (cared-for) consumers, in turn, are expected to care 27
 28 for other consumers (through sharing knowledge), as well as for labourers, the 28
 29 environment, and their own wellbeing (through making 'conscious consumption' 29
 30 decisions). Yet, although this directionality of care may seem to be clear-cut, the 30
 31 nature of HowToBuyWiki's caring action, as conceptualized by the organization's 31
 32 members, is imbued with ambiguities. Throughout the interviews, the members 32
 33 spoke alternately of enabling and empowering users, informing and educating 33
 34 the public, and locating expertise in individuals and in communities. While these 34
 35 pairings do not constitute polar contradictions, they do highlight the multiform 35
 36 nature of care in which HowToBuyWiki's members engage. Caring for consumers, 36
 37 as the members spoke of it, could equally be enacted through providing users with 37
 38 a platform that promotes certain 'conscious consumption' values, and through 38
 39 offering users an open platform, free of judgement and evaluation. Although 39
 40 HowToBuyWiki has shifted toward the latter form of care, in their accounts of 40
 41 their own identities, roles, and goals *vis-à-vis* the project, the members indicated 41
 42 that the realities of the organization's acts of caring borrow from both forms, and 42
 43 are situated (albeit sometimes tensely) in a terrain of fruitful ambiguity. 43

44

1 Central to HowToBuyWiki's project is the act of *mobilizing for care*. 1
 2 In the interviews, the members mapped a network of care, one in which their 2
 3 organization holds a critical position. Comprised of key entities placed along a 3
 4 hierarchy of authority to care, this network relies on the different actions that, 4
 5 according to HowToBuyWiki's members, each entity is expected to take. The 5
 6 chain of caring action, as conceptualized by the members, is set in motion by 6
 7 HowToBuyWiki, which mobilizes expert support (the Advisory Board) and 7
 8 facilitates 'conscious consumers' caring actions. In the reaction (anticipated) 8
 9 to follow, 'conscious consumers' (editors and users) mobilize the general 9
 10 public (who then join the ranks of 'conscious consumption'), and put pressure 10
 11 on producers (for product transparency); experts (the Advisory Board) inform 11
 12 and legitimize HowToBuyWiki, thus further strengthening the organization's 12
 13 empowerment of 'conscious consumers'; and producers respond to consumer 13
 14 pressure by contributing information to HowToBuyWiki. However, absent 14
 15 from HowToBuyWiki's network are all governmental institutions. While some 15
 16 members mentioned certain policy-makers in their interviews, they did so in the 16
 17 context of discussions about the Advisory Board, discussions which, notably, 17
 18 evoked political figures as opinion-leaders, rather than as policy-makers. 18
 19 HowToBuyWiki's network of care, then, is market-driven, with consumption as 19
 20 the currency of influence. In this network, consumers are politically empowered 20
 21 through realizing, and acting on, their purchasing power: a neoliberal vision 21
 22 that casts individual users as rational decision-makers, responsible for their 22
 23 own choices, atomized though (paradoxically) linked as an online community. 23
 24 HowToBuyWiki's members thus configure caring for consumers as, essentially, 24
 25 enabling them to practise informed self-care. 25
 26 While HowToBuyWiki was established for the purposes of caring for and 26
 27 about others – consumers, exploited workers, or future populations who may face 27
 28 problems resulting from environmental change – and while members construct 28
 29 a complex network of care, in which their organization is centrally positioned, 29
 30 a different form of caring is identifiable in the day-to-day practices of the group. 30
 31 The members who launched the project were friends who shared common but 31
 32 unstated values. They began to discuss how they might be able to have an impact 32
 33 on the world with respect to these values, and HowToBuyWiki grew out of 33
 34 these discussions. While HowToBuyWiki has not managed to develop a stable 34
 35 community of users and editors, it has achieved its implicit project – that of 35
 36 members caring for their friendship group. The sort of everyday, interpersonal 36
 37 care described by Jespersen et al. (2014) is evident in the way that group members 37
 38 collaborate. The group functions well because members listen to each other and 38
 39 respond to one another's needs; emotional and personal relationships are entangled 39
 40 amongst group members, and the project serves as a way for them to see each other 40
 41 regularly. The importance of interpersonal care for the success of HowToBuyWiki, 41
 42 and vice-versa, is evident from the meeting minutes and workshop programmes in 42
 43 which food, social dinners, drinks and dancing are frequently planned alongside 43
 44 workshopping the web interface and writing funding proposals. 44

1 Where is food in the forms of care relations discussed here? On the one hand, 1
 2 on the HowToBuyWiki platform, food is just one product among many others: 2
 3 its ingredients and modes of production are, at least structurally, of equal weight 3
 4 to those of, for example, a deodorant. On the other hand, in HowToBuyWiki's 4
 5 meetings, food is a substance whose production and consumption are shared and 5
 6 carefully noted in meeting minutes. Here, food is central not only to interpersonal 6
 7 care relations, but also to the building and maintenance of the organization. While 7
 8 the platform is populated with images of packaging, lists of ingredients, and 8
 9 eco-labels, the organization's meeting minutes are populated with foods which, 9
 10 for HowToBuyWiki members, are fresh, seasonal, local, pleasurable, and not 10
 11 necessarily imbued with variable attributes. Focusing on care therefore points to 11
 12 one significant difference between food as experienced and food as commoditized 12
 13 (or between 'food' and 'food products'), and raises questions about the extent to 13
 14 which processes of globalization and technological development might reconfigure 14
 15 caring through food. 15

16 Although the project's success may be secondary to the group's interpersonal 16
 17 acts of care, the project itself continues to be essential to their maintenance: 17
 18 through the process of establishing, maintaining, and editing the HowToBuyWiki 18
 19 platform, the members' acts of caring for one another (and for the wider public) 19
 20 are now bound with the object of care – the platform itself. '[T]ransforming things 20
 21 into matters of care', argues Puig de la Bellacasa, 'is a way of relating to them, of 21
 22 inevitably becoming affected by them, and of modifying their potential to affect 22
 23 others' (2011: 99). For HowToBuyWiki's members, the platform becomes imbued 23
 24 not only with the values of 'conscious consumption' that underpin the project, 24
 25 but also with the affective social relationships this project has helped develop and 25
 26 maintain over time. A non-human object of care, then, can define its human carer; 26
 27 or, as Heuts and Mol argue in their study of 'good tomatoes' and the experts who 27
 28 care for and about them: 'the values targeted, the objects being valued and valuing 28
 29 subjects come to gradually co-constitute each other' (2013: 141). 29

30 The example of HowToBuyWiki illustrates the complexity and 30
 31 multidirectionality of care. The initiative permeates the virtual and the non-virtual, 31
 32 and collapses the boundary between 'caring' and 'cared-for'. HowToBuyWiki's 32
 33 project is premised on a chain of care relations which, though not always 33
 34 directly reciprocal, implicate members and users in giving and receiving care: 34
 35 members care for users through providing the wiki-platform, while users care 35
 36 for HowToBuyWiki by accepting this action of care and contributing to the 36
 37 platform, thereby also caring for one another through sharing information. In 37
 38 the organization itself, the members cultivate their care relations through regular 38
 39 meetings in which they attend to one another, organizing weekends away, engaging 39
 40 in small collaborations in pairs, sharing food, encouraging each other's efforts, 40
 41 and celebrating small successes. With no clear-cut dichotomy between giver and 41
 42 recipient, HowToBuyWiki exemplifies how care is not only an outcome-orientated 42
 43 process of improvement (cf. Heuts and Mol 2013), but is also a practice of sharing 43
 44 time and attention, which is essential for creating and maintaining a community. 44

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Chapter 9

Children's Engagements with Food: An Embodied Politics of Care through School Meals

Mónica Truninger and José Teixeira

14 Introduction

In Portugal, since the 1970s food made available in schools has played a chief role in the wider strategy of democratizing education through caring for children's wellbeing (Nunes de Almeida 2011; Stoer 1983). During this time, school meals have undergone gradual changes and innovations. These have been shaped by diverse rationalities and dynamics of power emerging from shifting processes in the organization of children's food practices. These processes include: decentralization and privatization of the management of school meal services; the implementation of new food safety regulations; the setting up of modern cooking equipment; improving the nutritional value of school menus and the food portions made available to children; changing cooking practices; and limiting the kinds of food provided in schools' coffee shops or vending machines (Truninger et al. 2013). Despite some degree of adaptation, the design of these policies has tended to favour children's engagement with school meals through their minds – to change their understandings of health and nutrition – thereby marginalizing their bodies, and the visceral effects of food intake. In this chapter we argue that these changes to the legal framework of school meals have been influenced by multiple rationalities, such as nutrition, economics, environment, social justice, and culture. These have impacted on how care is mobilized in the context of school meal practices (i.e. their regulation, management, purchasing, preparation, cooking, eating and disposal) and, hence, on the ways in which children engage with food (i.e. accepting, cooperating or rejecting the food provided).

As argued by Rummery and Fine (2012), there is a relative consensus that care is a complex process, which entails emotional and cognitive dispositions towards Others (i.e. caring *about*) and physical activities in the form of paid or unpaid labour (i.e. caring *for*). However, they call attention to the fact that care also comprises 'interpersonal relationships involving both individual and structural power dynamics' (ibid: 329). These relationships are often difficult and tense because caring is both about being attentive and responsive to someone else's needs and ensuring recognition, cooperation and social participation by care receivers.

1 These scholars also claim that care has become increasingly professionalized 1
2 and technical, often governed by social care policies and legal frameworks that 2
3 challenge ethical and emotional engagement with Others' needs (ibid: 326). 3
4 Following Wright and Harwood (2009), children's eating practices and the 4
5 organization of school meals can also be framed in terms of biopedagogies. This 5
6 concept is inspired by Foucault's notion of 'biopower' (1978), which frames 6
7 power as being everywhere and not necessarily in the form of authority or top- 7
8 down mechanisms that regulate individual bodies and eating. Thus, power also 8
9 emerges from within individuals through disciplinary practices in the form of self- 9
10 monitoring, surveillance, and ultimately, self-care. In this vein, biopedagogies 10
11 comprise both regulatory strategies and disciplinary techniques 'that enable the 11
12 governing of bodies in the name of health and life' (Wright and Harwood 2009: 12
13 8). Acting as regulatory strategies, they are shaped by 'discourses of truth' based 13
14 upon multiple rationales legitimizing particular regimes of 'governmentality' 14
15 (Miller and Rose 2008). That is to say that biopedagogies draw 'attention to the 15
16 pedagogical practices inhering in the biopolitical (for example, public health 16
17 promotion)' (Wright and Harwood 2009: 21). Acting as disciplinary techniques, 17
18 biopedagogies affect subjectivities that are produced, circulated and embodied. 18
19 For example, in the case of school meals, subjects work on themselves in order to 19
20 discipline their bodies and food tastes. 20
21 By engaging with school meal practices, authorities and kitchen staff make 21
22 use of such biopedagogies as mechanisms of subjection (regularizing) and 22
23 subjectification (disciplining) to affect both entire school populations as well 23
24 as individual bodies, their subjectivities and relations with food. Although 24
25 biopedagogies can be seen as 'spaces of ordering', on closer examination, such 25
26 modes of subjectification reveal that they can also be considered as 'spaces of 26
27 resistance' that disrupt the 'homogenizing attempts of biopower' (Harwood 27
28 2009: 27). 28
29 In this chapter we show how the organization of school meals mobilizes care 29
30 through the enactment of biopedagogies in their biopolitical and disciplining 30
31 modes. We also show that this process can open up 'spaces of tension' or 'buffer 31
32 zones' where the outcomes of rationalities and power dynamics do not necessarily 32
33 manifest themselves in the form of resistance, opposition and outright rejection 33
34 but instead as negotiation, continuous adjustment and 'practical tinkering' (Mol et 34
35 al. 2010: 13). By contrasting both public and public-private partnership modes of 35
36 food provisioning, our aim in this chapter is to look at the tensions, negotiations 36
37 and adjustments that emerge from these processes. Inspired by Carolan's ideas 37
38 around food 'lived experiences' (2011: 1), we think about food relationally through 38
39 developing a 'subject-decentred' and generative approach to children's food 39
40 practices, which takes into consideration the multiple sites of their experiences 40
41 and positions them as 'becomings' rather than 'beings' (Brembeck and Johansson 41
42 2010. See also Carolan 2011). Children's practices, senses and embodiment are all 42
43 key elements of our approach to their engagement with food. Rather than focusing 43
44 uniquely on children's voices and relationships with food providers, we explore 44

1 their food practices as interwoven with broader experiences in which bodies 1
 2 interact and engage with diverse socio-material arrangements. 2
 3 This chapter is organized into five parts. First, we discuss the methods, the case 3
 4 studies and the materials collected. Then we provide a brief historical overview of 4
 5 the evolution of school meal policies in Portugal in order to understand what ethics 5
 6 of care (i.e. knowledge and understandings promoting attentive responsiveness 6
 7 to another's care needs) have been historically present and how they frame the 7
 8 organization of food practices in schools. Thirdly, we analyse how interrogating 8
 9 biopedagogies of school meals reveals tensions and adjustments that often emerge 9
 10 during the performance of non-direct forms of care, such as designing school 10
 11 meal policies and implementing healthy food initiatives. In the fourth section we 11
 12 move our focus onto children's bodies and eating practices in order to explore 12
 13 acceptance, negotiation and resistance strategies in which children often engage 13
 14 while embodying, and corporeally disrupting, school meal biopedagogies. In the 14
 15 final section of the chapter we make some concluding remarks about practical 15
 16 constraints that emerge during the organization of school meals and the benefits of 16
 17 perceiving an ethic of care as a process of mutual understanding wherein bodies 17
 18 often become entangled and negotiated things. 18

19 19
 20 20

21 **Methods** 21 22 22

23 Our analysis is drawn from the findings of a three-year project entitled 'Between 23
 24 School and Family: Children's Food Knowledge and Eating Practices'¹. This 24
 25 study aims to look at Portuguese school meal regulations alongside initiatives that 25
 26 encourage 'healthy eating', children's food knowledge and the eating practices of 26
 27 their families. The data were collected in four primary and four secondary schools 27
 28 from three different regions in Portugal: Lisbon, Vila Real and Madeira. While 28
 29 Lisbon is predominantly an urban and cosmopolitan region, Vila Real and Madeira 29
 30 combine both urban and rural areas. 30

31 A total of nine focus groups were carried out with children (five with primary 31
 32 school children aged between seven and nine years old, and four with secondary 32
 33 children aged between ten and 14 years old). We also conducted nine focus groups 33
 34 with parents whose children attended the eight schools selected for study. These 34
 35 parents were not all related, however, to children participating in the focus groups. 35
 36 36

37 37
 38 1 The project was supported by national science funds through the Foundation for 38
 39 Science and Technology (PTDC/CS-SOC/111214/2009 and PEst-OE/SADG/LA0013/2013) 39
 40 and the design and methods were inspired by an ESRC project hosted at Cardiff University 40
 41 (RES-000-23-1095). One member of the team at Cardiff University, Dr. Mara Miele, served 41
 42 as a consultant in our project. Dr. Miele's contribution to the conceptual thinking and 42
 43 research design of the project was invaluable. Notably the methods designed by Dr. Miele 43
 44 for the British project were replicated in this Portuguese one. The aim of this was to ensure 44
 the possibility of future comparative research.

1 During the discussions we explored several aspects of children's relationships 1
 2 with food, such as: their daily eating patterns and preferences; their participation 2
 3 in family food-related activities; the division of domestic food-centred labour 3
 4 practices, such as shopping, cooking and cleaning up; and their opinions on school 4
 5 meal services. During the week prior to the focus groups, children had filled in 5
 6 food diaries describing the meals they ate – where, at what time and with whom. 6
 7 Parents, in their turn, were asked to complete a brief survey for socio-demographic 7
 8 purposes after the focus group. Thirty-nine interviews with stakeholders (i.e. 8
 9 school and kitchen staff; national, regional and local authorities; nutritionists; 9
 10 catering firms) were conducted together with participant observation in spaces 10
 11 of food consumption at the schools (e.g. canteens; coffee shops; playgrounds), as 11
 12 well as in their surrounding areas. The analysis of several official documents (e.g. 12
 13 European, national and regional legislation; good practice guidelines; school meal 13
 14 regulations, food education programmes) was also undertaken. Interviews and 14
 15 focus groups were fully transcribed and analysed using NVIVO 10, together with 15
 16 other materials that were collected in schools such as photos and video recordings. 16
 17 Data were coded according to themes (and sub-themes) and the analysis took into 17
 18 account the relations established between these themes/nodes (e.g. links between 18
 19 textual and contextual information). 19

20
 21

22 **School Meal Biopolitics and Care in Portugal** 22

23
 24 In the years before the democratic turn in Portugal in the mid-1970s, school 24
 25 meals had a profoundly philanthropic and paternalistic character. Informal food 25
 26 provision was commonly framed as a private issue and primarily the responsibility 26
 27 of the mother (Nunes de Almeida 2011; Pimentel 2001). Since then, school meals 27
 28 have emerged as a 'public concern' alongside other social, economic, cultural and 28
 29 demographic changes. Welfare institutions have taken responsibility for children's 29
 30 eating practices by designing school menus and implementing food education 30
 31 programmes, applying hygiene and food safety rules, setting up canteens, 31
 32 regulating opening times and also by establishing standards for various procedures 32
 33 such as scheduling staff, contacting food suppliers and ordering goods. Although 33
 34 eating is usually referred to as a domestic and family-centred activity (DeVault 34
 35 1991; Jackson 2009), implementing such 'vital politics' (Harwood 2009: 21) that 35
 36 target lifestyle improvements has led food consumption among young people to 36
 37 become an important subject of state surveillance and public intervention. As care 37
 38 became increasingly commoditized and marketized, it was no longer confined 38
 39 to 'household preferences' and 'has become instead an arena for social conflict, 39
 40 both implicit and explicit, marking out the important new social divisions and 40
 41 underlying tensions' (Fine 2005: 248). 41

42 Even though public concern about children's eating practices has increased 42
 43 more recently due to what some authors consider to be a 'moral panic' over 43
 44 childhood obesity (Wright and Harwood 2009), during the initial stages of the 44

1 democratization of school meals in Portugal (1970s-1980s), the food provided 1
 2 in schools was already conceived of as a 'rational diet' that had to follow the 2
 3 principles of a 'balanced meal' and supply enough energy for a population mostly 3
 4 characterized by few economic resources and nutritionally-poor diets (Truninger et 4
 5 al. 2013). Thus, notions of good care in school meal practices have been commonly 5
 6 framed in terms of their contribution to the improvement of children's health status. 6
 7 This complies with a broader understanding of school meals as biopedagogies that 7
 8 implement and mobilize care. To recall, biopedagogies can be seen as practices 8
 9 through which regulatory and disciplinary mechanisms are arranged in the form 9
 10 of biopolitics and techniques of the self. Biopedagogies are mobilized through 10
 11 regulatory strategies (e.g. public policies, healthy food programmes) and self- 11
 12 monitoring techniques (e.g. monitoring food choices or body aesthetics, complying 12
 13 with values on healthy eating), to subjectify and subjugate individuals' minds 13
 14 and bodies to true discourses about life (Wright and Harwood 2009). They are 14
 15 organized by multiple forms of expert knowledge, such as biomedicine and socio- 15
 16 technical arrangements (e.g. school menus), and they combine diverse materials 16
 17 (e.g. various kinds of foods, cooking and storage equipment) and spaces, such as 17
 18 kitchens and canteens, coffee shops and playgrounds. 18

19 In this sense, defining standards of quality and quantity for school meals, 19
 20 buying and distributing food products, cooking, serving and monitoring school 20
 21 dinners, or negotiating the content of lunch boxes may mobilize care to govern 21
 22 children's eating practices and discourses, and thus, the various ways their bodies 22
 23 engage with food (Gibson and Dempsey 2013). The negotiations of the content 23
 24 of both lunch boxes and school meals are sometimes established on the basis of 24
 25 cooperation and mutual understanding, thus suggesting an ethic of care wherein 25
 26 both technical and emotional orientations towards caring *for* and *about* Others 26
 27 are intertwined. 27

28 During the 1990s, the number of school canteens continued to grow 28
 29 substantially, as did the number of children with access to school meals and other 29
 30 food programmes, such as free milk schemes. Yet most children still had their 30
 31 lunches at home. Despite their availability to almost every child, school meals 31
 32 were most effective at alleviating the effects of poverty and lack of access to food. 32
 33 Over the following years, income inequalities eased within Portuguese society and 33
 34 both new educational opportunities and the growth of the middle class paved the 34
 35 way for new habits of consumption and the development of a consumer society 35
 36 (Cruz 2011). Also, the management of school meals became decentralized and, in 36
 37 most cases, was contracted out to catering firms. Vending machines were installed 37
 38 in schools and a greater variety of products made available. Rather than following 38
 39 principles of healthy eating in schools (defined by public authorities) exclusively, 39
 40 the food provided was targeted at children's purchasing power and it encouraged 40
 41 'consumer choice', thereby illustrating a 'marketization' of care in which children 41
 42 came to be envisaged as 'customers' and individually responsible for making 42
 43 'healthy' choices. 43

44

44

1 As Mol points out, the logics of choice and care ‘may sometimes complement 1
 2 each other, but more often they clash’ (Mol 2008: 1). Whereas in the 1990s 2
 3 they seemed to complement each other rather harmoniously, with vending 3
 4 machines and school coffee shops offering a wide choice of foods (e.g. snacks, 4
 5 chocolates, fizzy drinks) alongside the single menu provided in the canteen, 5
 6 nowadays school children’s food choices are more closely monitored in order 6
 7 to ensure that they follow stricter nutritional and safety guidelines. As the 7
 8 number of hours spent in school by primary school children has increased in 8
 9 tandem with their parents’ working hours, the demand for formal care services 9
 10 for children has followed the same trend, increasing their daily consumption of 10
 11 school meals, especially amongst six to nine-year-olds. Additionally, concern 11
 12 about children’s lifestyles has grown as recent studies have positioned Portugal 12
 13 as having some of the highest childhood overweight and obesity rates in Europe 13
 14 (WHO 2013). In response to this problem, healthy food initiatives (e.g. food 14
 15 education interventions, cooking events with chefs or healthcare professionals, 15
 16 BMI monitoring initiatives), food programmes (e.g. school fruit schemes) and 16
 17 adjustments to school meal regulations have been introduced to more rigorously 17
 18 control the nutritional intake of children and young people. Stricter rules for food 18
 19 safety and hygiene were also implemented through new European Commission 19
 20 food regulations in the early 2000s (e.g. HACCP)². 20

21 The strategic value of school meals for monitoring and improving children’s 21
 22 health and to deal with this population’s high rates of overweight/obesity 22
 23 has been recognized. School meals are intended to compensate for what are 23
 24 considered to be children’s ‘unhealthy’ eating practices and deal with other 24
 25 risk factors, such as food contamination. Such aims are accomplished through 25
 26 rigorous procedures and rules for buying, storing and cooking; by pre-defined 26
 27 single option menus offering nutritionally balanced meals where the caloric 27
 28 value of food is made visible (see Table 9.1); by limiting the kinds of products 28
 29 available at school coffee shops and vending machines (e.g. crisps, chocolates, 29
 30 cakes); by circulating discourses on healthy lifestyles (e.g. being physically 30
 31 active); and through widening food choices (e.g. improving fruit, vegetable and 31
 32 fish intake while reducing levels of fat, sugar and salt). 32
 33 33
 34 34
 35 35
 36 36
 37 37
 38 38
 39 39
 40 40
 41 41

42 2 Standards of hygiene and food safety were defined by Regulation (EC) n. 852/2004, 42
 43 Official Journal of the European Union no.139 of April 30, 2004. Parliament and European 43
 44 Council. Brussels. 44

Table 9.1 Example of two days (Monday and Tuesday) of a primary school menu in Greater Lisbon (school year 2012-13)

Day	Lunch		Calories
Monday	<i>Soup</i>	Vegetables soup	128.4
	<i>Main dish</i>	Grilled poultry burger with carrots and rice	528.2
	<i>Dessert</i>	Seasonal fruit	–
Tuesday	<i>Soup</i>	Pea soup	127.8
	<i>Main dish</i>	Fish pasta with salad	439.7
	<i>Dessert</i>	Jelly	69.8

Note: The full weekly menu was visible by the school gate.

Approaching school meal practices through the lens of 'biopower' involves taking into account the multiple 'truth' discourses about people's lives and the individuals and organizations that proclaim them. It also requires attention to population-wide strategies of intervention and modes of subjectification that are embodied by individuals across different contexts of power relations with which they interact (Miller and Rose 2008).

The mobilization of care in school meal practices is situated at multiple levels of governance, such as: policy makers' filing cabinets, municipalities, universities, school boards and catering firms, local and central kitchens, canteens, coffee shops, lunchboxes, playgrounds and schools' surrounding areas. In each of these, several actors take part in processes of decision-making that are mediated by emotional and normative orientations towards Others. In recent years, care has become increasingly mobilized through normative and regulated food practices in schools. As schools have started to be perceived as spaces of health promotion, the topic of healthy food has gained greater importance in the regulation of school meals (Carvalho 2012; Horta et al. 2013). More recently, with the moralization of children's food preferences, a particular emphasis on nutrition has been underpinned by stricter rules for food provided in schools (e.g. Decree-Law n°55/2009, and subsequent revisions through Circular n° 3/2013). Still, a different kind of approach is needed to understand how these rules are circulated and embodied in the context of micro interactions of care. That is, the particular situations where care is experienced (e.g. through self-care or bodily enactments of care by Others), in contrast to the meso and macro levels, wherein narratives of care are mediated by regulations and rearranged (e.g. through scientific, political, social and economic visions). In the following section we will draw attention to the ways in which school meal biopedagogies (in their disciplinary mode) are enacted and negotiated by policy makers' filing cabinets, school board directors, catering firms' nutritionists, serving and cooking staff.

1	Disciplining Children's Eating Practices in Schools: Tensions	1
2	and Adjustments	2
3		3
4	In the previous section we used the concept of biopedagogies to highlight the	4
5	existence of regulatory strategies impacting on school meals, such as healthy	5
6	eating discourses and the regulation of school menus. However, the focus there	6
7	was on the biopolitical mode of biopedagogies, which deals with the mechanisms	7
8	intended to regulate and affect populations' lifestyles (the collective) rather than	8
9	individuals' bodies and their subjectivities (the individual). In this section, we	9
10	will look more closely at the disciplinary techniques of biopedagogies in order	10
11	to explore individuals' self-awareness. This is argued to be 'mediated by their	11
12	personal experiences, their own embodiment, their interactions with other ways	12
13	of knowing, other truths and operations of power in relation to the knowledge	13
14	produced around health, obesity and the body' (Wright 2009: 9). Although there	14
15	is room for acceptance and discipline, there are also other possible tensions and	15
16	outcomes to these power dynamics, such as resistance and rejection, negotiation	16
17	and adjustment.	17
18	Kitchen staff are responsible for regulating children's eating practices while	18
19	performing their professional duties during school time. Children, in their turn,	19
20	are expected to comply with these instructions. Yet tensions emerge during these	20
21	interactive processes. These can be seen within the initial stages of designing	21
22	school meal regulations. As mentioned by one of the interviewees in our study – a	22
23	nutritionist working in the Ministry of Education and Science – major changes in	23
24	school meal regulations are dependent upon the timing of government decisions	24
25	and the media agenda; they are often put under pressure by the interests of large	25
26	economic and lobby groups. On one occasion, it was explained to us how policy	26
27	designers had wanted to 'ban' certain kinds of foods from being available in	27
28	schools, using this same terminology ('to ban') in the directives. After pressure	28
29	from key economic players with interests in selling foods with excess fat, sugar or	29
30	salt, such as chocolate and snacks, the policy designers were strongly encouraged	30
31	to change their wording, using the milder verb 'to avoid' or the expression 'not	31
32	make available' in the food recommendations for schools instead:	32
33		33
34	We had some objectives that could not be spelt out with the exact wording we	34
35	wanted ... namely using the term 'ban'. We wanted to ban several foods ...	35
36	but this was not allowed by top senior officials in the ministry [of education]	36
37	under mounting pressures from the [names a strong economic food group in the	37
38	country] ... so the term approved was 'not make available' instead of 'to ban'	38
39	or 'to forbid' (Interview with a representative of the Ministry of Education and	39
40	Science, Lisbon 2011)	40
41		41
42	Although the proposals of the Ministry of Education and Science are frequently	42
43	in line with expert recommendations about healthy eating, the implementation	43
44	of school meal biopolitics is mediated by policy makers linked into interwoven	44

1 webs of industry vested interests, media agenda setting and public expectations of 1
 2 'proper' food. At times, the outcomes of these decisions contradict the advice of 2
 3 health professionals, which suggests that resistance may emerge even within the 3
 4 interstitial spaces of central government practices. In other situations, school meal 4
 5 guidelines do not fully comply with the recommendations of health experts, as 5
 6 these are not sensitive to the target population. For example, another representative 6
 7 of the Ministry of Education and Science recalled that once, while updating the 7
 8 recommended quantities of ingredients and nutrients within each meal, she had to 8
 9 think not only about nutritional recommendations, but also about children's taste 9
 10 preferences and, above all, about the effects of the current economic crisis on 10
 11 family budgets and consumption: 11

12
 13 We asked the Faculty of Sciences and Nutrition to define quantities suitable for 13
 14 children from pre-school to secondary school because the current ones did not 14
 15 take into account their age ... But, reducing the quantity of meat is a difficult 15
 16 task nowadays ... during a time of crisis, to tell a boy that instead of eating 100 16
 17 grams he only needs 70 grams ... it's difficult! (Interview with a representative 17
 18 of the Ministry of Education and Science, Lisbon, 2011) 18
 19 19

20 In the end, the values suggested were slightly above the stricter nutritional 20
 21 recommendations, particularly of the products children liked most, because 21
 22 the representatives of the Ministry of Education and Science were aware of the 22
 23 difficulties experienced by some families, and felt that the introduction of a 23
 24 radical change in values, such as reducing the amount of meat and increasing 24
 25 the quantity of vegetables, would eventually be reflected down the line in an 25
 26 increase in food waste in the canteen. Without necessarily ignoring expert advice, 26
 27 some stakeholders are sensitive to the importance of making small adjustments to 27
 28 nutritional recommendations and taking account of the specificities of their target 28
 29 population. This example shows how caring can be adjusted at the intersection of 29
 30 state, taste preferences, children's bodies and broader macro-economic tendencies 30
 31 like the post-2008 crisis. Still, 'good care' is difficult to accomplish by means of 31
 32 regulatory mechanisms, as these tend to normalize values around healthy eating 32
 33 and children's bodies and diets. 33

34 According to school meal guidelines issued in 2009 by the Portuguese 34
 35 Government (Decree-Law nº55/2009 and afterwards revised by Circular nº 35
 36 3/2013), following predetermined quantities for each food while preparing school 36
 37 meals has become mandatory. Nevertheless, when visiting school canteens and 37
 38 coffee shops during fieldwork, we rapidly understood how this is undermined by 38
 39 daily negotiations of food portions between children and serving staff. In fact, 39
 40 most children could ask for second helpings if they wanted (sometimes on the 40
 41 condition that they had eaten all of the previous serving). Nowadays, it is easy for 41
 42 the kitchen staff to predict the number of meals they have to prepare each day, as 42
 43 children must book their meals in advance through an electronic card. On the one 43
 44 hand, this mechanism allows catering firms to reduce their waste and economic 44

1 losses, as the number of meals prepared is more accurate. On the other hand, it 1
 2 renders them less adaptable to last minute changes. Still, most kitchens do cater for 2
 3 the possibility of children wanting second helpings. 3
 4 Besides the issue of food portions, ensuring the quality of the food provided in 4
 5 terms of its alignment with children's tastes requires overcoming various tensions. 5
 6 In fact, some schools have been able to maintain management of their canteen 6
 7 and coffee shop despite major pressures to privatize school meal services. Most 7
 8 of the time, this has to do with the fact that stakeholders such as school staff and 8
 9 even some regional authorities consider the transition to catering firms to have a 9
 10 negative impact on the quality of food provided: 10
 11 11
 12 I've been fighting to keep the canteen under our management because I know 12
 13 what they are doing. If it's a company I don't know what they're doing. I said [to 13
 14 the dinner ladies who were asking for extra help in the kitchen]: "The day I ask 14
 15 for another kitchen employee, they [the Ministry of Education and Science] will 15
 16 shut down the canteen ... what would you prefer? To keep our in-house catering 16
 17 services?" This is a question of food quality! (Head of primary and secondary 17
 18 school, Lisbon, 2011) 18
 19 19
 20 Despite the wider trend for the marketization of school meal services, the school 20
 21 management board points out how greater control over the food supplied is ensured 21
 22 by an in-house catering model, which they believe can also contribute to long- 22
 23 standing relations between children and the serving and cooking staff. Likewise, 23
 24 having a functioning kitchen in the school is important because it allows the kitchen 24
 25 staff to more easily adapt their menus to children's preferences, such as by cooking 25
 26 particular ethnic foods in schools situated near multicultural neighbourhoods or 26
 27 more cosmopolitan dishes in urban areas. However, some schools do not have 27
 28 the necessary cooking facilities and equipment. In these cases, the service is 28
 29 usually performed by catering firms wherein school meals are prepared in central 29
 30 kitchens responsible for providing food for several other schools sited in different 30
 31 localities. Meals sometimes travel several miles in thermostatic containers to their 31
 32 final destination. As reported by another interviewee, a dietician from a catering 32
 33 firm, this makes it hard to ensure that children from different schools will equally 33
 34 accept the same cooked dish. As she put it: 'It's 52 schools and us [central kitchen 34
 35 staff]. There are two thousand children who are all eating at the same time and 35
 36 the same thing. We notice that there are schools where they accept a particular 36
 37 dish better than in other schools' (Interview with a catering firm dietician, Vila 37
 38 Real, 2013). 38
 39 In almost every school in our case studies, catering firms manage both the 39
 40 coffee shop and canteen services. Apart from providing food for the children, they 40
 41 are also responsible for hiring staff, such as cooks, serving staff and nutritionists. As 41
 42 reported by the school staff we interviewed, some of the more low-skilled workers 42
 43 are on precarious short-term contracts, with low pay, a situation aggravated by the 43
 44 economic crisis in the country over the past few years, putting a strain on catering 44

1 firms and increasing their debts. Moreover, kitchen and serving staff can be quickly 1
 2 replaced after a complaint by the school about their work or malpractice within the 2
 3 food service. Most workers in school coffee shops and canteens are women, some 3
 4 belonging to immigrant and ethnic communities, with insecure and poor working 4
 5 conditions, including little training, low income, and few career prospects, as 5
 6 well working hours limited by school opening times (Fine 2005). These aspects 6
 7 of the work all raise difficulties for the consolidation of children's relationships 7
 8 with the kitchen staff, which in turn are considered to be important for 'tuning' 8
 9 children's tastes and for adjusting menus and food preparation in accordance to 9
 10 their preferences (e.g. international or regional dishes, ways of cooking and the 10
 11 use of local products). 11

12 Moreover, tensions and adjustments have also been identified in the 12
 13 management of school coffee shops and vending machines. Despite the current 13
 14 restrictions, some schools are unable to remove certain kinds of products due to 14
 15 previously-established contractual agreements made with food manufacturers and 15
 16 retailers. On occasion, there is pressure to keep these contracts in place, as they are 16
 17 important sources of income for the school: 17

18
 19 The problem with school coffee shops is the foods that are hard to remove: Ice- 19
 20 teas, sugary drinks, etc. Coca-Cola was removed. As to the vending machines, 20
 21 some schools have made an effort [to remove 'unhealthy' products], but teachers 21
 22 are not managers. There are contracts established with the vending machines 22
 23 franchisers and they can't get round that. And they continue to have problems 23
 24 with some products such as chocolate ... (Representative of the Ministry of 24
 25 Education and Science, Lisbon, 2011) 25
 26 26

27 Other schools have resisted some of the recommendations in order to enhance their 27
 28 surveillance over children's food choices. For example, by keeping the school 28
 29 coffee shop open during the lunch hour and providing particular kinds of food, 29
 30 the school discourages children from going out of school to buy more attractive 30
 31 products like hotdogs, pizzas or burgers. 31

32 Implementing food programmes and other interventions is not always an easy 32
 33 assignment. Some involve a high burden of paperwork for schools' internal senior 33
 34 managers, and the staff are not always willing to comply with this due to lack of 34
 35 time. Other programmes have very restrictive terms in the tender contract giving 35
 36 less autonomy for local producers to step in as food suppliers. Sometimes, one of 36
 37 the parties involved fails to comply with the established agreement, either within 37
 38 the local authority or the school management board. An example of this may 38
 39 be not offering a greater array of fruit, given the difficulty of accessing a wider 39
 40 variety of producers as supply is centralized and concentrated on one or two large 40
 41 fruit companies. 41

42 Governing children's bodies through healthy eating norms, programmes and 42
 43 initiatives engenders resistance and adjustment at various sites. Such processes 43
 44 are mediated by national and local stakeholders and conditioned by several 44

1 constraints that trump an ethic of care. For instance different understandings of 1
 2 'good care' (e.g. freedom of choice, health education, poverty alleviation); human 2
 3 resource's management policies (e.g. poor working conditions in catering firms); 3
 4 the availability of products (e.g. fruit variety); less-adaptable infrastructures (e.g. 4
 5 central kitchens); bureaucracy (e.g. rigid plans to follow and paperwork); and profit 5
 6 or time constraints. Although we have focused mostly on the tensions that might 6
 7 undermine the overall explicit aim to improve children's food practices through 7
 8 school meals, central and local authorities also make adjustments to enhance the 8
 9 acceptability of school meal biopedagogies to children, such as 'tuning' school 9
 10 menus to local preferences. 10

11 11
 12 12

13 **Embodying School Meal Biopedagogies: Acceptance, Negotiation** 13 14 **and Rejection** 14

15 15
 16 School meal practices and children's bodies have become increasingly politicized 16
 17 spaces of intervention (Pike 2008). However, children interact with multiple 17
 18 contexts of consumption wherein norms and values around food nutrition and 18
 19 childhood are continuously negotiated and embodied (Brembeck and Johansson 19
 20 2010). Even though children's experiences might be perceived as being managed 20
 21 by adults who take the role of 'carers', children's relationships with adults do 21
 22 not fully comply with the generational order that establishes both (children and 22
 23 adults) as socially distinct categories with marked imbalances of power. The lack 23
 24 of control children might seem to have in influencing, organizing and coordinating 24
 25 their daily practices stems from the constraints and opportunities exerted or 25
 26 defined by adults regarding children's ability to engage autonomously with such 26
 27 activities. From this perspective, childhood comprises a continuously renegotiated 27
 28 contract between children and adults wherein autonomy is pursued by children 28
 29 through challenging or simply accepting what is imposed on them. Power 29
 30 balances in children's relations with adults are dynamic and entail concessions or 30
 31 resistance from both sides (Alanen and Mayall 2001). For example, some children 31
 32 who had permission to leave the school premises often made autonomous food 32
 33 choices, such as buying snacks at the coffee shops surrounding their school or 33
 34 organized between themselves ways of getting access to food outside the school 34
 35 (see below). Moreover, although school meals consisted of a single menu with one 35
 36 choice of dish³, in some cases these menus were adjusted to consider children's 36
 37 previous experiences with the food prepared on the menu; if a certain ingredient 37
 38 was repeatedly rejected by children, caterers tended to provide it less often to 38
 39 avoid waste. 39

40 40
 41 41

42 3 Present Portuguese rules for school meals state that the single menu must consist of a 42
 43 soup made of fresh vegetables, one dish of meat or fish (on alternate days) and salad, brown 43
 44 bread, dessert (fruit, ice cream or yogurt) and water (this being the only drink allowed). 44

1 By focusing on children's agency, we take into consideration their active 1
 2 involvement in the negotiation of their eating habits (James et al. 2009). This 2
 3 perspective gives us a better understanding of the 'efficiency' and strength of 3
 4 school meal biopedagogies in children's bodies, as well as the tensions emerging 4
 5 during those processes. According to Mol et al. (2010: 10) bodies are 'unruly' 5
 6 elements of care that often do not submit to one's own wishes or those of carers. 6
 7 Thus, mobilizing care cannot be reduced to a rationalist or authoritative experience 7
 8 but, above all, needs to take into account a 'persistent tinkering in a world full of 8
 9 complex ambivalence and shifting tensions' (ibid.: 14). Thus, children continuously 9
 10 engage in different social, spatial and material relations affecting their bodies, 10
 11 senses and knowledge about food. Their food lived experiences, to cite Carolan 11
 12 (2011), often collide with the regulatory mechanisms designed to normalize their 12
 13 bodies, such as school menus. 13

14 In the focus groups conducted with children, their opinions about school meals 14
 15 were ambiguous and, while some criticized certain aspects of the food provided, 15
 16 others admitted that they were pleased with it. Most children said they did not like 16
 17 eating soup or vegetables, fish, and sometimes, fruit. They complained that the 17
 18 soup was watery, unseasoned and had visible vegetable lumps in it, that the salad 18
 19 was too salty or had an excess of vinegar, and that fish was served complete with 19
 20 bones and skin, making it difficult to eat. Some criticized foods, such as fruit, for 20
 21 having a rotten-looking appearance after being sliced up (i.e. oxidized apples) and 21
 22 burgers for their greyish colour (as they were made of turkey meat, cooked in the 22
 23 oven and not in a frying pan). Such critiques were usually followed by visceral 23
 24 reactions of disgust and repulsion, such as 'yuk' and 'bluerghhh'. 24

25
 26 Interviewer: Do you like the food here at the canteen? 26
 27 27

28 Various children: Nooooo! 28
 29 29

30 Patricia: Yuk! [pulls a face] 30
 31 31

32 Margarida: Now they cook loads of vegetables! And I don't like vegetables 32
 33 so ... I eat half or almost nothing. And I eat fruit, bread and soup ... 33
 34 34

35 (Focus group with children, secondary school, Lisbon, 2012) 35
 36 36

37 Beyond embodied and visceral displays of food rejection, children's resistance 37
 38 to school meals was also performed during our fieldwork in other ways. For 38
 39 example, piling up soup plates to hide leftovers; hiding the salad inside the bread 39
 40 and throwing it onto the floor underneath the table; swapping food with colleagues 40
 41 or even force vomiting when asked to eat foods they disliked. Still, the most 41
 42 common mode of resistance was simply to not eat their meals (boycotting) or to 42
 43 only eat the products they liked the most (food discrimination), thus leaving food 43
 44 behind on their trays (which eventually ended up in the waste). 44

1 We also observed children's more sophisticated strategies for avoiding 1
2 adults' control over their food choices as they tried to gain access to products not 2
3 available in school coffee shops. While primary school pupils are not allowed to 3
4 leave school premises, those in secondary school can leave, but only with their 4
5 parents' permission. Still, as observed in the playground, children do find ways to 5
6 leave school or, if not, they ask others who have permission to leave to buy them 6
7 food from outside. On one occasion, we witnessed several children giving money 7
8 to a young girl so that she could buy them food from the retail shops outside the 8
9 school. On her return she carefully passed the snacks, chocolates and sweets to 9
10 the children who had ordered them through the school fence in order to avoid the 10
11 security at the main gate. When we discussed this episode with the school security 11
12 guard he told us that he was well aware of these 'sneaky' strategies, and that some 12
13 children even profited (by asking for a small fee) from collecting food orders for 13
14 others who could not leave school. Yet, he added that his hands were tied because 14
15 these children had permission from their parents to go outside. 15

16 Children frequently compared school meals to their family meals, such as those 16
17 cooked by their parents and grandparents, in order to establish quality standards. 17
18 In almost every case, the latter were commonly perceived as the standard of good 18
19 food quality. As recounted in the focus groups with children and their parents, 19
20 family meals tend to accommodate family members' food preferences through a 20
21 continuous and systematic daily negotiation of likes and dislikes, which can be 21
22 seen as a continuous 'tinkering' (Mol et al. 2010) of careful eating practices. 22

23
24 Inês: I like the taste of my mother's food better ... I often say, 'Mum I'd much 24
25 rather eat at home than at school'. 25

26
27 Nuno: For me [the food at school] is different because at home I like the food, I 27
28 think it tastes better ... because I've known it since my childhood and because 28
29 it's cooked by my grandmothers. 29

30
31 Ricardo: I prefer homemade food mainly because of its taste. 31

32
33 (Focus group with children, primary school, Lisbon, 2012) 33

34
35 Although school kitchen staff told us how they make an effort to prepare meals in 35
36 a similar way to home cooking, the fact is that preparing dozens of meals requires 36
37 different skills and experience and it is often difficult to accommodate everyone's 37
38 taste. In some cases they had tried to adapt their menus by testing new flavours 38
39 and removing old ones in accordance with children's preferences. They also 39
40 prepared children's favourite meals on special days. Such dishes were often meat- 40
41 based or inspired by national and local cuisine (e.g. grilled beef, roasts, and salted 41
42 dried codfish), international dishes (e.g. lasagne, spaghetti Bolognese, pizza), fast 42
43 food (e.g. chips, burgers, chicken nuggets) and ethnic foods (e.g. African curries, 43
44 Chinese and Mexican food). 44

- 1 However, we identified differences in the ways children engaged with food 1
 2 across the various schools. In urban and suburban areas, these varied significantly 2
 3 according to the different socio-economic status of children's families. In the 3
 4 most affluent schools under study, children's food lived experiences consisted of 4
 5 regular family meals, eating out during the weekends, a few outings to fast food 5
 6 restaurants, tasting international cuisine while travelling to other countries, having 6
 7 lunch at home or in restaurants during the week, bringing snacks from home or 7
 8 buying them at the school coffee shops or in the surrounding area. 8
 9 9
 10 Interviewer: What is the strangest fruit you have ever eaten? 10
 11 11
 12 Frederico: It's a Brazilian fruit. It is yellow, with spikes. It's weird ... 12
 13 13
 14 Marta: One that my mother brought from China. I don't know what it is. 14
 15 15
 16 Bernardo: I can't remember the name but it is a fig that has peaks and grows 16
 17 in cactus 17
 18 18
 19 (...) 19
 20 20
 21 Interviewer: What restaurants do you usually go to? The fast-food chains, 21
 22 McDonalds, pizzerias ... ? 22
 23 23
 24 João: I go to a pizzeria that makes homemade pizzas called [says the name of a 24
 25 local Italian restaurant], which is close to my house but we stopped going there 25
 26 because once we were not served very well. 26
 27 27
 28 Interviewer: What about you Carlota? 28
 29 29
 30 Carlota: I go to [says the name of the same local Italian restaurant], it's 30
 31 underneath my building, and I go to McDonalds, but not often – only once a 31
 32 month – and whenever I go to the shopping centre. 32
 33 33
 34 (Focus group with children, secondary school, Lisbon, 2012) 34
 35 35
 36 These children often avoided having lunch at school, and when they did, it was 36
 37 mostly on the days in which the menu was offering their favourite dishes. In terms 37
 38 of their food preferences, we noticed that they varied greatly and included national 38
 39 and international dishes containing fish, seafood and meat, such as steak with 39
 40 coffee sauce, shrimps, salmon, wild-boar meat, and pizza. 40
 41 In the less-affluent schools studied, the children would seldom go to restaurants. 41
 42 They mentioned having breakfast or buying snacks outside school more often than 42
 43 the affluent ones and they were also more dependent on having lunch at school. 43
 44 Their food preferences in turn were primarily composed of fast food, such as 44

1 pizza, hamburgers and frozen lasagnes, and take-away, such as chicken. In the 1
 2 schools under study in predominantly rural areas, socio-economic differences 2
 3 were not so explicit in children's engagements with school meals. In most cases, 3
 4 their food preferences consisted primarily of dishes from their regions, such as 4
 5 meat roasts cooked at home and less frequently, international fast-food dishes such 5
 6 as pizza or burgers. For example, in the focus group with primary school children 6
 7 from a rural area close to the northern city of Vila Real, when asked whether they 7
 8 liked to go to McDonalds (even though a few admitted they liked it), one boy 8
 9 replied 'I don't like plastic food! I'm used to homemade food ...' Regarding their 9
 10 acceptance of school meals, most declared they liked the food provided though 10
 11 they still preferred the food cooked at home. Plus, a considerable number of these 11
 12 children had vegetable gardens at home and their families kept animals such as 12
 13 cows, chickens, ducks, and horses. In these cases, children were used to playing 13
 14 around the animals and to helping their parents collect certain kinds of foods like 14
 15 eggs, aromatic herbs and vegetables. 15

16
 17 Interviewer: What animals do you have in your farm? 17

18
 19 Pedro: I have horses, cows, calves and a donkey. 19

20
 21 Carlos: I've got ... not horses, but ducks, chickens, pigs, dogs and cats. 21

22
 23 (Focus groups with children, primary school, Vila Real, 2012) 23

24
 25 Despite the disciplining ambitions of regulatory mechanisms such as school meal 25
 26 regulations, practical adjustments emerged as almost inevitable and, in some 26
 27 cases, necessary to promote the acceptability of school meals. Although there 27
 28 are several factors influencing their degree of flexibility (e.g. school or catering 28
 29 firm management, staff continuity, local/central preparation of meals), adjusting 29
 30 procedures for food provision in schools requires negotiating with and learning 30
 31 from children's food lived experiences and therefore listening to their bodies. 31
 32 While some schools were attentive to such issues, others lacked the resources to 32
 33 develop solutions that match both the recommendations for healthy eating and 33
 34 children's preferences. 34

35 36 37 **Concluding Remarks** 37

38
 39 The organization of school meals entails a wide range of practices that make it 39
 40 possible to mobilize care through providing food for children. By perceiving 40
 41 school meal biopedagogies as devices for governing children's food practices and 41
 42 bodies, an ethic of care implies negotiating knowledge and understandings that are 42
 43 produced during the exercise of 'biopower' (Wright and Harwood 2009). As we 43
 44 have shown, school meals' biopedagogies in their biopolitical mode often interfere 44

1 with negotiations between different governmental stakeholders (e.g. central 1
 2 and local authorities, public officers' filing cabinets, market entities, scientific 2
 3 communities). Still, the ways in which carers (e.g. serving and cooking staff, 3
 4 teachers, nutritionists within catering firms and local municipalities) and children 4
 5 engage with such rules that instruct their food practices are conditioned by practical 5
 6 constraints and lived experiences. As a result, mobilizing care is carried out in 6
 7 spaces of tension where children's bodies often collide with these biopedagogies 7
 8 by performing resistance, rejection and adjustment through negotiation. Although 8
 9 some adjustments may compromise the principles of healthy eating, they are 9
 10 important forms of promoting acceptability and embodiment. 10

11 Moreover, by perceiving school meal practices to be innovative and creative 11
 12 rather than mechanically determined, we have been able to redirect our focus of 12
 13 analysis to the tensions and contradictions emerging from the processes of food 13
 14 embodied politics. As argued by Mol et al. (2010: 13) dealing with insurgent 14
 15 bodies and improving the efficiency of care is mostly a matter of 'practical 15
 16 tinkering' and 'attentive experimentation'. Care, as observed, is about negotiating 16
 17 institutional notions of 'good care' with children and their bodies' whims. Despite 17
 18 different lived experiences leading to variations in the ways in which children 18
 19 engage with the meals provided by schools, they are involved in a continuous 19
 20 process of learning and of 'becoming' where tinkering is important to mobilize 20
 21 an ethic of care. Thus, self-awareness and monitoring strategies should perhaps 21
 22 be downplayed in school meal policies. An attention to careful eating through 22
 23 enacting an embodied food politics should be more emphasized to establish new 23
 24 ways of (even if always precariously) ordering children's food practices. 24
 25 25
 26 26

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44 44

Afterword

The Everyday Biopolitics
of Care-full Eating

Michael K. Goodman

The fascinating chapters in this book critically analyse the deeply theoretical, empirical and practical relationalities of eating, care and embodiment. As argued across the volume, multi-directional mediations among bodies, foods and caring create and are created by contingent assemblages of being in the worlds of eating. But, as the chapters also show, these relationalities are nothing if not fully political and politicized, in addition to being culturally and economically conditioned, across the scales of the personal and individual to those of the family, community, region, nation and globe. Thus, what is being spelled out in the vibrant and multi-coloured backlight of this volume is a biopolitics of the everyday: Eating and caring matter for our own and Others' fleshy bodies, whilst eating bodies transform, disrupt and co-constitute caring, not just in the multiple spaces of daily reproduction and routine, but also in those social spaces embedded with multiple ideologies and moral economies.

Caring for one's own eating body through the ingestion of food is a daily requirement as is, for many (but arguably mostly women), caring for others through the provisioning of food for children, partners, parents and friends. But so too can we now, through globalized commodity networks such as fair trade, relatively easily care for those Others and other ecologies we, in the relatively well-fed Global North, have deemed suitable to be cared for through ethical consumption. In this, ethical consumption is as much about caring for the self in drinking high quality coffee and/or eating tasty, organic meats as it is about the care for and about the Others who are able to grow and supply this quality. Yet, these requirements for quality and distinction throw up a number of biopolitical complications and borders at the heart of market-led, neoliberal forms of care-full sustainability that selectively connect us to *particular* Others and *particular* ecologies (Goodman 2013). Care, in this instance, facilitates and continues the processes of uneven development (Goodman et al. 2012).

Simultaneously, however, through global food and eating networks of the likes of fair trade, we seem to have overcome that bedevilling problem of caring about and for bodies and ecologies over spatial distance, given that ethical consumption challenges the assumption that we care most for those geographically close to us (cf. Barnett et al. 2005; Smith 1998). In essence, distance is much less of a problem for more contemporary practices of care as globalization and global connections

1 through material and virtual means continue apace. Rather, it is *social* distance 1
 2 between bodies that seems much harder to overcome and which continues to 2
 3 bedevil. Think about it: We often avoid and step-over – both psychologically and 3
 4 physically – the homeless person asking for spare change outside the supermarket 4
 5 on our way to spend that money on a nice bag or cup of fair trade coffee. In a way, 5
 6 the immediacies of care can now quite easily traverse spatial distance through the 6
 7 immediacies of shopping for particularly ‘care-full’ foods. Bodies a world away 7
 8 are connected through fairness and care, while other closer, but perhaps more 8
 9 socially-distant and stigma-laden, bodies are often avoided so as to evade those 9
 10 more uncomfortable, bodily-present relations. 10

11 In all of this, the hunger to care for ourselves and o/Others – as mediated by the 11
 12 eating of food – is as much bodily and visceral as it is thought-about and chewed 12
 13 over; as much individualized as it is social; as much open and choice-laden as it 13
 14 is constrained and conditioned; as much about taste (in all its senses) as it is about 14
 15 access and ability. This, then, gets at what the volume’s editors and several of its 15
 16 authors implicitly and explicitly refer to as the ‘slipperiness’ of the meanings, 16
 17 practices and outcomes of care. Defining care as slippery shines much needed 17
 18 intellectual light not only on care’s meaningful and practical multiplicities across 18
 19 the foodscape, but also on how the weavings of care in, out and around eating 19
 20 point to its spatial and temporal contingencies. Exploring these multiplicities and 20
 21 the geographical and temporal contingencies of food and care is something that 21
 22 scholars of both foodscapes (e.g. Johnston and Goodman 2015) and ‘carescapes’ 22
 23 (Bowlby 2012) are at increasing pains to critically interrogate. Refracting these 23
 24 questions through the specific relationalities of eating bodies and the politics of 24
 25 caring, as is done in this volume, signals their conceptual and practical centrality 25
 26 to everyday biopolitics. 26

27 Importantly, the ways and means by which caring and eating are slippery 27
 28 but also made to *be* slippery points not only to these relative contingencies of 28
 29 food and care, but also to the ways in which they are fundamentally enmeshed 29
 30 with questions of power across food’s carescapes. Take, as a combined example, 30
 31 foodbanks in the UK and foodstamps in the US. Both are seemingly provisioned 31
 32 under the guise of caring for the most marginal, needy and food-insecure in their 32
 33 respective societies, the former mostly provided by a Christian charity known as 33
 34 the *Trussell Trust*, the latter provided through the means-testing processes of the 34
 35 US Government. Statistics show that at the moment, close to a million people 35
 36 access and use foodbanks in the UK (Trussell Trust 2014) and the number of 36
 37 foodstamp recipients in the US has skyrocketed post-2008, with 50 percent of 37
 38 American school age children now classified as ‘low income’ (Southern Education 38
 39 Foundation 2015). 39

40 And, yet, if one were to listen to and believe the current mean-spirited chorus 40
 41 of conservative and right-wing pundits, commentators and politicians, these 41
 42 spaces and instruments of food care, however minimal they might be, are the 42
 43 exact opposite: For these figures, they are spaces and instruments of *un-care* 43
 44 that reproduce relations of dependence through the perpetuation of a culture of 44

1 ‘taking’ without ‘making’ that creates ‘bad’ citizens, bodies and individuals. As 1
 2 highly visible commentators – almost none of whom have ever experienced the 2
 3 struggle, anger and shame of being hungry – they have worked to flip this problem 3
 4 on its head. As they have it, instead of providing further and greater sources of 4
 5 food in societies defined by recession, wage stagnation, greater tax-burdens on 5
 6 the poor and vastly unequal political power, care should be provisioned through 6
 7 the reduction of welfare payments and the demonization of foodbank clients and 7
 8 foodstamp recipients. Without these sources of ‘free’ food, these people will, 8
 9 therefore, ‘bootstrap’ themselves out of poverty, with the spectre of hunger acting 9
 10 as a motivational force to work that much harder for themselves and their families. 10
 11 The ideology and logic is thus: Taking away these ‘free’ goods is a form of care 11
 12 in the ‘tough love’ that motivates society’s takers and skivers. So while, in these 12
 13 discourses and policies, un-care is positioned neatly as a form of care, the debates 13
 14 over food welfare have worked to demonize and exclude those with the least 14
 15 amongst us, confining them even further to the margins of society. 15

16 Indeed, food has historically always been at the centre of the powerful and 16
 17 conflicting politics of care and un-care through, for example, famines and their 17
 18 responses, how and by whom ‘deserving’ populations are defined, and who is and 18
 19 is not a ‘good’ eating citizen (e.g. Nally 2011). A more contemporary example of 19
 20 this is, of course, obesity, whereby the overweight are either simply dismissed or 20
 21 excluded as ‘bad’, overly fleshy citizens unable to keep their mouths shut and their 21
 22 bodies under control (Colls and Evans 2013). Most broadly, then, at this rather 22
 23 austere and insecure moment in history, we are seeing the growing expansion of 23
 24 a revanchist food and care politics designed for and affecting a maximum ‘mean- 24
 25 ness’ bereft of empathy or a desire to understand the daily stresses, routines or 25
 26 capabilities of some of society’s most vulnerable citizens. 26

27 For me, the intellectual and affective inspiration to overcoming these 27
 28 revanchist movements is located at the centre of the two fundamental questions 28
 29 animated in this book: Why and how do we care about what Others eat? Posing, 29
 30 exploring and analysing these two questions are *themselves* a form of care about 30
 31 and for ourselves, for o/Others and for our wider socio-spatial worlds. They have, 31
 32 or at least *should* have, a normative penchant for social justice – the bigger, older 32
 33 brother of food justice (e.g. Cadieux and Slocum 2015; Guthman 2014; Slocum 33
 34 and Cadieux 2015) – at their very centre. Much beyond their robust scholarly 34
 35 interest, these two questions have, or again at least should have, at their core a 35
 36 sense of curiosity, understanding, and most importantly, empathy and compassion 36
 37 for the socio-economic situation of those with less than we have. These are, at their 37
 38 essence, *humanizing* questions about the biopolitics of the everyday that contain 38
 39 within them the crucial possibility of teasing out what it means to be eating, caring 39
 40 and embodied humans in an increasingly dour world of inequality. 40

41 But, really, *why* do we care about what Others eat? In addition to the 41
 42 illuminating reasons examined in this volume, I think we care because it allows us 42
 43 to define the similarities and differences that define who we are as individuals, as 43
 44 families and as communities. This question of ‘why’ is about both the negative and 44

1 positive effects of defining members of our immediate or far-flung community, 1
 2 who we might bring into that community as well as what cultural and cuisine- 2
 3 related common ground we might or might not hold. Food, eating and caring 3
 4 define and bound communities of and through affect, relations and feeling. We 4
 5 care because this is a shorthand for who we know and should know, engage with 5
 6 and be around or, put in a different way, with whom we should be breaking bread. 6
 7 Finding, analysing and theorizing about these common culinary – and indeed, 7
 8 social and cultural – grounds is a critical step in pushing back against the current 8
 9 tide of food's revanchist cultural politics. 9

10 Drawing on some of my own contributions (e.g. Goodman 2014; Goodman in 10
 11 press; Goodman and Sage 2014), I feel that there are two further reasons for why 11
 12 we might care about eating. The first involves and orbits around body sizes and 12
 13 shapes. Here, we anxiously care about o/Others who are deemed too fat or too thin, 13
 14 that they eat too much or too little and/or that they eat the 'right' or 'wrong' foods 14
 15 that then sculpt their bodies in particular ways. This, of course, is tied directly 15
 16 to the patriarchal gaze and its processes of disciplinary 'normalization' of the 16
 17 female/male body. For many people, this is experienced as the troubling, socially 17
 18 constructed, power-laden anxieties of belonging and, literally, fitting-in through 18
 19 particularized regimes of eating that are relational to caring for and about bodies. 19

20 Secondly, we seem to care about what o/Others are eating in the context of 20
 21 ecological health and the desire for them to do their part for the planet. Meat 21
 22 and products produced and shipped over long 'food-miles' have come in for a 22
 23 particularly bad time (cf. Sage 2012). The problem here is that, as Julie Guthman 23
 24 (2011) has continually pointed out, this works to overtly responsibilize consumers 24
 25 and their choices into *the* actors and actions that will make the planet a better 25
 26 place. This, of course, is something that not all of us are able to do. Indeed, 26
 27 here is another place where those without the means have been harangued into 27
 28 submission through the continuing chorus that food is *too* cheap (cf. Abbots and 28
 29 Coles 2013) and that saving the planet is merely a function of choice, which, of 29
 30 course, says nothing about costs, access and actual planetary impacts of these 30
 31 forms of individualized responsibilization. Thus, being unable to care through 31
 32 organic and more sustainable food has, too, become a kind of trope of un-care – as 32
 33 well as one barren of any political economic sensibilities – for those with the least 33
 34 among us. 34

35 Even Jamie Oliver has gotten into the act, but this time by haranguing the poor 35
 36 for not buying, cooking or eating healthier foods (Barnes 2015). Jamie certainly 36
 37 cares about what we eat – the sales of his healthy eating cookbooks notwithstanding 37
 38 of course! – but he does this in ways that are seemingly bereft of understanding of 38
 39 the experiences of those not in his circumstances. Thus, care embodied in the likes 39
 40 of Jamie and other, similar TV and media personalities crosses into the territory 40
 41 of interference (Rousseau 2012) and a powerful way through which Otherness 41
 42 is created, established and embedded in contemporary foodscapes (cf. Leer and 42
 43 Kjoer 2015). 43

44 44

1 Turning to the second question – *how* do we care about what others eat? – the 1
 2 obvious and most salient answer is, from my perspective, through the media 2
 3 and its representations of food, eating and bodies. From competitive weight- 3
 4 loss programmes, to competitive cooking, to the more voyeuristic shows on 4
 5 the struggles of obese/thin individuals, to ‘freaky eaters’, to the more standard 5
 6 documentaries, chop-and-chat shows, to those dedicated, pedagogical ‘healthy 6
 7 eating’, quick recipe cooking programmes (and related cookbooks), media content 7
 8 seems overtly obsessed with what, how, and why we eat the things we do. And 8
 9 yet, many of these how-to-cook-healthy-meals-quick shows along with the thank- 9
 10 goodness-I-don’t-eat-that voyeuristic programmes simply get it wrong, both in 10
 11 terms of their moralizing as well as their practical advice (Eli and Lavis 2014). 11
 12 Indeed, what could be more *care-full* when cooking for someone than preparing 12
 13 their favourite dish regardless of health or time? And, as research shows, many 13
 14 poor mothers, as the primary carers and preparers of meals, tend to cook meals 14
 15 they know their children will eat, with concerns about health pushed firmly and 15
 16 frequently into the background (Bowen et al. 2014; Cairns and Johnston 2015). 16
 17 Feeding children foods they enjoy is a rational, adaptive strategy that works to not 17
 18 only ensure their children are not hungry but also, for those on a limited budget, 18
 19 that food does not go to waste. In a very real way, food and eating experimentation 19
 20 through taste innovation and development – what we are continually encouraged 20
 21 to do by TV shows and other food media – is now more than ever limited to the 21
 22 specific audiences of the ‘worried-well’ middle and upper-classes. 22
 23 Taking this a bit further, Mike Carolan’s (2011) concept of ‘tuning’ – deployed 23
 24 to describe the ways corporations have ‘tuned’ bodies for the tastes of industrial 24
 25 foods – can be re-purposed here in the context of the media, eating, caring and bodies. 25
 26 In short, this is a powerful idea embedded with notions of practice, embodiment 26
 27 and viscosity. Food media, with its growing penchant for moralization, pedagogy 27
 28 and boundary-making, is, thus, a powerful force in ‘tuning’ us to whom and 28
 29 what we should care about – and how to do this – across our foodscapes. Food 29
 30 media, whether a cooking show, a documentary or news coverage of politicians 30
 31 disparaging foodbank clients, is now central to the biopolitics of the everyday 31
 32 through its tuning of ‘good’ food, ‘good’ eaters and ‘good’ citizens. The follow 32
 33 up to this is, of course, a rather pointed set of questions: How do we *re-tune* food 33
 34 media to, first of all, notice socio-economic difference and take this seriously and, 34
 35 second, approach this difference with empathy, understanding and, as in this book, 35
 36 care and caring as normative means *and* ends? These are critical questions for 36
 37 future work around careful eating that, at least for my money, might just have food 37
 38 justice situated at their intellectual core. 38
 39 Overall, the power of the intellectual, analytical and practical questions 39
 40 put forward in this book should not be underestimated. To care about and for 40
 41 food, care, eating and bodies is to be concerned about finding a transformative 41
 42 care politics and carescape, to care about people as humans with anxieties and 42
 43 concerns about themselves and others, as well as the multiple and conflicting 43
 44 understandings and practices of what food, eating and care is and should be. It 44

1 is about reclaiming these revanchist food spaces back and flipping *them* on their 1
 2 head in the kitchen, in the cafeteria, in the restaurant, in food media and in society 2
 3 more broadly. Understanding and bettering the relationalities of caring, eating and 3
 4 bodies is central to the functioning of a just and civil society and *Careful Eating* 4
 5 unequivocally sets us on these critical and uncompromising pathways. 5

6 6
 7 7

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12 12
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