FOOD, EATING, AND THE BODY: AN ACCOUNT OF WOMEN’S
LIVED EXPERIENCES ACROSS THE LIFESPAN

by

Maria C. Antoniou

A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Department of Adult Education and Counselling Psychology
Ontario Institute for the Studies in Education
University of Toronto

©Copyright by Maria C. Antoniou 2009
The purpose of this study was to explore women’s subjective food and eating experiences from childhood through to adulthood and the ways in which these experiences either connected or disconnected them from their appetites for food and eating. The present study used a qualitative life history methodology, the goal of which is to assess individuals’ lived experiences to construct broader contextual meaning. In-depth interviews were used to investigate food and eating experiences among twelve women between ages 25 and 44, representing diverse social and cultural backgrounds as well as current and past eating problems.

Participants took part in an open-ended interview, using a series of guided questions about their food and eating experiences from childhood through to adulthood. The interviews were transcribed and analyzed for themes using the constant comparison method. Two models emerged from the data in this study that described the social factors that connected and disconnected women from their appetites and eating. The Regulating Discourses Model which outlines current ways women negotiate appetite and desire through food and eating experiences, and the Socialization through Food and Eating Model which delineates socialization processes related to food and eating during women’s development. This research may be useful for counselors, health care professionals, as well as the larger community to increase awareness on ways to maintain girls’ and women’s connection to their bodily appetites and desires throughout the lifespan.
ACKNOWLEDGEMENTS

Throughout my journey as a doctoral student, many people have offered me their unconditional support and encouragement along the way. This dissertation would not have been completed in such a timely fashion, without these individuals and I would like to extend my gratitude and appreciation to those who were a positive influence in my life throughout this endeavour.

To begin, I would like to thank all the women who shared their time and their personal stories with me as part of this research study. Thank you for teaching me about the complexity of your social experiences and how these contributed to your relationship to food, eating, and to your bodies.

I would like to say thank you to all my friends and family who have helped me during times of confusion or frustration by offering their insightful words and for celebrating with me each little accomplishment along the way. I would like to extend my deepest thanks to my husband Antonios, for his patience, tolerance and understanding. Even during my moments of insurmountable frustration and irritability, he always offered comforting words that either motivated me to push myself a little further or that helped me to recognize my limits. Thank you for believing in my abilities, even when I had doubts.

I want to say thank you to my sister Joanne for her many hours of help on the project and for your interest in my research. Thank you for hearing my frustrations and offering your insightful suggestions. To my colleague and friend Christine, thanks for being available to listen to my scattered thoughts and ideas and your help in making sense of them. You simply have a way with words.

I am extremely grateful and appreciative for the opportunity to work with my supervisor, Dr. Niva Piran. Thank you so much for your kindness, support, understanding, insight and your
hard work. You always encouraged me to look at things differently and to take risks, to push myself beyond my comfort zone. I learned so much about myself from working with you. Thank you for unconditionally supporting my academic goals and for working with me in a collaborative way. I always felt heard and validated and I thank you for making my doctorate a positive experience.

I would like to thank my committee members, Dr. Gail McVey and Dr. Karin Jasper for their support, words of encouragement, and insightful feedback. Thank you for helping me to stay focused on the finish line and reassuring me that there is light at the end of the tunnel. I would also like to extend my appreciation and thanks to my external examiner, Dr. Barbara Morrongiello. Thank you for providing me with feedback in a positive and encouraging way and for challenging me to think about my research in new and different ways.

I would like to thank my parents, Albert and Carla Giglio, for their support and encouragement over the years. Thank you for teaching me about hard work, determination, and perseverance. I am grateful for all your love and support during my academic career. Finally, I would like to thank my dearest grandma Gloria. Not only have you always encouraged and taken an interest in my academic development, you helped me develop into the strong feminist I am today.
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................... ii

ACKNOWLEDGEMENTS ............................................................................................. iii

LIST OF FIGURES ........................................................................................................ ix

LIST OF APPENDICES ............................................................................................... x

DEDICATION ................................................................................................................ xi

INTRODUCTION ........................................................................................................... 1

Chapter One
LITERATURE REVIEW
   Infancy and Childhood ................................................................................................. 3
       Object-Relations Perspectives and Early Developmental Theories on Eating ................ 3
       Relational Influences on the Internal Regulation of Eating ........................................ 9
       Parental Influences .................................................................................................... 9
       Behavioural and Attitudinal Factors Influencing Parental Feeding Practices ............... 9
       Parental Weight Concerns and Dieting Practices ..................................................... 15
       Gender: The Feminine Identity ................................................................................ 16
       Parental Influence in the Context of Race, Ethnicity and Social Class ......................... 19

Adolescence .................................................................................................................... 22
   Parental Influences .................................................................................................... 24
   Peer Influences .......................................................................................................... 26
      Peer Influence through Conversation .................................................................... 26
      Peer Influence through Encouragement and Modeling ........................................... 28
   School Influences ...................................................................................................... 30
      School Social Norms ............................................................................................... 30
      Teasing Experiences ............................................................................................... 30

Adulthood ....................................................................................................................... 33
   Eating and Connection to the Body in Adulthood ....................................................... 33
      Embodiment ............................................................................................................ 33
      Objectification Theory ......................................................................................... 37
   The Meanings of Food ............................................................................................... 40
      Food, Weight, and Health ..................................................................................... 40
      Food and Femininity ............................................................................................ 44
      Food and Social Desirability ............................................................................... 47
      Food, Ethnicity and Social Demographics ........................................................... 48
      Women’s Role as Care Takers ............................................................................. 53
   Rationale for the Current Study ................................................................................ 56
Chapter Two…………………………………………………………………………………….. 58
METHODOLOGY……………………………………………………………………………… 58
Qualitative Research......................................................................................... 58
   Life History Approach to Qualitative Inquiry............................................ 58
   Situating the Researcher’s Lived Experience............................................ 60
Research Participants.................................................................................... 61
   Participant Summaries.............................................................................. 63
Procedure......................................................................................................... 69
   Participant Recruitment............................................................................ 69
   Telephone Screening............................................................................... 70
   The Interview............................................................................................ 71
Data Analysis................................................................................................... 72
Chapter Three……………………………………………………………………………….. 75
EMERGENT MODELS OF FOOD AND EATING EXPERIENCES. ................. 75
   Regulating Discourses Model................................................................. 75
      Hunger and Appetite............................................................................ 76
      Prohibiting Discourses....................................................................... 79
         Ideal Body....................................................................................... 79
         Ideals of Femininity......................................................................... 85
            Sexuality and Sexual Desires....................................................... 85
            ‘Feminine’ Ways of Eating.......................................................... 87
      Health and Wellness............................................................................ 90
      Permitting Discourses........................................................................ 95
         Eating in Relation to Others............................................................ 95
            Pregnancy..................................................................................... 96
         Eating in Relation to Others’ Eating............................................... 98
      Meeting Emotional Needs.................................................................. 100
         Comforting Negative Emotions..................................................... 101
            Comfort....................................................................................... 101
            Stress and Anxiety...................................................................... 103
            Sadness....................................................................................... 105
         Expressing Positive Emotions........................................................ 107
            Celebration................................................................................... 107
            Reward......................................................................................... 108
      Summary of the Regulating Discourses Model.................................... 109
Chapter Four……………………………………………………………………………….. 112
SOCIALIZATIONTHROUGH FOOD AND EATING EXPERIENCES.................. 112
   Familial Influences................................................................................. 112
      Molding the ‘Good’ Girl: Gender Socialization through Food
      and Eating......................................................................................... 113
         Ideal Body....................................................................................... 114
            Messages in Childhood............................................................... 114
            Messages in Adolescence............................................................ 117
            Messages in Young Adulthood...................................................... 120
      Sexuality and Sexual Desire............................................................... 123
      Gender Role Expectations................................................................ 126
         The Role of Females as Subordinate............................................... 126
         The Role of Females as Caregivers................................................ 131
<table>
<thead>
<tr>
<th>Socializing Food Values</th>
<th>Learning Social Rules</th>
<th>Responsibility</th>
<th>Respect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Obedience</td>
<td>Behavioural Tactics</td>
<td>Cleaning One’s Plate</td>
<td>Restricting Food Choices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning about Food and Desire</td>
<td>Pleasure and Enjoyment</td>
<td>Celebration and Tradition</td>
<td>Social Connectedness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning to Cope with Negative Emotions</td>
<td>Learning about Privilege</td>
<td>Food Choices and Food Availability</td>
<td>Experiences of Fitting In</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary Familial Influences</td>
<td>Chapter Five</td>
<td>PEER INFLUENCES</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Messages about Appearance</td>
<td>Positive Comments</td>
<td>Negative Comments</td>
<td>Diet Talk and Behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Comparison</td>
<td>Puberty</td>
<td>Sexual Desirability</td>
<td>Cultural Transitions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Factors</td>
<td>Peer Groups Rejecting Body Ideals</td>
<td>Food and Desire</td>
<td>Summary of Peer Influences</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter Six</td>
<td>DISCUSSION</td>
<td>Regulating Discourses Model</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prohibiting Discourses</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideal Body</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideals of Femininity</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ideals of Health and Wellness</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permitting Discourses</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eating in Relation to Others</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeting Emotional Needs</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Socialization Through Food and Eating Experiences</td>
<td>207</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parental and Other Familial Influences</td>
<td>207</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender Socialization</td>
<td>207</td>
</tr>
<tr>
<td></td>
<td></td>
<td>‘Ideal’ Body</td>
<td>208</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexuality and Sexual Desire</td>
<td>211</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender Role Expectations</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Socializing Food Values</td>
<td>215</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Main Themes Related to Permitting and Prohibiting Discourses</td>
<td>76</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Themes and Sub-Themes Related to Eating to Meet Emotional Needs</td>
<td>101</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Main Themes Related to Familial Influences</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Main Themes and Sub-Themes Related to Gender Socialization</td>
<td>114</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Main Themes Related to Socializing Food Values</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sub-Themes related to Learning about Food and Desire</td>
<td>147</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Main Themes and Sub-Themes Related to Messages about Appearance</td>
<td>174</td>
<td></td>
</tr>
</tbody>
</table>
LIST OF APPENDICES

Appendix A: Poster Advertisement
Appendix B: Telephone Screening Interview
Appendix C: Informed Consent Form
Appendix D: Request for Summary of Research Findings
Appendix E: Interview Guiding Questions
Appendix F: Categorization of Codes Generated in the Initial Coding Pass
Appendix G: First Comprehensive Coding Scheme
Appendix H: Final Coding Scheme
DEDICATION

This work is dedicated to my four beautiful nieces, Eirini (11), Ariana (10), Stefania (7), and Kalliopi (5).

You have each taught me in your own ways the importance of living in your bodies in a connected way. My hope is that this research helps girls just like you maintain healthy relationships to their bodies and to food and eating.
INTRODUCTION

Eating disorders are a pervasive, wide-spread problem primarily affecting girls and women. In two studies assessing prevalence rates of dieting and body dissatisfaction among Canadian adolescent girls, 23% of girls ages 12 to 18 (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001) and 29% of girls ages 10-14 (McVey, Tweed, & Blackmore, 2004) reported dieting to lose weight. As well, 31% to 47% of Canadian adolescent girls reported feeling dissatisfied with their weight (Jones et al., 2001; McVey, Tweed, & Blackmore, 2004). Dieting has been identified as a risk factor for the development of eating disorders (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990; Patton, Selzer, Coffet, Carline, & Wolfe, 1999; Polivy & Herman, 1985). Jones et al (2001) found that adolescent girls who engaged in dieting behaviours were three times more likely to report binge eating and five times more likely to report purging. Furthermore, negative body image has been associated with poor mental health and has been identified as a strong predictor of depression in adolescent girls (Bearman & Stice, 2008).

Many studies to date have examined disordered eating patterns and body dissatisfaction in relation to a variety of causal factors and negative outcomes. However, little is known in the literature about the relationship between women’s food and eating experiences and how these experiences have shaped their connection or disconnection to eating, their appetites, and to their bodies. In fact, no studies have explored disordered eating in relation to the experience of appetite and desire for food. Segmented aspects of socialization processes have been studied in relation to disordered eating, such as the negative effects of critical comments about appearance or peer weight-based teasing (Cash, Winstead, & Janda, 1986; Fabian & Thompson, 1989; Stormer & Thompson, 1996). As well, aspects of food and eating in childhood, such as parental feeding practices, have been examined and several aspects of the feeding relationship have been
identified as factors contributing to the development of eating problems in girls (Birch et al., 1987; Birch & Fisher, 2000; Carper, Fisher & Birch, 2000; Birch, Fisher & Davison, 2003). However, these studies narrowly define food and eating experiences and fail to capture the multiple layers of complex social processes and their co-occurrence affecting women’s connection to food and eating and to their bodies. Furthermore, no quantitative or qualitative studies have examined eating, appetite and hunger in adult women in relation to their complex food and eating socialization experiences.

The current investigation aimed to contribute to the understanding of the current discourses and social processes that connect and disconnect women from their appetites for food and eating from childhood through to adulthood. To examine women’s own experiences and the meaning they ascribed to them, an emergent methodology was utilized. Life history qualitative interviews were used to explore a variety of aspects of participants’ food and eating experiences. Participants were asked to reflect on the relational and socio-cultural influences on their food and eating experiences and the socializing messages they received implicitly or explicitly over time. Using an emergent design such as the life history approach, allowed for the exploration of a phenomenon at present, while looking at the life history in which it has been contextualized. Furthermore, this emergent methodology can lead to new constructs that can inform and guide future research.
CHAPTER ONE
LITERATURE REVIEW

The literature review is comprised of three main sections: a summary of the literature relating to the social and cultural factors influencing girls’ and women’s food and eating experiences during 1) infancy and childhood; 2) adolescence and; 3) adulthood.

Infancy and Childhood

Object-Relations Perspectives and Early Developmental Theories on Eating

Object-relations, a relational/structural psychoanalytic model, was developed in response to the individualistic view posed by Freud’s drive theory of human development and growth. Psychoanalytic drive theory focused mostly on the intrapsychic processes of the individual related to drives and impulses guided by the id and ego and suppressed by the superego. While Freud and his colleagues considered the mother-child relationship important in early development, drive/structural models did not fully situate the self in the context of ‘other’ and consequently failed to recognize the impact of interpersonal processes as central to psychological development and growth. Furthermore, proponents of object-relations theory (D.W. Winnicott, Melanie Klein, Harry Guntrip, W.R.D. Fairbairn, John Bowlby, Margaret Mahler, Otto Kernberg, Thomas Ogden and James Masterson), while varied in their ideology, emphasized that the self develops and grows in relation to others.

Object-relations theorists believe that it is our relationships with others, others being referred to as ‘object’, and how we internalize and represent others in our intrapsychic world, that forms the self (Flanagan, 2002; Winnicott, 1956). Specifically, these representations are shaped by our experiences, memories and ideas (Flanagan, 2002). Flanagan (2002) articulates the importance of recognizing the mutual influence of the intrapsychic and the interpersonal
processes in development by stating “what is ‘outside’ often gets ‘inside’ and shapes the way a person grows, thinks and feels” (p. 131).

Freudian drive theory focused on drives and impulses as central to the psychological development of an individual. The role of objects in drive theory was mainly in relation to the liberation of a drive. That is, the object may inhibit, facilitate or serve as the drive’s target (Greenberg & Mitchell, 1983). Object-relations theory moved away from the idea of drives and their relation to objects and instead focused on the relational ‘needs’ of an individual. In contrast to drive theory, an individual’s basic needs must be met by another for psychological development and growth (Flanagan, 2002). D.W. Winnicott (1956), a proponent of the British school of object-relations, contends that because needs are met by another person, the relationship becomes essential for optimal development. During the early stages of life, most needs are met by the primary caregiver, most often the mother or another female. Consequently, the caregiver-child relationship is considered the most important relationship in early development and it is this relationship that establishes the “foundation of the individual’s strength of character and richness of personality” (Winnicott, 1968, p.38).

Winnicott (1968) highlighted the importance of the feeding experience. For the infant, the feeding relationship with her caregiver is the initiation of her first human relationship. Winnicott believed that this relationship set the stage for the child’s capacity to relate to others and to the world. Furthermore, this relationship was viewed as important in orienting the infant to her inner world’s needs and in particular to the needs of her body, establishing this very important connection. According to Winnicott (1968), the caregiver’s central role is to manage the infant’s needs based on their empathic attunement. That is, the caregiver understands the infant’s needs on an intuitive level. The infant at this point is merged with the caregiver and does
not see the caregiver as separate (Winnicott, 1968). Thus, meeting the infant’s needs of hunger occurs in this empathic, attuned relationship.

Winnicott (1962) coined the term ‘good enough mother’ to establish what was required of the caregiver to foster healthy growth and development. The ‘good enough mother’ is not a perfect caregiver, but rather someone who is able to recognize and sense her infant’s needs. When the caregiver is attuned to the infant’s needs ‘she’\(^1\) is able to respond to the infant’s hunger by providing nourishment. This subsequently allows the infant to become attuned to her bodily functions and provides the basis for the infant’s evolving sense of self (Greenberg & Mitchell, 1983). Furthermore, meeting the infant’s need of hunger with food creates omnipotence for the infant as the infant believes she has created what she needs. Omnipotence allows the infant to develop an internal sense of control, creativity and power (Greenberg & Mitchell, 1983; Bloom & Kogel, 1994). Moreover, failure of the caregiver to respond to the infant’s needs devalues the child’s sense of omnipotence, narrowing the infant’s belief in her internal sense of control and power (Greenberg & Mitchell, 1983).

Hunger is experienced as one of the first intense internal states. This can be a very frightening experience for the infant if this intense, internal need is not immediately met with satiation. If the caregiver is not attuned to the infant’s needs of hunger, disastrous consequences can emerge as the feeding relationship sets the stage for the individual’s relationship to her body. Daniel Stern (1985), a developmental researcher, outlines the importance of affective attunement and the subsequent effects of misattunement in the caregiver-child relationship. His conceptual framework of attunement can be applied to the constructs of hunger and satiety.

Thus, Stern (1985) conceptualizes under or over attunement to the infant, whether it is attunement to the infant’s emotional or physiological need’s, as the most powerful way a parent

---

\(^1\) ‘She’ will be used exclusively throughout the body of this dissertation as this research was specific to women.
can shape the development of the individual’s intrapsychic world. Ultimately, misattunements alter the infant’s behaviour and experience to suit the caregiver’s needs and wants (Stern, 1985). The infant in this situation is no longer in sync with her internal cues and most likely experiences these needs as disorganizing and frightening (Bloom & Kogel, 1994).

Clinton (2006) asserts that misattunement to the infant’s hunger needs can occur in two ways. Over attunement to hunger would be characterized as feeding the infant when not hungry, that is, in response to another need or continuing to feed when satiated (Clinton, 2006). This type of misattunement has also been referred to as the “false feed” (Bloom & Kogel, 1994). It has been suggested that when distress is met with food instead of holding or comforting, the infant learns that food may be a substitute to soothe their distressing feelings (Clinton, 2006; Bloom & Kogel, 1994). Under attunement to hunger would be defined as a delay in feeding, thereby extending hunger. Non-organic failure to thrive would be considered an extreme case of under attunement and has been linked in the literature to poor caregiver-infant attachment (Bachelor, 2008; Coolbear & Benoit, 1999). When the environment is unreliable in this way, the infant may experience this as powerlessness and helplessness (Bloom & Kogel, 1994; Clinton, 2006). This state of chaos for the infant intensifies the initial distressing feelings related to hunger and may create a kind of obsession around food and hunger. When either of these misattunements occur, the infant is no longer able to establish hunger as the signal for when to eat or use satiety as her internal signal to stop. Furthermore, such misattunements to hunger teaches the infant, and eventually the adult, that hunger is a frightening and disorganizing experience, and it can be inferred that this experience has the potential to disconnect the individual from her body (Bloom & Kogel, 1994).

Winnicott (1960) termed the state of disconnection from one’s own needs and a reattunement to the needs of others as the ‘False Self’. Thus, the caregiver’s attunement to the
infant’s needs is essential for the development of the ‘True Self’. The ‘True Self’ is at the core of personality defined by the individuals’ sense of individuality and uniqueness (Clinton, 2006; Flanagan, 2002). However, the ‘True Self’ is unable to emerge if the individual is only attuned to others’ needs. Furthermore, a caregiver’s misattunement to hunger creates an environment where the infant eventually becomes attuned to the needs of the caregiver, thereby severing the connection to her own needs and ultimately her body (Clinton, 2006).

Furthermore, Winnicott (1972) described a state of “indwelling” and “personalization” to explain the development of the mind-body connection in the context of ‘other’. He argued that:

Healthy feelings of personalization (the existence of a satisfactory working arrangement between body and mind) have their origins in and are based upon positive parental attitudes toward the child’s body. When these are not present, the child’s resultant attitude toward his own body will be critically impaired or otherwise compromised; that is he will have a weak basis for the formation of a valid and acceptable sense of self in his own body. (p.1)

Winnicott (1972) highlights the importance of the caregiver in facilitating a state of connection to the body. Food and eating experiences in childhood are particularly influential in shaping girl’s relationship to their bodies. These experiences most often manifest in relation to others.

Ellyn Satter (2005), a dietitian and social worker, developed an understanding of the feeding dynamics in early development that focuses on positive feeding practices in an effort to promote the internal regulation of hunger and satiety states in infants and children within a relational context. Her writings are based on a body of research of observational studies on the nature of optimal feeding in early development (Brody, 1956; Ainsworth & Bell, 1969; Price, 1983; Chatoor, Menvielle, Getson, & O’Donnell, 1989). Satter (1990) uses the term ‘feeding
relationship’ to describe the “the complex of interactions that take place between parent and child as they engage in food selection, ingestion, and regulation behaviors” (p. s181).

Moreover, Satter (1990) asserts that during the first six months of infancy, optimal feeding takes place when parents are attuned to the infant’s hunger and satiety cues and feeding is based on information from the infant about timing, amount, preference, pace, and eating capability. As the infant’s oral sensorimotor skills develop, caregivers are challenged to encourage and support their child’s increasing need for autonomy in the feeding relationship (Davies et al., 2006). Optimal feeding at this stage requires parents to allow the child to take the lead, offering support to the child, without intruding. Behaviors that support optimal feeding during this stage include: feeding the infant when she wants to eat, letting the infant touch her food and feed herself with her fingers, letting the infant decide how fast she wants to eat, respecting the infant’s food preferences, letting the infant eat as much as desired and stopping when the infant indicates that she is full (Satter, 1990).

As the infant becomes a toddler and moves into a more structured eating schedule of meals and snacks, Satter (1990) has outlined what she terms the ‘division of responsibility’ in the feeding relationship. This is defined as the degree of responsibility parents exhibit in providing what the child will eat (food choice), when the child will eat (meal times) and how much (portion size). Thus, Satter (1990) argues that it is the parents’ responsibility to decide the ‘what’, ‘where’ and ‘when’ of eating and it is the child’s responsibility to decide how much and whether they will eat. Furthermore, it is the parents who provide structure and boundaries around eating, while equalizing the balance of power in the parent-child interaction by allowing the child to control some aspects of their eating. Disruptions in the feeding relationship, and ultimately in the internal regulation of the child, can arise from attributes of the caregiver.
Various relationships influence girls’ food and eating experiences. Most of the theoretical and empirical literature documenting the relational influences on the food and eating experiences of children implicates the mother as the primary influence. Object-relations theory and early developmental perspectives assume the inherent role of the mother as caretaker and do not contextualize the mother’s behaviors within socio-cultural pressures and influences. Orbach (1986), a feminist theorist, aimed to contextualize mothers’ behaviors and attitudes towards their daughters’ eating within socio-cultural pressures, however failed to include other relational influences on girls’ eating and food experiences, including the influences of fathers and other caretakers. It is, therefore, important to examine girls’ food and eating experiences in the context of parental influences and not solely the mother.

**Parental Influences**

There is a multitude of ways parents influence the feeding and eating experiences of their daughters. Behavioral and attitudinal dimensions of parental feeding practices and parental concerns about their own weight status and dieting practices influence the internal regulation of hunger, appetite and satisfaction. In addition, ethno-cultural and social class factors also influence parental feeding practices in children.

**Behavioral and Attitudinal Factors Influencing Parental Feeding Practices.** Internal regulation of hunger and satiety, as discussed earlier, are potentially important factors in later experiences of food and eating. In the literature on feeding and eating, terms like ‘parental feeding practices’ are used to describe the feeding relationship. These terms characterize the feeding relationship within a behavioural or attitudinal dimension. The behavioural dimension of the feeding relationship is usually defined within the realm of control and internal regulation, including: food restriction, pressure to eat and food monitoring (Birch, Fisher, Grimm-Thomas,
Markey, Sawyer, & Johnson, 2001). Food restriction is characterized as parental limitations of calorie dense foods and the use of these foods as behavioural rewards (Birch et al., 2001). Pressure to eat relates to the pressure imposed by parents to have their children clean their plate or continue to eat when the child has stated that they are not hungry or they are satisfied. Food monitoring is defined as the degree to which parents keep track of their child’s snacking and consumption of calorie dense foods (Birch et al, 2001).

The attitudinal dimension of the feeding relationship is most often defined in relation to weight which may include such things as a parents’ concern about and their perceptions of their child’s weight (Birch et al, 2001). Birch et al (2001) has devised a measure to assess parental feeding practices entitled the Child Feeding Questionnaire (CFQ) using both these behavioral and attitudinal dimensions. It is perhaps the most widely used instrument to assess the feeding relationship in the empirical literature.

Little debate exists about the impact of controlling feeding practices within the parent-daughter dyad. Birch and colleagues have a program of study that looks at the food and eating experiences of girls emphasizing the mother-daughter feeding relationship. These researchers have found consistently that paternal, and more commonly maternal, restrictive feeding practices and pressure to eat practices are associated with deregulated and disinhibited eating in children (Birch, McPhee, Shoba, Steinberg, & Krehbiel, 1987; Birch & Fisher, 2000; Carper, Fisher & Birch, 2000; Birch, Fisher, & Davison, 2003).

Carper et al (2000) assessed dietary restraint and disinhibited eating in five year old girls as a function of controlling feeding practices of parents. Participants included 197 5-year-old girls and their parents of whom 99% were Caucasian, of which 29% reported low-income status. Structured interviews were conducted with the 5-year-olds to gather information about their perceptions of parental restriction, pressure to eat, dietary restraint and disinhibition. Parents
completed self-report measures regarding their own weight concerns and eating practices along with parental feeding practices. Findings revealed that 51 percent of parents reported restricting their daughter’s food intake, however more importantly, 63 percent of daughters reported that they perceived parental restriction of their food intake. This study found an indirect relationship between controlling feeding practices and disinhibited eating (Carper, et al., 2000). Thus, it was the daughters perceptions of their parent’s pressure to eat, not parents actual reported pressure to eat, that predicted the daughters’ restraint as well her eating in response to external and emotional cues rather than her internal cues of hunger and satiety (Carper et al, 2000). It is important to note that in this study food restriction by parents was used as means to regulate their daughters eating of “good” and “bad” foods. Thus, parents encouraged the eating of foods that they considered “good” and restricted those foods labeled “bad”, usually defined as “junk foods” (Carper et al, 2000). Interestingly, research has shown that restricted foods, usually highly palliative foods, tend to become foods that are preferred by children and when such foods are freely available, overeating of these foods occurs (Birch, Zimmerman, & Hind, 1980; Campbell, Crawford, & Ball, 2006; Fisher & Birch, 1999).

Furthermore, Birch et al (2003) confirmed previous findings that maternal use of restrictive feeding practices promotes daughter’s eating in the absence of hunger. This study additionally sought to address the role of daughter’s weight status in determining maternal dietary restrictions and it also assessed whether maternal restriction at age five promotes daughters overeating longitudinally. Weight status has been identified as an important variable in predicting parental food restriction and pressure to eat practices (Birch & Davison, 2001). One hundred and eighty two families from the Pennsylvania area who participated in this study completed three assessments over a four year period. The study consisted of a laboratory session to assess eating in the absence of hunger for the girls. Additionally, self-report measures were
used to assess the mother’s child-feeding practices. This research revealed several important findings. Firstly, high levels of maternal restriction at age five predicted eating in the absence of hunger at age seven and nine compared to girls whose mothers used lower levels of restriction (Birch et al, 2003). Furthermore, five-year-olds who were overweight at five and who were subject to high levels of restrictive practices demonstrated the greatest overeating at seven and nine years of age (Birch et al., 2003). Birch and colleagues believe that such restrictive feeding practices may place these girls at risk for the future development of eating problems as a result of the diminishing influence of their internal regulatory cues for initiating and terminating eating. In fact, research has suggested that both a girl’s weight status and maternal food restriction contributes to the emergence of dieting in preadolescent girls (Sinton & Birch, 2005).

Secondly, findings revealed that mothers who exhibited more concern for their daughters weight or who had an overweight daughter used higher levels of food restriction compared to mothers of normal weight daughters (Birch et al, 2003). This finding confirms past findings linking parental concern about their child’s current weight status as overweight or future risk of overweight to influence controlling feeding practices (Birch & Davison, 2001; Francis, Hofer, & Birch, 2001; Sinton & Birch, 2005). This finding also suggested that cultural messages and pressures of attractiveness and thinness are perhaps creating mothers who have internalized such an ideal to be more hypervigilant about their daughter’s weight and subsequent eating practices.

Hughes et al (2004) developed a measure to assess parental styles of feeding taking into account ethnicity, race and social class. The Caregiver’s Feeding Styles Questionnaire (CFSQ) was developed to represent parents of low-income and minority children. Hughes et al (2004) studied their construct with 231 primary caregivers of children between 3 and 5 years of age (55% female and 45% male). Participants were of African-American or Hispanic heritage, enrolled in the Head Start program in Houston, Texas (Hughes et al, 2004). Of the caregivers,
Based on the typology of general parenting theories in parents of low-income, minority children, four feeding styles were identified in the construction of the measure, labeled: authoritative, authoritarian, indulgent and uninvolved. These styles were based on a combination of parental ‘demandingness’ characterized by the degree to which parents tried to get their child to eat and parental ‘responsiveness’ defined by the type of demand strategies used to get their child to eat (i.e. parent-centered vs. child-centered strategies). It was found in this study that the feeding style labeled ‘authoritarian’, characterized by high demandingness and low responsiveness, was the dominant feeding style (33%) and correlated significantly to Birch and colleagues (2001) ‘restrictive feeding practices’ and ‘pressure to eat’ subscales of the CFQ (Hughes et al, 2004). However, in contrast to previous findings, this study found that parents exhibiting high levels of parental feeding control and low levels of responsiveness had children with lower BMI scores. This is the reverse relationship found in studies by Birch and colleagues who predominantly used White, middle-class populations. Correspondingly, a feeding style labeled ‘indulgent’, characterized by low demandingness and high responsiveness, was correlated with higher BMI scores. This type of feeding style was common to caregivers of Hispanic heritage, while a feeding style labeled ‘uninvolved’, characterized by low on both demandingness and responsiveness, was typical of African-American caregivers. Moreover, a feeding style labeled ‘authoritative’, characterized by caregivers exhibiting moderate control over their child’s eating of high-density foods, was associated with children’s consumption of dairy and vegetables. On the other hand, the feeding style labeled ‘authoritarian’ was negatively associated with children’s vegetable consumption (Patrick et al., 2004). The feeding style labeled ‘authoritative’ appears to be in line with Satter’s (1990) conceptualization of the division of...
responsibility in eating between parent and child. It has been proposed that this type of feeding relationship promotes the internal regulation of eating in children (Sattar, 1990).

Moreover, most of the empirical literature to date primarily reflects the social status quo that constructs the mother as the primary contributor to early feeding experiences and to eating experiences in childhood. However, fathers and male caretakers can also affect experiences with food and eating. Few studies have assessed the impact of paternal feeding practices on daughter’s eating experiences. A recent qualitative study was conducted to assess parental feeding practices at mealtime (Orrell-Valente, Hill, Brechwald, Dodge, Pettit, & Bates, 2007). One hundred and forty two families were observed during dinnertime on two occasions. Of the 142 families: 52% were female children; 88% were European-American; 12% were African-American; and 27% were from single-parent families (26% were single mothers). Moreover, 99% of the mothers and 69% of the fathers were present during the mealtime observation. Findings revealed that the majority of parents tried to get their children to eat more during meals and few parents exhibited restrictive feeding practices. Parents were successful in getting their children to eat more, with over a third eating moderately to substantially more than they might otherwise have eaten (Orrell-Valente et al., 2007). Gender differences were found in the type of strategies mothers and fathers used at mealtimes. Fathers tended to pressure boys to eat more, whereas mothers tended to praise girls for eating. Thus, girls were more likely to seek parental approval for eating and were also more likely to be eating compliant. These strategies contribute to disrupted eating patterns and the internal disregulation of hunger and satiety in children.

Furthermore, Blissett, Meyer, and Haycraft (2006) examined both maternal and paternal feeding practices in both female and male children. Participants included 94 families with children between the ages of 12 and 62 months, 46 of which were male and 48 were female. Participants were recruited through a private pre-school in the United Kingdom, all of which had
well-educated parents living in affluent areas. Self-report questionnaires were used to assess feeding practices. Findings revealed that overall mothers and fathers did not differ in their use of controlling feeding practices (food restriction or pressure to eat). However, attitudinal dimensions of the feeding relationship, that is, parents’ concern about their own weight status and eating pathology proved to be important determinants of whether controlling feeding practices were implemented (Blissett et al., 2006).

Parental Weight Concerns & Dieting Practices. A number of studies in the literature have examined the influence of parental weight concerns and dieting practices on the feeding practices of girls (Blissett et al, 2000; Birch & Davison, 2001; Francis, Hofer, & Birch, 2001; Jacobi, Agras, & Hammer, 2001; Tiggemann & Lowes, 2002; Blisset & Meyer, 2006). In particular, mother’s exhibiting eating pathology were more controlling in their feeding practices with daughters compared with sons (Blissett et al, 2006; Francis et al, 2001). Specifically, bulimic symptomatology in mothers was significantly associated with the use of restrictive feeding practices with their daughters (Blissett et al, 2006) and more generally, mothers who exhibited more of their own dietary restraint and weight concern used more restrictive feeding practices in their daughters (Francis et al, 2001). Another study assessed the mediating role of mother’s eating psychopathology in the feeding difficulties of their children (Blissett & Meyer, 2006). One hundred and fourteen mothers of children between 4 months and 5 years of age completed a set of self-report questionnaires. Of the children, 65 were male and 49 were female. A greater relationship between maternal unhealthy eating attitudes and practices and feeding problems in daughters, but not sons was found. Specifically, daughters with mothers exhibiting eating psychopathology and in particular drive for thinness, showed more food refusal behaviors. This could suggest that eating psychopathology creates an attentional bias towards daughters’ food intake and eating behaviors.
Few studies to date have examined both maternal and paternal weight concerns and dieting practices and their impact on their child’s eating (Blissett et al, 2006; Smolak, Levine, & Schermer, 1999). Smolak et al (1999) conducted a study assessing the effects of parental weight-related comments and dieting practices on children’s weight-related concerns and weight loss attempts. One hundred and thirty one mothers and 89 fathers of fourth and fifth grade boys and girls completed a brief self-report survey (Smolak et al., 1999). It was found that parental weight and shape-related comments were associated with girls, but not boys, weight-related attitudes and behaviors. Specifically, mother’s comments concerning their daughter’s weight were significantly correlated with the daughter’s weight loss attempts but father’s comments were not. However, father’s concern about his own weight correlated with daughter’s fear of weight gain. Furthermore, father’s dieting practices and comments about his own weight correlated with son’s weight loss attempts (Smolak et al., 1999). Similarly, Blissett et al (2001) found that fathers with more body dissatisfaction used more monitoring practices of their sons’ eating behaviours.

Moreover, parental behavior towards their children’s eating is shaped by their own dieting patterns and weight concerns. These behaviors and attitudes are, in turn, shaped by broader social factors.

*Gender: The Feminine Identity.* In line with object-relations and developmental theories, feeding experiences in infancy and childhood have the potential to set the stage for life long patterns to food, eating and bodily needs. According to these theories, it is the caregiver’s empathic attunement to the child’s hunger and satiety that is responsible for determining these patterns. However, some theories and subsequent research suggests that there is a larger force that prescribes the caregiver-daughter feeding relationship, one that is not simply guided by
interconnectedness and empathy, but dictated by gender-related cultural ideals and standards of what it means to be female.

Early feeding experiences can be influenced by parental internalization of social and cultural ideals of femininity most often defined aesthetically by what is considered physically attractive (Orbach, 1986). An empirical investigation conducted by Lezine, cited by Belotti (1975) assessed gender differences in the feeding and holding aspects of the mother-child relationship. Findings revealed gender differences between how girls and boys were fed and held by their mothers. Specifically, 99 percent of boys were breast-fed compared to 66 percent of girls, girls were weaned earlier than boys, and, in general, time allotted to feeding for girls was less than boys (Belotti, 1975). Another study examined gender differences in parental perceptions of the body shape and feeding habits of 36-month old children as part of a larger study assessing infant development (Holm-Denoma, Lewinsohn, Gau, Joiner, Striegal-Moore, & Otamendi, 2005). Ninety three families, including 93 mothers and 54 fathers participated in this study. Parents completed self-report measures assessing their perceptions of their child’s weight, eating and feeding behaviors. Results showed that both parents reported that their daughters ate enough food when compared with their sons. Parents also worried that their sons, but not their daughters, were underweight. Furthermore, mothers, but not fathers, reported that their daughters compared to their sons had good appetites (Holm-Denoma et al., 2005). These findings support gender differences in parents’ perceptions of eating and feeding behaviors of young children. These differences appear to be related to parents’ internalization of the feminine ideals of thinness as demonstrated in the belief that girls need less nourishment than boys.

Orbach (1986) argues that it is within the mother-daughter dyad that daughters’ first experience and learn about femininity and their gender role expectations. For example, in most families, even today, the majority of grocery shopping, food preparation and cooking is done by
women (Beardsworth, Bryman, Keil, & Goode, 2002). For some women, their relation to food and, more specifically, their relation to feeding others becomes the avenue through which intimacy, caretaking, and connectedness are expressed (Surrey, 1991). Girls learn early on that knowing how to prepare food and feed others is crucial to their feminine role. Yet paradoxically, women who have internalized the feminine aesthetic ideal have learned that the very food they feed to others becomes the very desire they are to contain (Orbach, 1986). Thus, mothers endorsing this ideal potentially bring their own issues about food, eating and their bodies to the feeding relationship, consequently influencing their daughter’s appetites and attitudes toward food and eating (Bloom & Kogel, 1994). As expressed by Orbach (1986) “the mother herself, the recipient of daily messages to restrain her desire for food so that she can be the right size for today, brings a version of that worry to her daughter” (p.81). This very worry motivates the mother to control her daughter’s appetite and eating by perhaps introducing dieting and/or ways to control the quantities and kinds of food her daughter eats (Bloom & Kogel, 1994; Orbach, 1986). Thus, the message girls receive about restraint may be dually enforced by society and their parents, and as some theorists suggest specifically by mothers as Orbach (1986) writes:

Women must hold back their desires for the cakes they bake for others and satisfy themselves with a brine-canned tuna salad with dietetic trimmings.

Diet, deprive, deny is the message women receive-or-even more sinister- they must pretend that cottage cheese and melon is as pleasurable as a grilled cheese sandwich for lunch. (p.60)

Moreover, as evident in the studies reviewed on gender differences in aspects of feeding and eating behaviors of infants and toddlers, girls learn quickly that their desires for food may need to be controlled. Thus, the early feeding practices recognized in Lezine’s study of female infants continues into childhood as girls learn what is considered acceptable feeding patterns, that is, the
need to control one’s appetite, in an effort to achieve the feminine ideal of physical attractiveness characterized by thinness (Surrey, 1991). This can lead to a negative relationship to food and the body where girls’ ability to interpret their internal hunger and satiety cues is disrupted (Timko, Striegel-Moore, Silberstein, & Rodin, 1987; Murnen & Smolak, 1997; Thurfjell, Eliasson, Swenne, Knorring, & Engstrom, 2006). However, it is important to also point out that parental attitudes and behaviors encouraging thinness may not be solely rooted in gender socialization, but may also be influenced by other social forces, including race, ethnicity and social class.

**Parental Influence in the Context of Race, Ethnicity and Social Class.** A paucity of literature exists addressing parental influences on the feeding and eating experiences of children in the context of ethnicity, race and/or social class (Cousins, Power & Olvera-Ezzell, 1993; Hughes, Power, Fisher, Mueller, & Nicklas, 2004; Hughes, Anderson, Power, Micheli, Jaramillo, & Nicklas, 2006; Iannotti, O’Brien & Spillman, 1994; Jain, Sherman, Chamberlin, & Whitaker, 2004; Patrick, Nicklas, Hughes, & Morales, 2004; Thompson, 1994). A qualitative study conducted by Thompson (1994) using a life-history approach examined the messages women received about food, eating and their bodies in their communities as well as in their families while growing up. A diverse sample of women were selected to assess the intersecting influence of gender, race, sexuality, ethnicity and social class (Thompson, 1994). Eighteen life history interviews were conducted with five African-American women, five Latinas, and eight White women. Of these women, two-thirds were lesbians. Five women were Jewish, eight were Catholic, and five were Protestant. Furthermore, the women in this study represented diverse class backgrounds and ranged in age from 19 to 46.

Findings of this study showed that among the African-American and Latina women, most were pressured by at least one family member to be thinner while growing up. For some, these pressures were laced with racism, internalized by their parents. One participant recalled being
told by her father that African-American women were fatter and less beautiful than White women. Social class intersected with race as described by the experiences of some of the African-American and Latina women. Parental messages about the importance of being thin and subsequent restriction of food by parents occurred when these families moved from a poorer socio-economic status to a higher social status. Some women explained that the change in parental messages regarding what was an acceptable body size occurred during this shift in social class and related this to a need or desire of parents to assimilate to Anglo standards (Thompson, 1994). Thus, women recalled parents placing them on diets as early as three years old. Other women described being placed on weight gaining regimes or being forced to take food supplements or iron pills to increase appetite as parents believed they were too thin, which was for some, equated with being ‘sick’ (Thompson, 1994).

Additional studies have been conducted to assess parental feeding practices in the context of race and class. For instance, Jain et al (2004) conducted a qualitative study assessing the construct validity of a newly developed feeding measure entitled the Preschooler Feeding Questionnaire (PFQ). Participants consisted of seven low-income, African-American mothers of children between the ages of 24-59 months of age from an urban neighborhood in Chicago who were enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Semi-structured interviews were conducted asking each participant to interpret the eight constructs on the PFQ. Findings revealed that indeed three of the constructs were interpreted differently than intended by the researcher. In particular, ‘difficulty in child feeding’, ‘pushing the child to eat more’ and ‘using food to calm the child’ were constructs that were consistently misunderstood across the seven participants (Jain et al, 2004). For example, within the ‘difficulty in child feeding’ construct, terms like ‘picky eater’ and ‘poor appetite’ were intended to capture difficulty in feeding. Instead, mothers felt that children with changing and unpredictable likes
and dislikes were seen as ‘difficult to feed’ (Jain et al, 2004). These findings suggest that certain instruments may attempt to measure constructs that do not widely exist in certain populations. This problem was also confirmed by Birch et al (2001) in their attempt to validate the Child Feeding Questionnaire on various populations.

Hupkens, Knibbe, Van otterloo, & Drop (1998) examined class differences (separate from race) in the food rules mothers imposed on their children. Data on the dietary and eating habits of 849 White women in the Netherlands, Belgium and Germany were collected through self-report measures. The questionnaire assessed meal patterns, the preparation of meals, food rules, health considerations and preferences. Findings revealed that mothers of higher socio-economic status (SES) more frequently restricted their children’s consumption of foods considered “unhealthy” compared to mothers of lower SES. Mothers of higher SES considered health as the primary reason for food choice compared to mothers of lower SES who more often considered taste and the food preferences of their family (Huspken et al., 1998). Furthermore, mothers of lower SES more often agreed that their children could eat between meals, so long as they ate their main meals. Thus, mothers of higher SES appear to consider health more often and taste less often and as a result applied more food rules to their children’s eating.

The above findings highlight the importance of conducting research and, in particular, validating instruments within diverse ethnic, racial and social class populations, as feeding practices identified and measured in predominantly White, middle class populations may affect the internal regulation of eating and subsequent connection to bodily needs differently in children of diverse ethnocultural and social class backgrounds (Hughes et al, 2004).

Thus far, a review of the theoretical and empirical literature documenting the parental influence on feeding and eating experiences in childhood has been presented. While parental influence on girls’ food and eating experiences continues to play an important role in
adolescence, other social factors during this time contribute to the transmission of cultural values and messages around food, eating and the importance of thinness, including peer influences, school factors, and societal factors, such as the media (Neumark-Sztainer, 2005).

Adolescence

Theoretical writings on the normative development of the self during adolescence highlight the multiple systems that shape this process. From a developmental perspective, Susan Harter (1999) writes about self-development as a social construction. This author provides a comprehensive understanding of how social processes, placed within a socio-cultural context, can promote the suppression of one’s true self. During adolescence, individuals become increasingly preoccupied with the opinions and expectations of significant others, such as parents and peers. As described by Harter (1999) “adolescents gaze intently into the social mirror for information about what standards and attributes to internalize” (p.74). In late adolescence, these standards and expectations become internalized as their own personal beliefs and values and these values become less connected to the socialization processes where they originated. During adolescence, both peer and parental influence remains high and contributes to an adolescent’s sense of self-worth (Harter, 1990).

While Harter (1999) does not address social processes that affect food and eating experiences specifically, she highlights the importance of appearance during adolescence and its relationship to the development of self-worth. Research conducted by Harter (1993) and Zumpf & Harter (1989) revealed that female adolescents who reported that their appearance determined their self-worth felt worse about their appearance and exhibited lower self-esteem and a depressed mood. Harter (1999) contends that self-worth that is appearance-based places girls at higher risk for the development of maladaptive outcomes, including disordered eating.
Abnormal eating and weight control practices among adolescents are on the rise, documented by reports of rates for disordered eating to be affecting 1 in 4 females (Forman-Hoffman, 2004). According to a Canadian study published in 2001 (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001), 23% of adolescent females were engaged in dieting behaviours to lose weight. McVey, Tweed, and Blackmore (2004) conducted a study that assessed the prevalence rates of dieting in preadolescent and young adolescent females and found similar rates in that 29.3% of girls were trying to lose weight. The authors also found unhealthy eating habits in girls as young as 10 years old (McVey, Tweed, & Blackmore, 2004).

Disruptions in eating during adolescence can be related to several factors as many physical, psychological and social changes occur simultaneously (Neumark-Sztainer, 2005). Research has demonstrated that individual characteristics contribute to disrupted eating patterns in female adolescents. These characteristics include: timing of pubertal development, bodily changes during puberty, and poor emotional well-being (i.e. depression and low self-esteem) and personality traits (i.e. perfectionistic and obsessive-compulsive traits) (Halmi, Sunday, Strober, Kaplan, Woodside, Fichter, Treasure, Berrettini, & Kay, 2000; Kelly, Eisenberg, Story, & Neumark-Sztainer, 2004; Striegel-Moore & Cachelin, 1999; Strober, Freeman, Lampert, Diamond, & Kaye, 2000). However, research also has shown a strong connection between disrupted eating patterns in parents and similar patterns in their daughters (Benedikt, Wertheim & Love, 1998; Fulkerson, McGuire, Neumark-Sztainer, Story, French, & Perry, 2002; Wertheim, Martin, Prior, Sanson, & Smart, 2000; Wertheim, Mee, & Paxton, 1999).

According to socio-cultural models of disturbed eating, one way messages and values about dieting and the importance of thinness are communicated to adolescents is through parents (Levine & Smolak, 1992). These values are similarly communicated through peers, schools and other institutions, and through the media (Neumark-Sztainer, 2005). Thus, a cumulative
sociocultural model further proposes that the more sociocultural agents that are promoting thinness ideals and encouraging dieting, the more likely a child will adopt such values (Wertheim et al., 1999). Moreover, these values have the potential to disconnect adolescents from their hunger, appetite and satiety cues as evidenced in the epidemic rates of dieting and disordered eating among teenage girls (Forman-Hoffman, 2004; Jones et al., 2001; McVey, Tweed, & Blackmore, 2004).

**Parental Influences**

The intergenerational transmission of eating attitudes and behaviors between parent and adolescent is well documented (Baker, Whisman, & Brownell, 2000; Benedikt et al., 1998; Fulkerson et al., 2002; Hanna & Bond, 2006; Pike & Rodin, 1991; Vincent & McCabe, 2000; Wertheim et al., 1999). Parents influence adolescents eating attitudes and behaviors through both encouragement of weight loss and modeling of weight loss behaviors (Wertheim et al., 1999; 2002). Wertheim et al (1999) reported 40% of parents encouraging their 15-year-old daughters to lose weight, with 10% of mothers and 4% of fathers reported dieting with their daughters. An Australian study conducted by Wertheim et al (2002) assessed parental influence of their adolescents’ eating attitudes and behaviors through parental encouragement and modeling of dieting. Participants consisted of 1206 parent-adolescent pairs. Adolescents included both boys and girls with a mean age of 13 (Wertheim et al., 2002). It was concluded that parental encouragement to diet was in response to having a child with a higher body mass index. Moreover, parental encouragement was found to be the most influential factor in promoting drive for thinness and body dissatisfaction in both boys and girls (Wertheim et al., 2002). These findings were found in previous studies that examined mothers of adolescents only (Benedikt et al., 1998; Pike & Rodin, 1991; Wertheim et al., 1999). Pike & Rodin (1991) used 77 mother-daughter dyads to assess mothers’ attitudes and behaviors that relate to disordered eating among
their adolescent daughters. All participants were White, middle-class urban and suburban women. It was found that mothers of adolescent daughters with disordered eating placed more direct pressure on their daughters to be thin and were more critical of their daughters’ appearance and weight than of themselves and thought their daughters should lose more weight than mothers of daughters without eating problems (Pike & Rodin, 1991). In a recent study (Hanna & Bond, 2006), negative messages regarding weight and shape communicated by mothers to their adolescent daughters was also found to be associated with disordered eating.

While parental encouragement of dieting was found to be consistently more influential in predicting disrupted eating in adolescents, conflictive research findings have been found related to parental modeling of dieting and its affects on adolescent girls. In two studies, parental modeling of more extreme weight loss behaviors, such as fasting, crash dieting and skipping meals was found to predict adolescents’ use of such strategies (Benedikt et al., 1998; Wertheim et al., 1999). Wertheim et al (2002) found specifically that mother’s modeling of dieting behavior was associated with daughter’s dieting behavior, however only in menstrual girls. In this study, menstrual girls were found to have higher BMIs, greater body dissatisfaction and more disordered eating. Sociocultural theories suggest that the discrepancy between girls actual and ideal size widens at puberty creating more distress around body shape and size (Wertheim et al., 2002). Father’s dieting behavior was not associated with either sons’ or daughters’ eating or body related attitudes or behaviors. Moreover, Byely et al (2000) assessed familial influences on body image and dieting in young adolescent girls. Similar to Wertheim et al (2002) findings, mothers’ dieting behaviors failed to predict girls’ dieting and body satisfaction in this age group that is most likely predominantly premenstrual.

Moreover, parental encouragement of weight loss behaviors and criticism of their daughters’ weight and shape influences adolescent’s experiences of food and eating as
demonstrated in their reports of disordered eating and dieting behaviors. While data is inconclusive with regards to the effects of parental modeling of dieting on adolescent girls’ eating, modeling of extreme weight loss strategies, are linked to disrupted eating patterns in daughters.

Peer Influences

Theory and research supports the central role peer groups and experiences have in shaping food and eating experiences. Some research suggests peer influences during adolescence to be in fact stronger than parental influences on dieting behavior and body image concerns (Byely, Archibald, Graber & Brooks-Gunn, 2000). There is a growing body of evidence that an adolescent girl’s friendship group provides a subculture that has the potential to influence and shape her food and eating experiences and subsequent relationship to her body. Dependent on several factors, friendship groups have the ability to offer protection against the development of eating concerns or contribute to eating problems (Paxton, 1999). In fact, researchers suggest that weight-related attitudes and behaviors within friendship groups are similar (La Greca, Prinstein, & Fetter, 2001; McKay & La Greca, 2007; Paxton, Schutz, Wertheim, & Muir, 1999) and may predict dieting onset, body image and eating disorder symptoms (Huon, Lim, & Gunewardene, 2000; Huon & Walton, 2000; Paxton et al., 1999; Pike, 1995). Moreover, peer messages about food, eating, and body image can be overt or covert, transmitted through conversations, encouragement, modeling and teasing (Vincent & McCabe, 2000).

Peer Influence through Conversation

Conversations between friends regarding weight and shape concerns as well as weight control practices have been documented in the literature as common occurrences for adolescent girls (Jones & Crawford, 2006; Moreno & Thelen, 1995; Mukai, 1996; Paxton, 1996). Levine,
Smolak & Hayden (1994) found that 41.5% of middle school girls reported talking with their friends at least sometimes about weight, shape and dieting.

While research with younger children and preadolescents found conversations about food and dieting to be unrelated to eating and body image concerns (Moreno & Thelen, 1995; Oliver & Thelen, 1995), research with adolescents consistently demonstrated the negative influence of peer conversations on dieting and body image. For instance, Paxton et al (1999) assessed friendship-clique and peer influences on body image concerns, dietary restraint, and disordered eating in adolescent girls. Five hundred and twenty three grade ten girls from six schools representing a range of geographic and socioeconomic status areas completed self-report questionnaires. Unique to this study was the analysis of friendship cliques to assess body image concerns and eating issues within groups (Paxton et al, 1999). Correlational analyses performed on friendship-cliques indicated that groups displaying higher levels of body image concern and weight-loss behaviors reported talking more about weight loss and dieting with their friends (Paxton et al., 1999). Vincent & McCabe (2000) reported similar findings. These researchers conducted a study using 603 boys and girls from grades seven to ten recruited from various private schools in Melbourne, Australia. Results revealed that discussion about weight loss predicted body dissatisfaction, drive for thinness, and various weight loss practices, including eating disorder symptoms (Vincent & McCabe, 2000).

Jones, Vigfusdottir and Lee (2004) examined peer appearance culture among adolescents and its impact on the internalization of appearance ideals. Four hundred and thirty three girls and 347 boys in grades seven to ten from five middle schools and three high schools completed several self-report measures. The sample consisted of students from middle to upper class backgrounds, of which 71% were White, 2% African-American, 15% Asian, and 4% Hispanic (Jones et al., 2004). While stronger for girls, both boys and girls who reported engaging in more
frequent conversations about appearance with friends were more likely to endorse greater internalization of appearance ideals. Greater internalization was, in turn, found to be related to greater body dissatisfaction (Jones et al., 2004). Moreover, these researchers further identified body mass index as a variable related to body dissatisfaction and internalization for girls. Girls with heavier body weights, further from what is considered the ‘ideal’, appeared to have internalized appearance ideals even more so than boys with similar weights (Jones et al., 2004). Moreover, Jones and Crawford (2006) found body mass index related specifically to diet talk, reporting that both boys and girls categorized as overweight indicated more diet talk compared to adolescents categorized as underweight. Thus, the literature presents reliably the negative impact of peer conversations on body image and unhealthy weight control practices.

Peer Influence through Encouragement and Modeling

Peer influence through encouragement and modeling can occur directly or indirectly (Eisenberg, Newmark-Sztainer, Story, & Perry, 2005). More directly, Eisenberg et al (2005) reported friends dieting behavior related to unhealthy weight control behaviors. Two thousand, three hundred and thirty seven students from 29 middle and high schools in ethnically and socio-economically diverse communities across Minnesota completed surveys. Results showed 59.5% of average weight girls whose friends were “very much” involved with dieting used unhealthy weight control behaviors, compared to 28.7% of average weight girls whose friends were “not at all” involved with dieting reported using unhealthy weight control practices (Eisenberg et al., 2005). This finding was significant for girls categorized as moderately overweight. Forty three percent of moderately overweight girls whose friends did not diet reported unhealthy weight control behaviors, compared to 70.2% of moderately overweight girls whose friends were involved in dieting (Eisenberg et al., 2005). Paxton et al (1999) also demonstrated that the
frequency of extreme weight loss behaviors reported by friends predicted an individuals’ use of these strategies (Paxton et al., 1999).

Peer modeling of dieting has been linked to dieting and other unhealthy weight control practices in adolescent girls (Levine, Smolak, Moodey, Shuman, & Hessen, 1994; Lieberman, Gavin, Bukowski, & White, 2001; Paxton et al., 1999; Wertheim, Paxton, Schutz, & Muir, 1997). Levine et al (1994) conducted a study to assess the relationship between normative developmental challenges and dieting and eating disturbances. Of specific interest, these researchers hypothesized that exposure to modeling cues and direct messages from peers about the importance of weight, shape and dieting would increase the probability of dieting in connection with other developmental factors such as pubertal development and dating (Levine et al., 1994). Questionnaires were administered to 382 predominantly Caucasian girls attending middle school (grades 6 to 8) in a small, rural, Midwestern community in the United States. Findings revealed that peer investment in dieting was a significant predictor of disturbed eating, while exposure to peer dieting practices predicted nonpathological dieting (Levine et al., 1994).

Furthermore, a qualitative study conducted by Wertheim et al (1997) examined socio-cultural pressures to be thin in adolescent girls. Semi-structured interviews were conducted with a complete class of thirty grade 10 girls. Interviews comprised of both open-ended questions and close-ended questions in which girls endorsed rating scale responses. Themes that emerged from the data showed that many girls, about 50%, felt that dieting by close friends had made them feel they ought to diet or watch their weight more. Seven girls believed that dieting by friends had probably led them to dieting themselves. One girl described how her best friend felt excluded because all her friends were in a diet club which met regularly for support (Wertheim et al., 1997). Moreover, seven girls reported dieting together with friends as one participant stated “if someone does it, another person does it just to support them” (Wertheim et al., 1997, p.349).
Few girls in this study reported direct verbal encouragement to diet from friends. However, Vincent & McCabe (2000) found peer encouragement of weight loss predicted disordered eating in adolescent girls.

School Influences

School Social Norms. The social norms of a school is another mechanism through which eating attitudes and behaviors are influenced, indirectly encouraging and modeling certain eating behaviors (Eisenberg et al., 2005). Eisenberg et al (2005) found that school-wide prevalence of girls trying to lose weight was significantly related to unhealthy weight control behaviors among average weight and moderately overweight girls. School-wide prevalence of dieting was determined by the prevalence of girls at each school who indicated that they were currently trying to lose weight. The distribution of school-wide prevalence of dieting was then divided into quartiles. Among average weight girls, 27.9% of those in the lowest quartile of school prevalence engaged in unhealthy weight control practices compared to 43.7% of girls in the highest quartile of school prevalence. Furthermore, this study showed high prevalence of dieting in schools contributed to unhealthy weight control practices, above and beyond perceived dieting behaviors in one’s circle of friends (Eisenberg et al., 2005). Moreover, weight-based criticism and teasing is another way school influences eating experiences and the internal disregulation of eating.

Teasing Experiences. The literature on appearance-based teasing has predominantly focused on the negative effects of teasing on body image (Cash, Winstead, Janda, 1986; Fabian & Thompson, 1989; Stormer & Thompson, 1996). However, less data exists substantiating the relationship between appearance-based teasing and eating disturbances (Jones et al., 2004; Levine, Smolak & Hayden, 1994; Lieberman et al., 2001; Neumark-Sztainer, Falkner, Story, Hannan, & Mulert, 2002; Paxton et al., 1999). Neumark-Sztainer et al (2002) conducted a large
scale study assessing the effects of weight-based teasing among 4,746 adolescents with diverse ethnic, racial and socioeconomic backgrounds. Participants were recruited from thirty-one public middle schools and high schools from urban and suburban school districts in the St. Paul/Minneapolis area. Findings revealed that weight-based teasing by peers was more commonly reported by girls than boys. Additionally, overweight adolescents were at greatest risk for being teased about their weight and were also the most bothered by the teasing experience (Neumark-Sztainer et al., 2002). Weight status as a risk factor for being teased about weight, size and overall appearance was also found in a longitudinal study of ten to fifteen year old girls (Thompson, Coovert, Richards, Johnson, & Cattarin, 1995).

Moreover, perceived weight-based teasing for both overweight and non-overweight adolescents was significantly related to disordered eating behaviors, including unhealthy weight control practices and binge eating (Neumark-Sztainer et al., 2002). For instance, among overweight adolescents, 29% of girls and 18% of boys who experienced frequent weight-based teasing reported binge-eating as compared to 16% of girls and 7% of boys who were not teased (Neumark-Sztainer et al., 2002). These findings were further confirmed by Lieberman et al (2001). Self-report questionnaires were given to a sample of 876 adolescent girls from grades seven to ten from four schools in Montreal, Canada. Girls were predominately White, from middle to upper social class backgrounds living in a large urban area. Results showed that girls upset by experiences of weight-based teasing reported more dietary restraint, compared to girls who were not upset by these experiences or who never experienced weight-based teasing at all (Lieberman et al., 2001). Thus, while being overweight is a risk factor for being teased, perceived distress by the experience seems to determine whether such experiences will translate into poor body image and eating disturbances.
While the literature is limited, racial teasing among peers has been examined as a potential factor associated with negative body image and eating disturbances (Iyer & Haslam, 2003; Reddy & Crowther, 2007). Racial teasing has been defined as teasing that “focuses on the target’s ethnically distinctive attributes” (Iyer & Haslam, 2003, p.143). In fact, one study to date found racial teasing to be the most prevalent form of teasing among 10-17-year-olds in England (Kelly & Cohn, 1988). Thus, Iyer & Haslam (2003) conducted a study to assess the impact of racial teasing on body image and eating disturbances among South Asian-American women. Self-report questionnaires were given to 122 college women of South Asian descent to assess eating disturbances, body image, self-esteem, acculturation, ethnic identification, and racial teasing. Findings revealed that a history of racial teasing that was experienced and labeled as ‘hurtful’, was associated with eating disturbances and body dissatisfaction, even when controlling for degree of distress, self-esteem and body weight (Iyer & Haslam, 2003).

However, this finding was not supported by Reddy & Crowther (2007) who also assessed the effects of ethnic teasing, in addition to the effects of weight and appearance based teasing on body image and eating attitudes among 74 South Asian women. These researchers found that ethnic teasing did not contribute significantly to body dissatisfaction or disordered eating attitudes once weight and shape based teasing was accounted for (Reddy & Crowther, 2007).

While ethnic teasing may contribute to poor body image and maladaptive eating attitudes among South Asian women, it is unclear from these inconsistent findings the extent of these effects, given that the study conducted by Iyer and Haslam (2003) did not measure weight or shape related teasing.

Thus far, an examination of the literature on girls’ food and eating experiences in childhood and adolescence has been explored. Food and eating experiences in childhood and adolescence are important as these experiences have the potential to shape patterns of eating and
relationships to food and the body in adulthood (Brink, Ferguson, & Sharma, 1999; Puhl & Schartz, 2003). Moreover, food and eating experiences in adulthood continue to influence and shape women’s connection to their bodies. These experiences in adulthood are also shaped by broader social factors that influence women’s connection to or subsequent disconnection from their bodily needs, wants and desires. This notion of connection and disconnection will be elaborated below.

**Adulthood**

*Eating and Connection to the Body in Adulthood*

Women, in particular, face challenges in maintaining a state of connection to their bodies. This is, in part, a result of the social construction of femininity and the sexual objectification of women where high importance and value is placed on a woman’s beauty characterized by her physical appearance. Thus, the regulation of women’s eating is often affected by the social and relational contexts in which they live. Theories of embodiment and sexual objectification account for women’s disrupted eating experiences and subsequent disconnection from their bodily needs, wants, and desires (Fredrickson & Roberts, 1997; Piran, Carter, Thompson, & Pajouhandeh, 2002).

**Embodiment**

The construct of embodiment allows food and eating experiences to be understood within women’s lived experiences of growing up female in this society. As expressed by Janet Surrey (1991):

The loss of the inner voice, of the awareness of one’s own needs, desires, or interests in the effort to respond to external expectations is a crucial issue in understanding basic aspects of women’s psychological development. The push toward rigid and chronic
dieting, as well as the emphasis on meeting culturally defined standards, may be an important factor in this critical loss of a basic sense of self. (p.244)

Thus, women’s negative food and eating experiences across the lifespan contribute to the loss of an inner voice and ultimately to a disconnection from the body. As well, food and eating experiences can contribute to feelings of connection to the body, as expressed by Surrey (1991): “the ability to feel ‘connected’ in this way, to feel and enjoy bodily pleasure, may be partially a function of healthy enjoyment of food, since food is so basic to life.” (p.244)

The terms ‘connection’ and ‘disconnection’ used throughout this research study refers to a set of complex constructs related to the state of embodiment as outlined in Piran and colleagues Developmental Theory of Embodiment for girls and women (Piran, 2000; Piran, 2001; Piran, Carter, Thompson, & Pajouhandeh, 2002; Piran & Cormier, 2005; Piran & Teal, 2006; Piran & Thompson, 2008; Piran, Thompson, Legge, Carter, Nagasawa, & Teall, 2009). This theory of embodiment was based on several qualitative and quantitative research projects and elaborated on existing theories of embodiment to include the experiences of girls and women, taking into account both the social and relational context of their lived experiences. In line with this theory, connected or positive embodiment is typified by a strong connection to the body, where the body is a center of functionality, agency and competence. The body is also the site of positive experiences, and is associated with the physical freedom to act and take space. The body is experienced as a ‘subjective’ space with minimal external consciousness. In this state, body care is natural and there is a connection with others around one’s needs and rights (Piran, 2009). In contrast, in a state of disrupted connection, or disembodiment, the body is experienced as a constrained space, typified by external consciousness with internalized harsh expectations and shame about one’s body appearance. In this state of disrupted embodiment, the individual may engage in mild to severe behaviors of self-harm (such as self starvation). Further, in this state, it
is hard for the individual to identify her own needs, and there is an experience of disconnection from others (Piran, 2009).

One study that examined the construct of embodiment in adult women used a qualitative life history methodology (Piran et al., 2002). In this study, eleven young women between the ages of 20 and 27 with diverse backgrounds in terms of immigration status, country of origin, socioeconomic status; religious, ethno-cultural and racial heritage participated in this study. Participants were guided in a conversation about the experiences of living in and with the body by reflecting on their childhood, adolescent and current experience.

The findings of this study identified four general categories of social experiences that related to either connection to or disconnection from the body. Living in the body in a connected or disconnected way was characterized by women’s experiences of physical freedom/corseting, mental freedom/corseting, social power/disempowerment and connection/disconnection to others (Piran et al, 2002). Thus, embodiment was described as a continuum in the way women lived in their bodies from a state of connection, also referred to as positive/connected embodiment, at one end of the spectrum to a state of disconnection or disrupted embodiment at the other end (Piran et al, 2002). Piran’s theory of embodiment regards eating as one dimension in women’s connection to their bodies and considers the regulation of eating to be affected by women’s experiences of physical freedom, mental freedom, social power and relationships with others.

The embodiment theory of Piran et al (2002) posits that women’s regulation of eating is influenced by their experiences of physical freedom from physically coercive influences on their eating and body shape. Social experiences of physical corseting have been described as: experiences of limitations on physical activity and play; expectations of girls-only playmates; excessive engagement in gender role expectations; expectations of body disciplining in line with our culture’s standards of beauty; sanctions regarding sexual desire; experiences of sexual and
physical violations; and feeling negative about and generally uncomfortable in the physical environment (Piran et al, 2002).

It has also been suggested that the regulation and/or disregulation of women’s eating is affected by their freedom from restricting mental constructions of femininity and masculinity and other limiting social categories (Piran et al, 2002). Thus, mental freedom includes such experiences as the “freedom to express a critical voice of social and cultural pressures; the freedom not to belong to socially created and labeled groups; the freedom from prescribed gender sex role scripts; and the freedom from being a stereotypic object (such as a ‘sex object’)” (Piran et al, 2002, p. 208). Mental corseting, on the other hand, includes the experiences of silencing the expression of choices and a critical view of cultural pressures; being confined to socially defined groups; rigid gender role expectations; and being classified into an ‘object’ position (Piran et al, 2002).

Piran’s theory of embodiment considers women’s social power in their families, institutions and the larger social environment to influence food and eating experiences and the degree of connection to their bodies (Piran et al., 2002). Social disempowerment includes experiences that reflect “gender inequity and inequity related to race, ethno-cultural group membership, socioeconomic status, health or physical (dis)ability, and sexual orientation, as well as having been cast in the role of a marginalized and deprecated ‘other’ without being able to stand up to this inequitable treatment” (Piran et al, 2002, p.208).

Connection to others has been theorized to influence women’s patterns of eating. Specifically, role modeling of eating and body self care in significant others are considered to be influential on women’s food and eating experiences (Piran et al., 2002). This has been substantiated in the literature on food and eating experiences in childhood and adolescence, reviewed previously. Thus, disconnection from others has been characterized as experiences of
“being disrespected by significant others, especially in the care of the body, being exposed to negative role models who are distant or disempowered themselves while lacking positive role models, lacking sisterhood relationships, feeling disconnected from institutional and larger community life” (Piran et al, 2002, p.208).

Moreover, the regulation of eating is influenced by various social experiences as described in the theory of embodiment by Piran et al (2002). Women who lived in their bodies in a disconnected way often engaged in disordered eating and identified feelings of self-consciousness about their bodies, expressing a need to comply with external standards of beauty and thinness (Piran et al., 2002). Furthermore, experiences of mental and physical corseting and social disempowerment were often associated with women’s experience of being cast into an object position (Piran et al., 2002). Objectification of women, particularly sexual objectification, has been theoretically and empirically linked to various mental health problems, including disordered eating (Fredrickson & Roberts, 1997).

Objectification Theory

Objectification theory, proposed by Fredrickson and Roberts (1997), asserts that women’s bodies exist within social and cultural contexts. It is proposed that having a woman’s body creates a shared social experience of sexual objectification. Sexual objectification “occurs whenever a woman’s body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her” (Fredrickson & Roberts, 1997, p. 175). Moreover, the experience of sexual objectification creates an array of shared psychological experiences common to many women. Specifically, women’s experience of being an object for others’ scrutiny has been linked to various mental health problems (Fredrickson & Roberts, 1997).
Fredrickson and Roberts (1997) argue that the most subtle way sexual objectification occurs is through male gaze or visual scrutiny of the body. Objectification theory posits that the objectifying gaze occurs in three realms. First, objectifying gaze occurs within actual interpersonal and social encounters (Fredrickson & Roberts, 1997). Empirical evidence has shown that women are gazed at more than men and that men direct more gaze toward women in public places, which is often accompanied by sexually appraising comments (Argyle & Williams, 1969; Cary, 1978; Fromme & Beam, 1974; Hall, 1984; Henley, 1977; Gardner, 1980). Second, objectifying gaze occurs in the realm of visual media in the depiction of interpersonal and social encounters between men and women (Fredrickson & Roberts, 1997). Studies have demonstrated that in advertisements males are depicted gazing directly at women more often (Goffman, 1979; Umiker-Sebeok, 1981). Third, objectifying gaze occurs in the realm of visual media that features bodies and body parts (Fredrickson & Roberts, 1997). Research has shown that women’s bodies are frequently the focus of sexual objectification in movies, visual arts, advertisements, television programming, music videos, women’s magazines, and pornography (Berger, 1972; Ferguson, 1978; Kuhn, 1985; Solely & Kurzbard, 1986; Sommers-Flanagan, Sommers-Flanagan, & Davis, 1993; van Zoonen, 1994).

The psychological consequence associated with women’s experience of sexual objectification is that women internalize the observer’s perspective and treat themselves as objects to be viewed and scrutinized by others, referred to as self-objectification (Fredrickson & Roberts, 1997). Adopting an observer’s perspective on the physical self can lead to “a form of self-consciousness characterized by habitual monitoring of the body’s outward appearance” (Fredrickson & Roberts, 1997, p.180). Women who view themselves from this critical, external perspective, in turn, compare their own bodies to unrealistic cultural standards of beauty and thinness (Fredrickson & Roberts, 1997). Objectification theory considers self-objectification to
contribute negatively to women’s mental health and has been linked both theoretically and empirically to experiences of body shame, appearance anxiety, depression, sexual dysfunction, diminished mental performance, a lack of awareness of bodily states, and disordered eating (Calogero, 2004; Fredrickson & Roberts, 1997; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Muehlenkamp & Saris-Baglama, 2002; Noll & Fredrickson, 1998; Roberts, 2004; Slater & Tiggemann, 2002; Tiggemann & Slater, 2001).

Moreover, one of the ways that self-objectification affects women’s mental health is by disconnecting them from their internal bodily states (Fredrickson & Roberts, 1997). Research has found that women are less accurate than men at detecting various internal bodily sensations, including stomach contractions, and blood glucose levels (Katkin & Bloch, 1993; Katkin, 1985; Katkin, Blascovich, & Goldband, 1981). Fredrickson and Roberts (1997) theorized that women’s disconnection to bodily cues may be the result of a hyper vigilant awareness of physical appearance, leaving few perceptual resources available for attending to inner body experiences. It has also been suggested that self-objectification creates a need for women to achieve the perfect body according to unattainable standards of beauty and thinness (Fredrickson & Roberts, 1997). These unattainable beauty standards leave women feeling shameful about their bodies. Body shame occurs when women “evaluate themselves relative to some internalized or cultural ideal and come up short” (Fredrickson & Roberts, 1997, p. 181). Moreover, body shame has been identified empirically as a mediating variable linking self-objectification to disordered eating in women (Calogero, 2004; Calogero, Davis, & Thompson, 2005; Fredrickson et al., 1998; Moradi, Dirks, & Matteson, 2005; Noll & Fredrickson, 1998; Tiggemann & Kuring, 2004; Tylka & Hill, 2004).

Furthermore, self-objectification theory posits that disturbances in women’s eating experiences, such as those created by dieting or restrained eating require women to suppress
hunger, appetite and satiety cues, in turn, disconnecting them from their bodily needs and desires (Fredrickson & Roberts, 1997). Given the sociocultural climate where women view themselves as objects, the meaning women give to food is influenced by the subsequent body shame experienced, created by the failure to meet unrealistic standards of beauty and thinness. Consequently, the meaning of food and subsequent food choices women make are often associated with aspects of health, body weight, femininity, and social desirability.

The Meanings of Food

The meanings given to food set the stage for experiences of eating and ultimately the physiological and psychological connection to the body. Research on the meaning of food comes mainly from studies by anthropologists and sociologists. The meanings given to food are shaped by different social discourses. These social discourses are often dominated by the social norms that govern food intake in a particular culture. Moreover, “food is not a simple entity, but something that is constructed, negotiated, socialized and contextualized” (Chamberlain, 2004, p. 468).

Food, Weight & Health

Food implicitly symbolizes need, a physiological need to eat, motivated by hunger. Hunger is characterized as a “body drive which recurs in all human beings in a reasonably regular cycle” (Mennell, 1997, p.316). However, eating is not merely a physiological activity; it is guided by our appetite, as expressed by Daniel Cappon, a psychotherapist specializing in eating disorders:

“[Appetite is] basically a state of mind, an inner mental awareness of desire that is the setting for hunger… An individual’s appetite is his desire and inclination to eat, his
interest in consuming food. Eating is what a person does. Appetite is what he feels like doing, mostly a psychological state” (1973, p.21).

Given the sexual objectification of women in Western culture and the subsequent self-objectification, women’s need and desire for food must be restrained if they are to fit the image of the ideal woman (Lupton, 1996). Moreover, the dieting mentality creates a dichotomous meaning of food as either “good” or “bad”, “healthy” or “unhealthy”, “forbidden” or “safe”. Such depictions of the health value of food are plentiful among media messages, encouraging women in particular to choose lower fat foods in an attempt to lose weight and feel in control. These socio-cultural messages relating the value of food to body weight, often confounded with messages about health, are important in understanding the meaning women, in particular, give to food.

Knowledge about the dichotomous labeling of food initially came from studies assessing restrained eaters’ attitudes towards food and food choice. Knight and Boland (1989) conducted a study to assess determinants of forbidden and safe foods. Forbidden foods were characterized as foods that individuals avoided in order to control body weight. These researchers discovered a list of foods that mainly restrained eaters considered forbidden. Forbidden foods were typically foods believed to be high in fat and calorie-dense. Foods such as: pastries, chips, pizza, chocolate, butter, cream, baked goods, puddings and cereal were considered forbidden. Foods that were deemed nonforbidden or “safe” were: vegetables, selective fruits, rice, potatoes, eggs, and soup (Knight & Boland, 1989). These findings were also confirmed by Francis, Stewart, & Hounsell (1997).

The meaning of food in terms of its perceived healthfulness has been studied extensively in the last decade (Oakes & Slotterback, 2001a; Oakes & Slotterback, 2001b; Oakes &
Earlier studies (Schwartz & Bora, 1997; Rozin et al., 1996) surveying American criteria for determining food healthfulness reported dietary fat as the main criteria. More recently, studies show a balance between fat content and freshness as the main determinants of food healthfulness (Oakes & Slotterback, 2002). Oakes & Slotterback (2002) conducted a study to assess the influence of gender, age, and dieting status on judgments of food healthfulness. One thousand, one hundred and forty eight participants were surveyed while visiting three grocery stores in Scranton, Pennsylvania. Findings showed that an overwhelming majority of individuals considered “freshness” or “fat content” as most important when judging food healthfulness, with “freshness” selected by a higher percentage of participants. On the other hand, “calorie content”, “vitamins/minerals,” and “protein content,” were least likely to be ranked first (Oakes & Slotterback, 2002). While gender differences were not found, dieting status appeared to be the most important factor influencing judgments of food characteristics used to determine healthfulness. Thus, dieters (both male and female) nominated “fat content” as most important while non-dieters most frequently selected “freshness” as their top choice. Moreover, female dieters differed significantly from female non-dieters, as female dieters were two to three times more likely than non-dieters to nominate the characteristics of “fat content,” “calorie content,” and “sodium content” while non-dieters consistently chose “freshness” (Oakes & Slotterback, 2002).

Oakes & Slotterback (2001a, 2001b, 2001c) found evidence of stereotypical thinking related to the health value of foods and referred to this concept as food stereotypes. Food stereotypes are judgments about the healthfulness of food based on reputation (primarily considered healthful by the media and food industry) rather than actual nutrient content. These researchers conducted a series of studies to assess food stereotypes across various age groups.
One hundred and twenty undergraduate students and 141 men and women who were friends and relatives of undergraduate students involved in research activities or course work participated in two different studies (Oakes & Slotterback, 2001a, 2001b). Participants in both studies were presented with names and descriptions of 33 food items and were asked to rate each food name and description based on the question “how good is this for you”? Participants were also instructed not to rate foods according to taste or personal appeal. Positive food stereotypes included foods such as apples, grapes, lettuce, carrots, applesauce, ice cream and beef hot dogs, and more generally categories of food such as fruits, vegetables and dairy products. These foods were judged to have high levels of vitamins, minerals and/or protein that were not justified by their nutritional content (Oakes & Slotterback, 2000; Oakes & Slotterback, 2001a; Oakes & Slotterback, 2001b). Negative food stereotypes included foods like pizza, McDonalds and potatoes. Thus, stereotypes that women, in particular, used when judging food involved negative attitudes towards dietary fat and calories.

The meaning of food is also closely connected to stereotypes about weight and health which are often considered to be the result of food choice and quantity. For instance, individuals who ate low-fat meals or “good” meals (as defined by “good” foods discussed earlier) compared to those that consumed “bad” high-fat meals were perceived as being healthier (Oakes & Slotterback, 2004-2005) and as being thinner (Fries & Croyle, 1993; Mooney et al., 1994; Oakes & Slotterback, 2004-2005; Stein & Nemeroff, 1995). Level of fitness and activity has also been inferred based on food type. That is, individuals who ate low-fat diets were perceived as more fit and active than those individuals who ate a high-fat diet (Barker, Tandy, & Stookey, 1999; Fries & Croyle, 1993; Oakes & Slotterback, 2004-2005; Stein & Nemeroff, 1995). Similar stereotypes exist for amount of food consumed. Thus, women and men who ate smaller meals were
perceived as thinner and weighing less (Bock & Kanarek, 1995; Chaiken & Pliner, 1987; Vartanian, 2000, 2004).

These socially constructed representations of food have become linked to women’s conceptions of themselves and their bodies as expressed by Bloom, Kogel & Zaphiropoulos (1994):

In this culture foods are imbued with magical properties of goodness and badness that transcend basic nutritional value and appropriate psychological function. Foods function as magical potions and transformational objects, able to repair, destroy, enhance or undermine life. Food, characterized as good or bad, links up with internal self states that represent split self experiences such as good-bad, active-passive, strong-weak, virtuous-immoral, or desirable-undesirable. (p. 99)

Thus, the meanings of food are socially constructed in such a way that individuals attribute a wide array of social and personal traits to the type and quantity of food consumed by women (Vartanian, Herman, & Polivy, 2007).

Food and Femininity

Femininity and masculinity have consistently been associated with food type and quantity of food eaten (Barker et al., 1999; Bock & Kanarek, 1995; Chaiken & Pliner, 1987; Mooney & Lorenz, 1997; Oakes & Slotterback, 2004-2005; Pliner & Chaiken, 1990; Stein & Nemeroff, 1995). In general, regular consumption of high-fat foods deemed “bad” by most individuals, is associated with being male and the regular consumption of low-fat foods is associated with being characteristically female (Barker et al., 1999). This finding was evident in an anthropological, qualitative study of food and dietetics assessing French mothers views of what their children should eat (Fischler, 1986). When one mother described her reluctance to give her children fat, she indicated a sex difference in the feeding practices used for her daughter
compared to her son by stating, “I won’t let them [girls] eat the fat. For my husband and the boys, it’s all right, but I don’t want it for Murielle and myself. It’s bad for the health. And I’ve never been able to digest it” (Fischler, 1986, p. 954). Similarly, Stein and Nemeroff (1995) assessed gender role stereotypes and food type by asking participants to read a profile of either a male or female of average weight with information about the target’s preferred foods, with half of the targets described as preferring “bad” foods (hamburgers, doughnuts, ice cream sundaes) and other half as preferring “good” foods (chicken, whole wheat bread, and fruit). Despite the targets being male or female, targets described as preferring “good” foods were rated as more feminine and less masculine compared to targets preferring “bad” foods (Stein & Nemeroff, 1995). Mooney & Lorenz (1997) found similar findings. These researchers conducted two separate pilot studies to determine food choices that are considered “feminine” and “masculine”. It was found that individuals described as eating “feminine” foods (bagel with cream cheese) were rated as more feminine and less masculine compared to those described as eating “masculine” foods (pancakes with syrup), regardless of the raters sex. Furthermore, Oakes & Slotterback (2004-2005) conducted a study to assess whether the routine consumption of “bad” food for breakfast (i.e. pie) compared to the consumption of “good” food (oatmeal with nuts and fruit) influenced judgments about the eater. Two hundred and nine undergraduate students enrolled in a psychology course were given a description of what an individual “Pat” usually eats for breakfast and asked to rate him/her based on 42 different adjectives and descriptors. Pie-eating women were judged to be much less feminine than women who usually consumed oatmeal for breakfast (Oakes & Slotterback, 2004-2005).

As discussed earlier, given Western societies beauty ideal in which women are valued for their thinness, stereotypes exist around the need for women to “eat lightly” (Vartanian et al., 2007, p.268) if they are to fit the image of the ideal woman (Lupton, 1996). Thus, attributions of
femininity are linked to how much a woman eats as demonstrated in the empirical literature (Bock & Kanarek, 1995; Chaiken & Pliner, 1987; Pliner & Chaiken, 1990). Based on the assumption that “eating lightly” is a sex-role-appropriate behavior for women, Chaiken and Pliner (1987) examined the effect of food quantity on perceptions of femininity and masculinity. Two hundred and fifty four male and female undergraduates from the University of Toronto were given descriptions of a person’s demographic characteristics (age, sex), a list of their food preferences and a food diary detailing food and beverage items consumed in their two most recent meals. Meal size was manipulated with some large meals and some smaller meals. Both male and female participants rated the female target who ate small meals as significantly more feminine and significantly less masculine than the female target that ate large meals. Furthermore, meal size also influenced the attribution of personality traits that are stereotypically feminine. Thus, females who ate smaller meals were perceived as significantly more emotional, kind and understanding of others (Chaiken & Pliner, 1987). On the contrary, participants rated male targets similarly on aspects of femininity, masculinity or expressiveness, regardless of meal size. These findings were replicated in a second study by Pliner and Chaiken (1990). While most studies did not find an effect for male targets, Bock and Kanarek (1995) found that as meal size increased, participants rated both female and male targets as more masculine and less feminine on the direct measures of these constructs. Vartanian et al. (2007) concluded in a research review on consumption stereotypes that feminine stereotypes related to food intake appeared to be dependent on how femininity was measured, in that perceived femininity was more accurately represented by a direct measure encompassing a more global, loosely defined construct than an indirect measure of femininity comprised of specific characteristics standard in most gender-role inventories. While some discrepancies exist in the findings, research suggests that the
stereotypes of femininity are intertwined in the meaning of food. Similarly, positive and negative stereotypes of social desirability for women exist related to the type and amount of food eaten.

**Food and Social Desirability**

Several studies have assessed the effects of food type on perceptions of social and interpersonal desirability factors (Vartanian et al., 2007). Stein and Nemeroff (1995) found that targets who ate “good” foods were rated as more physically attractive, more likable and more moral (defined as tolerant of others, monogamous, considerate, concerned, ethical, kind-hearted, virtuous) than targets who ate “bad” foods. These findings were confirmed by Mooney and Lorenz (1997) in that targets who ate the “feminine” diet (as described earlier) were rated higher on personal qualities in that they were more conscientious, physically attractive, sensitive, emotional, self-controlled, intelligent, assertive and strong, compared to targets who ate a masculine diet. Moreover, Fries and Croyle (1993) asked participants to report their impressions of consumers of a low-fat/vegetarian diet or a high-fat/fast-food diet. High fat/fast-food consumers were perceived as less physically attractive, less warm, less intelligent and less studious, more likely to drink and attend parties and more easy going (Fries & Croyle, 1993). This finding was further replicated in a study by Barker et al. (1999) in that consumers of low-fat diets were perceived as more attractive and intelligent. However, these researchers also found negative stereotypes related to social desirability revealing individuals with low-fat diets are considered more serious, high strung, unhappy and antisocial (Barker et al., 1999). Moreover, in line with previous research findings, Oakes and Slotterback (2004-2005) found that women who ate oatmeal for breakfast were considered more attractive and less weak than men who routinely ate oatmeal for breakfast, as well as more orderly and more educated compared to pie eaters. Furthermore, women who ate pie for breakfast were perceived as less likeable, healthy and
athletic compared to men who ate pie. Moreover, these findings consistently show that factors associated with social desirability are related to women’s food choice.

Social desirability for women is also attached to the quantity of food eaten. While findings are somewhat conflicted, women who ate smaller meals were found in two research studies to be seen as more physically attractive and neater (Bock & Kanarek, 1995; Chaiken & Pliner, 1987). It has been suggested that neatness may be considered a trait in women who eat less because eating less is often associated with perceptions of restraint and self-control (Bloom et al., 1994; Orbach, 1986; Vartanian et al., 2007). Moreover, women who eat smaller meals were also rated as more desirable to interact with socially (Basow & Kobrynowicz, 1993). Some studies have not found an effect for meal size on a woman’s likability (Bock & Kanarek, 1995; Chaiken & Pliner, 1987), intelligence or politeness (Vartanian, 2000). Given the rules of femininity and social desirability that govern the meaning of food, women’s connection to their bodies, needs and desires, and specifically to food and eating may be negatively affected. Based on the research findings thus far, women are required to eat “good” foods and smaller quantities in order to be considered feminine and socially desirable. However, is this the experience for women of differing racial, ethnic and social class backgrounds? A review of the literature on the meanings of food as it relates to ethnicity and social class will be explored.

Food, Ethnicity and Social Demographics

Differences in food consumption can be understood as the symbolic expression of one’s cultural and ethnic values as well as the expression of various social demographics (Tivadar & Luthar, 2005). Several studies to date have explored food choice ideologies and how they are manifested in various ethnic and social class groups (Bove & Olson, 2006; Inglis, Ball, & Crawford, 2005; Kaplan, 2000; Lindeman & Sirelius, 2001; Rozin, Bauer, & Catanese, 2003; Rozin, Fischler, Imada, Sarubin, Wrzesniewski, 1999; Tivadar & Luthar, 2005).
An important study in understanding the ethnic and cultural differences in the meaning of food was conducted by Rozin et al (1999), who assessed attitudes to food and the role of food in life in the United States, Japan, Flemish Belgium and France. Questionnaires were distributed to college students and a community sample of adults in Japan, U.S.A., Belgium and Paris. A significant effect was found for country in that American attitudes to food were in contrast to Western European countries and Japan. Moreover, individuals in France, followed by Belgium, reported being the least concerned about the consumption of fat and salt in their diet and were least worried about the healthiness of food habits on their own or others’ health and appearance compared to Americans (Rozin et al., 1999). Furthermore, individuals in France and Japan presented with the least amount of worry about the fattening effects of food and exhibited more concern with the savoring aspect of food. Moreover, individuals in France, followed by Belgium, demonstrated the greatest rating for the importance of food in life in a positive context. Specifically, these countries reported a greater importance given to food with a foremost emphasis on the pleasure derived from food (Rozin et al., 1999). A significant gender effect among the countries was found, in that women across all four countries were more concerned with the negative effects of food on health, weight and appearance and males were more concerned with the pleasure aspects of food. These findings were confirmed in a later study by Rozin et al (2003). Thus, Americans focus on the nutritional and health aspects of food rather than the taste-pleasure aspects of food. This phenomenon is what some researchers have referred to as the health versus pleasure debate (Rozin et al., 2003; Tivadar & Luthar, 2005).

Lack of pleasure and enjoyment in the meaning of food has been associated with disordered eating and differentiates “distressed dieters” from “health dieters” as identified by Lindeman and Stark (1999, 2000) in a series of studies. While “health dieters” exhibit more concern about their appearance than other women and make food choices based on this concern,
they appreciate the pleasure of eating, in contrast to “distressed dieters” who exhibit more disordered eating behaviors and who do not regard enjoyment as an important factor in food choice (Lindeman & Stark, 1999).

The meaning of food has also been understood in the context of social demographics (Tivadar & Luthar, 2005). Research exploring the role of socio-demographic variables in food practices has found various demographics to be associated with the utilitarian aspects of food consumption rather than aesthetic or health-related aspects of food choice (Inglis et al., 2005; Tivadar & Luthar, 2005). A recent study explored the role of social class, level of education, and geographic location in the food practices of Slovenians (Tivadar & Luthar, 2005). These researchers obtained qualitative information about attitudes towards food from a large, random sample of 1,147 Slovenians ranging in age from 18 to 65. Six food cultures were determined based on reports of the meaning of food. Thus, food cultures that exhibited a utilitarian approach to food, labeled Male Tradionalists, Yes-Sayers, and Male Modernists were mostly displayed by men (50-64% of men). Individuals in these food cultures were more focused on the practical aspects of food consumption. For instance, these individuals valued the abundance of food, the filling aspect of food and rejected more novel aspects of food consumption and preparation (eating out and trying new foods). Food, for this group, does not appear to play an important role in their lives and they are less interested in the effects of food on body weight and health. Moreover, these individuals report the lowest levels of education and socio-economic status and typically live in rural versus urban areas (Tivadar & Luthar, 2005). Individuals in this study reporting a level of education and socio-economic status that is above average, typically lived in more urban areas. Individuals with these socio-demographic correlates embrace food cultures labeled Carefree Hedonists (52% women) and Health-Conscious Hedonists (70% women) emphasizing the pleasure aspects of food and eating (Tivadar & Luthar, 2005). Carefree
Hedonists are not preoccupied with the healthfulness of food or its effects on appearance. Instead, food is regarded as a source of sensual pleasure and cooking and eating are experienced as creative processes and occasions for sociability (Tivadar & Luthar, 2005). Health-Conscious Hedonists balance healthy food practices with the pleasurable aspects of food and eating. These individuals strongly reject the utilitarian aspects of food and place greater importance on what they eat, how the food is served and the social and leisure aspects of food and eating.

Moreover, similar findings exist documenting the social class differences in attitudes towards food in a sample of women from Melbourne, Australia (Inglis et al., 2005). Semi-structured interviews were conducted with 19 high, 19 middle, and 18 low socio-economic status (SES) women. Findings showed women with lower SES held stronger “traditional” beliefs about food and food related practices compared to women of mid to high SES who demonstrated more “novel” attitudes towards food and eating (Inglis et al., 2005). Thus, a “traditional” belief system was characterized by the endorsement of the beliefs and values about food they were brought up with, such as eating everything on one’s plate or eating because it’s time, not necessarily because of hunger. In contrast, “novel” attitudes about food were characterized as a willingness to experiment with food as well as a higher value on the health and appearance aspects of food (Inglis et al., 2005).

Moreover, the cost of food was also a major consideration for women of lower SES in attitudes toward food and eating (Inglis et al., 2005). While women of higher SES did not consider cost of food in food choice, women of lower SES often believed healthy foods, especially fruits and vegetables, were more expensive. Thus, the meaning of food was related to cost in that foods were chosen based on affordability rather than the healthfulness (Inglis et al., 2005).
Furthermore, social class also appears to be an important factor in the meaning of food for some children and adolescents, as described in a qualitative study in the United States by Kaplan (2000), where food was used to signify culture and class differences. Interviews were conducted on thirty children and adolescents ages 11-14, 17 of which were boys and 13 were girls. As well, three focus group interviews consisting of three participants each were carried out. The sample was from diverse racial and class backgrounds (14 were White, 10 were Black, 2 were Asian Americans, 2 were Latino, and 2 were of mixed race; 10 were upper-middle income, 14 were middle-class income, and 6 were lower income). Findings showed that food was often used as a signifier of social class. For instance, when asked about their food preferences, one focus group of Black girls chose instead to compare their food with that of their White classmates, critiquing the lack of palatability of their classmates’ food. Kaplan (2000) hypothesizes that the comparison between White and Black food is perhaps a way to express social status through food, in other words saying that “we are just as good as you”.

Other ways food was used to signify social class was in relation to free food (Kaplan, 2000). A stigma appeared to be attached to receiving a free lunch at school. In one focus group of girls, they discussed the meaning of free food in relation to being poor. Thus, regardless of social status, the free lunch program at school, which is available to everyone, was associated with being poor and on welfare. One Black female participant stated that “everyone is eligible [for the free lunch]. But the people who get free lunch basically don’t get a lot of income. My mom owns her own business, and people think I’m rich” (Kaplan, 2000, p. 499).

Thus, food for some children and adolescents can represent their social class which can be considered threatening as there is stigma attached to being in a lower socio-economic status. This internalized classism functions as a threat ultimately causing individuals to avoid behaviors
that may result in being stigmatized. The threat of being stigmatized as poor or on welfare as described by participants in this study may in turn affect food choices.

*Women’s Role as Care Takers*

Part of the social discourse around femininity is that females are expected to act in a care taker role and, while in that role, to put the needs of others before their own (Piran & Cormier, 2005). As a result, women’s sense of self circumnavigates around her self-in-relation to others often witnessed in her responsibility to care for and include others (Gilligan, 1982; Surrey, 1991). Girls learn early in life that one of the ways females take care of others is to feed them (Sands, 1989). This is often expressed through the provision of food and feeding others in the family. Both Gilligan (1981) and Surrey (1991) have theorized that women are expected to silence their needs and emotions in order to attain close relationships, resulting in self-silencing and alexithymia in women. Moreover, women’s internalization of this social role has been empirically linked to disordered eating patterns (Geller, Cockell, Hewitt, Goldner, & Flett, 2000; Piran & Cormier, 2005; Zaitsoff, Geller, & Srikameswaran, 2002).

Women across various socio-economic backgrounds often discuss the need to prepare and cook what other family members, especially their children, prefer to eat (Bove & Olson, 2006; Inglis et al., 2005). Thus, food is used by women to care for others, particularly children, without regard for their own needs and desires. This is exemplified by the words of a 46-year-old woman of high socio-economic status: “I do sometimes think that my food comes after everyone else’s. I tend to think of what to give them first, and then I’ll tend to think about myself afterwards.” (Inglis et al., 2005, p.338). Furthermore, women of lower socio-economic status who experienced periods of food scarcity due to their financial position also expressed food as a form of caring for their children and partners (Bove & Olson, 2006). While in most cases both parents would typically restrict their eating to ensure food for their children, some women spoke
about cutting back on their intake to ensure food for their husband as well. This was the case for one woman who cut back her intake during the winter to ensure food not only for her 11-year-old daughter and two grandchildren but also for her husband (Bove & Olson, 2006). Thus, research suggests that a woman’s appetite, need, or desires for food are sacrificed in the context of care of others. It can be inferred based on these research findings that women’s regulation of eating and connection to their bodies is disrupted as a result of these restrained eating experiences.

In the context of others, women’s emotional needs, like their needs and desires for food, are often silenced. As a result, the regulation of eating can be negatively affected by the suppression of emotions and needs. Further, experiential avoidance, defined as the reluctance to experience negative thoughts, feelings and/or sensations, has been found to be associated with a subsequent action, such as binge eating, restriction, and/or purging to alter one’s experience. For example, in a qualitative inquiry, Bove and Olson (2005) found that women of various socio-economic backgrounds engaged in either eating more food than usual or restricting food intake in response to overwhelming feeling states. In this study, some participants ate more food when feeling anxious, sad, lonely, and bored. Others ate less food when feeling anxious or sad, but always ate more food when feeling lonely or bored.

Few studies to date have explored the relationship between disordered eating and self-silencing in women. In general, higher rates of self-silencing have been found in both community and clinical samples of adolescent and adult females with eating disorders compared to psychiatric and “normal” controls (Geller, Cockell, Hewitt, Goldner, & Flett, 2000; Zaitsoff, Geller, & Srikameswaran, 2002; Piran & Cormier, 2005). In particular, Piran and Cormier (2005) conducted a quantitative study using a community sample of 394 women. It was found that the silencing of one’s needs and the suppression of the expression of anger predicted
disordered disturbances in women’s eating patterns (Piran & Cormier, 2005). This has also been found in a previous research with adolescent girls (Zaitsoff et al., 2002).

Furthermore, alexithymia has also been linked empirically to eating problems. Alexithymia refers to difficulties identifying feelings and distinguishing between feelings and bodily sensations of emotional arousal, as well as difficulty describing feelings to other people (Bagby, Taylor & Parker, 1994). Prevalence rates of alexithymia among adults with eating disorders ranges from 56-77%, with rates for anorexia higher than rates for bulimia (Bourke, Tayler, Parker, & Bagby, 1992; Cochrane, Brewatin, Wilson & Hodges, 1993; Schechtman, Avnon, Zubery, & Jeczmien, 2006). While there is a strong association between alexithymia and eating disorders, little is known empirically about how they are linked. Moreover, Troop, Schmidt and Treasure (1995) conducted a study assessing the construct of alexithymia in a clinical sample of women with eating disorders. It was found that individuals with anorexia and bulimia exhibited both difficulty identifying and expressing feelings. Research on adolescence has found similar associations, in that individual with eating disorders demonstrated more difficulty labeling and categorizing emotions compared to a control group (Zonnevijlle-Bendek, van Goozen, Cohen-Kettenis, van Eldberg, & van Engleland, 2002). Thus, it has been hypothesized that because individuals with alexithymia have difficulty processing and expressing emotions, they use somatic strategies instead, like food restriction or binge eating, to deal with stress (Taylor, Bagby, & Parker, 1991).

Moreover, the internalization of the gender role expectation of women as caretaker of others has negatively impacted women’s mental health. This social role inherently expects women’s needs to be secondary to others’ needs, thereby contributing to the loss of a voice and the disconnection from one’s bodily needs, wants and desires as demonstrated in the link between self-silencing, alexithymia and disordered eating.
Rationale for the Current Study

A review of the literature pertaining to food and eating socialization across the lifespan revealed several gaps in the current understanding of relevant processes underlying women’s connection and disconnection to their bodies. Extensive theory and research exists documenting the importance of food and eating experiences in infancy, childhood, adolescence, and adulthood and how these experiences affect women’s internal regulation of eating. However, research to date does not explore food and eating experiences throughout the lifespan and how this relates to a woman’s lived experience in her body. A woman’s lived experience in her body is not merely a measure of her ‘body image’, that is, her mental representation of her body, perceptions of her body size and shape, and/or her comfort or dissatisfaction with her body (Bloom & Kogel, 1994). The current study aims to contribute to the understanding of socialization processes and experiences that shape women’s connection or subsequent disconnection to their bodily needs, wants and desires for food and eating.

Moreover, several empirical studies narrowly define food and eating experiences to only include parental feeding practices characterized by behavioural and attitudinal dimensions labeled: feeding responsibility, food restriction, pressure to eat, food monitoring and perceived concern of child’s weight. This study is interested in expanding the inquiry to include women’s social and relational experiences of food and eating, captured in the meaning of food and eating. Gender, ethno-culture, race, and social class were also examined to further contextualize women’s food and eating experiences.

Furthermore, no quantitative or qualitative studies to date exist documenting the food and eating experiences of women and how this relates to a state of connection with their appetites and to eating. Thus, it was the goal of this study to explore a group of women’s retrospective food and eating experiences from childhood through to adulthood and how these experiences
affected their ability to feel connected or disconnected with their bodily appetites and desires for food and eating. Because there is no data and no quantitative measures to retrospectively assess the unique constructs defined in this study, a qualitative, life history approach was used.

In summary, the aim of this study was to explore and begin to understand how food and eating experiences contributed to women’s feelings of connection and disconnection to their bodily appetites for food and eating. The goal of this research was to inform and help researchers, therapists, health care professionals and parents understand women’s experiences of food and eating throughout their life, as shaped by gender, ethnocultural factors, and social class. As previously discussed, a girl’s connection to her body is an important, protective factor and contributes to healthy growth and development. Furthermore, it was the hope that understanding women’s food and eating experiences in the context of their lived experiences in the body would shed some light on ways to maintain girl’s connection to their bodies throughout the lifespan.
CHAPTER 2

METHODOLOGY

Qualitative Research

The purpose of this research study was to explore food and eating experiences in the lives of women to better understand the social processes, as well as the broader contextual factors that influence connection and disconnection to appetite for food and eating. Qualitative approaches to research acknowledge the importance of meanings individuals ascribe to their experiences within a broader context. These approaches to research are typically utilized in investigations where limited or no theory exists or for the purpose of gaining a new perspective (Stern, 1994). No known research studies exist that have investigated women’s food and eating experiences in relation to bodily appetites and desires and to their own socialization history, thus warranting a qualitative inquiry. To meet the goals of the current study which included an in-depth investigation into food and eating socialization processes within the broader social context of women’s lived experiences, a life history approach to qualitative inquiry was used. Other qualitative studies using a life history approach have been done to assess embodiment in young adult women (Piran et al, 2002), proving to be useful in retrospectively assessing women’s lived experiences in their bodies from childhood.

*Life History Approach to Qualitative Inquiry*

A life history approach honours, understands, and emphasizes interpretations that individuals make of their own experiences within various contexts, including: social, cultural, political, geographical, familial, educational, and religious contexts, to name a few (Coles & Knowles, 2001). As described by Cole and Knowles (2001), “to be human is to experience ‘the relational,’ no matter how it is defined, and, at the same time, to be shaped by ‘the institutional’, the structural expressions of community and society” (p.22). Moreover, it is the goal of life
history research to utilize individuals’ lived experiences to construct broader contextual meaning (Coles & Knowles, 2001).

Several principles guide life history research including: relationality, mutuality, and empathy, care, sensitivity and respect (Coles & Knowles, 2001). In contrast to more conventional methods of research inquiry that promote distance, formality and adherence to clearly defined boundaries in the relationship between researcher and participant, life history research regards the research relationship as foundational to research quality and to knowledge production (Coles & Knowles, 2001). Thus, the research relationship is conceptualized in a more humanistic perspective, emphasizing intimacy and authenticity in the relationship. Intimacy in this relationship is described as including qualities of mutual care and friendship, disclosure of respect for personal vulnerabilities, and attention to relational ethics and power-in-relation (Busier, Clark, Esch, et al., 1997). Moreover, the research relationship is based on empathy, care and sensitivity, fundamental to building rapport with participants in order to engage in the intrusive nature of interviewing (Coles & Knowles, 2001).

Life history research values the participant as more than a passive “subject”. Instead, this approach uses the term “partnership research” to describe the notion of mutuality in the research purpose, process and results (Coles & Knowles, 2001). Thus, research is conducted in a collaborative relationship where elements of the research process are discussed and the participant is regarded as a co-researcher in the study. To preserve the meaning of the experiences and stories told by the participant, the researcher provides reflection and feedback to the participant. The researcher also provides opportunities for the participant to clarify inaccuracies and misinterpretations of the information collected. Thus, it is the researcher and participant collaboratively working to reconstruct aspects of the participant’s live in an attempt to make meaning of those experiences (Coles & Knowles, 2001). As expressed by Cole &
Knowles (2001): “Our task with each participant is to try to get as close as possible to apprehending, understanding, and rendering elements of a life as it is influenced by and intersects with pervasive and subtle forces or influences of context.” (p. 71)

A life history perspective values “depth over breadth”. Thus, this research inquiry requires a small number of participants for an intensive exploration rather than a large representative sample (Cole & Knowles, 2001). The goal in life history research is not population representativeness, but rather a group of individuals who are committed to the exploration of their lived experiences in a deep and meaningful way.

*Situating the Researcher’s Lived Experience*

In keeping with the principles of qualitative research, a comment on my interest in women’s food and eating experiences is warranted. Researcher subjectivity is discussed within the literature as an irrefutable part of any research project in that the researcher brings both biases and assumptions to the research process (Cole & Knowles, 2001). The goal here is to make these biases and assumptions as transparent as possible, while recognizing the limitations of my own awareness.

My interest in women’s food and eating experiences and the subsequent connection and disconnection to appetite and desire stems first and foremost from my own experiences of food and eating. Being a woman in a social climate that values socially prescribed beauty ideals has contributed to my own journey of connecting, disconnecting and reconnecting to my bodily needs, wants and desires for food and eating. As well, my ethno-cultural values related to being of Italian descent, has influenced my food and eating experiences considerably. Food and eating in my Italian family has always been a very important part of everyday life. An abundance of tasteful food enjoyed in a socially connected way embodies the essence of food and eating experiences in my family. This has created numerous meanings and associations that I have to
food and eating, including: care, nourishment, emotional connection, comfort, joy, and pleasure. These familial experiences influenced my thinking, beliefs, and expectations about the research. For instance, having an abundance of food at mealtimes was something that was a normative experience which created a naiveté about the impact social class had on participants’ food and eating experiences and their subsequent connection to their bodies. An assumption about eating in a socially connected way was also a bias of the researcher which led to surprising and interesting findings about the benefits of social connection during mealtimes and the potential risks associated with lack of social connection during mealtimes.

While some of these biases became apparent to me throughout the course of this research study, others were out of my awareness and it was the role of both the thesis supervisor and a graduate student research group to challenge my assumptions and beliefs in relation to how they shaped the data analysis. For example, until the research study, I did not make a connection between gender socialization in the area of appetite containment and the regulation of female sexual desire. Discussing this emerging theme with the research group validated the importance of this theme.

Research Participants

Various guidelines were used to inform participant selection. Women with diverse ethnic and class backgrounds were sought for participation in the current study in order to reflect a wide range of socialization experiences. In addition, it was important to include women with and without histories of eating problems in order to examine the impact socialization experiences have on women’s current connection or disconnection to their bodily needs, wants and desires around food and eating. The age range of 18-45 was selected as focus of the current study in order to minimize the possible impact of cohort effects into analyses based on an already small and diverse group of participants. The number of women recruited for this study was determined
by the criteria of saturation provided by Glaser and Straus (1967). Saturation is defined as the point when the same themes continuously reoccur in the data with subsequent interviews failing to add new information or novel themes. According to Glaser and Straus (1967), saturation is typically reached within 10 to 12 interviews. In this study, no new themes emerged following analysis of the tenth participant. The eleventh and twelfth participants were added and analyzed to ensure repetition of the emerging themes.

Participants were twelve women ranging in age from 25 to 44. Eight participants identified themselves as being either first or second generation Canadians with East Indian, Chinese, Lebanese or Polish cultural roots. Four Caucasian participants identified themselves as being second to eighth generation Canadians with European cultural roots. Participants were drawn from working-class to upper middle-class backgrounds. All participants’ level of education ranged from completion of college to graduate degrees. Participants’ religious affiliations included Muslim, Buddhist, and Christian backgrounds. All participants identified themselves as heterosexual and four participants reported being married. In addition to demographic information, all participants were asked to identify whether they had experienced any eating problems either currently or in their past. Four participants reported either having or having had eating problems. However all participants, except two, identified times when food and eating was used in unhealthy ways, such as over eating for emotional reasons or dieting to lose weight. No participants who identified themselves as having an eating problem had received specific treatment for this and only three participants had been involved in therapy either currently or in the past to address other mental health issues, including depression and substance abuse. It is not surprising that none of the participants in this study who identified as struggling with an eating problem received treatment given that empirical studies indicate that treatment seeking among individuals with disordered eating was as low as 10-12 % in a British
study (Welch & Fairburn, 1994) and approximately 19% in an American study (Cachelin, Veisel, Striegel-Moore, & Barzegamazari, 2000).

**Participant Summaries**

Given the nature of the life history approach and the importance in representing women’s voices, it was important to supply the reader with a brief description of each research participant to allow for the individuality of the participants to emerge and to provide a social context with which to understand the emergent themes.

*Judith*

Judith is a 25-year-old single woman who immigrated to Canada from Eastern Europe prior to the study. Judith completed her Master’s degree in Psychology in her home country. Currently she lives with her boyfriend who attends a local university. She identified her socio-economic status presently as poor, though she grew up in an upper middle class family. Judith is an only child. Her parents both worked in the importing and exporting industry while she was growing up, which took them abroad for work frequently. Judith has not experienced an eating problem.

*Leah*

Leah is a 26-year old single woman of European descent who was born in Southwestern Ontario. She currently lives with her parents and brother in a suburb of Southwestern Ontario. She is a recent graduate of teacher’s college and in her second year of teaching. She is also working part-time on her Master’s degree. Leah comes from a European background and believes she is 8th generation Canadian. She identified her socio-economic status while growing up as upper middle class. Her mother was employed as a secretary and her father as a builder. Although Leah has not had an eating disorder, she described a pattern of intermittent dieting for weight loss purposes since adolescence.
Gwen

Gwen is a 29-year old married woman of European descent who was born in Western Canada and grew up in Southwestern Ontario. Gwen has her teaching degree and is employed as a manager of an educational program. She also is working on a Master’s degree part-time. Gwen currently lives with her husband of 5 years. She identified her socio-economic status growing up as lower middle class. Her mother was a stay-at-home mom and her father worked for a large company in business development. Gwen is the eldest of four siblings, two brothers and a sister. Gwen identified herself as struggling with eating problems since she was a child which initially began as overeating for emotional reasons and has since developed into restrictive eating practices to control her weight. Gwen has been in therapy more recently for issues that do not specifically pertain to her eating problems. She has not been involved in therapy either currently or in the past to address her eating problems.

Shirley

Shirley is a 44-year old single woman of Middle Eastern and European descent who was born and raised in a large urban city in Southwestern Ontario. She is currently a full-time graduate student and has her degree in teaching. She identified her socio-economic status growing up as middle class. Her mother was a stay-at-home mom and her father worked for a labour union. Shirley has three siblings, two younger sisters and an older brother. Her parent’s divorced when she was 25 years old. Shirley has engaged in dieting behaviours since late adolescence, but has not had an eating disorder.

Sara

Sara is a 27-year-old single woman who lives with her brother in an urban city in Southwestern Ontario. She is currently a full-time graduate student in a doctorate program. She is originally from an urban city in mid-eastern Canada, where she was born and raised and where
her mother, father and younger sister live. Sara comes from a South East-Asian background. Her mother and father were born and raised in South-East Asia and immigrated to Canada prior to Sara being born. Her own and her family’s religious affiliation is Muslim. Sara described growing up in a close family with a strong connection to the South Asian community. Her parents were well educated in South-East Asia, her mother a doctor and her father an engineer. When her parents immigrated to Canada, her mother was not able to practice medicine and was a stay-at-home mom until the children were in school full-time at which point she returned to work as an interpreter. Her father is a professor at a college in her home town and teaches various continuing education courses. Sara indicated that there has always been a strong value placed on education in her family. Sara indicated that she has struggled with emotional eating since early adulthood.

Nancy

Nancy is a 28-year-old single woman. She had recently completed her degree in Medicine at a university in China and is currently working on a graduate degree. She is originally from East Asia, where she was born and raised. Nancy and her family moved to Southwestern Ontario when she was 14 years old. She has a younger sister who is 26 and a younger brother who is 20. Nancy identified her current religious affiliation to be Buddhist, although she did not identify this to be part of her upbringing. Nancy described her family while growing up in Asia as affluent, her father a physician and her mother a nurse by profession, but a stay-at-home mom once the children were born. Nancy identified herself as struggling with bulimia since her adolescence. She has not been involved in any therapy either currently or in the past to address her eating problem.
Simone

Simone is a 31-year-old married woman who lives with her husband in an urban city in Southwestern Ontario. She currently works as a part-time teacher and has a bachelor’s degree from an Ontario university. Following her marriage, about seven years ago, she moved to Europe. She moved back to Southwestern Ontario about half a year prior to the interview. Simone comes from an East-Asian background. Her parents immigrated from East-Asia to the Caribbean where Simone and her three siblings were born. Her family then immigrated to Southwestern Ontario when Simone was 12. In the Caribbean, Simone’s family lived in a rural area. Her father was an entrepreneur and the sole financial provider for the family as her mother stayed at home with the children. Simone identified her socio-economic status growing up as middle class. When Simone and her family moved to Canada, her father retired and was able to continue to provide for his family of 6. Her mother decided to seek employment in 1990, mainly to fill her time and continues to work in retail. Currently, Simone identified her socio-economic status as lower middle class as she works part-time and her husband full-time. Food and eating has always been an issue for Simone since she was a child. Since the age of 18, Simone has dieted and weight cycled numerous times.

Tina

Tina is a 27-year-old single woman who lives in Southwestern Ontario with her mother and her father who travels from Canada to the United States for work. Tina completed her Bachelor’s degree in the business field at a Southwestern Ontario university and currently works full-time as a management systems administrator. She was born and raised in a southern part of the United States and moved to Southwestern Ontario 9 years ago. She has an older brother who lives in Asia. Tina comes from an South-East Indian background. Her parents were born in South-East Asia, lived in Africa and immigrated to the United States. She identified her
religious affiliation as Muslim. Tina identified herself as struggling with bulimia for a short period of time in her teens and since that time has engaged in dieting intermittently. She also experienced an episode of depression in her late teens and sought treatment for this. She was not involved in any therapy for her eating problems.

Rachel

Rachel is a 36-year-old married woman with a 3-year-old daughter. She is currently a full-time graduate student attending a university in Southwestern Ontario. She is originally from Western Canada, where she was born and raised and where her mother, father and younger brother presently live. She moved to Southwestern Ontario for graduate studies about four years ago. Rachel comes from an East-Asian background. Her mother and father were both born in East-Asia and immigrated to Canada around 1970. She identified her religious affiliation as Protestant. She described growing up in a predominately White, European suburb in Western Canada where she was one of two Asian-Canadian children in her neighborhood. Therefore, resources and a larger Asian community were absent. Rachel also did not have extended family in Canada and believed this to result in her family not practicing or celebrating their own ethnic traditions. She had not struggled with an eating problem, although engaged in dieting behaviour in adolescence.

Denise

Denise is a 33-year-old married woman with two small children. She has a college diploma and is currently a stay-at-home mom. Denise married into a higher social class and described her current socio-economic status as upper-middle class. Denise was born in the Middle East where her family originates. She immigrated to Southern Ontario with her family when she was 2 years old. She has three brothers, two older and one younger. Denise identifies her religious affiliation as Catholic, her mother being Catholic and her father Orthodox. She
identified her socio-economic status growing up as low income. Her mother did not work when they came to Canada as Denise and her brothers were small and her father, while maintaining a well paid employment in the Middle East, had to work minimum wage jobs initially. Shortly after coming to Canada, her father became a mechanic and has since retired. Denise grew up in a two bedroom house in Southern Ontario. Finances were always an issue for Denise’s family and her mother started working soon after the children were school aged. Denise has struggled with a negative body image and restrictive eating since early adulthood.

**Paige**

Paige is a 34-year-old single woman who lives on her own. She has an undergraduate degree that she obtained from a university in Western Canada and currently working in the area of mental health. She has an older brother and an older sister. Paige comes from a European decent; her mother was born in Europe and immigrated to Canada when she was five years old and her father was born in Canada, with ancestral ties to Europe. She identified her socio-economic status growing up as middle class. Paige has struggled with eating problems since her teenage years when she began engaging in bulimic symptoms. She also struggled with substance abuse in her late teens and early twenties. She also identified herself as struggling with depression since her twenties. Paige sought treatment for substance abuse in her twenties and has been managing her depression with medication. However, she has not had any specific treatment for her eating problems either currently or in the past.

**Tarsun**

Tarsun is a 43-year-old married woman with two teenage children. She works full-time in the financial industry. She was born in South-East Asia where she lived for 10 years. She then immigrated to the Middle East with her family and remained there until she immigrated to Canada in 1998. Tarsun originally lived in Western Canada and then moved to Southwestern
Ontario in 2003. Her husband travels for business between Canada and Asia and is therefore absent most of the year. She has an older brother and sister who both live in the United States and a younger sister who lives in Southwestern Ontario. Tarsun identified her and her families’ religious affiliation as Muslim. She described growing up in a close knit family where she lived with 12 of her close relatives, consisting of grandparents, and aunts and uncles during the first 10 years of her life. Her mother was a teacher and her father worked at various jobs. She described her socio-economic status while in South East Asia as poor and while living in the Middle-East as middle class. Tarsun diated infrequently in her early 20’s, but did not indicate any significant eating problems currently or in the past.

Procedure

Participant Recruitment

Participants were recruited over a period of four months from diverse, urban and suburban areas in Southwestern Ontario. This location was chosen because of its convenience to the researcher and also because of its diverse population. Recruitment opportunities were advertised through targeted posterings (Appendix A) of community notice boards and through the placement of a small advertisement on a website called “Craig’s List” where ads could be placed for a variety of things, including volunteers. Exclusion criteria for participation in the study was clearly outlined on the advertisement which excluded anyone who engaged in binging and purging behaviours twice per week or more in the past three months or anyone who currently had lost more than 25% of their body weight due to extreme dieting and lost their menses as a result. These exclusion criteria were established to ensure participants were both physically and emotionally well enough to participate in the study. Participants who met demographic criteria and who reported no recent serious eating problems were invited to participate in the research process. Only two individuals who responded to the advertisement
were declined participation, as one did not meet the age criteria and the other was currently struggling with a serious eating problem.

**Telephone Screening**

Recruitment advertisements requested that participants call a local number or email the researcher for more information about the study. The telephone or email screening process followed a general script (Appendix B) and was useful in identifying individuals who did not meet inclusion criteria or who reported demographic characteristics already adequately represented in participants already involved in the study. The screening process was also used to fully inform interested individuals regarding the nature of the current study, and the type of commitment required by the researcher. Interested individuals were first screened as to exclusion criteria and demographic information. Individuals who did not meet the inclusion criteria were thanked for their time and interest and provided with the rationale for implementing such criteria.

Individuals who met inclusion criteria were given information about the commitment required to participate in the study which included a one, two to three-hour interview with the potential for a second interview and that they would receive compensation in the form of a $15 gift card to a music or book store. Participants were also advised of the requirement to review an interview summary after the interview(s), of plans for the storage and security of all data collected and dissemination of the research, and the background of the researcher. Detailed contact information was collected for each of the individuals who expressed an interest in committing to the research process, and the consent form outlining the limits of confidentiality, potential risks and benefits of participation, data-storage guidelines, compensation, and the right to withdraw without penalty was emailed to them for their review (Appendix C). Participants were advised to contact the researcher when they had made an informed decision about their
participation based on the information provided in the consent form or if they had any questions regarding participation. If the researcher had not heard from the interested individual after a week’s time, the researcher initiated contact by telephone or email to discuss their decision. When the individual informally provided consent to participate in the research process, the interview time was set and the meeting place was established by the participant. Written informed consent was obtained at the time of the interview.

The Interview

Upon arrival at the interview, introductions were exchanged, participants’ questions were answered and written informed consents were obtained. In addition, participants were provided with the opportunity to sign a request for information form indicating their interest in receiving a summary of the research results (Appendix D). All participants made such a request. After consent was obtained, each participant was asked to choose a pseudonym to be used throughout the data collection, analysis, and reported phases of the research project. Participant pseudonyms were used in all transcripts and summaries, and all identifying information was changed in an effort to further protect participants’ anonymity.

Interviews ranged in length from 90 minutes to 180 minutes, with the average for most interviews being slightly over 120 minutes. In each interview, guiding questions (Appendix E) were used to ensure that key areas about women’s food and eating experiences were covered with each participant. However, beyond the coverage of basic interview prompts, the researcher followed participants in their discussions of their experiences which allowed for wider latitude of responses and richer insights (Cole & Knowles, 2001). Interviews focused on the exploration of participant’s food and eating experiences from childhood through to adulthood. Key areas focused on in the interview included: parental, other familial, and peer influences on food and eating experiences during childhood, adolescence and adulthood, and current experiences with
food and eating. Within each category, gender, social class, and ethno-cultural group membership were important variables that were explored in detail.

Following the completion of all the interviews, two transcriptionists were hired to transcribe the interviews. A written summary for each interview was then devised that outlined the participant’s story organized in chronological order. This was then emailed to each participant along with the interview transcript for their review. The purpose of the written summary was twofold: to elicit feedback from the participant around content accuracy and to provide an opportunity for each participant to alter their stories and to allow the researcher to ask any clarifying questions about the data collected. Summaries and transcripts were revised based on participants feedback and clarification. Providing participants with opportunities to clarify and expand on their shared experiences is an essential ingredient in life history interviews and specifically encompasses the construct of mutuality in the research process (Cole & Knowles, 2001). Overall, each summary was well received with minimal alterations regarding either demographic information or the timing of specific events or experiences. Due to the depth of information covered in the first interview and through the summary and transcript review process, it was determined both by the participant and the researcher that a second interview was unnecessary.

Data Analysis

In qualitative research, data analysis is an ongoing, flexible process. In the current study, this began with the researcher keeping notes about her impressions, thoughts, beliefs, and key issues that presented as salient throughout the interviews. This helped the researcher remain connected to the way in which her own thoughts and experiences informed data analysis.

The systematic process of coding began once all twelve interviews were completed and had been transcribed by a professional transcriber. The constant comparison method, a central
feature of Grounded Theory methodology was used to analyze the data in the current study. This process of data analysis began with developing a familiarity with the data. Each transcript was reviewed by the researcher who began the process of category development by assigning as many brief descriptive codes in the margins of the printed transcripts to capture the possible meanings of each unit of text (Appendix F). During this initial process of reviewing the transcripts, the data was chunked into smaller units of meaning, which in some instances was a few lines, and in other instances several lines. In accordance with the constant comparison method, during this phase of data analysis it is important for the researcher to stay as closely grounded to the data as possible while generating as many themes as possible from a single unit of meaning (Glaser, 1994). This process led to a long list of lower level themes.

Based on the initial generation of themes and margin notes, the first set of codes was created (Appendix G) and these were independently reviewed and validated by the thesis supervisor and a graduate student research group that centers on research on girls embodiment. The next phase of data analysis involved deriving higher level categories using the constant comparison method (Glaser, 1994), examining in an ongoing way the relationship between different lower level themes, as well as between newly formed higher level categories. In this process, the initial coding scheme underwent several transformations until it appeared to best describe participants’ experiences. The final coding scheme was based on the hierarchal category and structure of the underlying themes and it was discussed and validated by the thesis supervisor and the research group (Appendix H).

Interviews were imported into QSR NUD*IST N6, a software program used to manage, organize, and analyze qualitative data. The final coding scheme was then used to code the transcripts into chunks of categorically similar data. As the process of coding interviews continued, the coding scheme was slightly revised by adding new codes and by eliminating and
re-configuring existing codes as new understandings of the data emerged. Once all the
transcripts were coded, the process of constantly comparing each category to the rest of the
categories helped to facilitate a process of integrating various categories in order to more
comprehensively describe and represent the themes, sub-themes and core dimensions related to
participants’ food and eating experiences. As described by Glaser (1994):

Modifications are mainly on the order of clarifying the logic, taking out nonrelevant
properties, integrating elaborating details of properties into the major outline of
interrelated categories and-most important-reduction. By reduction we mean that the
analyst may discover underlying uniformities in the original set of categories or their
properties, and can then formulate the theory with a smaller set of higher level concepts
(p. 189).

Thus, the final stage of analysis involved a detailed process of reviewing each category in order
to facilitate the process described by Glaser (1994) as ‘reduction’. As well, each category was
compared to other categories with the intention of identifying common processes, with the goal
of integration. The final hierarchical structural categories identified through this process led to
the development of two models: the Regulating Discourses Model and the Socialization through
Food and Eating Model, which unified and integrated the higher order categories.

Based on the categories, themes, and sub-themes that emerged from the data analysis,
results are presented accordingly. The first chapter of the results section will outline the
Regulating Discourses Model which highlights the current ways women in this study negotiated
their food and eating experiences. The second and third chapters will focus on the
developmental and social processes the influenced women’s food and eating experiences from
childhood through to adulthood. Familial influences, followed by peer influences will be
discussed in detail.
CHAPTER THREE
EMERGENT MODELS OF FOOD AND EATING EXPERIENCES

The current analysis led to the development of two related theoretical models: the Regulating Discourses Model which outlines the current ways women negotiate appetite and desire through food and eating experiences, and the Socialization through Food and Eating Model which delineates socialization processes related to food and eating during women’s development. Each model was derived from common themes that emerged from the entire group of participants. Shared elements between these two models include the importance for women to control and contain their appetites; messages that were transmitted through multiple social processes during development. As women attempt to address their appetites on a daily basis, the internalized experience of control and containment remains central and becomes activated by participants’ current and available social contexts. While each model will be discussed in detail, participants’ current experience of appetite, desire, and eating will be reviewed initially to provide the reader with a context of how women presently live in their bodies, leading to a richer understanding of how various socialization processes may shape current lived experience.

Regulating Discourses Model

The Regulating Discourses Model conceptualized current ways participants’ food and eating experiences were negotiated and the subsequent connection or disconnection to their appetites and desires. The term ‘discourses’ used throughout this research study refers to a set of collective beliefs, meanings and socially accepted norms derived from dominant cultural and political institutions (Fox, 1997). Based on the narratives of women in this study, eating was modulated by different social discourses. Some of these discourses prohibited women’s response to their appetites, while other discourses permitted them to respond accordingly. Thus,
most women were influenced by these discourses to varying degrees at different times and moved along a continuum of prohibiting and permitting discourses that determined whether they responded to or denied their appetites and desires.

Permitting discourses, representing one end of the continuum, consisted of social discourses that approved and encouraged women to temporarily respond to hunger and to their appetites for food and eating. These social discourses included: eating for two during pregnancy, eating in relation to others’ eating, and eating to meet emotional needs. Prohibiting discourses, representing the other end of the continuum, were social discourses dictated by a variety of socially prescribed ideals that barred women from responding to their appetites for food and eating. These discourses included: the ‘ideal’ body, ideals associated with femininity, and ideals surrounding health and wellness (see Figure 1). Thus for women in this study, permitting and prohibiting discourses ultimately controlled their responsiveness to their bodily needs and wants for food and eating.

Figure 1. Main Themes Related to Permitting and Prohibiting Discourses.
Hunger and Appetite

This section addresses women’s experiences around hunger and more clearly conceptualizes and defines the terms appetite and desire. The online Oxford English Dictionary (2008) defines hunger as “a feeling of discomfort or weakness caused by lack of food, coupled with the desire to eat”. Thus, hunger is a physiological cue associated with satisfying one’s need for food. While hunger is seen as related to physiological cues, appetite has been linked to the experience of desire. The definition of desire, “a strong feeling of wanting to have something or wishing for something to happen; strong sexual feeling or appetite” (Online Oxford English Dictionary, 2008), presents appetite as a form of desire. Similarly, the definition of appetite refers to the experience of desire, “a natural desire to satisfy a bodily need, especially for food” (Online Oxford English Dictionary, 2008). In line with these definitions, in this study hunger is referred to as a physiological experience and appetite as a form of desire or as a psychological experience.

Women in this study recognized the internal sensations associated with hunger which occurred naturally and without effort, again, despite current or past struggles with food and eating. In fact, all women in the following excerpts had engaged in dieting behaviour either currently or in the past, yet recognized hunger cues with relative ease.

I’m hungry because I am physically cued. I feel the hunger… I begin to feel low energy, my concentration starts to wane. I think that it’s low blood sugar. I definitely feel more irritable. Sometimes I just feel it in my stomach-hunger pangs. (Rachel)

Physically, I guess I feel a sense of hollowness in my stomach. (Sara)
I actually get headaches if I don’t eat, that tells me I’m hungry. And sometimes literally my stomach does growl. I have that distinctive crinkly noise like paper, it’s not that loud, but it’s there and when I hear that I know I’m hungry. (Tina)

In the morning my stomach growls. But to be honest with you I get this almost panicky feeling. I think this is what diabetics feel… I’m very cranky too. (Denise)

I just feel weak or tired or something so I feel like I need something like a pick me up and basically that’s what I go by—my stomach and my blood sugar if I feel like really weak or tired or something I’ll have something. (Leah)

While all women in this study acknowledged their hunger, responding to these physiological cues was laden with multiple social considerations and barriers. Similarly, all women could express a desire for food, or appetites for particular foods. However, actually satisfying these desires was challenging.

I enjoy food. I enjoy diversity, I enjoy savory things, I enjoy different textures and things like that. (Shirley)

Even now when I snack, I don’t think about it as food. I think about it as something I enjoy. (Judith)
I also think food is to be enjoyed and it gives pleasure and it—it’s okay to celebrate and a way to bring warmth and love. (Sara)

Well I’ve always enjoyed food, just eating it. I eat when I get hungry but to me why not eat something you’ll enjoy… I consider myself a foodie type person… You know that quotation, there are some people who eat and other people who live to eat and I do think I’m more of the second type than the first. (Simone)

Moreover, an analysis of women’s experience of the considerations that mediated between hunger and appetite and the act of eating revealed a complex system of social discourses. The language of control was present in all women’s narratives of food and eating and was a central theme within the categories of prohibiting and permitting discourses.

**Prohibiting Discourses**

Controlling hunger or appetite was influenced by prohibiting discourses around socially prescribed ideals. Specifically, three categories contributed to regulating participants’ appetites for food and eating, including: ideals of body weight and shape, femininity, and health and wellness. Women’s accommodation of these ideals and subsequent disconnection from their appetites are discussed below.

**Ideal Body**

Female attractiveness is most often characterized by the socially prescribed ideals that surround body weight and shape, namely thinness. Participants seemed to struggle with the need to meet the social ideals of body weight and shape that were described implicitly or explicitly as thin, toned, or conditioned. In most cases, the ‘ideal body’ was characterized by what was believed to be the right combination of muscle and fat. Meeting this ideal was achieved through
a variety of dieting behaviours, including counting calories, controlling portion sizes or avoiding certain types of food. Sometimes the act of restraint was disguised in language that implies control and self-monitoring, such as ‘cautious’, ‘watchful’, ‘careful’ or ‘concerned’, as expressed by Tina.

It’s tough being a woman. You have that constant reminder—you have that constant thing around you of just you have to watch it. You have no choice kind of thing and it’s annoying… You have no choice but to watch what you eat, you have no choice but to look a certain way. (Tina)

This language of self-monitoring and control was present in women’s descriptions of their eating patterns. In the following excerpts, participants described the ways in which they restrict their food intake in an effort to either maintain or attain the ‘ideal body’.

I don’t want to gain—if anything I feel like I still have to lose about 10 pounds from my last baby and I definitely don’t want to gain any weight. I want to maintain or possibly lose and the amount of calories I take in a day will determine whether I reach that in combination with exercise… I’m watching my portions. So I will stop and of course it’s not what my body feels but what I think is enough—so I visually will look at the plate and might say a palmful of the meat and a half a cup of carbs, whatever it may be and lots of vegetables—that looks like that should be sufficient for me. But I don’t think I listen to my body. (Denise)
I think that the only reason that I’m concerned about calories is because I know that it’ll have an impact on the way that I look because I assume that. If I feel like I’ve overeaten or if I feel like I’ve indulged too much, I’ll be looking for physical signs right after, which I completely know in my head is irrational. Did I get bigger after I had that other bowl of popcorn?... My fear I guess is that I will gain weight. (Gwen)

I’ve been on a diet since January 1st- probably most of the Western world. I eat pretty well-I don’t count calories I just watch what I what I eat I try to get my 5-10 servings of vegetables and fruits a day, but by no means am I eating like I did when I first moved back here because all these foods that I couldn’t get back in Europe so I figured oh sushi, really good Indian food, really good Vietnamese food that I think I just went nuts for a few months. But now the show’s over-okay-go back to a more austere eating program... Dieting is just something that you have to do. I do feel bad about my body, the less I weigh the smaller my stomach would be. (Simone)

Portion control is part of this whole learning process and one of the things that I did was I bought some one-cup containers… because even our coffee mugs are more than one cup. So when I dish out one cup of soup from that container into my coffee mug, it fills about two thirds of the coffee mug. And with my four ounces of chicken breast and my one-cup soup, it’s enough food for me. (Shirley)
For some women, the ‘ideal’ body was achieved through a more scientific approach characterized by a calculated balance of physical activity and food intake. One participant, Shirley, described her philosophy to weight loss as a business approach, while others described their approach to weight loss or weight maintenance as a fine balance between energy in and energy out.

I still would like to see what ten pounds less would be…One of the best books that I read around weight management was the one that actually—his name’s Jim Karas and he’s a big American fitness guy. He comes at it from a business perspective and his first book was about taking sort of a business approach to it. So, just really recognizing the calories in and the calories out… And that links to the question around what I choose as my foods, because I don’t need things to be fatty. I don’t need them to be creamy. I just need them to be tasty. (Shirley)

So I think about what I have to eat before I go running an hour prior to and I find that if I do stay on a really good schedule with exercising, it just motivates me to eat well and within what I think is a healthy amount and healthy choices because it’s almost like on a roll—I’m doing this and I’ve conquered this and achieved this, so that means that coming home and having a piece of cake is totally going to defeat the purpose of me working so hard to exercise. So, yeah, they go hand in hand. (Denise)

I feel like I’m working on an input-output system. My fear I guess is that I’ll gain weight… I know the science behind it doesn’t support my irrational feelings, but I
can’t divorce myself from that. It’s a lot to do for me with deserving the food.

An unhealthy statement—it is an unhealthy statement to say that. But I’ll feel
better. I work-out in the mornings often because for me there’s no guilt attached
to eating throughout the day and I feel like I can enjoy what I eat because I’ve
earned it in a way. Or I’ve made sure that balance is alright. Those two things
are really intertwined. (Gwen)

Socio-cultural messages found in books, magazines and on television influenced
women’s approach to weight loss or weight maintenance and enhanced their motivation,
instilling a sense of hope that they too could achieve the socially prescribed body ideal.

I remember thinking well how much should I eat for my weight and my height,
what should be enough and then a couple of shows, couple of books that I’ve
come across and they tell you approximately how much you should eat. Shows,
actually to be honest, I think what is it called-X-Weighted or The Last 10 Pounds,
it shows you a meal of what you’re actually supposed to be eating compared to
what most people do eat and it’s significantly smaller, so I get that information—
so I’m like that— sounds about where I should be eating. (Denise)

Over the years I’ve read lots of things, like Deepak Chopra has a book about
weight loss… He says for the first three days let your body get hungry because
we’re not used to letting out bodies get hungry. So know what that feel like and
to recognize that if you override or if you let your body get hungry and you don’t
be afraid of what’s going to happen, you’ll ride through your hunger and you’ll
still be okay. Like you don’t absolutely—if you get hunger pangs you don’t absolutely need to eat or you’re going to die. (Shirley)

Moreover, for some women meeting the socially prescribed body ideal was associated with privilege. In particular, achieving or maintaining a certain weight was correlated with improving one’s social status described by the women in this study as being accepted, desirable, listened to and respected. In the following excerpts, Rachel and Gwen discussed their candid views on the connection between appearance and social status.

Also too for women in society, it’s amazing—after I lost the amount of weight that I did it changed how people perceived me and work relationships. Being a smaller woman, it was interesting how I received a little more respect… even in teaching my students, a little bit more—I don’t want to use adoration—that’s too strong of a word, people looking up to you, people saying like at work, comments like “I can never fit into that” or “you’re so small, do this” or “you’re so small do that”. Actually a lot of comments about my size, about being small and it was a good thing because it was like oh, I’m small, I’ve never been small… I’ve always wanted to be a small person… It was like wow, all of a sudden these people accept you. Even now and again I can see that this is a negative in that their accepting you for something that is very surface, it’s not really about you. I also know that the people making those comments are conditioned by a bunch of social forces to look at image in those kinds of things, and I’m not okay with that, and I don’t want to do it myself, but still when you’re on the receiving end of a
compliment, it’s like well this is really filling a hole, a gap for me, I think that was a big part of the process. (Gwen)

I feel like I have to be careful. I have to be careful around food and eating as a female because food has the power-has the potential to change your body and that can change your status in society. If you get fat and ugly then you’re not going to be respected or desirable or listened to. So if you maintain a certain image then you’re more likely to retain your status of being listened to or respected to whatever degree you are. I’m so much more aware of how powerful it really is. Maybe it’s always been that way but its just-it drives so much of our social interactions, how you look, how you present, how people receive you and it has powerful effects on your self-confidence, depending on whether you feel you fit in. (Rachel)

Thus, women responded to their appetites for food and eating depending on the degree of prohibition and level of importance attached to the ‘ideal’ body. For most participants, the strong control of appetite ultimately led to a variety of dieting behaviours and compensatory strategies. For several participants, these efforts were rewarded by a change in social acceptance and confidence.

Ideals of Femininity

This section includes women’s experiences of appetite and eating in relation to being a woman and in relation to qualities associated with being feminine. These included: sexuality and sexual desires and feminine ways of eating.

Sexuality and Sexual Desires. When women were asked about hunger and appetite for food, some responded by talking about sexuality in the context of containing their hunger and
appetite. Most women in the study had not reflected on this connection before, but made this connection and queried about it in the interview. Some participants’ paralleled the need for women to contain sexual desires and the need to control their appetite for food and eating as part of the ideals associated with femininity, as expressed by Simone and Sara in the following narratives.

The connection between food, body, and sexuality has been made before in either of two contexts. Firstly, there is the puritanical view of both gluttony and lust being sins. Those who indulge in both are viewed as slaves to our fleshly appetites and prone to other moral transgressions. (Simone)

In a larger sense, women are really expected to curtail their pleasure in all ways, right? And so I was reading an article last year about women’s bodies and the space we take up and how women’s bodies are expected to be disciplined and kept in fear. (Sara)

Within the context of controlling appetite and bodily needs for food, Paige spoke about her internal struggle with containing all her bodily desires. In the following quote, she expressed her disconnect between her physiological and psychological experience of desire.

I’ve been disconnected from my wants and desires for a long time because for so long my wants and desires have not been met and I’ve been disappointed so many times. I want the power and control of being in charge of my own body, its signals. I wanted to be or I still want to be in control of my body’s needs and
impulses and urges. I want to be in control of that and be able to still meet my bodies needs but also-I like to dictate what my body needs, I don’t like my body dictating to me what it needs. It’s almost like a crying baby. (Paige)

Thus, implicit in women’s experiences of desire whether related to one’s sexual desire or one’s appetite for food was the idea of control. Control was one quality attached to the social ideals associated with being a woman. Some women controlled their appetites by adhering to ‘feminine’ ways of eating.

‘Feminine’ ways of eating. A ‘feminine’ way of eating entailed being graceful, demure, and responsible. Simone described some of the qualities associated with ‘feminine’ ways of eating which she learned through socio-cultural messages.

There’s an overall expectation of a woman to be not clumsy-she’s supposed to be a bit more graceful and I also think that I got the impression, not so much from my family, but more from outside culture that women are really supposed to not appear greedy or they’re more inclined to certain foods. (Simone)

Rachel expressed the internalized messages related to femininity and ‘feminine’ ways of eating in the following narrative. For her, eating according to hunger and appetite was labelled ‘indulgent’ and ‘excessive’.

I only need a protein the size of your palm, and you are supposed to have so much vegetables and your starch. Before I put a full plate of steak-I used to enjoy that
with him before, but now I think that I don’t need that and that it is excessive. So I’m kind of in a way weaning myself off of that indulgent pattern. (Rachel)

Rachel goes on to further explain her affective response to eating in a less ‘feminine’ way, labeling this behaviour as irresponsible.

I won’t go with change to buy a chocolate bar-I won’t do that. I associate that with certain impulses that would have a lack of control for me… in a way that would be irresponsible to do that. (Rachel)

The idea of eating in a ‘feminine’ way was also inherent in women’s narratives about their food and eating experiences in relation to men and dating. Containing one’s appetite was considered to be feminine-like, a demure quality that was viewed as socially desirable to men, as expressed by Leah.

[If I’m on a date] I’d be more likely to have something that I wouldn’t slop all over myself or that would be maybe a little bit healthier. (Leah)

When one participant, Denise, did not exhibit control over her appetite, she experienced scrutiny by her male counterpart. In the following excerpt, Denise talked about the comments she received by her husband when they were dating, which in her Middle-Eastern culture was considered offensive.
My husband when we were first dating—I used to get really offended because he’d be like “are you, oh you’re having another one of those”. He’d make comments about food not in a— I know now, sometimes it’s not to make fun or anything like that—it’s just him making a point of what I’m eating and growing up that was a big no-no— you don’t talk about what other people are eating. That’s actually really disrespectful and if I would ever speak that way, I would be corrected because in our culture it was like you need to eat, you need to eat, they push food on you.

(Denise)

Judith received similar comments by men about ‘feminine’ ways of eating, including grace and restraint and spoke about her resistance to such messages. She believed that part of her resistance was that her body met the thin ideal and as a result did not associate her eating practices with social acceptance.

When I was 17 up to 19, I would go out a lot and I really was trying to look sexy then…and wearing a lot of make-up and all these short skirts and boots, high-heeled boots. And even then when I was really trying to make myself look attractive to other people, I would have for example, a hot dog or it’s like a baguette….I would be literally taking these huge bites, wearing those short skirts and high-heeled boots and I remember guys staring at me every once in a awhile because I was really passionate about my food and I remember telling them that yes girls do eat hot dogs! (What do you think the guys were thinking when they were looking at you?) That it’s not attractive I guess, that it’s something that’s supposed to be hiding with…and also I probably shouldn’t be taking that huge
bite or not enjoying it that much or I should be having less of that…But I didn’t care that much. (Judith)

*Health and Wellness*

All women’s narratives illustrated the conflicting messages received from external forces around food choices that maintain health and prevent illness. Specifically, some women discussed how media messages around food choices created a hyper vigilance and a sense of anxiety about the effects food has on their health.

The science and technology—the media-news reports about different foods or deficiencies or overexposure to different things cause—that cause a lot of concern. For a period of time I was really anxious about hormones in milk and chicken… I should be buying organic—it was too expensive. Now it’s like omega 3 eggs, yoghurt with DHA—it can be overwhelming and so I try to be able to take the information and balance it out with economics and practicality. (Rachel)

After I watched—I don’t know what movie it was, it might have been The Corporation… They tell a story about milk and about some antibiotics that they used to put in the milk that caused some diseases and also they show those poor cows, all the diseases that they have in their utters would be in milk—so I buy organic milk. (Judith)

In a social climate that characterizes food as a dichotomous entity, for most women in this study ‘healthy’ eating was defined in terms of ‘good’ and ‘bad’ foods. Not surprisingly, given media
messages, little if any discrepancy existed between how participants’ labeled good and bad foods across variables of ethnicity and social class.

Since 2006 I could say I’m eating nutritionally… I buy a lot of bran, a lot of flaxseed, and then a lot of fiber in my diet… I’m having healthy portions of foods, and salads and all those things—that way I’m eating healthy. And I’m using more olive oil than before and I don’t fry too much, like before. I used to really fry, but now I’ve cut down on that. (Tarsun)

Vegetables and fruit are good. I think seafood is good. Meat is somewhere in between… Bad food I guess fatty food and fast food—so fries. (Judith)

[Healthy means] I think not processed, fruits, vegetables, whole grains, obviously the good meats. When I say good meat I guess you’re not supposed to be eating too much meat but we eat a lot of chicken and fish—chicken’s good and all the good fats. Nuts as snacks, fruit as snacks, yoghurt—when we buy yoghurt we buy plain yoghurt… Unhealthy is things like deep fried, saturated fats, high in butter and cream, processed. (Denise)

So now my eating habits are healthy ones. I eat 4 to 5 small meals a day—lots of proteins and not too much starchy carbohydrates. I really like fruits and vegetables and salads and that kind of stuff. (Gwen)
Less sodium, lower fat, higher fiber is better for our health in the long-term.

(Rachel)

Some women defined ‘healthy’ eating as a balance or a variety of food choices. However, it was almost always qualified by denouncing certain foods as ‘unhealthy’ or ‘bad’. Self-scrutiny in the form of moral judgments and subsequent feelings of guilt or shame were often attached to ‘unhealthy’ food choices or eating patterns, especially present for participants who engaged regularly in weight control behaviours. Words that were often used to describe immorality included: ‘irresponsible’, ‘inappropriate’, ‘indulgent’, and ‘bad’. Tina overtly made the connection for herself between ‘healthy’ eating and feeling like a better person.

Healthy eating means balancing out your choices and knowing that as long as you’re trying to eat healthy, that’s all that matters…[The purpose of healthy eating] is to feel good about yourself physically and mentally and not just to fit into that really sexy black dress that you saw in the window—it’s just about eating to feel good about who you are as a person and to feel good about the choices that you make because I think if you try to make choices to eat healthy, you’ll try to make the better choices around you and everything else. (Tina)

In the following excerpt, Denise described her unhealthy eating patterns as a kind of corrupt behaviour.

So we have this bond where it’s kind of like-like last night he’s like I want Dairy Queen, do you want Dairy Queen? I’m like no-I know I was going to have fast-
food today so I was like no. So instead I feel like I had-it was something-it was this whole calculation in my head, but we have this bond where we’ll be like-do you want to be bad together-do you want to order pizza tonight-okay let’s order pizza. (Denise)

Guilt and shame were two emotions that coincided with engaging in what was considered bad behaviour. In the following excerpts, Denise and Leah articulate the internal aftermath of engaging in ‘unhealthy’ eating.

I use to [feel guilty] every single time I ate a bad food. I would be like, awful guilt will come over me-kind of like I shouldn’t have ate that-now it’s going to alter the way I’m eating. (Denise)

Sometimes [I feel guilty] especially when I’ve been doing it a lot and I know I had that earlier I shouldn’t really be having this-it goes through my mind, it doesn’t always stop me from grabbing that other thing, but I think twice about having it if I’ve had something earlier on. (Leah)

Moreover, moral implications attached to the social ideals of health and wellness conveys a degree of seriousness and importance to food choices with potential consequences of illness and disease. Preventing illness has become synonymous with ‘healthy’ eating.

Many women in the study modified their food and eating practices in an effort to prevent illness. For some women, the experience of being afflicted with an illness motivated them to change their food and eating patterns. In the following excerpt, Shirley explains her experience
of illness and how it has disconnected her usual spontaneous response to her appetites for food and eating.

When I went to the States a year ago I was visiting people who I lived with overseas. We were in a hotel so we were stuck. The food around the hotel was not very good. We were on a study budget, so I wined up eating, first of all—with my friends we had champagne and we had really rich foods and they took me to the big pancake house. And it was all things that I don’t do, but we were enjoying all these things. And I was almost down for two weeks and I came back and had a gallbladder attack and had to have my gallbladder out. Because the fat of this—this push of all this fat caused a stone to stick in. And so I’m sure that also plays in my head…I read about gallbladder and they say that the four things of the person who’s going to have a gallbladder attack: 40, female, fat and fertile. This plays into my understanding of maybe—yeah. I think also my personality is to enjoy things now and worry about it later—like I said, I’m not a planner, I’m a spontaneous person. (Shirley)

The indirect experience of illness through either a close friend or a loved one can also have an impact on food and eating practices. On several different occasions during her interview, Tarsun spoke about the impact her daughter’s diagnosis of cancer as well as her parents’ diabetes had on her decision to significantly alter her and her family’s food and eating practices. This was a particular challenge for Tarsun as she enjoyed both cooking and eating traditional Indian foods which she believed were in opposition to the socially prescribed ideals of ‘healthy’ eating.
I always think about it in terms of my body because both my parents are diabetic. So I do take care of not eating because it is hereditary. And they have high blood pressure too, both of them. So, I cut down on salt and sugary things… My daughter is a cancer survivor… I think twice and buy a lot of bran, a lot of flaxseed, and then a lot of fiber in the diet…And I’m using more olive oil than before and I don’t fry too much, like before-I used to really fry, but now I’ve cut down on that… the Indian diet is too rich in fats and whatever is not good is tasty. (Tarsun)

While Tarsun is one of the few women in the study who typically responded to her appetite, the experience of her daughter’s and parents’ illnesses disconnected her from her appetite as she became less focused on what feels good in her body and more concerned with external factors that dictate health and wellness.

Moreover, ideals of health and wellness prohibited women from responding to their appetites for food and eating as they received conflicting messages about food choices and their associated benefits and risks. This often led women to scrutinize themselves in moralistic ways and disconnected them from their bodily needs and wants.

Permitting Discourses

Permitting discourses consisted of social discourses that gave women permission to eat and to connect with their appetites for food. Thus, women’s eating practices were temporarily less controlled by socially prescribed ideals of weight, femininity, and health. The women in this study spoke about two permitting discourses: eating in relation to others and responding to appetite and desire to meet emotional needs.
Women spoke about eating in relation to others in various domains. Feeling a sense of connection to hunger and appetite and responding accordingly was encouraged when permission to eat was either implicitly or explicitly granted by others. Two themes of eating in relation to others emerged: eating during pregnancy and eating in relation to others’ eating.

**Pregnancy.** A socially accepted norm related to pregnancy is that women experience food cravings. It is expected then that women will eat more and respond to their appetites in an effort to satisfy the needs of the growing fetus. Denise and Rachel, two participants who struggled with the internal conflict of desire and control, spoke about their experience of appetite and desire during pregnancy. Denise relates her experience to cultural norms attached to pregnancy.

It was this insatiable appetite that I had with my daughter. I couldn’t help it, it wasn’t anything I could get over mentally. So what I would do with this really insatiable appetite—I’d eat and being pregnant, you were allowed. In my culture, you get big, you have to, you have to eat, you’re eating for the baby…So it was like a positive thing to eat and eat a lot, but in my mind I kind of compensated for—as I was getting bigger well it’s because I’m carrying this baby… So I would eat and have dessert. I would never have dessert before, only because I had this insatiable appetite, and then I would have seconds of food… I just needed to eat.

(Denise)

For the first time in her life, Denise was unable to control her appetite. The experience of having uncontrollable food cravings was normalized by her family in the context of her Middle-Eastern
culture as she was encouraged to respond to her appetite as it was believed that resistance to such cravings may negatively affect the baby. Rachel also described her eating experience during pregnancy similarly to Denise in that it was the first time that she was not able to control her appetite.

When I was pregnant I was really mindful about eating healthy-baby development-so I really tried to eat well-but sometimes it was hard-it was hard because I wasn’t so good at controlling the balance… I did have food cravings… It was during pregnancy that I began to crave chocolate because before I had never craved chocolate-I mean I would eat it but I never craved it but I began dreaming about it and I would have chocolate-I’d make chocolate cake but I also really liked lemon squares too. I made those a lot. So during that time I had a real sweet craving and I ate probably a lot more sweets during my pregnancy than I did… I’m not sure why-if that’s just normal… I was hungry for it-I wanted it. So I would just make it. I made it and ate it. (Rachel)

Moreover, both Rachel and Denise expressed a level of uncertainty and insecurity with the idea of responding to their appetites for food and spoke about the discord between appetite and control that was still present during pregnancy, intensifying in the third trimester for Rachel and in the postpartum period for Denise.

(How did you feel about that?) I was a little bit worried-I do remember feeling a little bit worried at the time… I don’t remember feeling terribly guilty about it. It was because I was-I went with midwives so I was being monitored quite closely
for my weight and what not and I was within an acceptable range… I think I put on like 35 pounds over my pregnancy and that was a lot for me. And my body shape did change quite a lot. And I struggled with that towards the end-I was really bloated and I was healthy but I struggled with it because I was so big-I had never been that big before. (Rachel)

I didn’t know that I needed to eat only an extra 300 calories-I didn’t know that until ¾ through. Oops. It wasn’t like I would sit down and eat McDonalds every day. I wouldn’t sit down and have bags and bags of chips. I did I think during my pregnancy I bought 3 bags of small chips, Smartfood… And then when I had the baby and had all the weight, then everything just switched. I was like well now I’m stuck with 45 extra pounds, what am I going to do? So I became-I was very upset, very depressed, this is not me-very adamant about losing all that weight, and I did. (Denise)

While guilt around eating was significantly diminished during pregnancy, the constraints of the ‘ideal body’ and body weight in particular continued to influence both Rachel and Denise, despite permission that encouraged them to respond according to their appetites for food. Implicit in both of their experiences was the idea that there was an acceptable or an ideal amount of weight that one should gain during pregnancy. This most likely contributed to the internal struggle between one’s appetite and the need to control it.

*Eating in Relation to Others’ Eating.* Social comparison, that is, comparing self to other, can influence eating behaviour. This was evident in the permitting experiences women spoke about that encouraged them to respond to their appetites for food and eating. Permission
implicitly granted through what others were eating encouraged some women to respond to their
own appetites, despite ongoing oppressive internal dialogues. This was expressed by Leah, a
women strongly influenced by the socially prescribed ideal body, as she discussed how friends
influenced her food choices.

If we go out for dinner which happens a lot when I’ll go out with my girlfriends
and stuff like that and just trying to eat healthy, but you’re always not making the
right choices. I have some friends-they don’t really care what they eat they just
eat whatever and that can kind of sometimes-I’ll just grab that too because so and
so is getting it so that can kind of be a motivator…You eat more when you go out
than you normally would at home. I tend to not really care as much when I’m out
with other people, but when I’m eating like I don’t over eat, but I just don’t really
care as much as making healthy choices. (Leah)

For some women, permission was implicitly granted by their husbands’ food and eating
practices. Both Denise and Rachel described how their eating changed in relation to their
husbands’ eating. For both participants, eating according to what their partners were eating
couraged them to eat in a similar way, which they experienced at times as a greater sense of
freedom around food and eating.

[My husband and I] have this bond where we’ll say do you want to be bad
together-do you want to order pizza tonight-ok let’s order pizza and we will.
(Denise)
For a number of years I got used to eating like he was eating... It was kind of fun, it was social-you know whatever he ate I would eat too. I don’t think at first I really consciously thought about it. (Rachel)

Moreover, participating in others’ food choices gave women permission to respond to their own appetites and encouraged them to temporarily let go of their inner control, though they still experienced feelings of guilt.

*Meeting Emotional Needs*

Responding to one’s appetite for food and eating was used by some participants as a form of self-soothing. Social norms attached to food and eating and emotions provided some women with permission to respond to their appetites during celebratory times. For some women, responding to appetites around food and eating was also permissible to comfort their negative emotions. Women spoke about responding to their appetites for certain foods with minimal guilt when feeling stressed or anxious or when feeling sad and unhappy. In these instances, eating according to bodily needs and wants was functional and therefore permissible in that it provided some women with a way to soothe and manage their negative emotions. Two main themes emerged in relation to eating to meet emotional needs: comforting negative emotions and expressing positive emotions (see Figure 2).
Comforting Negative Emotions

Comfort. The idea that food has a comforting quality was endorsed by most women in this study. Participants were specifically asked about what the term *comfort food* meant to them. Almost universally, participants acknowledged to varying degrees that comfort food was a food choice that was forbidden as a part of everyday living, but was reserved for occasions that required comfort from negative emotions. However, only those women who felt a greater connection to their bodily needs and wants permitted themselves to respond to their appetites for comfort foods. In the following excerpts, both Sara and Judith shared their thoughts on the meaning of comfort food and how it relates to deprivation.

Comfort food comes down to things that I enjoy and increasingly I think I enjoy that I’m not “supposed to”-I’m going to use quotes again because it’s so socially contrived, but food that I enjoy but I feel I should not have all the time. So that would come down to maybe chocolate or I’m thinking about Thai food-you know there’s those fried bananas. You know that if you eat too much you’re going to
feel horrible afterwards but every now and then you kind of just want to and again
I’ll use the words “treat yourself”. It’s interesting how those foods that I consider
healthy rarely become comfort foods. (Sara)

Comfort food is the kind of food that you have when you want to make yourself
feel better…It’s something that I think I do sometimes. Although I don’t think
about it that way, it’s so automatic the way I eat and the way I snack. I would
feel bad not having that and I know that I’m enjoying that, but I never think oh
I’m feeling bad so let’s have a pack of chips because I think comfort food is also
something that you usually don’t eat, but that you do when you’re in a bad mood
or when something bad happens to you and I eat most of the things that I like.
The only reason why I wouldn’t have something I like is financial… My snacking
is comfort food in a way, but there’s no-I don’t think about it it’s just something I
do. (Judith)

Unlike Judith and Sara, Denise did not permit herself to eat comfort foods. She shared her
internal dialogue about comfort food and how she feels controlled by prohibiting social
discourses.

I think for other people I know what comfort food is, but for me there is no
comfort food because I won’t allow myself to have comfort food. When I think
of comfort food, I think of what other people think of-like mashed potatoes or
something really hearty or for some people it’s like potato chips or that food. I
guess that would be my comfort food if I had one, if I allowed myself to have it
that would be potato chips or French fries… Comfort is more about-like a
substance, a mass, a lot of something that you feel really satiated. (Denise)

Several participants specified appetite induced by two different negative emotional states:
feelings of stress and anxiety and feelings of sadness. The experience of these emotions
permitted some women to respond in a less inhibited way to their appetites for food and eating in
an effort to comfort and self-soothe.

*Stress and anxiety.* The terms stress and anxiety were used interchangeably for most
women, generally expressed by participants as a state of inner tension. Dealing with stressful
situations and subsequent feelings of anxiety by responding to appetites for food was described
by several participants as a common experience. Denise and Tarsun spoke about how stressful
situations influenced their food and eating and permitted them to eat what they wanted. Implicit
in Denise’s dialogue was the fear of losing control and not meeting others’ expectations. This
often led to a state of disinhibition around food and eating.

I noticed recently that if I’m anxious about something, I’ll eat more. I don’t know
why….If I’m having a big, huge party, I get most anxious probably when my in-
laws are coming. My family, it doesn’t matter. They’re pretty picky and they
have high standards-I’m anxious whenever it’s something involving them. I’ll
find I’m eating a lot more. (Denise)

Tarsun specifically talked about the stress of having a daughter with cancer and how eating often
distracted her from ruminating.
I could say that especially when I have too much on my mind or if I’m really thinking about—I mean especially during my daughter’s ill health or something is troubling me I tend to eat. I love to nibble. So I will just buy something which I can just nibble on. Even how we have Indian chips, this type of thing… I think—I mean that distracts me. Maybe I could say that. It is just a type of distraction.

And I was having those cravings a lot during my daughter’s ill health and also whenever I feel like when something’s troubling me or something—I just go for that. Just to divert my thinking cap, maybe. (Tarsun)

Shirley talked about her recent experience living in Africa and the communal stress and tension of the possibility of a war breaking out and how responding to appetite for food became a comfort in her circle of friends.

I was living overseas and a war was about to break out in the country I was living in. And it was a very stressful time and across from the school was—they’d make really good donuts in this country. So, in the capital city across from the school was the bakery. And so, because everybody was so stressed and ‘cause we never knew whether today the war would break out or whether tomorrow or the next day, there was high tension every day. Is it today? What did you hear? What’s happening? And so somebody would go and buy a dozen donuts. And so we had donuts every day and I swear I put on ten pounds of stress donut. (Shirley)
Stress related to school and academics was another area where responding to one’s appetite for food and eating was considered permissible as experienced by Sara and Shirley, two women currently pursuing their graduate degrees.

When I’m writing a paper, for me academic stress becomes—it’s almost like you need something else that exists beyond that paper that you’re writing. And food becomes a very helpful thing because it doesn’t require much energy, the food, but at the same time it exists as an activity other than the paper that you’re working on… It’s a distraction, but it’s also an excuse to get up in the middle to go to the kitchen. (Sara)

Last year I was writing something with a Prof.-I was co-writing an article. It was the first time I had done this. It was very stressful and I wound up buying a bunch of junk food that I don’t usually buy, and I recognized it as some sort of—I wouldn’t even say comfort because it didn’t make me feel good, but it did something. There was some reason why I did that. I finished the chapter, I gained five pounds, and I just thought you know what? I can’t do this. (Shirley)

Thus, eating during stressful situations was not necessarily described as a comfort, but rather as a coping strategy characterized as a method of distraction.

Sadness. Feeling generally unhappy or sad influenced some participants to respond in a less inhibited way to their appetites for food and eating in an effort to comfort and self-soothe. Leah expressed how she used food and eating at times to respond to her unhappy feelings.
Generally unhappy or dissatisfied with myself, whether it be something that happened in relationship-wise or something that just kind of ticks me off during the day, sometimes I would let that serve as a justification for turning to that food… If I’m feeling crappy or low about myself then I obviously find some kind of fulfillment in the food so I’m trying to kind of turn the other way on that and try to self talk and say I don’t really need that and it’s not going to make me feel any better so why have it kind of thing. (Leah)

Shirley expressed her experience of grief and how giving herself permission to eat her favorite foods comforted her by replacing some of the sad feelings with positive emotions.

Someone I know just passed away. And so there’s this place that has this great Portuguese barbeque chicken. And the day that I found out she passed away I went and I bought myself this food that’s really good and it really makes me just feel good… Food for me is very enjoyable. So I think, you know, most of the foods that are bad for us actually really taste good. It’s the fats and things like that that often taste good. So, I can eat my chicken breast and my nice vegetable thing, but every once and awhile I need-that food in particular just makes me feel warm and it was funny—it was a real visceral reaction to that…And the other thing is that I recognize it. If I’m again—it goes back to working out. So, if I’m working out three times a week and when I’m in the pool I really focus, so it’s not just going in I work hard. And I know that if I do that, then I can do that. I can have the odd time and its okay. I need this. (Shirley)
Despite feeling comforted by eating according to bodily needs and wants, Leah and Shirley expressed feelings of distress around this type of eating. The internal conflict between the need to comply with social ideals and the awareness of appetite shifted both Shirley and Leah from a sense of comfort in responding to their needs to stress about relaxing their inhibition.

*Expressing Positive Emotions*

*Celebration.* Social and cultural norms around celebrations suggest that eating past full or eating particular foods like desserts are normative practices. For participants who strongly controlled their appetites for food and eating, occasions that were labeled celebratory provided them with permission to respond to their appetites. One participant, Rachel, explained the rules that permit her to eat according to her appetites.

I like my crème Brule, I like my crème caramel, custardy, I like chocolate cake, chocolate ice cream-sure I enjoy those things too and I like them. If we go out to eat at a nice establishment I like to be able to enjoy a tiramisu… That almost feels celebratory because we do not do it very often, so if we have the occasion to go to a nice place and I haven’t gone crazy on the appetizer and entrée sometimes I am already full from the entrée, there’s just no room for it-I only eat half and pack the rest, then there is room to enjoy dessert too. In those situations if I had a piece of chocolate, I don’t feel guilty about it, I don’t overanalyze it-this is what it is and I enjoy it. (Rachel)

Thus, Rachel allows herself to respond to her appetite in special infrequent situations, yet she still carefully controls the total amount of food that she eats.
Reward. Another permitting discourse associated with the expression of positive emotions was the idea of reward. Some women permitted themselves to eat according to their appetites if it was perceived as a reward. Typically the reward was in relation to deprivation or restrictive eating. Simone talked about feeling deprived of her favorite foods over the past five years living in Europe and the permission she gave her self to eat according to her appetite when she returned to Canada six months ago.

By no means am I eating like I did when I first moved back here because all these foods that I couldn’t get back in Europe. So I figured oh sushi, really good Indian food, really good Vietnamese food that I think I just went nuts for a few months. But now the show’s over-okay time to go back to a more austere eating program (So it sounds like you were just allowing yourself to be free and eat whatever you wanted?) Because I hadn’t in years. (Simone)

For Simone, eating foods that she previously enjoyed and was deprived of provided her with a rationale to respond to her appetite. While this was acceptable for a few months following her return to Canada, she became concerned about her weight and shape and at the time of the interview had been on a diet for about two months.

For Gwen, a participant who had lost a significant amount of weight about four or five years ago, the idea of reward was daily: if she ate in a highly controlled way during the day, she rewarded herself with her favorite foods. Thus, permission to eat according to her appetite was only granted if she had stayed within the confines of her caloric restrictions for that day. This allowed Gwen to partially fulfill her desires and appetites for food, while maintaining a sense of control over her eating.
What I think I do mostly is kind of shape my diet so that I eat well, but I can afford myself—I love chocolate and I love snacks. I love popcorn, chocolate and ice cream, so I’ll kind of make sure that I have room within my caloric intake so that I can have a snack at the end of the day which is my reward. Stressful week, busy week, I know that I can have my popcorn at 8:30 and have a little ice cream sundae and that kind of thing…I’ll sit in front of the TV for an hour—just have a snack and popcorn. It’s like—what’s the word—just kind of allowing myself replenishing, just a nurturing. I feel like I’m nurturing myself when I do that.

(Gwen)

Positive emotions associated with celebration and reward were for some women an opportunity to respond to appetites for food and eating. However, this permission to respond to their appetites was time limited and situation specific and was followed by resumption of control over eating.

Summary of the Regulating Discourses Model

This chapter outlined the multi-layered and diverse themes that emerged from the data related to the current ways women in this study negotiated their food and eating experiences. A Regulating Discourses Model was developed to account for the differing experiences women in this study expressed, which included prohibiting and permitting discourses that modulated their eating. Social discourses that prohibited participants from responding to their hunger and appetite included ideals associated with body weight and shape, femininity, and health and wellness. Control of hunger and appetite was a theme that emerged for all women which was influenced and modulated by the various prohibiting discourses. More than half of the women in
this study controlled their eating to meet the socially prescribed thin body ideal. This was expressed by Denise, Gwen, Leah, Tina, Rachel, Nancy, Shirley, and Simone who described counting calories, limiting portion sizes, and avoiding certain foods as strategies they engaged in to control their eating and subsequent body weight and shape. For some women like Rachel and Gwen, meeting the ‘ideal’ body was motivated and rewarded by a perceived change in social acceptance and confidence.

Controlling hunger and appetite was also linked to ideals of femininity and health and wellness. For Rachel, Denise, Leah, and Tina, containing their hunger and appetite was considered to be a socially desirable feminine-like quality associated with female attractiveness. For Denise, Rachel, and Leah, eating in a less ‘feminine’ way was countered with feelings of guilt and subsequent self-scrutiny. While all women in the study defined ‘healthy’ and ‘unhealthy’ eating as ‘good’ and ‘bad’, for women who regularly engaged in weight control behaviours, moral judgments were attached to ‘unhealthy’ eating. For Denise, Tina and Leah, ‘unhealthy’ eating was labeled as ‘inappropriate’, ‘irresponsible’, ‘indulgent’ and ‘bad’. Thus, for some women in the study, ‘healthy’ eating was synonymous with preventing illness and disease. For Tarsun in particular, having a daughter diagnosed with cancer and parents with diabetes motivated her to eat and to feed her family in such a way as to prevent further illness.

Permitting discourses encouraged women temporarily to respond to their hunger and appetite for food and eating, although for some women, eating in such a way was immediately experienced as a loss of control. For Denise and Rachel, pregnancy permitted them temporarily to eat according to their hunger and appetites for certain foods, which was often met with feelings of uncertainty and guilt. Meeting emotional needs also permitted women in this study to eat in a less inhibited way. Eating according to hunger and appetite was considered a functional way to manage and soothe negative emotions such as stress, anxiety, and sadness and therefore
considered permissible by Tarsun, Shirley, Sara, and Leah. However for Shirley and Leah, two women who typically ate in a controlled way, feelings of guilt were attached to this type of disinhibited eating. Moreover, some women in this study permitted themselves to eat according to their hunger and appetite in relation to positive emotions, such as celebration and reward. For Gwen and Simone, disinhibited eating was typically in response to deprivation or restrictive eating and was temporally permitted as a reward. For Gwen, this pattern of eating occurred daily.
CHAPTER FOUR

SOCIALIZATION THROUGH FOOD AND EATING EXPERIENCES

Familial Influences

The following two chapters, Familial Influences and Peer Influences, discuss women’s retrospective accounts of food and eating experiences in childhood, adolescence, and early adulthood and the socialization processes that either connected or disconnected women to their appetites and eating. In this study, women’s narratives revealed multiple messages from parents, other family members, and peers about food and eating, some of which worked to connect women to their appetites and others which aimed at engendering compliance with ideals related to a variety of social determinants, including gender and social class. Messages throughout development prohibiting women to eat according to their appetites often led to a disruption in the way they lived in and fed their bodies. In particular, adolescence was documented in women’s narratives as a developmental stage where socialization pressures intensified and the need to comply with social ideals became increasingly important in order to maintain status within their social networks.

This chapter describes the influence of parents and other influential family members in socializing women to a variety of social values and norms related to food and eating. Three main themes emerged from the data related to socialization processes and parental and other familial influences that either connected or disconnected girls from their appetites for food and eating: gender socialization, the socialization of food values, and learning about privilege and social class (see Figure 3). Parents and other family members influenced their children’s gender socialization both directly through verbal messages about femininity and gender role expectations and indirectly through their own gender attitudes and the manner in which they modeled gendered behaviour. Socializing food values incorporated the ways in which parents
and other family members influenced the overall meaning and value given to food and eating. The socialization of food values also included messages about emotions and their relationship to food and eating. Learning about privilege in relation to social class was also transmitted to women through explicit and implicit familial attitudes and behaviours and contributed to the ways in which women learned to live in and feed their bodies.

Figure 3. Main Themes Related to Familial Influences.

It is important to note here that while gender and social class are being discussed in this section as two separate entities, the reader must keep in the mind the constant intersection between gender, social class, and ethno-cultural heritage in the food and eating experiences expressed by the women in this study. These intersections will be made explicit to the reader in instances when it is important to highlight and acknowledge the impact of these influences on the connection or disconnection to bodily appetites for food and eating. In the following sections, each of the three themes will be discussed in further detail.

Molding the ‘Good Girl’:

Gender Socialization through Food and Eating

Gender socialization refers to the ongoing process of learning behaviour and attitudes deemed acceptable for a given sex. In this study, women spoke about parental and familial messages they received related to the ideals of femininity, such as containing their appetites and
bodily needs, minding their body shape and weight when eating, and adhering to a set of expectations associated with the female gender role. Most girls typically maintained a connection to their bodily needs and wants during childhood. However, in the case of several participants, familial pressures during adolescence to ‘practice’ femininity ultimately disrupted their connection to their appetites for food and eating by adolescence. The following section is organized according to three main themes and their sub-themes that emerged related to ideals of femininity: Ideal Body, Sexuality and Sexual Desire, and Gender Role Expectations. Within the theme of Ideal Body and Gender Role Expectations, sub-themes emerged.

![Diagram of Main Themes and Sub-Themes Related to Gender Socialization]

Figure 4. Main Themes and Sub-Themes Related to Gender Socialization.

**Ideal Body**

*Messages in Childhood.* Messages about meeting the socially prescribed body ideals associated with femininity were transmitted to girls implicitly through parental dieting practices and attitudes about their own bodies and more explicitly through parental and familial monitoring of their child’s food and eating and negative comments about weight and shape.

A number of women in the study spoke about their parents’ food and eating practices during their childhood. Leah, Paige, and Shirley, women who restricted their eating to varying
degrees, talked about their mothers’ dieting behaviours and how that influenced their eating as children. In this excerpt, Leah talks about watching her mother engage in dieting behaviours at the age of 9 or 10.

I remember seeing her balance and weigh her food and stuff like that. I would ask “why are you doing that” and she’d say “mom’s trying to lose a little bit of weight”… Coincidentally, yesterday she made a comment “oh yeah, I remember you asking me-do you know how many calories are in this?” So I guess it transferred to me in some ways that I didn’t really-I wasn’t quite aware of at the time but it wasn’t like if someone put a brownie in front of me I wouldn’t eat it. (Leah)

Both Shirley and Paige recall their mother’s talking about wanting to lose weight and engaging in dieting behaviours in their childhood.

After the five births-after my sister was born in 1972 she never lost the baby weight. So, the 40 or 50 pounds that she gained, she never lost that… I’m sure my mom has always said ‘cause she continues to say she’s too heavy-she needs to lose weight…She hasn’t been comfortable being as heavy as she is. (Shirley)

My mom dieted occasionally-it was always just 5 or 10 pounds that she wanted to lose… She probably didn’t start to maybe I was at least 10 or 12. It was the first time I had ever heard that mom was on a diet and it was like an occasional thing-it would never last for very long…I remember her talking about the cabbage soup
diet and the grapefruit diet, but she was never in any way obsessed with body image or weight issues. (Paige)

Despite implicit comments about the need to attain the ‘ideal’ body evidenced in the eating behaviours of their mothers, Leah, Shirley and Paige maintained a connection to their appetites in childhood. Even when messages about body weight and shape were more overt in childhood, food and eating according to one’s appetite was mostly preserved. Simone talked about her experience of being an overweight Chinese girl growing up as part of a minority group in the Caribbean and not meeting the larger societal ideals around body weight and shape, but also being quite different than most Chinese girls who were petite and thin like her mother and sisters. She spoke about her mother’s explicit comments about her weight and shape as a child and its impact on how she viewed her body.

I think with my mom it’s more, quite obvious that she was trying to get me to watch my weight. She would bribe me to go skipping. She would say if you skip for 15 minutes I’ll give you a dollar or something like that...I remember once my dad bought us a Barbie doll and she asked us why can’t we look like that, well me specifically. I always knew that I was too big—if you look at even now a lot of my Chinese friends don’t even weigh 100 pounds because they’re just very petite. These are probably closer to the women my mom grew up with...For a lot of my childhood…it just felt like I was stuck with this body. (Simone)

Despite Simone feeling trapped in her overweight body and questioning why her body looked different than other Chinese females such as her mother and her sister, she continued to eat what
she wanted. Simone relates her choice to continue to eat according to her appetite to a feeling of defeat and a sense of failure in that she would never attain the ‘ideal’ body. Thus, similar to other women’s stories, it wasn’t evident to Simone until she was in adolescence that eating in a controlled way could change her body. Adolescence was a transitory period in development where messages related to social ideals especially around body weight and shape became internalized and important to attain.

(Messages in Adolescence. Prior to adolescence, only two women experienced pressures about body shape, however between the ages of 11 and 14, most women spoke about the blatant negative messages expressed to them by parents and other family members about their bodies and the importance of meeting social ideals pertaining to body weight and shape. Denise, Gwen, Paige, and Tina spoke about the developmental stage around puberty, a time when uncertainty about the changes in their bodies were intensified, and how negative comments during this time became extremely influential in disconnecting them from their appetites and disrupting healthy eating patterns. Gwen talked about the explicit comments she received from her parents about the importance of complying with the thin body ideal.

As a kid, I would have endless cookies in my room all the time… I use to come home from school and be starving and instead of having a healthy snack I would grab 7 Fudgeos and have 2 hot chocolates…I remember that with fondness because I really—there was no limit to what I could eat. Although when I was probably about 11, 12 my parents started saying you better be watching what you eat because if you didn’t dance you’d be getting really, really big and meanwhile they would keep bringing the chips and they would eat that way…My mom at one point went and asked the dance teacher how I could decrease the back of my
thighs-mortifying! I just wish some adult had been there for that moment in my
life and been like stop! No! That was just wrong. It was just so wrong. (Gwen)

In the following excerpt, Denise talks about growing up in a Middle-Eastern culture where she received conflicting messages from her family about eating and her body weight and shape. While it was encouraged by her parents to eat according to her bodily needs and wants, other family members presented her with a different message.

I think I was about 12 or 13 where my grandfather would come over…and if he saw me eating chips or something like that he’d be like “you really shouldn’t eat those” and I remember getting really, really offended and I think the reason why I got really offended is because my mother told me you shouldn’t comment on anybody else’s food intake and yet my grandfather is scolding me for eating more potato chips and all I want to do is have potato chips and it really upset me because he would comment every single time I had something, “oh you’re going to get fat…I probably didn’t even know that they were bad until he probably started saying stuff about it. And then once I did know I would still continue to eat them but not around him (Denise)

Denise learned from these experiences that her body was an object to be scrutinized by others, expressed in the following excerpt.

It taught me that eating those things was not a good thing…I probably learned that someone is always watching you and someone’s always judging you because
if it was my own grandfather that was doing that well obviously he loves me so that’s somebody who loves me, I can imagine if some stranger, imagine what they’d being saying about me…I think that a lot of indulging probably was not a good thing. I’m sure that-the freedom of being able to sit and thoroughly enjoy something like that, it should be a restricted thing. (Denise)

Thus, Denise learned to feel ashamed of her appetite and as a result grew more and more distant from responding to her bodily needs and wants for food and eating as she received the message that it was in fact her inability to contain this appetite that would lead to an ‘unacceptable’ body size. Both Paige and Tina, two women who developed bulimia during adolescence expressed similar experiences to Denise. However the message that their bodies were flawed was primarily received from their fathers.

I know that when I was about 14 I went into a major depression-this is just after the ballet injury. And I started to, this is when I started binging and purging, and several times and I did struggle with my weight in high school…I went up 25 pounds to my frame. Enough to make me feel a little chunky. There were days where I wouldn’t go to school because I couldn’t find anything to fit me…And several times my dad did comment. A few times I’d be going for the cookies or something and my dad would be like “you’re really putting on the pounds, do you really need those?” “keep eating those and you’re going to get fat”. (Paige)
Tina spoke about a pivotal moment in adolescence where her father made a negative comment about her body weight and shape. She recalled feeling ashamed and hurt and subsequently internalized the connection between self-worth and body weight and shape.

When I was about 13 or 14…I remember I had gone into the bathroom to wash my hands and my pajama top was kind of short and so he looks at me and he says “you know this thing that you have shouldn’t be there. Do something. Eat less. Do it”. And I remember it kind of hurt to hear that… (So when he made that comment to you about that you shouldn’t have that roll on your back, what did you feel when that happened?) I felt like I wasn’t good enough. I had to look like all of the other White people at my school and not have that-just look like everyone else. I remember feeling very hurt. And there were nights where I would cry myself to sleep because my dad would put me down by saying you eat too much and you need to eat less and not look this way. It was stressful-no girl wants that from her dad. (Tina)

Attempting to stay in the confines of this rigid body ideal negatively effected Tina’s self-worth and left her feeling not good enough in relation to her peers and in relation to her father’s expectations.

Messages in Young Adulthood. For some women in the study, the transition from adolescence to young adulthood continued to be laced with negative messages about body weight and shape from parents and family, contributing to further internalization of the socially prescribed body ideal and subsequent disruption in their eating patterns. Leah talked about
objectifying comments made by her father and brother about women’s bodies in general and how it affected her.

My dad I guess would say stuff about certain people on the TV for instance, that so and so packed on the pounds or things like that. Then I guess it transferred down to my brother and my brother’s always just been one that’s very, very critical of everything, especially look-wise…Whenever eating at home…my brother’s comments I guess would say-oh, you know “oink” or “should you be having that?”…and it wasn’t like I was overweight so I guess he just felt like he was being funny and it didn’t really affect me. But that’s when I did start working out was probably about Grade 10 or 11, when I stopped dancing. (Leah)

Similarly, Tina spoke about the messages she received from her parents about her role in her East Indian culture as a sexual object for male desire and the importance of maintaining a certain body weight and shape in order to be deemed attractive to potential partners.

In our culture, technically by a certain age you’re supposed to be married and you’re supposed to have somebody, but if you don’t you have to play your part and you have to look good…I think my mom and dad both have this thing where you have to look after yourself because culturally you’re getting looked at and yeah we want you to be healthy, but you’re not big, and you’re not fat, but you’re just right so don’t gain weight and be careful-workout. My dad says to my mom a couple of times she needs to lose like 10 pounds and then my mom has stuck up
for me sometimes…It’s just a constant reminder of weight, weight, weight. Be careful of what you weigh. (Tina)

Moreover, some of the women in the study spoke about the common experience of gaining weight during their first year away at university. In the following excerpts, Leah, Sara, and Tina shared their experience of gaining weight and the reactions from their parents and family as a result of their weight gain. Both Leah and Sara spoke about their parents’ concerns about their health and the health-related comments they received.

My mom was more like concerned about health-what are they feeding you in the cafeteria and all those kind of things and just basically being like-oh do you want to be-you want to be happy with how you feel and you want to be feeling good about yourself and she knows if I eat stuff I don’t feel well about myself and that’s a lot of people too-so just basically the health concern. (Leah)

I think a lot of people gain weight when they go to university especially in the first year-freshman thirty. So part of it was the first time that my parents would see me after an extended period of time so growing up my parents always-there wasn’t any change, noticeable change that they would comment. Whereas here, I went home after two months, there would be a change. So I think that’s when I started feeling more conscious… I started becoming more conscious of my eating. Whereas before I was conscious about maybe my body, but then I became more conscious of eating…My dad would make comments-my mom too. I think that’s
when these health-related comments started to come out and I would be a bit
defensive. (Sara)

Thus, the message received for Sara and Leah was that self-worth is highly connected to body
weight and shape and is equally if not more important than academic achievements, successes
and stresses.

Across a variety of ethno-cultural and social class backgrounds, several of the women in
this study repeatedly received messages from parents and family that attaining the ‘ideal’ body
played an important role in determining their self-worth and social status. These messages,
whether implicit during much of childhood or explicit during adolescence and young adulthood,
contributed to the internalization of the socially prescribed body ideal, one set of ideals
associated with femininity.

Sexuality and Sexual Desire

Parental and familial messages received about sexuality and desire also contributed to
how women lived in and fed their bodies. Specifically, messages associated with ideals of
female sexuality socialized women to contain their developing sexual appetites. For some
women in the study, messages received from their parents and other family members about the
body and sexuality were connected to feelings of shame and invalidation. These negative
messages became increasingly more overt and rigid as their bodies developed and they became
aware of their sexuality and sexual desires in adolescence.

For some women in this study, the ages between 12 and 14 emerged as an important
developmental stage when girls voiced their sexual desires, and consequently, their parents
strived to contain them. These messages indirectly disconnected some women from their
 appetites for food and eating as it taught them to be ashamed of their developing bodies. Denise,
Tina, and Sara spoke about this transient period as confusing, a cross roads in development, where they received one message from their bodies and another message from their parents. Denise and Tina talked about the messages they received from their parents about dating and their developing sexual desire.

At age 13 I asked my parents about dating and in my family you don’t talk about boys, you don’t talk about dating, you don’t talk about sexuality and so it’s very much a culture thing… So it was about 12 or 13 and I liked boys and I wanted to date boys and there was no question, you’re not going to date them but I remember trying to rationalize with them. If I have these feelings at age 12, 13-if God put these feelings in my body-why can’t I go and date people, it’s not making any sense to me and I kept wanting them to answer. I wasn’t satisfied with just the answer no. And in my family, that’s how it was. In our culture, you never, ever talk back to authority…I had to accept it. That’s just what my parents were like. (Denise)

I became interested in boys when I was about 12 or 13. I would just look-I wasn’t allowed to date at all. I couldn’t even have guys call the house. It was very strict at home…I think [my father] was just trying to protect me more at that age because at that age you’re very vulnerable-he didn’t want me to make any mistakes-which, yeah, he had a point. (Tina)

It was at this exact age that both Denise and Tina received messages from their grandfather and father that their desire for food needed to be contained in order to meet the thin ideal. Thus,
similar to their appetites for food, their sexuality, another form of desire, was to be controlled. Sara spoke about the message she received at 14 from her father and grandfather about containing her sexual desires in the context of dancing in a South-East Asian community group.

I don’t remember it being consciously sexual…I remember being flirtatious because I think the first guy I dated had seen me perform the first time I performed and it was sort of like that conscious thing of when I’m looking at the video afterwards, where is he in the audience and what am I doing at that point... I remember after I did that dance, the first one I did-after that I wanted to do another one and my dad said no. And I was like what was the big deal I already did one or whatever and at that point I didn’t understand. I mean I was still fairly protected in terms of my awareness of men or in terms of romantic and sexual relationships because I hadn’t really dated. But my dad said something along the lines of “men-you don’t know what men are thinking about when they’re watching you dance and I don’t want them looking at you”…At that point I was really upset. A part of me was like dad he doesn’t know what he’s talking about, but my grandfather framed it in another way. He pretty much said the same thing but framed it in another way. He said something along the lines of “you know the moon, you show it once and then you don’t show it again, you keep it around you.” And so that made me feel a lot more happy because he was comparing me to the moon…I think that the understanding I got was that as-maybe it’s that whole overall that as a woman I needed to be shielded from the evil gaze of men. Maybe now sort of thinking back it was my responsibility to shield myself rather than men’s responsibility to… I mean I was fairly upset but my grandfather made
me feel protected rather than restricted. Not protected, but sort of like you’re so beautiful you don’t want people to look at you all the time, that kind of thing—honoured. (Sara)

Denise, Tina and Sara learned from their experiences that their value as a female could be damaged if they acknowledged or acted on their sexual desire. The underlying message for these women was that sexual desire must be controlled in order for them as females to maintain their social status as valuable women. These messages in conjunction with other messages related to ideal ‘feminine’ qualities taught women that all their appetites need to be contained in order to be viewed by others as ‘good girls’.

**Gender Role Expectations**

The roles and expectations associated with being female were present in a number of women’s stories as they revealed their food and eating experiences from childhood and adolescence. As young girls, several women in this study received messages from their parents and family early on socializing them to the gender role expectations prescribed within their subculture as well as within the larger society. These messages disrupted women’s eating patterns in a variety of ways, teaching them to respond to their parents’ needs, rather than their own bodily needs and wants for food. Two main themes which emerged from the data around gender role expectations and the influence of parental and familial messages were: the role of females as subordinate to males and the role of females as caregivers. Each theme will be discussed in more detail.

**The Role of Females as Subordinate.** Some women in the study spoke about food and eating experiences that socialized them to follow the social order of patriarchy. Several women’s narratives illustrated parental attitudes that socialized them as young girls to be
submissive and to obey, qualities considered to be ideal ‘feminine’ traits in Western society. Such experiences disconnected these women as young girls from their appetites for food and eating, and for some, disrupted their eating patterns. Three participants in this study, Nancy, Denise, and Rachel shared their food and eating experiences as they learned that their female role was inferior to men. At the time of the interview, Nancy had struggled with bulimia for over ten years, while Denise and Rachel had monitored and dieted since their teenage years.

Nancy delineated numerous rules that she learned to obey as a female around etiquette at the table. As a first generation Chinese female who immigrated to Canada in her teens, Nancy felt that her ethnicity played an important role in some of the rules that she was taught. In the following excerpt, she explains a few of the rules associated with being a Chinese female and the consequences associated with breaking the rules.

> The way we use chopsticks we have to use the most proper way… and I got beat up because I didn’t know how to use it… And we can not drop anything on the table and we have to pick up our bowl when we eat. That’s totally different than the Western culture, right? And we can’t stand up. If we want something, that’s far at that end, we cannot pass either. We have to use the turn table… There are so many rules and I got beat up like quite many times because of those rules…

>(How young do you remember getting beat up?) 5 or 6, yeah… He would slap me… sometimes on the shoulder or he would ask me to stand facing a wall for an hour or two. (Nancy)

Nancy went on to explain the purpose and meaning of the rules and how it related to being a Chinese female in her culture and in her family.
Well, it’s part of the Chinese tradition…and I think one of the reasons why they’re so into those rules is because I’m a girl. If I were a guy then it wouldn’t really matter that much because I think in a way they’ll say okay, if this girl is really, like, acting properly, then other family or friends will think “okay, this girl is—you can marry her”… so we can introduce other good guys, good men to this good girl. If she’s not acting properly, then no other guys will like her. Actually I should say no other family; no other proper families will like this girl…I think it made me realize that there is an imbalance between male and female and we do have to obey more rules, females, yeah-comparing to my brother or my dad. He eats like a pig actually, but he still disciplined me…And we got into a fight because of that because he would say “oh you have to do this” and I will say “but you are not doing those. And he would say “no, but you’re a girl. Like, if you don’t do this, you grow up, nobody will marry you”. (Nancy)

Similar to Nancy’s experience, Rachel, a second generation Chinese female, spoke about the parental messages she received in childhood and throughout most of her adolescence about her role as female and the associated expectations around food and eating. Despite feeling satiated, Rachel and her mother were expected to eat the leftovers at the meal, an expectation that maintained her subordination to men in her family.

I guess that it would have been our parents would have trained us very early on that we finish everything and that we divide up—if there’s not enough to make a proper leftover that everyone can eat, then usually my mom and maybe me would eat what was left. (As opposed to your brother or dad?) From what I can
Rachel described how she felt in relation to family mealtimes and eating as a child and how it subsequently disrupted her eating in adolescence.

I would say that emotionally it was not a fun time—it wasn’t a particularly pleasurable time—it was you just get through this and you get on and go on and do your own thing… I’m inclined to say detachment because it wasn’t social, because there was no personal connection during that time… And then as you go through your adolescent period the whole turmoil of adolescence had probably more of an effect on the eating itself but the eating became…when I was maybe between 15 and 17 I was very conscious about the whole dieting and body image and I would have eaten less during those times, and your parents would say more, more! (Rachel)

Denise shared her experience of growing up as an immigrant family from the Middle-East and the struggles associated with being poor. In her narrative, she talked about her food and eating experiences in childhood in the context of being female. Implicit in her story was the message from parents and other family members that she was expected to eat less as a function
of her gender and that she was to compromise her bodily needs and wants to satisfy the appetites of her male counterparts, namely her brothers.

Having three brothers, I barely remember my mom coming from the grocery store and them grabbing the bags from my mom, not to help her, but to get them on the floor and go through to pick out the one treat that she would buy… I would have to fight in there if I wanted some… And it was always like that. So eating when it came to eating—it would be like my brother’s fighting for the best piece or whatever and I would just deal with whatever was leftover, depending on whether I wanted to fight hard for it or not. (Denise)

In the following excerpt, Denise described the gender specific messages received from her grandfather. She learned from these experiences her role as female in the family and her role as female in relation to men.

(And would the message, your grandfather, tell your brothers the same thing?) I don’t remember that ever. No. Because I think; yeah—I don’t’ think he ever did because I think that their vision they very much, even my parents, girls are a certain way and boys are a certain way and girls have certain privilege and so do boys…I think it just ties in with that again that old-fashioned way of thinking where also a wife wouldn’t talk back to her husband as well. So we’re talking on every level, not just child to parent, it would be spouse to spouse as well. There was an inferiority there. It was like—I think in general the whole attitude and I think that food probably seeped in there—that would make sense. (Denise)
Denise, Nancy and Rachel were socialized through a variety of parental and familial messages related to food and eating that being female was equated with a subordinate role. In order to be considered a ‘good girl’ growing up, they were taught and eventually expected to compromise their needs and wants to satisfy the needs and wants of important men in their lives, namely their grandfathers, fathers, and brothers. These messages ultimately taught girls about controlling their appetites, subsequently affecting the way they lived in and fed their bodies, as evidenced in the current ways that Nancy, Rachel, and Denise compromised their appetites for food and eating in an effort to meet socially prescribed ideals associated with femininity and gender role expectations.

The Role of Female as Caregiver. Narratives of almost all twelve women described their mother as the primary caregiver in the family. Three of the women in this study spoke about the intrinsic parental messages they received about their role as female as modeled by their mothers’ role as caregiver in their families. Food and eating was part of the caregiving role and women learned from an early age that food and feeding others was equated with love and care. For some women, these gender role expectations that were presented in childhood and adolescence carried into the current ways in which they viewed their own role as female in relation to others. In the following narrative, Sara describes her mother’s role in the context of food and eating during her childhood and the meaning she ascribed to it.

All food preparation was her. And I think food was one as I mentioned earlier, my mom’s just caring and loving and I think food was one of her ways of loving her children. When I went to university and came home she’d make my favourite foods. Food was care—a lot of care. And so I think that’s what my mom—if there was a relationship around eating, it became around accepting that care she was
giving me. So, with the milk and cookies as a child it was my way of accepting that love and warmth by eating it. And it’s sort of like a physical manifestation of that emotional connection. So, I think again when she makes my favourite foods, it was just she was being a mother and I was being a daughter by eating and her by cooking… she would talk about how she enjoyed cooking when we enjoyed the food. (Sara)

Sara captures the essence of her mother’s caregiver role and its relationship to food and eating as a physical manifestation of an emotional connection. The emotional connection between some girls and their mothers was associated with nourishment and feeding their bodies, a discourse granting them permission to respond to their appetites as Sara talked about her mother making her favourite foods when she returned home from university. However, implicit in the idea that food “was a physical manifestation of an emotional connection” was that rejecting her mother’s food would be equated with rejecting her love. Like Sara, several women in this study were socialized as girls to feel guilty about rejecting their mothers’ love. As expressed by Denise, Simone, and Nancy, at times eating was motivated by guilt and not by their physical experience of hunger or satiety. In the following excerpt, Denise talks about the guilt associated with eating and enjoying food at her friend’s house as a child and the impact that had on her eating patterns.

I ate twice because I didn’t want my mom to know I was eating there…I filtered what I would tell my mom…I couldn’t talk freely because I didn’t want to hurt her feelings…Often she’d be like “oh what did they have” or whatever. My mom’s a very sensitive person and I’ve only learned this through the years and I sensed then that she took offense to me wanting to eat over there as opposed to
wanting to eat at home. “Is their food better? Is she a better cook? I have to work
during the day and this is what we have and this is what we can afford, maybe
they have more time.”… I could sense the jealously from her, that she was jealous
of that mother’s cooking because food is such a big deal in our culture so it
affected her that much…I think it offended her so I didn’t want her to know.
(Denise)

In the following excerpts, both Simone and Nancy talk about growing up in a traditional Chinese family and the association between food and love.

I think there was always the message that you should eat-that’s how you show
your love, right?…I remember once I didn’t like green peppers growing up—I
didn’t like onions either and there was this one time I didn’t want to eat
something my mom gave me and then she stormed off and started crying. At the
time I was very confused…I just remember I followed her around and I started
saying I’m sorry for not eating the whatever…but now I just think about it’s
probably one of those food-love issues…Food equals love issues…Not eating
meant I’m rejecting her love or whatever… I just remember feeling very
guilty…It was my fault that she was crying because I was stubborn about a
certain dish of food. (Simone)

When I hit puberty, I started to eat a lot so I would eat two or three bowls of rice
and my family loved that, they supported that. So I started to get fat-gained
weight. I wouldn’t say fat. And I didn’t see it as a problem and my family
doesn’t see it as a problem either because they think the more I eat, that means I’m more dedicated to the family because they, like my mom and my grandma, they spend a lot of time preparing the meals for us…And so it became a problem when I realized I shouldn’t eat that much because I tried to cut down but they would say “why don’t you eat some more like you used to eat this and that and now you don’t”. So it was a problem when I realized I had an eating disorder. (Nancy)

By accepting their mothers’ love and care through food and eating, Denise, Simone, and Nancy learned to compromise their own needs and wants in an effort to please others. Guilt was an emotion that was associated with food and love and avoidance of this emotion became the motivator for accepting their mothers’ food. Not surprisingly, both Denise and Sara spoke about how the relationship between food, love, and care has become part of their own interactions with family and friends.

I guess I’ve been taught in my culture, you present, you give people food, you don’t have them sit down with nothing in their hands-nothing to eat. So when-I’d have play-dates, I’d have a mixture of things to serve and make sure I had coffee out-make sure the house is tidy because that’s just what you do. So I do that now all the time. My husband’s not eating-what’s the matter you don’t like it? I was like here, it does make me feel good when he-same thing as my mom. When he eats and he’s so expressive about it and will eat a lot of it. There wasn’t one time he said something wasn’t good-it makes me feel good to feed them. (Denise)
I associate food with care and in fact how I care for others. So my sister for example arrived yesterday, and my first concern was have you eaten because she’s been on the bus for 6 hours…and that became the focus on my caring for her upon her arrival and same with my brother. I will constantly be worried about him eating… (*Do you think that that’s something you would incorporate into being female? Is it part of being female?*) I have incorporated cooking into-I don’t like cooking, I really don’t. For me, it becomes a matter of providing food for others, becomes a care thing…somehow I have continued to incorporate these things and as much as I would like to say it’s despite me being a girl, it doesn’t have anything to do this it, it does… That’s the socialization that I grew up with. I mean my brother was cared for by my mom in the same way, but he didn’t internalize it. (Sara)

For both Sara and Denise, the socialization that took place in childhood around caring for others through food and eating had transmitted into the ways in which they currently cared for and related to others and in the way they connected to their own and others’ appetites..

**Socializing Food Values**

Women’s stories in this study were laden with a variety of values they were socialized to associate with food and eating. These values were often related to their ethno-cultural heritage. Unlike messages discussed in the previous section that were specific to gender, messages about food values were transmitted to both males and females. Four main themes and their sub-themes emerged in relation to food values learned through parental and other familial messages: learning social rules, learning obedience, learning about food and desire, and learning about emotions (see Figure 5). The messages received about the meaning of food and eating either
encouraged or inhibited girls’ and women from responding to their appetites. Each of these themes will be discussed in further detail.

![Diagram of Socializing Food Values]

Figure 5. Main Themes Related to Socializing Food Values.

*Learning Social Rules*

Social rules and social codes of behaviour were transmitted to women in childhood and adolescence through parental and other familial messages related to food and eating. In addition, social rules around responsibility and respect emerged as two main sub-themes from the data. Young girls were socialized to be ‘responsible’ eaters characterized by making ‘good’ food choices that stayed within socially prescribed limits and boundaries. Social rules attached to respect around food and eating were also taught to girls and related to ethno-cultural norms associated with hospitality.

*Responsibility*

Three women spoke about their experience of learning to be a ‘responsible eater’.

Parental and familial attitudes and behaviours about food and eating provided women as young girls with the message that they were responsible for making ‘good’ food choices defined as healthy eating and subsequently were also responsible for their body weight and shape.

Messages during childhood about healthy eating mainly included limits around ‘treat’ foods and other processed foods. Leah talked about the messages she and her brother received from their mother about responsible eating and the impact that had on her eating attitudes and behaviours.
I remember at 8 or 9 going over to a friend’s house, my good friend always had Oreos at her house. We never had that. I remember trying to sneak into the cupboard and grab an Oreo or something or my mom used to buy those occasionally as treats and stuff like that, but it was never something that was readily available…I tried to sneak it without her seeing it—just knowing that it’s something that I shouldn’t be having…It was more I felt I had to be quiet about it because I knew that I would hear something about it…it was more about the inappropriateness of it—if we made like a good choice like a yoghurt or something like that she’d be like that’s okay or that’s good or whatever…and some obviously “oh you know do you really need that” kind of around that bad food kind of thing. (Leah)

Leah felt somewhat restricted around food choices and as a result began sneaking food in an effort to satisfy her appetite. Guilt, an emotion that often accompanies breaking the rules, was inherently present in Leah’s narrative as she described sneaking and eating the cookie as ‘wrong’.

Simone also talked about learning to eat responsibly as she received messages from her father about the importance of healthy eating.

I definitely learned the whole responsible eater watching what I eat from my dad…I think the comments started quite young, I think I was five or six. I’d dash for an ice cream and my dad would say, no you already had some of those chocolates earlier or whatever. (And how do you remember feeling when he said
no?) To me, I didn’t really see it as that. It’s true I did get my share of junk food.

(Simone)

Paige also learned about responsibility associated with food and eating as she was praised by others at an early age for her healthy eating habits.

I remember that I was different than the other kids because who else would trade their chips and cookies for fruit? I was aware that I was a little different and even my friends’ mothers would always compliment my mom “your daughter is such a joy, she loves fruit. I can’t get my kids to eat fruit”. (Paige)

Paige learned early in her development that she was a good person for eating in a socially desirable manner. Like Leah, Paige also received messages from her parents that equated ‘treat foods’ with good behaviour at mealtimes.

Having dessert wasn’t a standard thing at our house. I think we were encouraged to eat everything on our plate or we wouldn’t be able to have dessert. But dessert wasn’t a regular thing anyway. (Paige)

Respect

Respect, a highly valued social code of conduct, was also described by the women in this study. This notion of respect was based on the social norms and standards within their families and was also influenced by the normative standards within their ethno-cultural group. Two women talked about respect and how they were socialized as children through their food and
eating experiences to uphold this social value. For both Denise and Sara, the value of respect was attached to social rules and norms associated with hospitality. In Denise’s Middle-Eastern family and Sara’s South-East Asian family, food and eating became one avenue to express hospitality and respect toward others.

In our culture, it was like you need to eat, you need to eat, they push food on you. Whenever somebody would come over it would be a disgrace if you didn’t have anything to offer them…If someone was in your company and in your house that they are totally full and you have to make it clear to them 20 times, eat, eat, eat because it was more of a hospitality thing because you never would want anybody going home hungry from you house and that was the same with my aunts when I would go to my aunt’s house or any kind of family gathering-we would have-and the amounts of food. It wasn’t enough to have one carb, one meat, one this, it would be like just a plethora of all this food and it’s like “oh honey you didn’t try my kebe, here have some of this”. If you didn’t eat “what’s the matter, you’re not hungry?” Meanwhile they didn’t see that you have two plates already. (Denise)

Sara explicitly outlined the social rules associated with food and eating in her culture and the inherent value of hospitality and respect. In the following excerpt, she described her experience of visiting family abroad.

As a guest in a home, even as a family guest, even with close family, they’ll be a feast almost always all meat because you don’t serve guests vegetables and people are carnivores if they can afford to be…the host’s job is to make sure you
eat and will feed you. At first there will be a lot of pressure-you should take this-
you should take this, and a lot of times people will put stuff in your plate. And
it’s also not really respectful to not finish the food on your plate…Hospitality is
highly valued in South Asian culture and Islam. So hospitality is huge so the fact
that people go overboard with forcing you to eat is very well intentioned…You
have people in South Asian culture who actually won’t eat if they haven’t been
offered food. And sometimes they won’t eat if they haven’t been offered more
than once. So it’s a cultural thing where the host is supposed to keep offering and
the guest is supposed to be reluctant, but then eat. (Sara)

Thus, Sara and Denise described hospitality and respect as a social value associated with
offering food to others as well as graciously eating the food provided by others. This cultural
norm was present in their interactions with other family members, such as aunts, uncles and
grandparents and was reinforced by the messages received from their parents. Inherent in their
experiences was a sense of burden and guilt, burden in that they were expected to act according
to this social code of conduct and guilt when they did not.

Sara talked about the strategies she learned in an effort to avoid feelings of guilt
associated with breaking this social rule.

For me a lot of it was figuring out the very strategy ways to handle these
situations. One thing that was very hard for me to do is actually start not
finishing my meal, the whole thing. Because although that was disrespectful, I
think it was the only way people understood that I can’t eat anymore-you need to
stop putting it on my plate, because as soon as your plate is empty, something else
is in your plate. So you start developing these deliberate strategies to avoid that situation or offending people. (Sara)

For these women, complying with rigid social standards disrupted their eating as it disconnected them from their bodily needs and wants and their physiological cues of hunger and satiety.

Learning Obedience

Parental messages about authority and obedience were often transmitted through these women’s food and eating experiences in childhood and adolescence. Behavioural and emotional tactics were frequently used by parents to elicit compliance from their children around food and eating. Behavioural tactics used to elicit compliance included: cleaning one’s plate and restricting food choices. Fear and guilt were often used to reinforce obedience. At times, these tactics disconnected women from their appetites for food and eating and taught them to override the physiological cues alerting them to either start or stop eating. In adolescence, the power dynamics between parent and child around food and eating were met with both resistance and rebellion as evidenced in women’s stories.

Behavioural Tactics

Cleaning one’s Plate. Four of the twelve women spoke about having complied with their parents’ rules around cleaning their plates at mealtimes. Each of the women described this experience as difficult and alluded to a disconnection from their bodily needs for food. Implicit in their stories was the struggle for parents to assert and maintain their power and the use of fear in eliciting obedience. In the following excerpt, Denise talks about her memory of sitting at the table for long periods of time.
My younger brother and I would be sitting at the dinner table and everyone else was finished so they were able to leave and I remember eating something—it was just awful—and I was saying “oh, I’m not eating that” and my mom’s said “no, you’re not leaving the table until you eat that”. So it was me and my brother and I think it felt like an hour. (Denise)

Both Nancy and Rachel talked about their experience at mealtimes growing up in a traditional Chinese family and the use of fear in securing compliant behaviour. Even though Nancy did not explicitly discuss the role of fear in cleaning her plate, she was routinely beaten at mealtimes for not following proper etiquette at the table. In this excerpt, she talks about the expectations that she was required to meet.

We have to finish a bowl of rice and that was a struggle for me because I don’t know why, I didn’t really like eating when I was young. (Nancy)

Rachel learned from a young age that she was to obey her father and felt controlled and dominated by him. She often silenced herself around her father because she felt her voice was not valued as a child and if she did voice her opinion it would be devalued.

We were trained to finish it—our meals were a little bit different then North American meals where you get your own plate. Usually you have a bowl of rice and several dishes. So when you were little your parents would put everything they expected you to eat in your bowl and then they would cut it up for you and then you would finish your bowl. Typically nothing could go to waste—even if
you were full, it was divided up and everybody was to contribute to finishing everything. The argument was that it’s not practical to save a little bit of vegetable and you are not allowed to waste it, so you have to eat it…Even if you are full. (Rachel)

Similar to Rachel and Nancy, Sara was taught to clean her plate and related this experience to a disruption in the way she fed her body as she was taught to override physiological signals associated with hunger and satiety. Sara was often praised for complying with rules around eating and aimed to please her parents.

Finishing your food or eating was always associated in the family with being a good kid. I wasn’t taught to recognize signals for when I’m full because even if I was full, I had to finish what was there, what was available…Subconsciously, it became that being a good child was eating when you weren’t hungry. (Sara)

Tarsun was also taught to clean her plate, which was a function of growing up poor with a large family. In the following excerpt, Tarsun relates this experience in childhood to the current messages she gives to her own children. Implicit in this narrative is the feeling of guilt and its use as an emotional tactic to elicit obedience.

(Were you ever forced to eat everything on your plate?) Yeah. Until today, I follow that. I always tell my children that you’re not going to leave anything and take only whatever you want to eat…When I was growing up we were given whatever we could eat…and after that whatever was left over they used to mix it
and say-okay if you’re still hungry you will eat it, if you’re full, leave it then…Whatever they would mix it at the end of the meal you have to finish it. Don’t leave anything. No rice grains on your plate…We were so many I think from childhood we were told that we had to take care of the others. So it was always thinking about the other person…Maybe they’re more hungry than I am. (Tarsun)

In adolescence, Denise recalls mostly finishing her plate as a conditioned response to the years of learning to obey the rule to clean her plate. Despite being full, she continued to eat whatever was given to her.

At 15 or 16, I’d fight them on it-I’m not hungry. But the thing is, they didn’t say it as hard…I think they respected our age and would want us to just finish that off…(So you were able to listen to your body a bit more?) To be honest, I don’t really ever-I think it became a habit to automatically eat what was on my plate at that point because I can’t ever remember a time when there was something on my plate that I didn’t eat. Maybe if something really didn’t taste good, but it would be only for that reason. It wasn’t that I was full. (Denise)

Restricting Food Choices. As expressed by some women in this study, parents exerted power and control and elicited obedience from their children by restricting food choices at mealtimes. Both Rachel and Sara talked about rarely being consulted by their parents about their likes and dislikes, indicating that desire for certain foods was not typically valued by parents.
I don’t recall ever having choices…I never went with my parents to the grocery store. I was never asked what did I want this week—that was never part of the dynamics. Whatever they brought home is what you would choose from.

(Rachel)

Sara described the experience during most of her childhood of being forced to eat eggs, despite her dislike for this food. Her refusal often led to a power struggle, where her father often would resort to tactics that were fear-based to elicit her compliance.

I remember as early as 4 or 5 we were forced to eat eggs for breakfast quite often in the morning. And it was only occasionally that we were allowed to eat anything else….And I remember times when I used to get in a lot of trouble with my dad for not finishing my eggs and I would throw up my eggs. I know eggs were a source of contention for everyone but for me it became I think I remember it a lot more because it’s a story that’s continued in our house about how I would put the food in my mouth and just chew on it and not swallow it. And it would be my dad who would threaten me or kind of tap my cheek to get me to swallow…They felt that as good parents they needed to make sure I ate and my role as a good child was to eat. (Sara)

Rachel and Denise related the power dynamics that were present in their childhood around eating with a kind of resistance and rebellion in adolescence. In the following excerpt, Rachel talks about her experience of eating at a local bakery which for her represented autonomy and independence to make choices on her own.
In grade 10, at 15, a lot of things changed where I became a lot more independent—my own thinking was a lot more rebellious. I was very, very westernized at that point so I remember taking my money and going to the bakery and buying dessert or pastry...I would go to the bakery and I’d pour over the display and I usually always got a raspberry cream filled turnover or a napoleon...That was me choosing for myself because that was something that my parents would never bring home...It felt very indulgent, it was fun, and in a way a little rebellious because I wouldn’t have told them about it...I’m doing this for me. I choose this as opposed to somebody giving it to you telling you to eat it, this is what you’re going to have—no choice. (Rachel)

Behavioural and emotional tactics to elicit obedience denied some women the opportunity to connect with food in a pleasurable and enjoyable way.

Learning about Food and Desire

Some women spoke about experiences in childhood and adolescence that socialized them to value food and eating as a pleasurable, enjoyable experience associated with social connectedness within their families. Parental and familial messages that linked food and eating with enjoyment and pleasure allowed them to celebrate food in a physical way and fostered feelings of desire and connection to appetite. In contrast, familial messages that socialized women as girls to value food only for its utility inhibited them from relating to food as an object of desire. In some instances, despite parental messages, some women as girls sought experiences that encouraged desire for food and eating from sources outside of the family. Three main themes emerged from women’s narratives related to food and desire: pleasure and
enjoyment, celebration and tradition, and social connectedness (see Figure 6). Each will be discussed in further detail.

Figure 6. Sub-Themes related to Learning about Food and Desire.

*Pleasure and Enjoyment*

Some women spoke about the messages they received from parents and family in childhood that taught them to value the pleasure and joy associated with the taste of food. Despite growing up poor in her childhood, Tarsun spoke about the messages she received that taught her to value the tastefulness of food.

We were told, I mean, since childhood to chew your food, don’t eat it-don’t rush with you food. So whenever we used to sit down for eating, when we were growing up, it seemed to be that food was to be enjoyed… (*Why is it important for food to taste good?*) I think I have been brought up that way. My mother is a good cook. The most important part in my life, that food tastes good. So, I shouldn’t-I never thought about why should it taste good. I mean, that’s why I think I need-every person needs that. But if it is not tasty then it is garbage-that’s what I feel. (Tarsun)
In the following excerpt, Judith talks about the natural connection to her desire for certain foods in childhood and parental messages that encouraged her to stay connected to this.

As a kid I ate only the things that I liked. So I’m used to that—I’m not the kind of person who would keep a regime about their diet and just get rid of everything that’s really tasty or most of those foods… Eating was just natural. It wasn’t something I would think about a lot and really even when I snack, even now when I snack I don’t think about it as food. I think about it as something that I enjoy. I wouldn’t think about consequences until my body tells me—okay I don’t want chocolate anymore (Judith)

As illustrated by Judith and Tarsun, two women strongly connected to their bodily needs and wants, they learned to value taste and associated food and eating with enjoyment at a young age. This encouraged both women to feel a sense of connection to their appetites for food and eating that carried into adulthood.

In contrast to the experiences shared by Tarsun and Judith, some women spoke about a lack of enjoyment and pleasure around food and eating in their families. This hindered girls’ opportunities to form positive connections to their bodily needs, wants and desires. In the following excerpts, both Denise and Gwen talk about their lack of passion and pleasure when eating with their own families compared to eating with their friends’ family.

There was a passion there when it came to eating at my friend’s house. It was just—it was a celebration. Every night it was Sunday night dinner, whereas our house, I remember Sunday night dinners, there was something special there. There was
always five courses, every single night. It was very traditional…and it took two hours to eat dinner. It was very slow; whereas in my house it was like-to nourish yourself. This is food to nourish yourself-this is dinner. There wasn’t that passion when I think about it. I don’t know why…It was much more survival. (Denise)

When I was growing up I was always really taken back whenever I went to somebody’s house because it was a completely different experience for me and I loved going to people’s houses to eat. Like, loved it…Just that they had dinner-it was on the table and everyone sat down, the routine of it, plus what they prepared. I had this Croatian friend and her mom made schnitzel and salad and I thought it was the best in the world because she made it from a recipe and she was cooking it with love and that was what I loved. And I still love that about going to people’s houses, so I was experiencing that a little bit and then feeling why can’t I have that in my own house? (Gwen)

Gwen further talked about her thoughts and feelings related to the lack of pleasure and enjoyment around food and eating that was modeled by her parents and how it ultimately affected her relationship to food and her body in childhood. In the following narrative, Gwen alludes to her difficulty with food as a child where she often ate as a way to comfort and self-soothe.

I think that because there was no joy around eating for themselves, I think that they-because they didn’t have a consciousness around it, I feel like I started off
with a really negative relationship with food or an indifferent relationship with food…You know that passion that people have when they’re eating…It’s something I wish that they had because I think if they enjoyed food…they would be able to enjoy life. (Gwen)

Celebration and Tradition

For some women, food and eating was linked to celebration and tradition. Parents and other family members created an atmosphere where joyous occasions were associated with an abundance of foods. Some women described sitting down to a family meal as a sacred occasion and were taught to enjoy and seek pleasure in that experience. Judith shared her experience of growing up in Eastern Europe and the fond memories in childhood associated with her grandparents and the pleasure she experienced around food and eating in their presence.

The city that I lived in was the city where my dad grew up. And my grandma, his mother, still lives there. So we would sometimes visit her… She had a few things that she’s really good at and that my mom doesn’t know how to make…She would always make the best tea with lemon and sugar; somehow, even though it sounds very simple, she’s the best at it… When I went to the countryside to my mom’s parents, then the food was also a bit different because most of that was made there so I would have homemade bread…They still would make sausages and ham by themselves so it’s completely different… and this is something that influenced maybe in the sense that once in a while I’ll miss it and also I’m aware that the time will come where I won’t have it anymore and there will by no way to have that because this is not something that you can just buy. (Judith)
In the following excerpts, Judith, Tina and Leah talk about the social norms associated with food and eating during times of celebration in their families and the messages that implicitly encouraged feelings of desire and responsiveness to appetite.

(What do you remember about those times as a kid around eating at Christmas or eating at Easter?) Lots of food of course-always the same meals. I would get lots of sweets. Yes, chocolate, usually. Also, we often went to my mom’s friends’ for Christmas so then was the time when I would have those homemade stuff. And also some homemade cakes as well. Also, my mom used to bake, but not as many-when I went there would be 7 or 10 different kinds of cakes. (Judith)

Around certain holidays we have meals I thoroughly enjoy. We have this one dish called Beariony—it’s very thick, a lot of meat and a lot of masala, which is all the spices—it’s like a special way to make rice. On our New Year we devour it. Like, devour it. It’s so good… On those holidays, the food is excellent. (Tina)

Usually for birthdays, if we went out for dinner we got to pick the spot that we wanted to go out or when we were younger it was our favourite meal-whatever we wanted to have we got to pick…Thanksgiving and Christmas were always big with the turkey and the ham, more food and there was always a couple if not one or more desserts available and it was always “eat this”. (Leah)

Moreover, during these experiences, girls were taught to celebrate food in a physical way. In each of these narratives, women recalled food and eating during celebration to be
positive, linked to pleasure, enjoyment and in most experiences, abundance. The message received was to eat according to both one’s desire and appetite.

*Social Connectedness*

Almost all the women in this study talked about the significance of being socially connected to their families at mealtimes. This was an important factor in socializing girls to value food and eating as a desirable and pleasurable event. Sara, Leah and Denise spoke about the experience of feeling connected to their families at mealtimes and the meaning attached to those experiences for them.

I think until I hit high school dinners were always together. Dad would come home and we would all eat together. And I think I feel very blessed because meals in our family, or maybe as a whole the dining and kitchen area in our family is the hub—it’s where things happen—where the major family discussion happen. It’s where my dad—he’s hilarious. He’s got this really, really odd sense of humour…and so at the dinner table a lot of times becomes it’s jokes and just jokes and laughter—the whole family together we have these hilarious dynamics…So I think for us those meals have always represented the essence of our family time…Meals have always been very positive in our home. (Sara)

In the following excerpt, Leah talks about family meals as a time to update and connect with one another about the day. Communication at family meals became a way for her parents to stay involved in her and her brother’s lives.
Talking and sharing about the day—my mom was always very much you know how was your day and my dad would you know talk about work or whatever like that…So I guess just always talking, sharing about our day…asking how was school and do you have any homework…very involved in terms of what we did. (Leah)

Similar to Leah, Denise spoke about the protective factor associated with social connectedness at family meals. There was a certain expectation and commitment to the family associated with having to attend family dinners each night which provided Denise with a sense of safety and stability. In the following excerpt, she talks about the influence of her family on protecting her from engaging in dieting behaviours.

We sat together as a family every night. My dad came home like clockwork at 5 o’clock…I think because the community I grew up in, the parents were so influential on the kid’s eating because it was mandatory that you be at home for dinner unless you had sports or something like that and a plate would be set aside for you…So it was all about going home to eat with your family. (So not too much dieting going on?) No it wouldn’t even be allowed. (Denise)

For other women in the study, the purpose of eating with their family was not to connect or to communicate with one another. Instead, the purpose of eating and mealtimes was functional, to nourish and fuel the body. As a result, food and eating was valued as a routine activity, necessary for survival, and feelings of desire and pleasure were suppressed. In the
following excerpts, Rachel and Simone describe mealtimes as a mundane activity motivated by utility.

You were required to come to dinner and we had dinner every day at like 5:30 or whatever time and you had to be there, but nobody talked. You were not supposed to ask questions, it’s just not a social time—it’s functional. I remember if you talked basically you were told something to the effect of stop talking just finish your meals—you’re going to choke on your food. We were not encouraged to use it as a social time…There was no personal connection during that time…my mom made good food, it was tasty—you could enjoy it on some level, but the social aspect wasn’t there…emotionally it was detached. (Rachel)

We never really did the dinnertime discussions. We pretty much ate and we were done. I don’t think my parents really had much interest and I don’t think we really—most times I don’t think we really had much in common…It’s just time to eat and they you’re done…purely eating function. (Simone)

Unlike Simone and Rachel, Gwen spoke about the same utilitarian message about food and eating, without the structure or routine at mealtimes. In adolescence, her parents were disinterested in providing meals for her and her siblings. She recalled caring for herself and making her own meals.

I remember being a little younger…we would sit at the table for max 10 minutes-in and out. Food would be—you would get your own food, so we never had
serving dishes or anything like that—you’d get your own food from the stove, sit down, grab your own drink, eat it in silence and then get up and go. There was no knowing when is it safe to leave the table…When I was about 10 or 12 I started making my own meals because my mom wasn’t big on routine. So it was like you were left on your own to make food. (Gwen)

Gwen goes on to talk about her preference to eat at a restaurant with her family as a way to feel more socially connected to her family.

I had the desire to go out to a restaurant all the time…going out to a restaurant was a big, huge thing and I wonder if it was because my family had to sit at a table and not get up…probably a little more conversation…or at least the opportunity to talk a little bit more than would have been in the house. (Gwen)

Thus, parental messages that encouraged participant’s to value food and eating as a pleasurable, enjoyable experience associated with celebration, traditions and social connectedness provided opportunities to develop a desire for food and eating and encouraged them to respond to their appetites. In contrast, familial messages that presented food and eating in a functional way contributed to participants’ disconnection from their appetites.

*Learning to Cope with Negative Emotions*

Four out of the twelve women spoke about using food and eating in childhood and adolescence as a way to cope with negative emotions, such as sadness, anger and anxiety. Some women’s narratives revealed explicit parental attitudes and behaviours
that socialized food and eating as a method of self-soothing. Gwen described her mother as an emotional eater who used food to comfort her own negative emotions. Gwen talked about her own eating patterns as a child and using food as a way to nurture and comfort herself.

My mom was an emotional eater and she has her own eating issues, so she brought that into our house. So, growing up, food was a reward-food was a comfort and it was really bad food…As a kid I would have just endless cookies in my room all the time…Food was comforting and made me feel fulfilled and satisfied. I didn’t feel like I was getting what I needed from my parents in terms of attention, comfort, affection and interest, but food filled that gap and made me feel temporarily happy and emotionally full. (Gwen)

As well, Shirley was taught to self-soothe by eating her favorite foods. She recalls a weekly ritual of being left with the babysitter and a bag of chips.

I remember my parents used to go out on Saturday night and used to leave us with the babysitter and they used to leave us with a bag of chips…When they would go out every Saturday night to listen to jazz and we got the chips, obviously the marriage was good. And then when I was about 13 or 14 is when the marriage started to go downhill. So there was a lot of fighting and things and then food became something else. (Shirley)
Three of the four women who spoke about using food and eating to cope with negative emotions in childhood and adolescence related this to either observing or being part of family conflict. For Shirley, listening to her parents fight as a teenager was laden with anxiety. In the following excerpt, she talks about using food as a way to cope with these feelings.

As their marriage started to have problems, they would fight…I have a memory of just getting food, watching TV to drown out the rest of the stuff that was going on…The act of eating was comforting-it definitely was emotional eating.

(Shirley)

Nancy and Tina, women who developed bulimia in their adolescence also talked about family conflict and the use of food and eating as a way to cope with the ensuing negative feelings. Nancy experienced ongoing conflict with her father during her teenage years. She felt hurt and angry towards her father as a result of an affair he had that she had learned about. In the following excerpt, Nancy talks about the connection between the conflict with her father and the development of her eating disorder in relation to a specific incidence where she was hit by her father.

My dad got physical with me and my grandma lived with us at the time...and she would be really mad at my dad, so they would start fighting and because of that I would just let it go in a way. But then I would turn that hate into eating when I was alone. And after I ate all those chocolate bars I would think “oh my god, I’m
going to get fat again. I’d better just puke all those things out”. So I did.

(Nancy)

Like Nancy, Tina also related family conflict to the development of her bulimia at the age of 15 or 16.

(When you were making yourself throw up, what do you think was going on for you?) A lot of stress at home because my parent’s problems were getting worse…if my parents were arguing for whatever reason, they would argue even at the dinner table…through therapy and the psychiatrist – it was determined that your parent’s problems are a burden- you’re not the cause of them. (Tina)

Women who were taught as girls to use food and eating as a means to cope with their emotions often developed an unhealthy relationship to food where is was used to stuff down and throw up unwanted feelings. These disordered eating behaviours disconnected girls from their physiological cues that dictate hunger and satiety.

Learning about Privilege

Women’s food and eating experiences within their families taught them about privilege in relation to social class and to ethno-cultural group membership. Two main themes emerged from the data specific to these social determinants: food choices and food availability as a function of privilege, and food and eating as a function of acculturation and fitting in to the dominant ethno-culture.
Food Choices and Food Availability

The notion of privilege was implicit in most women’s narratives about their food and eating experiences. However, for women who grew up in a lower social class or who weren’t part of the dominant ethno-cultural group, food and eating experiences in their families were laden with messages about privilege. Food choices dictated by food availability in the family were one way messages about privilege in relation to social class and ethnicity were transmitted to these women in childhood and adolescence.

Women’s narratives revealed explicit parental messages about the economics of food and eating which meant not being wasteful with food and only being privy to buying certain foods. Feelings of guilt, shame, and embarrassment were expressed by a few women who learned about their families challenging social status in relation to others.

Three women in the study received messages about not being wasteful with food at mealtimes. Denise and Rachel, two women who grew up in immigrant families in a lower socio-economic status talked about the messages they received from parents about cleaning their plates and not being wasteful. Similarly, Tarsun who lived with her extended family in South East Asia and identified herself as poor for most of her childhood spoke about the messages she received about eating with a sense of humility.

I could not leave the table unless I cleaned my plate. I think that had a lot to do with the income. You don’t waste food because food is not hard to come by, but you have to work really hard to have this amount of food so you should eat it and so I’ve learned from my parents that I should eat everything to not waste it.

(Denise)
I was raised you finish everything off your plate, whatever you are given because my parents were not poor but an immigrant family that didn’t have a lot. Waste was not acceptable in the home so we didn’t have food choices, you ate what you were provided and you finished it…I would almost feel guilty “you didn’t finish your meat”. (Rachel)

My mother used to say...when we were children she used to say there are a lot of poor people who need the food. Leave one-fourth for them. Whenever you are eating, limit it…eat three-fourths of your stomach…and leave one-fourth empty…always to eat moderate. (Tarsun)

Moreover, financial constraints often limited the type of food that families could purchase and consume. For some women, food and eating experiences that emphasized their lower social class were laden with feelings of embarrassment and shame and in some instances anger. These experiences and feelings often occurred in childhood where food choices and food availability were out of their control. Denise talked about her childhood experience of shame and subsequent feelings of anger when grocery shopping with her mother.

I don’t know how many times getting to the front of the grocery line and there would be a total and my mom picking through her pennies and going okay well you can return this or can you return that and I was mortified, it was very embarrassing for me-well couldn’t you figure that out before you got to the cash
register. And I think probably because they were all essentials, so she had to put back an essential. (Denise)

Tarsun, Denise, and Rachel learned at a young age that they were not part of the privileged class. Both recalled food choices and food availability being limited as a result of their families’ financial realities. Specifically for Tarsun and Rachel, snacking was considered a luxury.

We have come from an upper-level poor class…We always had very limited food on the table…My mother and grandmother, I always remember that they used to go to the discount at the stores and buy the food. If we had one in a month’s time I could say that, okay, they will bring meat or something…When my mother used to come from the school, she was the teacher, I always had to ask them “what do we have”, “Do you have anything to snack on” and she’d say, “oh, not today”. So we know that they are not going to have it. (Tarsun)

We didn’t snack, not until later. Early on there wasn’t snacks—there wasn’t money for snacks. It wasn’t until I had more activities through school when I was doing extracurricular activities and I needed energy, I would have a snack then. (Rachel)

I would never go to the grocery store and say “oh mom I would like this or I would like that” because it was never a choice. It was whatever was on the budget and whatever could come within the budget…So it never occurred to me to say mom can you buy these or when I was younger and she explained to me
that we can’t afford it—asking for Kraft dinner because I was at a friend’s house.

(Denise)

Moreover, some of the women in the study learned about privilege and social class in relation to what other families’ were eating. This was usually apparent when women talked about their experiences of going to friends or other family members homes for meals or when eating lunch at school and comparing the foods they were given to their peers. In the following excerpt, Denise described her experience of eating lunch at school and how she felt in relation to others.

I found myself being embarrassed because ¾ of the time it was in a brown paper lunch bag—it would be like just one sandwich, maybe an apple because they’d go to the farmer’s market and get a bushel of apples—so they’d put an apple in. But I remember my friends, they would have, always, every day, she would have a Pepsi, a big Italian sandwich that was just so wonderful with prosciutto…it was the most beautiful thing I’ve ever seen…and then she would have a chocolate bar, every day…and sometimes I’d say I forgot my lunch because I was too embarrassed…but the other reason is because my one Italian friend…she would have so much meat, it was probably an inch of meat in a sandwich and she would always share it with me…I wanted to eat what she had because it was so good.

(Denise)
Rachel talks about becoming aware of her socio-economic status in relation to what her friend’s family was eating. She describes feeling jealous that she did not have the same foods available in her home.

In grade 7 I started going to friends houses and meeting people and seeing what’s in their lunches and realizing-how come we don’t get that or what is that? I have a friend who was of a higher SES then us and going to her house was like wow-she didn’t just have miracle whip, she had the fancy sandwich spreads with pickles and stuff-I had never seen that. Her mom bought butter buns, they were like really flaky from the bakery, not just a store or Safeway or something…I loved going to her house, I guess being a bit jealous of wow-this is such great food, so tasty and yummy, always could look forward to it, whereas she had free access all the time. (Did you ever ask for these things?) I didn’t because in part I knew we couldn’t afford it…I have a sense of when my mom would say this is very expensive with this compared to this. (Rachel)

In contrast, Judith grew up in a privileged family in Eastern Europe. Despite growing up in a communist country where at times food choices were limited, she recalled having food items that were not available in her country as her parents worked abroad and would bring them to her from their travels to neighboring European countries.

[My parents] they would bring lots of sweets home so I usually had a variety of stuff that was not available in my country…I would also have salami, which was unavailable in my country at that time-people didn’t know what it tasted like…I
would get a dozen of Kinder Surprise eggs in a pack. It was great. I also shared those with my friends, with the other kids—I remember that I think some of the kids would play with me only because of that, because I would go home and bring candy bars for everyone…I don’t think they otherwise would be able to have those at that time. (Judith)

Food and eating dramatically changed for Tarsun in adolescence when she moved to the Middle East with her family. Her father was employed in a prestigious position as a manager of a shipping corporation and as a result their socio-economic status improved. In the following excerpt, Tarsun talks about the experience of having abundance and a variety of food choices.

We were given a lot of choices to eat…and we were more learning about food and culture…we had never seen that thing in India, cake or anything…I would eat a lot of hummus…they had a lot of kebabs because it was an Arabic country…And my father was working in the shipping industry. So we used to go often on ships for the parties…we used to eat with the captain…we were always given the rich kind of food there…We’d just go to the ship kitchen and find out what food they’re making…sometimes we’ll have Chinese, sometimes Arabic, sometimes a full course meal…It was a very, very, big difference. (Tarsun)

As girls’ transitioned into adolescence and early adulthood and became more financially independent with part-time employment, food choices and availability were more abundant. Denise and Rachel talked about feeling a greater sense of freedom
around food choices during this developmental stage where they relied less on their parents.

It was unheard of for my parents to hand out money—money was put in food form…And so once I started working…I remember being about 12 maybe and I used to work under the table for this family…I would work all weekend…so then I would make my own money so then I could buy things which was really exciting. I could go to MacDonald’s with my friends …So I felt I was not longer bound to my home for eating. So I felt a sense of freedom. (Denise)

In university I discovered the cinnamon bun…I did my undergrad at UBC and they had the UBC cinnamon buns—they are like a hallmark…so that was breakfast…I still ate home cooking because I didn’t have money to buy all my meals, but I certainly would eat in the cafeteria on occasion. (Rachel)

Given the parental control over food and eating in childhood for most women and more importantly the limits around food availability for those who were not part of the privileged class, making their own food choices in adolescence and early adulthood was one way to assert independence from parents. It was also a way to fit in with others and the larger dominant culture.

Experiences of Fitting In

Women of immigrant families spoke about their experiences of acculturation in relation to food and eating and the messages they received from parents about privilege and the importance of fitting in to the dominant ethno-cultural group. Rachel and
Simone described the implicit parental messages they received through their food and eating experiences about the importance of being accepted by the larger Western culture in these excerpts.

At the time when we grew up there were not that many Asian families, so we were westernized through the school system fairly quickly…We ate white bread, drank apple juice and ate processed cheese probably like everyone else…and my mom used miracle whip…I would have started having MacDonald’s for lunch because it was across the street from my high school…It was about fitting in it was what all the other kids were doing—it was probably more about being accepted. (Did your parents know about that?) They must have given me the money for it. But we would still have our traditional Chinese foods, conji on the weekends. (Rachel)

We learned the joys of Kraft dinner as a family…we bought it because we saw it advertised in the supermarkets all the time…I did try things like Kraft dinner, lasagna, and pizza. (Simone)

While Rachel and Simone ate mostly traditional Chinese cuisine at home, their parents provided them with Western type foods, socializing them to acculturate. In contrast, Denise and Tina, two women who identified themselves as Lebanese and second generation East-Indian, respectively, spoke about their parents only providing them with traditional foods and the ensuing feelings of embarrassment and shame as a result of not fitting in and being different.
Despite being in a multi-cultural school, actually it’s funny though because it really was the majority of people were either Canadians or Italians. So you throw in a Lebanese who was really far off, not just Lebanese to second or third generation, this is coming right off the boat. This is “hey, what’s that pita?”…As I got into high school my friends would never have come over for dinner. I thought maybe it wouldn’t be enough, they wouldn’t like it because it was so different…people shied away from it. (Denise)

(And you were bringing East Indian food?) I did. And I would get looked at really weirdly-“what are you eating?” It’s food. But I mean there’s still some level of ignorance in the States when it comes to food…But I think as Indian food has become more popular people know what it is…at that time it was like you were a little weird. (Tina)

Sara and Tina talked about the messages they received from their parents about food restrictions related to being Muslim and the impact that had on their food and eating experiences. For Sara this food restriction limited what she could eat at school which made her feel different from others.

I remember in elementary…I couldn’t eat pork but I didn’t know what pork was exactly because we’d never had it at home. So whenever there was any school event, I’d kind of-okay I can’t eat pork-it’s like hot chocolate and marshmallows, but I’d never had marshmallows so I didn’t know that marshmallows had pork, right? Back then I think that’s where ethnic things came into the picture. (Sara)
Unlike Sara, Tina received messages from her parents that it was okay to eat pork amongst her immediate family, but was cautioned about eating this food among others, especially among other Muslims for fear of being judged harshly. This message taught Tina the importance of being accepted and maintaining status in both her Muslim cultural group and within the larger Western society.

(Was there any rules or anything around your parents instilled around food and eating when you were little?) If you eat pork, you can only do it around us, don’t do it around anyone else…around them it was ok but around the rest of my community it would have been seen as a sin. And they said you know you have to be careful as to who you do it around. That was the one thing I really appreciated that they instilled in me was that other people might judge you because they might not have anything better to do. But with us, it’s ok because your personal choices as to how you live are not sins, it’s the way you think, what you value, what you believe, your attitude, those things. Your religious part that you live with every day. (Tina)

Summary of Parental and Familial Influences

This chapter outlined the complex and multi-layered socialization processes that were influenced and shaped by parents and other influential family members through food and eating experiences. Three main categories emerged from participants’ food and eating experiences from childhood through to early adulthood: gender socialization, socializing food values, and learning about privilege.
Socializing gender involved socializing appearance, sexuality, and gender-role expectations. Women in this study expressed divergent experiences along these dimensions. In particular, messages socializing gender were overwhelmingly apparent for these women in adolescence and especially during pubertal development. For Denise, Tina, Paige, and Gwen messages socializing body ideals were focused on hunger and appetite containment to meet the socially prescribed thin body ideal. For Denise, Tina, and Paige these messages were transmitted to them by important male family members, including their fathers and grandfathers. Similar messages around appetite containment were present for some of these women during adolescence socializing sexuality and sexual desire. In particular, patriarchal ideas of women as desirable objects were notably present in the stories of Sara, Denise, and Tina. Patriarchal messages from parents and family were also present in the food and eating experiences of Nancy, Denise, and Rachel related to socializing gender-role expectations. These women learned that their role as female was subordinate to males and specifically Nancy and Rachel learned obedience through their food and eating experiences. Moreover, several women, including Sara, Denise, Nancy, and Simone were socialized through their food and eating experiences to associate food and eating as part of the female care giving role and specifically learned that food and feeding others was equated with love and care. For Denise and Sara, these internalized values shaped the ways they currently cared for and related to others.

Socializing food values was another category where women’s experiences were diverse along a variety of dimensions, including learning social rules, learning obedience, learning about food and desire, and learning to cope with emotions. Within the theme of social rules, Leah, Simone, and Paige received messages from parents and family about the importance of being a ‘responsible’ eater, related to internalized socio-cultural
messages about ‘healthy’ and ‘unhealthy’ eating practices. Moreover, messages about respect were also learned as a social rule through food and eating experiences, related for Denise and Sara to ethno-cultural values associated with hospitality. Present in the stories of Nancy, Denise, Sara, Rachel, and Tarsun were parental messages socializing obedience through food and eating experiences. Specifically, these women were taught to clean their plates despite bodily signals of satiety as a way for parents to assert authority and elicit compliance from their children.

Learning about food and desire was another category that emerged from these women’s narratives. One theme in this category involved learning pleasure and enjoyment from food and eating. Present in the stories of Tarsun and Judith were memorable food and eating experiences with family that implicitly taught them to value the pleasure and joy associated with the taste of food. For Judith, these experiences were especially connected to celebration where food and eating were extremely important. This was in contrast to Denise and Gwen’s experience of eating in their families which they described as lacking passion and pleasure. Social connectedness was another theme within this category and involved socializing food and eating as a social and pleasurable event. In particular, Sara, Leah, and Denise were socialized to value mealtimes as a time to connect with family. This was in contrast to Rachel and Simone’s experience of family mealtimes which lacked social connection and instead were experienced as a mundane activities motivated by utility. Moreover, familial messages that socialized food and eating as a pleasurable and sociable experience encouraged women such as Judith and Tarsun to respond to their appetites for food and eating throughout their development.
Parental messages that taught women in this study to use food and eating as a way to cope with negative emotions was particularly present in the stories of Gwen, Shirley, Nancy, and Tina. These women learned through a variety of parental attitudes and behaviours to use food and eating as a method to nurture and comfort themselves specifically in relation to the experience of sadness, anger, and anxiety and as a result developed an unhealthy relationship where food was used to deal with unwanted feelings. For Nancy and Tina, this unhealthy relationship with food developed into bulimia during adolescence.

Women in this study described parental and familial messages about food and eating that socialized privilege in relation to social class and ethno-culture. For Denise, Rachel, and Tarsun, food choices and food availability was a function of their lower social class. These women learned from a young age that they were not part of the privileged class and that financial constraints often limited the type of food available in their families. As children, this left some of the women with feelings of embarrassment and shame, especially for Denise and Rachel who often compared their lunches to their friends at school or food choices available at their friends’ homes. In contrast, Judith grew up in a privileged, upper middle class family and experienced popularity at school as she was privy to food items not readily available in her country. Moreover, participants who grew up in immigrant families such as Rachel, Simone, Tina, Sara, and Denise experienced parental messages related to food and eating that either encouraged fitting into the dominant culture or attempted to maintain their ethno-cultural identity. For Rachel and Simone, western type foods were provided to them socializing them to acclimate to the dominant culture. However for Denise and Tina, their parents continued
to almost exclusively provide them with traditional foods which often left them feeling embarrassed and different from their peers.
CHAPTER FIVE

Peer Influences

This chapter will discuss women’s retrospective accounts of food and eating experiences in childhood and adolescence in the context of peer influences and their contribution to either connection or disconnection to bodily appetites. Two main themes emerged from the data related to socialization and peer influences: messages about appearance and protective factors. Each theme will be discussed in further detail.

Messages about Appearance

Women’s narratives revealed a multitude of peer messages socializing them to value the socially prescribed ideal body. Peer messages became particularly important and more abundant in adolescence, at a time when these women’ experienced a heightened awareness of their changing bodies. Appearance-based comments often led to social comparisons, where girls’ began comparing and evaluating their attractiveness in relation to others. These women reflected on their experiences in the context of disconnection and connection to their bodily needs and wants for food and eating. For some women, the heightened awareness to their changing bodies combined with explicit messages from peers about the ‘ideal’ body, led to a disruption in the way they lived in and fed their bodies. Four main themes emerged related to peer messages about appearance: positive comments, negative comments, diet talk, and social comparison. Three sub-themes that emerged related to the main theme of social comparison included: puberty, sexual desirability, and cultural transitions (see Figure 7).
Figure 7. Main Themes and Sub-Themes Related to Messages about Appearance.

Positive comments

Three women talked about the positive comments they received from their peers in adolescence that affirmed the importance of maintaining the ‘ideal’ body. In the following excerpts, Leah, Nancy, and Tina discuss the positive comments they heard from friends in their teens.

I guess positive would be “oh, why do you have to worry you’re thin” or “don’t worry about what you eat”….and I’d be like I’m thin because I don’t eat a lot of that stuff or I just don’t like it. (Leah)

(When you were losing weight were people concerned?) Well my friends were really happy about it for me…I remember they made this relation with Christina Aguilera. She was really thin at the time. And I think it was about 2000 or something and people were going through this thin image at the time of it. Yeah,
so at that time my friends were envying me. Like, “oh you look so thin and you can wear those-like number one or size one or size two clothes”. (Nancy)

I was about 12, 13 and I just remember I had friends in my community who would tell me your body is really nice. I had one girl who would tell me I wish I had your body, it’s so properly curved and it’s just really well-rounded. I remember at that time I was really conscious. Instead of taking a full bag of chips I would only take half. I would kind of cheat with the sandwich. (Tina)

These messages reinforced the socially prescribed body ideal and for Tina and Nancy reinforced weight loss and emerging disordered eating patterns.

Negative comments

Peer messages that criticized or evaluated a girl’s appearance negatively had an impact on body image and eating patterns for many women in this study. These comments often objectified girls’ bodies and led to the internalization of the socially prescribed ideal body, social comparison, and subsequent negative self-scrutiny. Women spoke about memorable peer experiences that heightened their awareness of their bodies, influencing them to view their bodies as objects of external gaze. For Tina, negative appearance-based comments from peers started as young as 7 or 8 years old. However, for most of the women, these experiences occurred between middle school and high school.

I hadn’t really started feeling anything with my body…I just remember doing what I wanted. I didn’t really care because I thought I’m a kid, who cares. My
friends had different attitudes, because I mean I did hang out with the popular crowd a lot in elementary school, but I didn’t always match at what I wore but my friends said you’re popular and you hang out with us, you have to dress a bit better and I’m like I’m 7 or 8 years old…So that was a thing that influenced me. (Tina)

Paige recalled many experiences of appearance-based teasing from her peers as a child and as an adolescent. In the following excerpt, she described one of her first memorable teasing experiences at the age of 11 and the negative impact it had on her relationship to her body.

One girl said you’re so pretty, you’re such a bitch…and I did a little bit of modeling when I was a kid for Wal-mart and Wolco and a girl brought a flyer that I was in to school and when everybody was looking when I was there, hey Paige, she showed the picture and ripped it up in front of everybody. So I think I got the message that your body is something that can betray you or that other people will betray you because of your body…I don’t know how it connects to food and eating, but it must on some level. (Paige)

Paige described an experience of weight-based teasing that occurred in Grade 8 which she connected to a pivotal moment that negatively influenced both her body image and her eating patterns.
Someone in school made a comment in grade 8 – while I had my ballet injury I probably gained about 6 or 7 pounds after I had the injury – and I think I started to eat more – when I had the ballet injury I think I got a little depressed…and some boy at school made a comment about me being fat….I was hardly fat. But he made some comment about me – who’s that over there, fat ass? And that impacted me…That’s when I first became aware that – it was when he told me – he yelled out that I had a fat ass, I think it was when I first considered that I should – I need to not have a fat ass and I need to eat less – that’s where I made the connection that I need to eat less – in order to meet ideals. (Paige)

Similar to Paige, the desire to attain the ‘ideal’ body was activated for both Sara and Shirley following an experience where their bodies were compared to others and judged by their peers, creating a heightened self-consciousness.

I remember there was this big event and me and my friend were wearing the same dress…and I remember someone saying something about how “oh that dress is tighter on you” and the fact that I remember for me I think that that means that I was a bit more conscious about my body at that time. (Sara)

Another girl got the same shirt as me, but she was skinny and I was a little plump. Somebody said, “oh that shirt looks better on her than on you”….So this girl was from a wealthier family, and she was kind of a more, you know, the girls that are in…it’s always been that challenge of wanting to fit in…I guess it’s fitting in, being that little bit smaller. (Shirley)
These experiences taught Shirley and Sara to feel shame about their body size and for Shirley reinforced the idea that fitting in was a matter of size. While the women did not always experience a disruption in the way they fed their bodies as a result of negative appearance-based comments from peers, it changed to varying degrees the way they lived in their bodies. As girls, they became more focused on their appearance and specifically on weight and shape as a result of feeling scrutinized by others.

*Diet Talk and Behaviours*

Starting in middle school, women in this study spoke about their experiences of diet talk and weight control behaviours present among peer groups and the subsequent effects on their responsiveness to bodily needs and wants for food and eating. In the following excerpts, Denise and Paige talked about their experiences of dieting with friends that started in Grade 8.

I remember in Grade 8 our two friends…they were eating the chocolate bar really, really slow. I was like “what are you doing” and they’re like “well, if you eat a chocolate bar really, really slow then you’re not going to gain the weight”. I thought you guys are stupid—you’re still eating it, right. (Denise)

I had a friend I would diet with…she was overweight as a child and her and I in Grade 8 were jogging together at lunch…We’d jog and we’d sing “jog, jog, skinny, skinny”…she severely dieted and lost a whole bunch of weight and I actually was envious of her commitment and her determination to weight loss, to be thin. (Paige)
Rachel recalled being 15 and going through a period of restrictive eating. In the following excerpt, she reflected on the peer influence she had faced.

When I was 15 in Grade 10 I do remember a period where I only ate cheese and crackers for lunch-four stone wheat thins and a couple of pieces of cheese…I wonder if some of my other girlfriends were doing the same thing…I’m guessing that it would be something similar or there might have been girls that were skipping lunch altogether. I think it was my sense at the time that all the girls were basically doing something like that, were mindful of their body image.

(Rachel)

Tina described her food intake being influenced by the group of friends she associated with in high school. With certain friends she was free to respond to her appetite for food and eating, while in the company of friends who talked about dieting and engaged in dieting behaviour she was more cautious and restrictive.

It depended on who I was with because I had different groups of friends-I had one friend who was a model and always talking about food because she’s like-eat a grapefruit at every meal and you’ll lose like 10 pounds in 2 weeks. I was like, okay…With other friends it was like, yeah I ate a bag of Doritos, I don’t care.

(Tina)

For Sara, a new group of friends in university influenced her to disregard her bodily wants for food, creating a level of consciousness and caution around her appetite.
There was two friends that I made there who were obsessed with watching what they ate and before that I had never had that in my life and so suddenly you’re like oh if they’re worried and they’re not as big as I am, or maybe we’re about the same size, they’re worried then should I be worried? And then you started questioning—if they’re eating a salad and I’m eating a poutine then you feel more conscious and you feel like even if they’re not looking at it you feel like they’re looking at it and judging you for what you’re eating. (Sara)

These women’s narratives revealed adolescence to be an influential time filled with both positive and negative messages from peers about their bodies. During this influential period, women spoke about their heightened sensitivity and awareness of media images and socio-cultural messages associated with beauty ideals.

*Social comparison*

Social comparison was discussed by many women as the method by which they judged their bodies to determine whether they ‘measured up’ to socially prescribed beauty standards. Three sub-themes emerged in the data related to peer influence and comparing self to others: puberty, sexual desire, and cultural transitions.

Media messages were often described as secondary to messages from peers and will therefore be discussed in this section in the context of peer influence. In most cases, self or peer evaluations of the body were derived from internalized socio-cultural messages portraying the ‘ideal’ body as thin. In the following excerpts, Leah, Tina, and Rachel described the influence of media messages on their body image.
I just remember comments like with the Seventeen magazine and the magazines people looking and then being like oh she’s got great legs or self conscious comments about that. I didn’t really have friends that were really on diets. I remember sometimes people being like prom’s coming up, I have to fit into my dress, so there was always that kind of association with it. That was always me as well-I always kind of thought that way. (Leah)

I think it was you know you read magazines as a teenager about having a flat stomach and I remember reading them and I would look around that’s how everyone looked and I didn’t. And I felt like I want to look that way…Everyone at my school, whether they were Latino or African American or Caucasian-they were all flat and I wasn’t and I remember feeling very self-conscious. (Tina)

Rachel and Simone, two women of Asian decent, spoke about their invalidating experiences of viewing media images of the ‘ideal’ body and the discrepancies between the self and this ideal image. As a teenager, Rachel felt negatively about her body especially when she viewed media images that were predominantly of White and financially privileged women. She talked about comparing herself to this image and her resulting feelings of inferiority.

At the time I would have started reading Seventeen, Mademoiselle-the images, reading the articles-how to be fashionable…I wanted to buy certain clothes or have a certain look, but again economics-couldn’t afford to shop in the popular stores. So that’s probably part of the teenage struggle because I wanted to buy
certain things and there’s no money for it and I can’t have it so just feeling deprived in that way-wanting to look like the North American girls but I didn’t look like them…I don’t know if it affected my eating, but it made me conscious of my body. (Rachel)

Simone also felt she differed from women in the media.

I don’t think I’ve ever really seen any women that I could really relate to on TV. It doesn’t happen often. It’s not just an issue of ethnicity, it’s just an issue of also what they –the things they say, what their ideals are, what their goals are. I just don’t really see myself reflected in them. I know a lot of women who watch Sex in the City and think of themselves as Carrie or they finding something common with her. I’ve never watched the show…even if I watched it there’s no way we have anything in common. (Simone)

**Puberty.** Puberty was described by some women as a challenging time, especially when their bodies were changing either earlier or later compared to their peers. Tina began puberty at 9, while Rachel was closer to 14. In the following excerpts, both women talk about their experience of puberty in relation to pubertal development in their respective peer groups.

The first time I got my time of the month I was 9. So it was after that actually I was very conscious because my body started changing so fast…I was a lot more conscious of what I was eating-I didn’t eat a lot. Like I ate, but I didn’t eat so
much to the point where I would feel full at every meal…It was scary. I was the first one in my group of friends to actually really have a chest…I felt out of place. I remember wearing training bras-I was the only one and I just felt like I’m growing up too fast. (Tina)

If anything I was probably the least developed of all my friends because I was always smaller-if anything I always said to them at least you look like a woman…I probably started developing late grade 8-so 13…whereas some of the girls in grade 7 had bras it wasn’t until really summer end of grade 8 or grade 9-really then I still didn’t really need it…I wasn’t shapely so girls when they wore their tank tops or their t-shirts-looked-even if I would buy the same one, I wouldn’t look like them. (Rachel)

Paige reflects on her experience of puberty where she felt unbefitting among her peers as a result of her changing body.

It was overnight. My friend said-a good friend of mine who saw me everyday said to me one time when we were getting changed for swimming, she was like holy! She’s like “you’ve really grown really big boobs” and they had grown so fast that I didn’t even know! I was like, “what do you mean?” She’s like “they’re huge!”…In high school there were a couple of guys in particular that would single me out because of my large breasts they would call me names, like titters. I was sexualized from a very young age. (Paige)
Sexual Desirability. For some women the correlation between level of attractiveness and body weight and shape was often inferred based on these women’s evaluations of their appearance in comparison to others during adolescence. Some women spoke about comparing themselves to others in order to determine their level of attractiveness and sexual desirability as expressed by Denise, Tina, and Nancy in the following excerpts.

I remember high school and I remember dances and stuff like that, not feeling as pretty as the other girls...It’s not the pretty thing I felt-I felt okay about my looks, it was the fat thing. I always felt fatter than everybody else so I felt that I wasn’t getting as much attention from the boys because I’m bigger. (Denise)

I remember feeling like if I was thinner maybe I’d get looked at. And if I looked like other girls then I would-I don’t remember feeling pretty really in high school. I just remember feeling cute…I didn’t have the guys my age tell me that. So, I said okay you’re just cute, I’m not pretty because I don’t look like the other girls and because I’m not good enough. (Tina)

When I started to realize oh my God, I can’t fit into any clothes that I want to wear and there was this guy I really liked and I wanted to impress him. And I see other girls go up to him and in their short skirts and stuff and I’m like, oh I can do that too but I have to lose weight too, right? So it all started from there. (Nancy)
Thus, comparing body weight and shape to others typically began in middle school or high school and left girls feeling less desirable. While Nancy and Tina developed eating problems in their teens, for some women eating patterns did not change until early adulthood when they became more aware of dieting and weight loss techniques, as well as when they became more interested in dating and receiving attention from men. Denise spoke about leaving home for the first time to attend college and the freedom to control what and how much she ate, which was typically controlled by her parents. She talked about losing weight in relation to feeling more sexually attractive.

So I started to control myself in regards to how much I ate…I would go out to the clubs and I would get attention and I felt really, really good about myself…I wanted to look good for myself and for others, for dating, because in high school I think I dated like one guy. (Denise)

Shirley recalled losing weight at 17 and receiving attention from men that she experienced with mixed feelings.

I do remember at 17, losing some weight and I do recognize that there’s a comfort there. I remember being cat-called by some guys in a car, cause I had lost a little bit of weight, so I was more shapely or something…And I remember being very uncomfortable with that…I mean I guess it was a little bit nice on some level because…it kind of re-affirmed that perhaps to the general public I looked better
with that little bit of weight off me…I don’t know, I found it a bit scary…like maybe it’s not safe to have this body. (Shirley)

For Denise and Shirley, male attention confirmed direct and indirect messages they received from their peers and from the media that a thinner body is more sexually desirable.

Paige learned through her experiences that her developing body allowed others to violate her. In the following excerpt, Paige described her experience of being sexually assaulted and the comments made to her by the perpetrator. She related this experience to a disruption in the way that she was able to live in her body.

I was raped at 16 by a man who was 38 and his, I guess the way that he justified it was that I had the biggest breasts in the world and that he couldn’t help himself…I just learned that my body can betray me or other people will betray me because of my body, right? I wouldn’t have been getting all that attention if I didn’t have large breasts. They weren’t interested in my mind or my thoughts and when I told them to stop they didn’t even care about my feelings to stop, they continued to do it. It was all about my body betraying me…At 17, I had a breast reduction. (Paige)

The thin body ideal was desired and deemed safe by Paige as she equated this body type with what she described as a “gender-neutral body or a sexless body”.

Leah spoke about the messages she received from peers about the attractiveness of a thin body.
I always knew that guys associated some girl being hot or pretty with being thin and things like that so my first boyfriend I got when I was probably in Grade 11… I guess just always positive reinforcement-you have a really great body and all those kinds of things-so I knew what guys liked. (Leah)

*Cultural transitions.* For Tarsun and Nancy, moving to Canada changed the way they viewed themselves and their bodies, especially when they began comparing themselves to other women. They learned the importance of appearance and image and were motivated to look like other girls and women. Tarsun believed that conforming to the beauty standards in Western society would increase the likelihood of her finding employment, while Nancy believed that this would improve her popularity status at school. In the following excerpt, Tarsun talks about the experience of moving to Canada and changing her appearance to fit in with the dominant culture.

When I came to Canada, I was feeling that everybody was taking care of their own body image…I think that was the time when it hit me that…I’m fat…Because back home, everybody used to be fat around us…When I came over here I felt that people take care of their health and they look after themselves and they have all the manicures and pedicures…I felt that you know, you have to fit in the culture-you have to look after yourself. So I did quite a bit of change in myself…I started eating less…more exercise…I used to buy good makeup and wear it…I cut my hair too, because my hair was really long. (Tarsun)
Thus, the cultural transition from South-East Asia to Canada proved to be a challenging experience for Tarsun that affected the way she ate, exercised, and groomed her body.

**Protective Factors**

Women’s narratives revealed peer influences that helped them to either maintain connection or to reconnect with their appetites for food and eating. These experiences were not specific to developmental stage, however typically occurred in adolescence and early adulthood. Two main themes emerged from the data: associating with peer groups rejecting beauty ideals, and peer influences socializing food and desire.

*Peer Groups Rejecting Body Ideals*

For both Sara and Shirley, associating with peer groups that were less focused on weight and shape helped to maintain their connection to their appetites.

In terms of high school, I had a really great group of friends and I think that even if I got – I don’t know if in high school I used to get many comments at home about weight because I don’t think I was that off the typical norm at that time. But definitely not in school – in school it was just a very supportive group of friends. I don’t remember food being anything – we went out to eat or we didn’t. There was no separate attention given to food or eating. I don’t remember them ever dieting. And again I think in that sense I was really blessed with a group of friends that was just—we didn’t have a defined identity except for the fact that we were very supportive of each other and very accepting of each other as we were. (Sara)
High school was very comfortable… I had a good group of peers… There was four of us… I was the “biggest” of the group—I mean, besides the fact that one is like 5’2”. But they’re—yeah. But we were very much like, “This is who we are, and it’s okay,” and it was a very accepting group… there wasn’t a lot of pressure to do anything. (Shirley)

For Rachel, associating with a new group of friends in university helped reconnect her with her appetite and enjoy her eating, after a period of disconnection and chaotic eating in high school.

Through university, probably my third and fourth year, I got to know a different group, a very different group of peers during that time. And in a way it was kind of my academic awakening. Where I learned about feminism, different philosophies, and that had an impact on my view of my body and being a woman because I began to challenge some of the – well why do I need to look a certain way and began to scrutinize and be much more critical about media. So probably mid undergraduate onwards I really embraced a lot of feminist ideologies, I was really excited by – I started to understand much more clearly about the impact it had on me so at that point I tried to encourage other women, you don’t need to diet, you don’t need to wear make-up… Because I had people around me supportive who also would endorse these ideas and women who, well I mean women who were not into body image or looking like mainstream. But they were very much alternative… There was a period of time where I felt a bit more free
from – not thinking about body weight, body image, what I’m going to eat. I eat because you enjoy it, it’s good for you. (Rachel)

Thus, women who had peer groups that disregarded or held a critical lens towards socio-cultural messages about the ‘ideal’ body were able to develop alternative views of the body and respond to their appetites for food.

*Food and Desire*

Experiences with peers that taught women to value food and eating as a pleasurable, social event encouraged them to connect and respond to their appetites and eating. Some of these experiences were discussed in the preceding section on food and desire related to parental and familial influences. When these women as young girls in their own family felt a lack of connection during meal times, or found their eating experiences at home to be disruptive, they sought positive experience of food and eating with their friends’ families. For example, Rachel described cooking with her friend as a teenager and the positive feelings associated with those experiences.

There was a period of time between Grade 9 and 10 when I took an interest in baking because one of my girlfriends at that time, her family did a lot of cooking and baking so when I went to her house we would bake a cake or try a cake so I took an interest in that. So I would try that at home but my parents weren’t really into it the same way… I didn’t get the same social affirmation. So when we went to my girlfriend’s house her parents are all like “oh this is really great” and they talked and it was really fun. (Rachel)
Trying new foods along with the experience of social connection at mealtimes was important for Rachel and helped reconnect her to her appetite in early adulthood as expressed in the following quotation.

I was surrounded by these peers who were very independent and critical thinkers and so when we ate it was communal eating…this is when I started expanding to different ethnic types of food, like Mediterranean foods or Middle-Eastern foods, organic foods, vegetarian food. (Rachel)

Peer influences that socialized girls and women to critically evaluate socially prescribed beauty ideals and encouraged and fostered opportunities to value food and eating as an enjoyable social experience helped women connect or reconnect with their appetites and permitted them to respond accordingly.

Summary of Peer Influences

This chapter outlined the multiple socialization processes related to peer influences in the context of women’s food and eating experiences. Two main categories emerged from the data: messages about appearance and protective factors. Messages socializing appearance involved peer comments, both positive and negative that affirmed the importance of maintaining or attaining the thin body ideal. For instance, Nancy and Tina received praise from their peers for meeting the ‘ideal’ body, while Paige, Sara, and Shirley shared the experience of receiving negative comments about not measuring up to the ideal. During adolescence and particularly during puberty, peer pressure to diet was present in the stories of Rachel, Paige, and Sara. Diet talk with friends or having a friend
who engaged in dieting behaviours was an influential factor that motivated Rachel and Paige to attempt their first efforts at weight loss.

Moreover, for several women, social comparison was a predominant factor in connecting or disconnecting them from their appetites and eating. In particular, women who began pubertal development early or late compared to their peers had a particularly difficult time maintaining connection to their bodily needs and wants for food and eating as experienced by Tina, Paige, and Rachel. For Paige and Tina, peer comments drawing attention to their changing bodies created a heightened self-consciousness contributing to dieting behaviours and subsequent eating problems. Peer messages also socialized body weight and shape as an estimate of female attractiveness and sexual desirability. For Paige and Leah, explicit messages received from peers reinforced the patriarchal idea of women as a sexual object for male desire. This was particularly evident in Paige’s experience of sexual assault. Present in the stories of several women in this study was the feeling of not ‘measuring up’ to the thin body ideal which was apparent when comparing oneself to media images or to peers. This often left women in adolescence feeling less desirable and led for some to a disruption in the way they lived in and fed their bodies depicted in the stories of Nancy, Tina, Shirley and Denise. For Tarsun, measures of female attractiveness and desirability were pronounced when she immigrated to Canada and received both explicit and implicit messages to change her appearance to fit cultural beauty standards.

Peer influences that acted as protective factors to help women in this study maintain connection to their appetites for food and eating included messages from peers rejecting body ideals and messages that valued food and eating as a pleasurable, social experience. For Sara and Shirley, being part of a peer group in high school that was less
focused on weight and shape helped them reject socio-cultural messages associated with beauty ideals and permitted them to eat according to their appetites. For Rachel, associating with women in university who viewed socio-cultural messages critically helped her to reconnect with her bodily needs and wants for food. Moreover, peer interactions, such as cooking encouraged and valued food and eating as a social event which provided Rachel in particular with positive feelings about eating. Women’s narratives therefore revealed peer influence to play a significant role throughout development in maintaining or disrupting a positive connection to appetite and eating.
CHAPTER SIX
DISCUSSION

The aim of the current study was to explore the lived experience and broader contextual variables associated with food and eating socialization from childhood through to adulthood and current social discourses that connected and disconnected women from their hunger and appetite. The investigation focused on detailed recollections of food and eating experiences reported by twelve women with and without historical and current patterns of eating problems. Through life history interviews, memories of food and eating experiences, their familial and social context, and their impact were elicited from childhood, adolescence, and adulthood. Analyses of participants’ experiences resulted in the development of two theoretical models: a model of regulating discourses outlining current ways women negotiate hunger and appetite through food and eating and a model of food and eating socialization.

Based on the current ways women negotiated their food and eating experiences, two main regulating discourses were identified: permitting and prohibiting discourses. Socialization processes from childhood through to adulthood that contributed to women’s connection and disconnection to their appetites for food and eating were influenced by parents, family, and peers and were shaped by gender, social class, ethno-culture, and food values. These socialization processes provided a conceptual framework for understanding and discussing women’s unique experiences of hunger and appetite and subsequent food and eating patterns that developed over time.

In brief, the current study expands the existing psychological research on women’s connection and disconnection to appetite and eating by illuminating the complex and multi-layered system of social processes that shaped participants’ experiences. Disruptions in eating patterns were activated by current, available social discourses influenced by an increasingly
image-dominated culture and were expressed in different ways for women in this study. No published accounts within the research literature were found that addressed women’s food and eating experiences across the lifespan and its associated connection to hunger, appetite, and eating. Therefore, the current findings are discussed in light of previous research findings on feeding and eating practices as they relate to the various aspects of the current emergent food and eating socialization model and regulating discourses model. Discrepancies and parallels between the current model and past research results are addressed and the strengths and weaknesses of the current model are discussed.

**Regulating Discourses Model**

One way in which this study contributes to existing research on the eating practices of women is through the delineation of the Regulating Discourses Model, which outlines varied aspects of women’s food and eating experiences in the context of available social discourses. While connection and disconnection to hunger, appetite, and eating were rooted in a complex social system, current food and eating experiences for women in this study were shaped by and expressed through prohibiting and permitting discourses. The element of control and containment was a key finding and a theme present in the stories of all women across the different categories associated with prohibiting and permitting discourses. This study highlights the importance of attending to factors that encourage women to respond to their appetites and not only to factors that disconnect them from their appetites. Psychological research to date has documented a variety of social forces and mechanisms that control women’s eating. However, research on women’s eating and appetite has been dominated by studies attempting to understand and achieve appetite suppression to attain weight loss and cultural ideals of thinness. This literature perpetuates the discourse of social control over women’s bodies and fails to consider it a problem that women do not respond to their hunger and appetite. The current study
goes beyond existing research and puts a greater emphasis on understanding factors that contributed to women’s connection to their bodily needs and wants for food and eating.

Prohibiting Discourses

Prohibiting discourses emerged as part of the current ways in which women negotiated their food and eating experiences. Present in the narratives of all women was the element of controlling their hunger and appetite. Three key prohibiting discourses emerged from women’s experiences that disrupted their connection to their bodily needs and wants for food and eating. These included: ideals associated with body weight and shape, femininity, and health and wellness. Findings from quantitative and other qualitative inquires into women’s eating practices support the key themes identified in the Regulating Discourses Model, however the present research goes beyond existing literature to identify a complex system of controlling discourses contributing to a disruption in the way that participants lived in and fed their bodies. The following section discusses these three key themes in relation to the psychological literature on women’s eating practices.

Ideal Body

In the present study, most of the women attempted to control their eating through a variety of weight control strategies in an effort to meet the socially prescribed thin body ideal. Weight control behaviours used by women in this study included: calorie restriction, portion control, avoidance of certain foods, and exercise. These strategies have been documented in research findings as common weight loss behaviours used by adult women (French, Jeffery, & Murray, 1999). For women in this study, engaging in weight control behaviours was motivated by a fear of gaining weight or becoming fat. This finding is substantiated by prevalence studies showing 48% of a representative sample of American women ages 18-70 experiencing global negative evaluations of their appearance and a preoccupation with being or becoming overweight.
Some participants were influenced to engage in weight control behaviours by mass media messages that encouraged and normalized these behaviours, particularly diet books, magazines, and television shows offering a renewed sense of hope to attain the thin ideal. Moreover, several participants engaged in weight control behaviours to be perceived, from an appearance perspective, in a more socially desirable manner and to gain social acceptance and self-confidence.

Research assessing the psychological implications of socio-cultural pressures for thinness has found this to be a major predictor of body dissatisfaction (Green & Pritchard, 2003; Vartanian et al., 2001) and disordered eating among women (Harrison & Cantor, 1997). Some researchers have suggested that it is not just media exposure to the thin ideal that predicts eating pathology and body dissatisfaction, but rather the acceptance and internalization of this ideal that leads to disordered eating attitudes and behaviours (Griffiths, Mallia-Blanco, Boesenberg, Ellis, Fischer, Taylor, & Wyndham, 2000; Heinberg, Thompson, & Stormer, 1995; Stice, Schupak-Neuberg, Shaw, and Stein, 1994; Stormer & Thompson, 1996). In particular, Ahern and Hetherington (2006) found that women who internalized the thin ideal exhibited more body dissatisfaction, a higher drive for thinness, and greater dietary restraint. Some researchers have suggested that women who have internalized the thin ideal associate it with positive attributes such as social desirability, status, and happiness (Ahern & Hetherington, 2006; Tiggeman, 2002. The present study is in line with these findings, as several participants associated meeting the thin ideal with social acceptance and social desirability.

*Ideals of Femininity*

In the present study, several women’s eating was disrupted by socially constructed ideals associated with femininity. As theorized by Michel Foucault and reiterated in Bordo’s writings (1993):
Through the pursuit of an ever-changing, homogenizing, elusive ideal of femininity—a pursuit without a terminus, requiring that women constantly attend to minute and often whimsical changes in fashion—female bodies become docile bodies—bodies whose forces and energies are habituated to external regulation, subjection, transformation, “improvement”…Through these disciplines, we continue to memorize on our bodies the feel and conviction of lack, of insufficiency, of never being good enough. At the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation, and death. (p.166).

Sexuality and sexual desire as well as feminine ways of eating were two key themes described by women in this study as contributing factors that disconnected them from their hunger and appetites.

Several participants paralleled their need to contain their appetites for food and eating with the need to contain sexual desires. This link between appetite containment for food and eating and for sexual desire has been proposed in different theoretical discussions to date, with limited research to support it. Theoretical writings as early as the 13th century described appetite containment, including self-starvation or fasting and sexual abstinence as essential ‘feminine’ practices in order for women to achieve a state of holiness (Brumberg, 1988).

Bordo (1993) postulated that practicing ‘femininity’ is associated with exercising control over one’s desire and appetite: She argued that: “the control of female appetite for food is merely the most concrete expression of the general rule governing the construction of femininity: that female hunger—for public power, independence, for sexual gratification—be contained” (p.171). A qualitative study of embodiment conducted by Piran et al. (2002) suggested that the
disregulation of women’s eating was affected by ‘physical corseting’, a term used to describe multiple restricting in the physical domain including eating and sexuality. The current study supports this research finding and suggests that discussions of control of appetite by women include the domain of sexual desire.

In addition, the findings in this study revealed that responsiveness to appetite and eating were also controlled by a set of socially constructed ‘feminine’ qualities described as grace, as well as being demure and responsible. For some women in this study, eating in a way that deviated from these socially constructed ‘feminine’ qualities resulted in demoralizing negative self-labeling which included ‘indulgent’, ‘excessive’, and ‘irresponsible’. For a number of participants, acting in compliance with the socially constructed feminine ways of eating was a key factor that contributed to appetite suppression and restrictive eating behaviours, especially when they perceived themselves as an ‘object’ for male desire, related specifically to their experiences of dating.

To date, there is limited research that has examined the social construction of desirability and its impact on women’s patterns of eating. This research did not explore directly the construct of ‘feminine eating’. However, the internalization of social constructions associated with femininity has been found to be related to disordered eating patterns (Murnen & Smolak, 1997; Piran & Cormier, 2005).

Ideals of Health and Wellness

The results of this study indicate that women’s food choices and eating patterns are in part controlled by social ideals associated with health and the prevention of illness. Mass media messages about the healthfulness of foods influenced several participants’ food choices, creating a hyper vigilance about the effects of food on their physical well-being. For example, several participants were influenced by conflicting media reports about the latest ‘super foods’ that
promote health, such as Omega-3 and DHA and foods linked to illness, such as hormones found in milk and a high fat diet. Media messages were confounded by some participants’ direct or indirect experiences of illness. Similar to the findings of the present study, research on the psychosocial factors that contribute to dietary change have consistently found that belief in an association between diet and illness, for example cancer, and knowledge of dietary recommendations have been linked with a change in dietary behaviours that are in line with this belief system (Fortman, Taylor, Flora, & Winkleby, 1993; Kristal, Bowen, Curry et al., 1990; Patterson, Kristal, Lynch, & White, 1995; Patterson, Kristal, & White, 1996).

Analysis also revealed the universal ways that participants dichotomously labeled foods as either ‘good’ or ‘bad’ or ‘healthy’ and ‘unhealthy’. Foods considered ‘healthy’ or ‘good’ included: fruits, vegetables, whole grains, fiber, chicken, and fish. Foods labeled ‘unhealthy’ or ‘bad’ included foods that were considered high fat or high in sodium, such as deep fried foods, butter, cream, fast food, or processed foods. Existing research provides support for these findings. A number of studies have assessed the perceived healthfulness of food and the impact that has on food choice. Oakes and Slotterback (2001a, 2001b, 2001c) examined food stereotypes, that is, stereotypical thinking related to the health value of foods that were based on what was deemed healthy by the media and the food industry rather than actual nutrient content. Positive food stereotypes more generally related to fruits, vegetables, and dairy products compared to negative food stereotypes which related to foods high in dietary fat and calories (Oakes & Slotterback, 2000; Oakes & Slotterback, 2001a, 2001b).

Another finding of this study was that participants who regularly engaged in weight control behaviours viewed food choices as a moral decision, judging themselves harshly when eating what they perceived to be ‘inappropriate’ or ‘bad’ foods. Studies assessing restrained eaters attitudes towards food and food choices found a universal set of foods labeled ‘forbidden’
and ‘safe’ that correspond with the foods perceived as ‘good’ and ‘bad’ by participants in this study (Knight & Boland, 1989; Francis, Stewart, & Hounsell, 1997).

Participants judged themselves negatively when they consumed ‘bad’ foods, and used language such as ‘indulgent’ and ‘inappropriate’ to describe their eating behaviour. Feelings of guilt and shame followed these moral judgments for participants who were strongly influenced by cultural ideals of thinness. Hesse-Biber, Leavy, Quinn, and Zoino (2006) suggested that advertisers and the food industry promote the experience of eating and food choice as a moral decision “such that eating the ‘right’ foods makes us feel we are on the road to ‘salvation’ and eating the ‘wrong’ food conjures up feelings of guilt [and] shame” (p.213). This idea was documented in one empirical study (Solomon, 1988) and was echoed by participants’ experiences in the current study. Moral decisions and judgments associated with eating disconnected some women from their appetites and reinforced the use of weight control behaviours as a form of ‘penance’.

In the present investigation, there were no indications of participants using ideals associated with health and wellness as a permitting discourse to eat desired foods. This may be the experience of some women, but this was not represented by women’s narratives in this study.

Permitting Discourses

The results of this study revealed discourses that temporarily permitted participants to loosen control and eat according to their hunger and appetite. Variables that permitted participants to eat in a less inhibited way were: eating in relation to others’ and meeting emotional needs.
Eating in Relation to Others

Analyses revealed that permission to eat according to hunger and appetite was granted either implicitly or explicitly by others in two identified domains: eating during pregnancy and eating in relation to others’ eating.

Eating during pregnancy was described by participants as a conflicted experience between desire and control. The women in this study who spoke about eating during pregnancy both experienced and responded to an increased hunger and desire for foods not typically consumed prior to pregnancy. Pregnancy seemed to grant permission to eat according to hunger and appetite, based on cultural norms that correlate this response to appetite to the promotion of healthy fetal development and growth. Quantitative research examining the impact of pregnancy on eating behaviours generally indicates that pregnant women reported significantly less dietary restraint and concern about caloric intake and eating larger quantities of food in response to changes in hunger (Baker, Carter, Cohen, & Brownell, 1999; Davies & Wardle, 1994; Fairburn and Welch, 1990; Rocco, Orbitello, Perini, et al., 2005). In some of these studies, pregnancy was described for women as a “psychological legitimizing to increase eating” (Rocco, et al., 2005, p.175) or as a “license not to worry about weight” (Fairburn & Welch, 1990, p.158). This supports findings of the current study in that participants permitted themselves to respond according to their appetites.

Another finding of this study was participants’ conflicting experience of responding to their increased hunger and appetite during pregnancy. A study by Fairburn and Welch (1990) found a significant difference in eating behaviours during pregnancy between past dieters compared to non-dieters. Pregnant women who were past dieters reported episodes of overeating during pregnancy and explained this change in behaviour as a function of a sustained increase in hunger and the abandonment of previous dietary restraint (Fairburn & Welch, 1990).
Davies and Wardle (1994) assessed dieting in pregnancy and found that compared to a non-pregnant group of women, pregnant women displayed significantly lower levels of dietary restraint and dieting behaviour. Moreover, prevalence rates of dieting during pregnancy found in the literature was significantly less than rates among non-pregnant women (Fairburn, Stein, & Jones, 1992; Fairburn & Welch, 1990). One study by Davies and Wardle (1994) found that dieting during pregnancy ranged from 1 to 6 percent compared to prevalence rates of dieting found in non-pregnant women ascertained to be between 40 and 50 percent.

Appetite during pregnancy was labeled by women in this study as ‘uncontrollable’ and ‘insatiable’, signifying the experience of lack of control. While pregnancy permitted women in this study to respond according to their appetites, eating in a less inhibited way also created an internal struggle between their desire to respond to their appetites and the need to control their body weight and shape. The physiological experience of increased hunger and the desire for certain foods coupled with socio-cultural norms associated with eating more during pregnancy were experienced by women in this study as a stark contradiction to socially constructed ideals of thinness that discourage women from eating according to their hunger and appetites. Thus, despite permission to respond according to their appetite during pregnancy, the findings of this study indicate that body dissatisfaction was experienced by some women towards the end of their pregnancy and postpartum. While research findings on body image during pregnancy have shown inconsistencies, one study by Fairburn, Stein, and Jones (1992) suggested that body dissatisfaction increases in late pregnancy. As well, a number of studies have found fear among pregnant and postnatal women associated with not being able to lose the weight being gained and return to their pre-pregnancy weight (Davies & Wardle, 1994; Fairburn & Welch, 1990; Fairburn, Stein, & Jones, 1992).
The current findings add to existing research by identifying pregnancy as an experience that temporarily permitted women in this study to eat in a less controlled way. However similar to past research findings, the results of this study suggest that oppressive discourses that surround ideals of body weight and shape were present for participants during pregnancy and postpartum, and worked to disconnect them from their hunger and appetite in an attempt to meet social ideals associated with ‘acceptable’ amounts of weight gain during pregnancy or rapid weight loss in the postnatal period.

The results of this study revealed that permission to eat according to hunger and appetite was temporarily granted for some women by what others’ were eating. In particular, participants who expressed rigid control over their eating or who engaged in weight control behaviours were less constrained by their dietary rules, including food choices and quantity of food, when in the presence of friends or partners who ate with a greater sense of freedom. A number of empirical studies have examined environmental factors that influence people’s food intake and eating behaviours. A series of studies conducted by Herman and colleagues (Herman, Roth, & Polivy, 2003; Herman, Koenig-Nobert, Peterson, & Polivy, 2005; Vartanian, Herman, & Wansink, 2008) revealed that food intake was significantly influenced by the intake of others in that individuals model the intake level of their eating partners. However they were unaware or did not acknowledge this as an influence on their eating behaviour (Vartanian, Herman, and Wansink, 2008). These authors concluded that such unacknowledged influences on food intake can have a negative impact on maintaining a healthy diet and can lead to long-term health consequences.

The current study partially supports existing research in that it reflects participants’ own experience that their eating was influenced by others’ eating behaviours. However, previous literature in this area has been dominated by the assumption that the influence of others’ eating
disconnects individuals from their hunger and satiety cues. This is in contrast to the results of the current study which suggest that eating in relation to others’ eating was experienced by several participants as encouraging their connection to hunger and appetite, especially for participants who engaged in unhealthy restrictive eating behaviours.

Meeting Emotional Needs

The results of this study revealed that meeting emotional needs temporarily shielded participants from the oppressive discourses that surround the socially prescribed ideals of body weight and shape, femininity, and health and wellness in that participants ate in a less inhibited way in response to positive emotions, such as celebration and reward and to responded to what was available to them to soothe themselves from the experience of negative emotions, such as stress, anxiety, and sadness.

Existing literature on food and emotions recognizes that food and eating is attached to a plethora of social and cultural meanings and that no one eats for pure sustenance (Zimberg, 1993). Zimberg (1993) further posits that all individuals to varying degrees use food and eating to “meet needs and serve purposes beyond physiological ones” (p.141) and that emotional eating exists on a continuum. The findings of the present study lend support to this theory as all participants acknowledged and identified eating to meet an emotional need.

The results of this study revealed that the term comfort food was understood by participants to represent a ‘forbidden’ food that was reserved for occasions that required comfort from negative emotions. Comforting negative emotions, including stress, anxiety, and sadness temporarily loosened control for several women in this study and allowed them to eat to soothe themselves. Eating during the experience of stress or anxiety was described by several women as a strategy to regulate emotions and relieve negative feelings, for example, by consuming snack foods or comfort foods as a distraction. Eating in a less inhibited way was usually short-
lived and followed by feelings of guilt shortly thereafter. These findings were supported by a study conducted by Dube, LeBel, and Lu (2005) that assessed gender differences in the emotional triggers of comfort food consumption. These authors concluded that women’s consumption was triggered by negative affect which relieved negative emotions, but produced guilt. A study by Macht (1999) assessed the differential effects of various emotional states on characteristics of eating. Negative emotional states such as anger, fear, and sadness were associated with a tendency for women to eat in order to regulate these emotions (Macht, 1999). Bove and Olson (2005) found that women of various socio-economic backgrounds ate more in relation to feeling anxious, sad, lonely, and bored. Literature on emotion regulation eating or ‘mood control eating’, a term coined by Booth (1994), posits that eating is initiated in order to decrease an unpleasant emotional state (Macht, 1999; Macht & Simons, 2000). Zimberg (1993) suggested that an ‘emotional hunger paradox’ occurs for some women whereby eating is experienced as a form of self-care as it becomes a way to suppress feelings and needs. However in the process of using food to comfort negative emotions, it becomes a form of self-denial and “[keeps women] emotionally out of touch with their needs” (p.144).

Furthermore, a study by Greeno and Wing (1994) demonstrated that restrained eaters were more likely to increase their food intake in response to emotional stress. This finding was supported by the results of the present study in that almost all of the participants who used food and eating as a way to manage stress and anxiety engaged regularly in restrictive eating practices to control their weight and shape.

The findings of this study indicate that participants loosened control and responded to their appetites for certain foods to celebrate special occasions and to reward themselves for ‘good’ eating behaviour. Less empirical research exists documenting the impact of positive emotions on eating. One study (Macht, 1999) found that feelings of joy corresponded to an
increase in ‘hedonic eating’, defined as the tendency to eat in order to enjoy food. This finding was supported by the results of this study in that most participants described engaging in hedonic eating or eating in response to their appetites related to celebration. Moreover, some women ate in a less inhibited way when food and eating was perceived as a reward; however this was mostly in response to a period of deprivation or controlled eating. Whether eating in response to celebration or reward, food choice was based mainly on enjoyment and taste, demonstrating a hedonic quality to their eating behaviour. This study adds to existing research by deepening the understanding between food and emotions.

Socialization through Food and Eating Experiences

The results of the current study revealed a complex and multi-layered system of social processes that influenced and shaped participants’ connection and disconnection to their hunger, appetites, and eating throughout their development. Existing research on the developmental and social processes that influence girls’ and women’s connection and disconnection to eating and to their bodies has typically examined the impact of a single or a few dimensions, such as peer teasing or critical comments by peers. In contrast, this qualitative study, utilizing a life history approach, has allowed for the multi-layered nature of social processes that affect eating and appetite to emerge, including the complexity of parental, other familial, and peer influences.

Parental and other Familial Influences

Analyses revealed parental and other familial influences in the context of participants’ food and eating experiences that socialized them in three main areas: Gender Socialization, Socializing Food Values, and Learning about Privilege.

Gender Socialization

Women in this study described food and eating experiences from childhood through to early adulthood in the context of parental and familial influences that socialized them to comply
with ideals associated with femininity, including the ‘Ideal’ body, sexuality and sexual desire, and gender role expectations. Results of this study suggest that parental and familial messages socializing participants to ‘practice’ femininity contributed to a disruption in the way they lived in and fed their bodies. Analyses further revealed adolescence to be a highly influential period where messages to ‘practice’ femininity contributed significantly to participants’ disconnection from their appetites and eating.

‘Ideal’ Body. The results of this study revealed that implicit messages about achieving the ‘ideal’ body were transmitted to participants in childhood through parental weight concerns and dieting practices. Given the current social climate that values thinness as an essential feminine quality and the subsequent internalization of this ideal by most women, it is not surprising that participants in this study spoke about the presence of their mothers’ dieting practices during their childhood. A number of participants recalled witnessing their mothers engage in weight controlling behaviours, such as dieting and exercising. Few participants received explicit negative comments from their parents about their body weight and shape during childhood. Despite maternal dieting practices and explicit comments about weight and shape, the results of this study suggest that participants were able to maintain a strong connection to their appetites and eating during childhood.

A number of empirical studies exist documenting the negative effects of maternal weight concerns and dieting practices as well as negative comments about weight and shape on their daughters’ eating attitudes and behaviours (Blissett et al., 2006; Blissett & Meyer, 2006; Francis et al., 2001; Smolak et al., 1999). Blissett and Meyer (2006) found a relationship between maternal unhealthy eating attitudes and practices and feeding problems in daughters. In that study, eating psychopathology correlated with more food refusal behaviours in daughters. Smolak et al (1999) found that mothers’ comments concerning their daughters’ weight were
significantly correlated with the daughters’ weight loss attempts. However, research assessing the effects of maternal dieting behaviours on pre-adolescent girls (characterized as premenstrual) found that maternal dieting did not predict girls’ dieting or body dissatisfaction and only found parental dieting practices to influence menstrual adolescent girls (Byely et al., 2000; Wertheim et al., 2002). Results of the current study are in line with these latter studies in that parental eating attitudes and behaviours did not translate into disrupted eating patterns for participants in childhood. However, research to date has suggested that girls’ perceptions of their mothers’ body dissatisfaction predicted their own body dissatisfaction in girls as young as 6 years old and contributed to the internalization of societal beliefs concerning the ‘ideal’ body shape (Lowes & Tiggeman, 2003).

Participating women’s narratives revealed marked increases in explicit comments about body weight and shape by parents and other family members in adolescence, contributing to participants’ disconnection from their appetites and eating. For women in this study, the ages between 11 and 14 were marked with trepidation and uncertainty about pubertal changes in the body and coincided with blatant negative messages about their bodies by parents and other influential family members. These messages taught them to view their bodies as objects to be scrutinized by others and induced feelings of shame, and conveyed to them the importance of containing their appetites. Further, these messages were gender specific as they were only targeted at daughters and not sons. These messages were received from mothers and fathers as well as extended family members, such as grandfathers. Self worth became attached to body weight and shape and to the external judgment of others. For several women in this study, a disruption in their responsiveness to appetite and eating patterns were initiated during this developmental period and ranged from bulimic symptoms to restrictive eating patterns.
Parental and other familial messages socializing girls to comply with ideals associated with body weight and shape have been attributed to parents’ internalization of the feminine ideals associated with thinness in theoretical discussions of parental influences on girls’ body experiences (Orbach, 1986; Bloom and Kogel, 1994). Orbach (1986) views the mother as the main transmitter of messages conveying appearance and ideal beauty standards and the suppression of appetite, as she too receives messages to control her food and eating in an effort to attain unrealistic body ideals. However, the findings of this study revealed fathers and grandfathers to also be a source of negative messaging about body weight and shape. Participants in this study described negative messages from influential male family members more often than messages by their mothers during adolescence. These experiences typically left participants feeling ashamed about their appetites for food and responsible and conscientious about controlling their body weight and shape to meet societal and familial appearance standards.

Existing research has documented the transmission of messages about weight and shape between parent and adolescent (Baker, Whisman, & Brownell, 2000; Benedikt et al., 1998; Fulkerson et al., 2002; Hanna & Bond, 2006; Pike & Rodin, 1991; Vincent & McCabe, 2000; Wertheim et al., 1999). Specifically related to negative comments about weight and shape communicated by parents to adolescents, Pike and Rodin (1991) found that mothers of adolescent daughters with disordered eating placed more direct pressure on their daughters to be thin and were more critical of their daughters’ appearance and weight compared with mothers whose daughters did not exhibit disordered eating. Another study by Hanna and Bond (2006) found that negative messages about weight and shape communicated by mothers to their adolescent daughters were associated with disordered eating.
The present study highlights the importance of examining the impact of messages about girls’ body shape and weight by influential male family members, especially during early puberty. Further, the study highlights the ongoing process of negative messages about body weight and shape experienced by participants from adolescence into adulthood which were received by both female and male family members. The content of these messages added to participants’ experience of being an object for others’ scrutiny and for male desire.Analyses revealed body shame and subsequent self-objectification in response to the negative parental and familial messages about body weight and shape. Self-objectification, a term coined by Fredrickson and Roberts (1997), is described as the internalization of the observer’s perspective and subsequent treatment of the self as an object to be viewed and scrutinized by others, manifested in persistent body surveillance. Existing research has identified body shame as a mediating variable linking self-objectification to disordered eating in women (Calogero, 2004; Calogero, Davis, & Thompson, 2005; Fredrickson et al., 1998; Moradi, Dirks, & Matteson, 2005; Noll & Fredrickson, 1998; Tiggeman & Kuring, 2004; Tylka & Hill, 2004). The findings of the current study are in line with results of existing research; however, in addition, the current findings also suggest that negative comments about body weight and shape and the subsequent experience of self-objectification left participants feeling shame about their appetites, leading to a need to contain their appetites and alter their eating patterns.

Sexuality and Sexual Desire. The results of this study indicate that for some participants, their increased awareness of their sexuality and sexual desire during adolescence, particularly between the ages of 12 and 14, resulted in the transmission of negative messages about female sexuality from parents and other family members. These participants found this to be a confusing experience, whereby they received opposing messages from their bodies and from their parents and other family members. When sexual desire was voiced to their parents or when
parents became aware of their daughters’ emerging sexual desire, parents and other influential family members strived to contain this developing desire. Parental and familial messages aimed at controlling sexual desire, occurred simultaneously for participants who also received messages to contain their appetites for food and eating. Messages about food and eating and about sexual desire were received primarily by important male figures, such as fathers and grandfathers, and were intended to socialize compliance with ideals of femininity involving control and containment. While one woman felt restricted by these familial messages, other women reframed these messages as protective. Thus, attempts by parents and family to contain participants’ sexual desires seemed to be internalized by daughters and tended to disconnect them from their bodily needs and wants in order to comply with social expectations.

Feminist theoretical writings have discussed the containment of girls’ and women’s appetites for food and sex as an aspect of patriarchy. Shroff (1993) explained that “patriarchal societies tend to characterize women’s appetites as dangerous and to act as suppressants of them. As a result, women’s practices in relation to both eating and sex, and their sense of identity as gendered beings, are affected” (p.111). Michelle Fine (1988) wrote about adolescent sexual development as “the braiding of danger and desire” (p.35) and described the social discourse of adolescent sexuality as “a discourse based on the male in search of desire and the female in search of protection” (p.40). She further posited that adolescent girls were socialized to fear sexual encounters and to distance themselves from their own sexual desire (Fine, 1988). This was echoed by Jordon (1987) who wrote about female sexual development during adolescence as sexual accommodation and protection for girls compared to sexual entitlement and power for boys.

Empirical research supports these theoretical writings. A literature review by Welles (2005) on female adolescent sexual desire found a lack of discourse around sexual desire and
bodily pleasure associated with female sexuality. As discussed in Welles review (2005), Resneck-Sannes (1991) wrote about shame and sexuality and indicated that girls’ earliest shameful experiences around sexuality were a result of interactions with parents. Findings from two qualitative studies by Gilligan and colleagues on female adolescence and desire, discussed by Tolman and Debold (1994), suggested that girls convert their sexual appetite into a feeling of revulsion or disgust in order to suppress their own desire in an effort to resolve the internal conflict related to the mixed messages surrounding female sexuality. The current study adds to existing literature by providing further evidence about the social regulation of women’s sexual appetites and more importantly highlights the role of important male figures in socializing participants to contain both their appetites for food and sex.

Gender Role Expectations. In this study, parental and other familial messages emerged that socialized participants to comply with patriarchal female gender roles and expectations in relation to food and eating. In particular, two types of gender role expectations were found in relation to women’s food and eating experiences: the role of females as subordinate to males and the role of females as caretakers.

Findings of this study indicate that a number of participants learned during childhood, through a variety of familial messages related to food and eating, that being female was equated with subordination. The participants who received such messages attributed these in part to ethno-cultural norms held by their families, which were embedded in patriarchal values. Paternal enforcement of gender-specific table etiquette, such as being forced to finish leftovers at a meal or serving females after males, were ways participants were socialized to view themselves as inferior to men. Obedience and discipline in the domain of food and eating were qualities valued and reinforced by families in relation to girls. Thus, participants were socialized
to compromise their bodily needs and wants for food and eating to satisfy the needs and wants of important men in their lives.

No known empirical research exists that has examined women’s food and eating experiences in the context of socializing female subordination. Literature relevant to the current findings include Gilligan (1982) and Surrey’s (1991) writings on gender socialization and self-worth. These authors have proposed that girls and women are socialized to derive their self-worth in relation to others (Gilligan, 1982; 1990; Surrey, 1991). In order for girls and women to maintain relationships to others and build self-worth, Jack and Dill (1992) identified four cognitive patterns used by women. Self-silencing was one cognitive pattern used to maintain relationships whereby thoughts, needs, and feelings were silenced in order to avoid confrontations with others. As well, putting the needs of others before their own needs was another pattern used to preserve relationships (Jack & Dill, 1992). These cognitive patterns have been linked to eating disturbances in women (Frank & Thomas, 2003; Geller, Cockell, & Goldner, 2000; Piran & Cormier, 2005).

The results of this study indicate implicit and explicit parental messages socializing participants to equate food and feeding others with the female gender role. Women in this study learned, via maternal modeling, to express love and care for others through food and eating. Their mothers’ offering of food was experienced as a physical manifestation of an emotional connection and refusing such food was equated with rejecting their mothers love and care. For some participants, feelings of guilt associated with denying their mothers’ needs for love led to compromising their own needs and wants for food and eating in an effort to please them. For some women, the food-love connection led to a pattern of overriding their hunger and satiety cues from an early age. This socialization process was internalized for some participants and shaped the way they cared for and related to their own families.
Empirical research has examined the food-love connection in relation to the socially constructed female gender role and has found that food is used by women to care for others, without regard for their own needs and desires (Bove & Olson, 2006; Inglis et al., 2005). This suggests that a woman’s appetite, needs, or desires for food are sacrificed in the context of others. Bordo (1993) argued that “another powerful ideological underpinning for the cultural containment of female appetite [is] the notion that women are most gratified by feeding and nourishing others, not themselves” (p.118). Bordo further posits that little girls are rarely represented in media images as being fed and are more often shown learning how to feed others. “In this way, caring is representationally “reproduced” as a quintessentially and exclusively female activity” (Bordo, 1993, p.125). The current study adds to existing theory and research by outlining the social processes involved in the intergenerational transmission of the female role as caretaker and deepens the understanding of the food-love connection.

**Socializing Food Values**

The current study revealed an abundance of values that participants were socialized to associate with food and eating, transmitted to them by parents and other influential family members. Ethno-cultural heritage was one aspect of the social environment that affected the acquisition of food values. The socialization of food values included the themes of learning social rules, learning obedience, learning about food and desire, and learning to cope with emotions.

**Learning Social Rules**

The findings of this study suggested that responsibility and respect were two main social rules learned through food and eating experiences in the context of parental and other familial influence. Women in this study learned to be ‘responsible eaters’, shaped by parental attitudes about ‘healthy’ eating. As children, participants were praised or reprimanded by their parents
depending on whether their food choices were considered healthy or unhealthy, subsequently assigning a moral value to food and eating. Guilt was ascribed to eating behaviours that were considered ‘inappropriate’ or ‘irresponsible’. Several participants described parental surveillance and judgment about their food choices as restrictive and controlling, disconnecting them from their hunger and appetites. Other participants found self-worth in pleasing their parents and continued to eat in a socially desirable manner, disconnecting them from their own desires for food and eating.

A substantial body of empirical evidence exists documenting the behavioural and attitudinal dimensions of parental feeding practices that influence children’s internal regulation of hunger and satiety. Research on parental food monitoring and food restriction practices has assessed the consequences associated with these behaviours in relation to the internal regulation of hunger and satiety for children. Birch and colleagues (1980; 1999; 2000; 2003) have concluded that parental restrictive feeding practices such as regulating the consumption of ‘good’ and ‘bad’ foods have led to the disregulation of girls’ eating patterns. Specifically, restricting the consumption of certain foods promotes eating in the absence of hunger, as overeating of these restricted foods occurred when they became readily available. In the current study, several participants indicated that ‘responsible’ eating was internalized by them as a social rule and as a moral value, which negatively affected their connection to hunger and appetite. In particular, feelings of guilt and self-worth emerged when they deviated from these rules. In an observation-based study by Orrell-Valente et al. (2007) that assessed parental socialization of children’s eating at mealtimes, girls were more likely to seek parental approval for eating, indicating that they were more likely to undermine their internal hunger and satiety cues to comply.
The results of this study found respect to be another social rule learned through women’s food and eating experiences from childhood through to adulthood, influenced by parents and other family members. Analyses revealed respect in the context of food and eating to be characterized by aspects of hospitality. The notion of hospitality was characterized by a few participants as an important part of the meaning ascribed to food and eating within their given ethno-cultural group. These participants learned through parental and familial modeling that food and eating was one avenue to express hospitality and respect towards others by both giving and receiving food. This involved eating whatever was offered, despite hunger and satiety cues, mainly in order to avoid disappointing family members and the associated feelings of guilt.

While this was not perceived by participants in this study as a gender-specific experience but rather as a culture-specific one, the findings of this study suggest that learning about responsible eating and respect for others through eating behaviors may have a stronger impact on girls who are expected to please others and disregard their own needs.

*Learning Obedience*

The current study revealed that parents socialized their children into obedience through a variety of behavioural and emotional tactics related to food and eating. Behavioural tactics included the expectation that children clean their plates’ and the restricting of food choices. Emotional tactics involved inducing fear and guilt.

Several participants were expected to comply with parental rules around cleaning their plates at mealtimes and experienced disciplinary action that included physical and emotional abuse if they disobeyed. These women were socialized to comply with their parental expectations and to subsequently disregard their physiological cues signaling satiety. Complying with parental expectations for some women was met with praise and the reassurance by their parents that they were ‘good’ girls. Restricting food choices was another tactic used by parents.
to socialize their children into obedience. Participants were typically not included in decisions about food choices and their preferences were disregarded. These women spoke about receiving messages that their needs and desires in relation to food were not valued and this disconnected them from their appetites.

The findings of the current study are supported by numerous quantitative studies that suggest parental pressures to eat and food restriction practices disconnect children from their internal hunger and satiety cues (Birch et al., 1987; Birch & Fisher, 2000; Carper, Fisher, & Birch, 2000; Birch, Fisher, & Davison, 2003; Orrell-Valente et al., 2007). Orrell-Valente et al (2007), found that parents were able to get their children to eat moderately to substantially more than they would have as a result of a variety of behavioural tactics employed by parents. As suggested by several theorists and researchers, children appear to have an inborn capacity to regulate their energy intake and parents’ feeding control strategies can divert them from responding to their internal cues in favor of external cues (Birch et al., 1987). The current study found that these behavioural tactics were not only used to get children to eat more, but were also used for the purpose of teaching obedience. This resulted in participants’ experience of devaluation and self-silencing and denied some women the opportunity to connect with food in a pleasurable way. During adolescence, several participants resented parental control through making their own food choices outside of family meals.

Few studies have examined the power dynamics that exist within the parent-adolescent relationship in the context of food choices. A study by Contento et al. (2006) confirmed that one way adolescents resolve conflict between their need for autonomy over their food choices and the needs of others in the family is by eating out. Hill (2002) also viewed adolescents’ increasing independence around food choice as an act of parental defiance. However, a recent qualitative study conducted by Basset, Chapman, & Beagan (2008) using an ethnically diverse
sample of European-Canadian, Punjabi-Canadian, and African-Canadian families found contrasting results. These authors concluded that a symmetrical relationship exists between adolescents and their parents whereby adolescent autonomy in the context of food choices is co-constructed in that parents and teens negotiate and compromise their needs and wants. Thus, in Bassett et al’s study, parents respected their teens’ likes and dislikes and purchased and served food they knew their teens would eat (Bassett et al, 2008). No differences were found in the granting of autonomy by parents or the taking of autonomy by teens in relation to ethnicity or social class. Participants in the current study did not describe a process of negotiation with parents. This may relate to the exclusive involvement of women in the present study.

*Learning about Food and Desire*

The findings of this study revealed that the women were socialized through a variety of parental and familial messages to associate food and eating with desire or to value food and eating for its utility. Three distinct, yet interconnected messages emerged about food and desire that either fostered or hindered connection to appetite related to pleasure and enjoyment, celebration and tradition, and social connectedness.

Analyses revealed that only a few women in this study received parental and familial messages that taught them to value food and eating as a pleasurable and enjoyable experience. For these women, messages about food and eating were mainly associated with the taste of food, rather than its nutrient or energy value. Parents who encouraged participants to respond to their appetites for certain foods as well as linked joyous occasions such as celebrations and traditions with pleasurable experiences of food, socialized these women to connect with their desire for food and respond accordingly to their appetites. This was also reflected in their current relationships with food and eating. For other women in this study, pleasure was absent from their food and eating experiences with family, and instead, food and eating was experienced as a
These women universally described these experiences as negative and often sought experiences with other families that fostered hedonic eating. Studies that examined the meaning of food sometimes used comparative investigations with different ethno-cultural groups (Rozin et al., 1999). A study by Rozin et al. (1999) assessed attitudes towards food and eating for men and women in the United States, Japan, Belgium, and France and found that individuals in France and Japan were mostly concerned with the tastefulness of food. Research participants in France, followed by those from Belgium, rated food as more important in their lives with an emphasis on the pleasure derived from it. In contrast, Americans tended to focus on the nutritional and health aspects of food rather than the taste and pleasure aspects (Rozin et al., 2003; Tivadar & Luthar, 2005). Lindeman and Stark (1999; 2000) found that women who derived pleasure from food were less likely to exhibit disordered eating behaviour compared to women who did not regard enjoyment as an important factor in food choices.

Another finding of this study was the important role of social connection in the eating experiences of participants. Analyses revealed that social connection at family mealtimes was an important aspect of finding food and eating a pleasurable event. Several women spoke about social connection during family mealtimes as a protective factor in maintaining and fostering a positive relationship to food and eating throughout their development. Social connection was not merely described as eating a meal together with family, but was also characterized by conversation and social interaction between family members which created for some women a sense of ‘safety’ and ‘stability’. Participants who lacked social connection at family mealtimes and described a negative atmosphere at family meals, spoke about feeling emotionally detached from food and eating at home. These women sometimes sought out eating experiences where this was present, such as with other families.
Few research studies have examined the family food environment and its potential impact on eating problems (Ackard & Neumark-Sztainer, 2001; Crowther, Kichler, Sherwood, et al., 2002; Miller, McCluskey-Fawcett, & Irving, 1993; Neumark-Sztainer, Wall, Story, et al., 2004; Neumark-Sztainer, Wall, Haines, et al., 2007; Wooer, 2002). Findings of these studies consistently conclude that frequent family meals and a positive atmosphere at mealtimes may protect adolescent girls (and in some studies boys) from engaging in disordered eating behaviours, such as binge eating and extreme weight loss behaviours. One study also concluded that a higher priority placed on family meals and a more structured family meal setting was associated with less reported unhealthy weight-control behaviours for adolescent girls and boys (Neumark-Sztainer et al., 2004). Indeed, Larson, Wiley, and Branscomb (2006) suggested that family mealtimes have the potential to “provide opportunities for young people to participant in interaction that reinforce belonging and resiliency and develop a pattern of enjoying healthy food in communion with significant others” (p.12-13). The current study is in line with these findings and adds to this literature by suggesting that participants who were connected to their appetites valued food and eating as a pleasurable, enjoyable experience, and associated eating with celebration, tradition, and social connection.

Learning to Cope with Negative Emotions

The findings of this study indicate that several women learned to use food and eating as a way of coping with a variety of negative emotions, such as sadness, anger, and anxiety. Analyses revealed that for these participants, eating to cope with emotions was learned through parental modeling of emotional eating behaviour and through implicit parental messages that connected food and eating with comfort. Family conflict was indicated by most participants who learned to use food as a way of coping with negative feelings. For these women, negative feelings related to ongoing family conflict were silenced and emotions were managed through
food and eating. Family conflict and the subsequent self-silencing that occurred for several women in this study appeared to be risk factors to the development of disrupted eating patterns and behaviours. All of these women continued to use food and eating as a means to comfort negative emotions in adulthood.

There is strong research evidence that suggests that women may initiate eating in order to decrease an unpleasant emotional state (Booth, 1994; Macht, 1999; Macht & Simons, 2000) and that women specifically eat more in relation to feeling anxious, sad, lonely, and bored (Bove & Olson, 2005). Inconsistent findings have emerged from research assessing the role of the family environment in disordered eating (Brookings & Wilson, 1994; Felker & Stivers, 1994; Hodges, Cochrane, & Brewerton, 1998; Johnson & Flach, 1985; Kagan & Squires, 1985; Latzer, Hochdork, Bachar, et al., 2002; Thienmann & Steiner, 1993). A more recent study by Latzer et al (2002) found that individuals with both anorexia and bulimia rated their families as less cohesive. The results of the current study are in line with these findings as several participants developed disordered eating patterns as a means to cope with the negative emotions associated with family conflict.

**Learning about Privilege**

The results of this study indicate that women’s food and eating experiences within their families taught them about structures of social privilege, such as in relation to social class and to ethno-cultural group membership. Privilege was conveyed to participants within their families through food choices and food availability as well as through parental messages related to acculturation and fitting into the dominant culture.

Women in this study who identified during the course of their development as being from a lower socio-economic status as well as being from immigrant families learned about their social status in relation to others through food choices and food availability. Analyses revealed
that these women noticed more limited food choices, dictated by food availability in their families. Privilege in relation to social class was particularly evident when eating with other families or when participants compared their lunches to their peers at school. Parental messages about the economics of food emphasized not being wasteful. Food and eating experiences that highlighted a lower social class standing were often laden with guilt, shame, and anger, especially in childhood when such experiences were out of participants’ control. The stigma attached to being perceived to be from a lower socio-economic status disconnected one participant from her hunger cues as she stop eating her lunch at school.

Research to date has documented social class as an important factor in the meaning of food for children and adolescents. Kaplan (2000) conducted a qualitative study examining the role of social class in the meaning of food for children and adolescents. Findings revealed that social class was present for many children and adolescents in the classroom defined by the foods individuals were eating. Individuals that received a free lunch at school as part of a lunch program, accessible to all income levels, were considered to be lower in socio-economic status by their peers compared to those that brought their lunches.

Another finding of this study was that food choices and food availability was more abundant as participants transitioned into adolescence and had part-time employment or were able to eat out with friends. Participants spoke about feeling a greater sense of freedom around their food choices, no longer constrained by economics. Autonomy from parental control over eating was experienced when participants made their own food choices. This finding was confirmed by past research that concluded that one way adolescents assert independence and autonomy over parental control is by making their own food choices and by eating outside of the family (Contento et al., 2006; Hill, 2002). For participants in this study, making their own food choices also was a way to fit in with peers and feel part of the dominant culture.
The results of the present study also revealed that participants from immigrant families received conflicting messages from their parents, on the one hand socializing them to assimilate the values and expectations of the majority culture by eating Western type foods when eating with others, while simultaneously attempting to socialize participants to value their own culture by providing traditional foods to eat at home. The occurrence of ‘dietary acculturation’ for new immigrants has been documented in the literature. Most research studies have examined dietary acculturation in the context of health consequences associated with undesirable changes in eating patterns and food choices (Kremmyda, Papadaki, Hondros et al., 2008; Kouris-Blazos, Wahlqvist, Trichopoulou et al., 1996; Papadaki & Scott, 2002; Wahlqvist, 2002). Results consistently show a shift away from the traditional diet as a product of acculturation. Little is known about the social processes that contribute to dietary acculturation. The current study revealed that parental messages about food and eating socialized participants to eat according to Western eating practices when in the company of others in order to fit in. This created a sense of ‘cultural conflict’ for these participants, as eating practices and food choices at home were based on their cultural heritage. Cultural conflict is defined as “the negative affect and cognitive dissonance resulting from an attempt to assimilate values and expectations of the majority culture and one’s own culture” (Reddy & Crowther, 2007, p. 46). Despite a strong connection to their cultural heritage, several parents in this study seemed to value adherence to dominant cultural values regarding food preferences in order to assimilate. These parental messages created a level of conflict and shame about food choices for participants, disrupting them from their appetites for certain foods.

**Peer Influences**

The current study revealed a complex system of social processes associated with peer influence that affected participants’ connection to their appetites and affected their eating
patterns, especially during adolescence. Research to date has suggested peer influence during adolescence to be stronger than parental influence on dieting behaviour and body image concerns (Byely et al., 2000). In the current investigation, peer messages about appearance were a key theme that emerged from women’s narratives. Appearance-based comments that disrupted participants eating patterns during adolescence included both positive and negative comments. Diet talk among peers was also an important contributor to disconnection. In addition, social comparison during adolescence was used by several participants as a way to determine their appearance status in relation to media images of the ‘ideal’ body and to the body weights and shapes of other adolescent girls.

Messages about Appearance

Comments. In the present study, participants received both positive and negative comments about their appearance from peers. Positive comments praised participants for meeting the ‘ideal’ body, while negative comments criticized participants’ bodies for not ‘measuring up’. Analyses revealed that both positive and negative peer comments objectified participants’ bodies and led self-scrutiny and sometimes to body shame. These comments predominately occurred during adolescence, a time when participants experienced feelings of uncertainty about their developing bodies. Appearance-based comments received by peers contributed to the internalization of the thin body ideal and encouraged several participants to change their eating patterns in an effort to achieve the socially prescribed beauty standard.

Several studies have linked the effects of peer appearance-based comments, such as teasing and frequent conversations about appearance to a number of variables, including disordered eating, body dissatisfaction, and the internalization of appearance ideals (Cash, Winstead, & Janda, 1986; Fabian & Thompson, 1989; Jones, Vigfusdottir, & Lee, 2004; Levine, Smolak & Hayden, 1994; Lieberman et al., 2001; Neumark-Sztainer et al., 2002; Paxton et al.,
The results of the current study are in line with these existing research findings in suggesting that participants’ experiences of peer appearance-based comments in adolescence, whether positive or negative, contribute to the process of self-objectification. For some women in this study, this created a level of self-consciousness about appearance and an increased preoccupation with weight and shape. As discussed previously, self-objectification has been linked empirically to disordered eating in adult women (Calogero, 2004; Fredrickson & Roberts, 1997; Fredrickson et al., 1998; Muehlenkamp & Saris-Baglama, 2002; Noll & Fredrickson, 1998; Roberts, 2004; Slater & Tiggeman, 2002; Tiggeman & Slater, 2001).

**Diet Talk and Behaviours.** Consistent with previous research findings (e.g., Jones & Crawford, 2006; Moreno & Thelen, 1995; Mukai, 1996; Paxton, 1999), the results of this study revealed that diet talk and weight control behaviours among peer groups in adolescence were common occurrences for several participants. Analyses revealed that these experiences disconnected participants to varying degrees from their appetites and eating and encouraged some women to engage in restrictive eating practices that were being modeled by their peer groups. The findings of this study are supported by existing research that suggests dieting conversations with friends and dieting behaviour among peers are linked with higher levels of body image concerns and a variety of unhealthy weight-control practices in adolescent girls (Eisenberg et al., 2005; Levine et al., 1994; Lieberman et al., 2001; Paxton et al, 1999; Wertheim et al., 1997; Vincent & McCabe, 2000). For example, a qualitative study conducted by Wertheim et al. (1997) concluded that half of the adolescent girls interviewed felt that dieting by friends had made them feel they should diet or watch their weight and that most participants believed that dieting by friends had probably led them to dieting themselves.
Social Comparison. Comparing self to others was a theme present in most women’s narratives during adolescence. Specifically, analyses revealed that social comparison of body weight and shape during puberty was particularly salient for participants. As well, comparing self to others in the context of evaluating one’s sexual desirability and degree of attractiveness was evident during adolescence for women in this study. Social comparison theory, developed by Festinger (1954) posits that individuals evaluate how they are doing and seek standards against which to compare themselves. Objective standards are not always available and therefore individuals use information in their social environments as comparison. When a discrepancy is perceived between the self and others through the process of social comparison, the individual adjusts their behaviour to reduce this discrepancy (Corning, Krum, & Smitham, 2006). Comparing self to others with respect to body weight and shape and perceiving a discrepancy was found to be an influential factor in disconnecting some participants from their hunger and appetites, and in contributing to the emergence of disordered eating behaviours for a few women in this study.

The findings of this study revealed that peers collectively examined and compared themselves to media images representing the socially prescribed ‘ideal’ body which resulted in participants’ negative evaluations of their appearance. For some women, ethnicity, race, and social class were social determinants that contributed to their negative self-perceptions and subsequent feelings of inferiority, especially when they compared themselves to media images representing dominant socially constructed beauty ideals.

In line with previous findings (e.g., Attie & Brooks-Gunn, 1989; Brooks-Gunn & Peterson, 1983), the current study found that early or late pubertal development negatively influenced participants’ relationship to their bodies and to food and eating. Existing research on early pubertal development in adolescent girls has consistently linked this factor to body image
concerns and eating disturbances (Attie & Brooks-Gunn, 1989; Blyth, Simmons & Zakin, 1985; Brooks-Gunn, Attie, Burrows et al., 1989; Killen, Hayward, et al., 1992; Koff & Rierdan, 1993; Levine, 1987; Levine, Smolak, Moodey, et al., 1994; Zakin, Blyth, & Simmons, 1984). For example, Koff and Rierdan (1993) conducted a study to assess the influence of advanced pubertal development on the eating behaviours of adolescent girls. These authors concluded that early pubertal development is associated with disturbances in eating attitudes and behaviours which results from a negative psychological response to the pubertal fat-weight spurt. Research attempting to understand the underlying variables that place early maturers at greater risk for eating problems have pointed to weight as one factor, suggesting that early maturers are heavier than their late maturing peers (Brooks-Gunn, 1988).

While early pubertal development has been identified as a risk factor for eating problems, little attention has been given to the social processes that contribute to girls cognitive and behavioural reactions to early pubertal onset. The current study deepens the understanding of the social processes that coincide with early pubertal development in the context of peer influence. The results of this study indicate that self and peer evaluations based on social comparison was a common experience for participants who developed early. A perceived discrepancy highlighted for participants the differences in their bodies compared to others which led for some women as adolescents to weight-control behaviours in an effort to reduce this discrepancy.

The results of this study indicate that social comparison during adolescence was also a significant determinant of participants’ perceived level of attractiveness and sexual desirability. Analyses revealed that the emergence of dating and attention from males heightened participants’ awareness and experience of sexual objectification. In the process of self objectification, several women began engaging in dieting practices and
other weight-control behaviours during middle adolescence in an attempt to meet beauty ideals and increase their sexual desirability.

Similar to the findings of the present study, a number of studies have found the onset of dating to enhance girls’ dissatisfaction with appearance and body shape (Gralen, Levine, Smolak, & Murnen, 1990; Levine, Smolak, Moodey et al., 1994; Richards, Boxer, Patersen, & Albrecht, 1990; Striegel-Moore, McAvay, & Rodin, 1986). In particular, Levine and Smolak (1992) and Levine et al. (1994) proposed a cumulative model of normative developmental changes in that advanced pubertal development in conjunction with the onset of dating to be risk factors in the development of nonpathological dieting and eating disturbances in middle school girls. However, research has not examined the onset of disordered eating in relation to the challenge of sexual desirability in adolescent girls. The current study adds to existing developmental theory and research by suggesting that sexual objectification and subsequent self-objectification is also part of the normative process that occurs for participants, influenced by a peer culture focused on appearance and a social climate obsessed with weight and shape.

**Cultural Transitions.** The findings of this study in relation to peer group experiences further revealed an acculturation effect for the participants who immigrated to Canada. Analyses revealed that these participants compared themselves to others in the context of Western beauty standards to determine social acceptance. These women quickly adopted the dominant culture beauty standards and practices which included the thin body ideal and the conscious control of body weight. This led to a disconnection from their appetites and eating and for one participant contributed to the emergence of disordered eating behaviours.

Several studies have documented an acculturation effect on weight concerns and disordered eating symptoms among non-Western girls and women (Ball & Kenardy, 2002; Button, Reveley, & Palmer, 1998; Furnham & Patel, 1994; Hill & Bhatti, 1995; Lauderdale &
Rathouz, 2000; McCourt & Waller, 1995; Pumariega, 1986). These studies have consistently found a relationship between greater acculturation and maladaptive eating attitudes and behaviours. The results of the current study suggest that the acculturation effect for weight concerns and weight control behaviours was activated by a process of social comparisons with peers.

**Protective Factors**

In the current investigation, peer influences also acted as protective factors and encouraged participants’ during adolescence and early adulthood to remain connected to their hunger, appetites, and eating. Two protective factors identified by women in this study were: being part of a peer group that rejected the thin body ideal and having friends that valued food as a pleasurable event.

Analyses revealed that participants who had peer groups in adolescence and early adulthood that actively rejected socio-cultural messages about the thin body ideal were able to accept themselves the way they were and responded according to their appetites for food and eating. Another protective factor during adolescence was having friends and their families that valued food and eating as an enjoyable, social experience, whereby food and eating experiences fostered social connection. Experiences that encouraged social connection between friends included cooking together and sharing meals with a friend’s family.

Research to date has primarily focused on factors that contribute to body dissatisfaction among girls and women as this has been deemed a “normative” experience in Western societies (Rodin, Silberstein, & Striegal-Moore, 2002). Thus, little is known about factors that promote positive body image. A few studies to date have examined peer influence in the context of factors that contribute to positive body image and healthy eating patterns. Wertheim et al.
(1997) conducted a qualitative study that examined the socio-cultural factors influencing adolescent girls’ eating behaviors. These authors indicated that friendship groups that were not focused on the thin body ideal supported self-acceptance around body weight and shape in adolescent girls. As stated by one participant in this study, “we all care about each other no matter how we look” (Wertheim et al., 1997, p.350). A more recent study by Kelly et al. (2005) assessed socio-environmental, personal, and behavioural factors associated with body satisfaction in adolescent girls. Findings of this study revealed that girls with high body satisfaction had peer groups that were less likely to diet for weight loss and were more likely to report that their friends valued a healthy diet and exercise (Kelly et al., 2005). The current study adds to existing research by suggesting that eating experiences among friends that encourage social connection and that value food and eating as a social and pleasurable event helped participants maintain connection or reconnect to their bodily needs and wants for food and eating.

Strengths and Limitations of the Current Investigation

Strengths

One of the primary strengths of this study was the use of a qualitative methodology, which allowed for the delineation of the multilayered social processes which affected participants’ connection to appetite and eating behaviours currently and during their development, and the meaning behind these experiences. A related strength of this study involved the use of the life history approach (Cole & Knowles, 2001). This approach allowed for an understanding of women’s connection to their appetites and eating within the context of their own developmental histories. For example, the study allowed for the exploration of the phenomena of food, eating, and appetite at present and to look at the life histories within which they were contextualized. This allowed for the
emergence of a model of the current experiences of appetite and eating, as well as a related socialization model. For example, knowledge about the multiple discourses that both encouraged and prohibited participants’ current food and eating experiences, highlighting the issue of control and containment emerged in this study. Similarly, the complexity of the social processes that influenced food and eating experiences throughout participant’s development emerged revealing processes that went beyond thinness and included other aspects of gender, such as the link between appetite and sexuality containment in the socializing processes. Thus, this emergent design helped highlight points of transition and integrated the social context into individuals’ life stories.

Another strength of the current study is the diversity of the group of women who participated in this research. Women embodied diversity in terms of ethno-cultural group membership, social class, religious affiliation, immigrant status, and eating problems experienced presently and in the past. This diversity helped in exploring ways in which the social-cultural context shaped their food and eating experiences.

Another contribution of the current study was the attempt to understand women’s connection to hunger, appetite, and eating from a positive perspective. Literature to date has typically problematized women’s eating patterns. Rather than problematizing women, the current study problematized the context of women’s lives and considered participants’ reactions as adaptations to a problematic context. This led to a more empathic understanding of participants’ food and eating experiences and their controlled responsiveness to hunger and appetite.
Limitations

One of the limitations of this study is the size of the group of participants. The number of participants that took part in this study was based on the criteria of saturation (Seidman, 1991). Although saturation of study themes was achieved in this study, interviews with additional women may have resulted in the surfacing of further themes. In addition, having more women participate in this study may have increased levels of diversity in areas such as educational background, which was reiterated in this study to women who were college or university graduates.

Another limitation of this study relates to the exclusion of participants who reported currently engaging in frequent eating disorder behaviours. Two women were declined from participating in this study due to current clinical-level eating disorder behaviours. While the exclusion criteria related to an ethical concern that the study may cause greater distress to women actively struggling with clinical-level eating disorders, inclusion of such women may have resulted in the emergence of additional themes. Incorporating more distinct groups of women with and without eating problems may have increased the likelihood of finding discrete differences in the social processes that either contribute to or prevent the development disordered eating behaviours.

Another limitation inherent in a qualitative research approach is the subjectivity of the researcher. Recognition of the researcher’s subjectivity highlighted the importance of staying as close to the data as possible. This was achieved by involving participants throughout the initial phase of data analysis. Participants were provided with a chronological summary of their lived experiences as well as with the actual transcript of the interview and encouraged to clarify and change aspects of their stories to accurately represent their food and eating experiences. However, the final analysis was guided in part by the researcher’s interests and interpretations of
participants’ lived experience, shaped within a developmental and broader social contextual framework. The themes derived in this study were discussed and supported by the academic supervisor of the thesis and by a university research group of graduate students.

Clinical Implications

The findings of this study provide several implications for the prevention of eating problems and the promotion of positive body image in girls and women and connection to their appetites and eating. This study also has clinical implications for the treatment of eating problems in girls and women.

Participants’ narratives suggest several factors associated with parental, other familial, and peer influences in childhood and particularly in adolescence that were salient and contributed to women’s connection and disconnection from their hunger, appetites, and eating. In particular, intensifying messages received in adolescence from parents and other family members, especially around pubertal development, socializing participants to comply with ideals associated with femininity, disrupted participants’ eating patterns and connection to their appetites. Adolescence was described by participants as a challenging developmental period marked by a heightened sensitivity and awareness to socio-cultural messages related to beauty ideals which coincided with receiving more overt negative messages from parents and other family members related to their changing bodies and to their appetites and eating. In particular, parental and other familial messages that socialized participants to ‘practice’ femininity played a significant role in disconnecting women from their appetites and eating and contributed to an increase in body shame and self-objectification during adolescence. Influential male figures such as fathers and grandfathers played an important role in teaching participants their social role as females in relation to men, which also contributed to self-objectification. Given the negative impact of such messages on participants’ connection to their appetites, parents and other
influential family members need to become aware of the messages they are conveying to their female adolescents about body weight and shape and about appetites for food, eating, and sexual desire and refrain from altering and intensifying these messages during puberty in an effort to preserve and foster positive body image and connection to their appetites and to eating. Providing parents and other influential family members with education about their own internalized patriarchal and other socio-cultural values associated with femininity and beauty and how these messages are both implicitly and explicitly transmitted to their daughters is an important step in attempting to change the socio-environmental factors contributing to disconnection from hunger and appetite.

Other gender-specific messages received through food and eating experiences from parents and other family members were related to gender-role expectations. These messages taught participants in childhood and adolescence about their self-worth in relation to men and reinforced patriarchal values of females as subordinate to males. These messages socialized participants to compromise their bodily needs and wants to satisfy the needs and wants of important men in their lives, and disconnected several participants from their hunger and appetites for food and eating. Given the negative impact of these messages, parents and other family members need to provide both girls and boys with the same messages that encourage responsiveness to hunger, satiety, and to appetite and avoid gender-specific messages that teach girls to suppress their own needs and wants for food and eating in relation to others.

Parental messages throughout participants’ development that socialized them into obedience using a variety of behavioural and emotional tactics related to food and eating, disconnected several women from responding to their bodily needs and wants for food. Common parental rules described by participants in this study used to socialize them into obedience included: clean their plates at mealtimes or excluding them from decisions about food
choices. These experiences taught participants that their needs and desires in relation to food and eating were unimportant and this in turn disconnected several women from their appetites. In order to foster a positive connection to food and eating and to appetite, parents need to respect their children’s decisions about when they are hungry and satiated and include them more regularly in decisions about food choices to teach them that their food preferences and appetite for certain foods are valuable.

Parental and other familial messages that fostered connection to appetite and eating included messages that socialized participants to value food and eating as a social and pleasurable experience. Family meals were an important part of fostering connection to participants’ appetite and eating with the key ingredient being a sense of belonging and social connection during collective mealtimes. Familial food environments that connected participants to their appetites valued food and eating as a pleasurable, enjoyable experience, and associated eating with celebration, tradition, and social connection. Parents and other family members can help foster this connection to appetite and eating by creating a positive familial food environment where cooking and eating is a shared experience between family members in such a way that encourages food and eating as a pleasurable event.

The importance of peer influence in the social processes that contributed to participants’ connection and disconnection to their appetites and to eating also has significant clinical implications for parents, teachers, and health care professionals. Peer influence appeared to be a significant factor for participants during adolescence, affecting both their body image and eating patterns. In particular, messages about appearance, which included comments about weight and shape and diet talk and behaviours among peers disrupted girls’ connection to their appetites and to eating. Appearance-based messages from peers for several participants created a level of self-consciousness about appearance, especially when comparing themselves to others and
subsequently increased preoccupation with their weight and shape. In contrast, factors that
helped maintain participants’ connection to their appetites and to eating included: being part of a
peer group that rejected the thin body ideal and having friends that valued food and eating as a
pleasurable event. This is important information for parents, teachers and health care
professionals interested in maintaining and fostering girls’ connection to their appetites and to
eating. In particular, teachers and health care professionals can provide girls with messages that
help them to look at socio-cultural messages about beauty ideals with a critical lens.
Encouraging dialogue among peers that critically examines the impact of these messages on their
body image and eating patterns may help them maintain connection to bodily needs and wants
for food and eating. As well, educating parents, teachers, and other health care professionals
about the importance and benefits of eating in connection to others may promote connection to
eating and appetite for girls and women. Having programs at school that teach students to value
eating as a social and pleasurable experience in connection with one another may work to
maintain girls’ connection to appetite and eating. This could include teaching students to cook
and to enjoy the process of making and eating food within the context of social connection with
their peers.

The findings of this study also have significant implications for school-based prevention
of eating problems and the promotion of positive body image and connection to appetite and
eating. While a variety of school-based prevention programs in the area of body image and
eating disorders have emerged in the last decade, few if any, focus on educating girls about the
messages they receive about the ideals of femininity. Providing girls with a different
socialization message about the importance of listening and responding to their appetites for
food and for other needs may contribute to positive body image and encourage greater overall
connection to their bodily needs and wants. Socializing girls to value their needs and wants may
also enhance girls’ voices, diminishing the process of self-silencing that most often occurs for girls during adolescence.

Implications for the clinical treatment of eating problems and body image issues may be derived as well from the results of this study. First, analyses revealed that social processes contributing to connection and disconnection to appetite and eating are complex and that they continuously evolves across the lifespan. Helping individuals with eating problems to understand the social processes and messages that influenced their relationship to food, eating, and to their bodies may aid in recovery. The social processes responsible for girls’ and women’s disconnection from their appetites and eating are relevant factors to a variety of therapeutic modalities, including cognitive-behavioural therapy, feminist therapy, and relational therapies. The emergent knowledge from this study can inform different approaches to therapy when working with individuals with eating problems. For example within a cognitive-behavioural therapy modality, women could be encouraged to look at the discourses that are shaping their attitudes and beliefs about food, eating, and their bodies. Similarly, feminist therapy modalities would provide opportunities to examine more critically the context of women’s food and eating experiences and focus on problematizing the social context, hence also demonstrating the universality of women’s experiences. Using a relational therapy modality would allow for the exploration of women’s need to contain their appetites and desires for food and eating in relation to others throughout development.

Areas for Future Research

One of the goals of exploratory research and qualitative inquiry is to generate new questions for future research. The current study resulted in the development of two interrelated theoretical models of the social factors that influence connection and disconnection from appetite and eating. These models may be used to generate a number of testable hypotheses regarding
the impact of a wide variety of social variables on the development of women’s relationships to their bodies and to eating.

First, the current study identified a complex model of regulating discourses that delineates varied social discourses that influence and control women’s food and eating experiences. Factors that contributed to the disregulation of women’s eating, included ideals associated with body weight and shape, femininity, and health and wellness. Discourses that temporarily permit women to eat according to their appetites have not been discussed in the literature as factors that help women connect and respond to their appetites. Instead, these factors have been researched and deemed disruptive to women’s eating as they decrease restrained eating. Thus, research to date has primarily focused on perpetuating the social control over women’s bodies and has failed to consider it a problem that women do not respond to hunger and appetite. Future research could examine in more detail the social factors that prohibit and permit women to eat according to their appetites in order to better understand girls’ and women’s connection to their appetites and eating. Also, future research could assess the applicability of this model to the experiences of women with a variety of eating problems and body image issues. Further quantitative inquires could focus on large-scale explorations aimed at identifying or creating and testing measures for each of the constructs present in the Regulating Discourses Model. This would be the first step towards testing the structure and content of the current model.

A second area of interest for future research would be to examine in further detail the complex and multi-layered system of social processes that were identified by participants as factors contributing to their connection and disconnection to appetite and eating throughout development. Research on parental eating attitudes and behaviours and feeding practices has failed to examine several social factors identified in this study. A major finding of this study
was the significant role that gender socialization played in disrupting participants’ eating patterns and responsiveness to their appetites. Further qualitative or quantitative inquires need to examine the effects of parental eating attitudes and behaviours in the context of socializing gender. Researchers could assess more clearly whether gender socialization through food and eating experiences is a risk factor in the development of body shame, self-surveillance, and disordered eating.

A third area of interest for future research is the socialization of food values and the impact certain values have on connection and disconnection to food and eating. Ethno-cultural values were an important part of the social processes responsible for the development of food values for women in this study. Research to date has begun to examine the role of family meals as a protective factor for the development of eating problems and body image concerns. Further research needs to assess the mechanisms present during family mealtimes that work to maintain girls’ connection to their appetites and eating. The current study identified social connection during mealtimes and learning to value food and eating as a pleasurable, enjoyable experience as protective factors that contributed to participants’ connection to appetite and eating. Future research could examine the food values parents and other influential family members associate with food and eating and their effects on girls’ and womens’ eating patterns. Of particular interest is the differential effects between messages valuing food and eating for its utility compared to valuing food and eating for its enjoyment and pleasure. Assessing the socialization of food values needs to be done within a social context which includes ethno-cultural heritage as a key factor.

Finally, future research needs to focus on identifying and understanding the protective factors that help girls and women maintain connection to their appetites and eating. The current study identified peer groups in adolescence that rejected beauty ideals as a protective factor for
participants in this study. As well, having friends that value food and eating as a social and pleasurable activity helped participant’s foster positive relationships to their bodies and to eating. Researchers need to focus their attention on understanding the social processes within peer groups that maintain girls’ connection to their appetites and eating, as peer groups significantly influence girls’ body image and eating behaviours during adolescence.
REFERENCES


behavioral response, food selection, and intake. American Journal of Clinical
Nutrition, 69, 1264-1272.

(Eds.), Inside and outside: Psychodynamic clinical theory and practice in contemporary
multicultural contexts (pp.127-171). Lanhan, Maryland: Rowman & Littlefield
Publishers.


health education on plasma cholesterol levels and diet: The Standford five-city

Relations, 21, 85-103.

processing of forbidden and non-forbidden food words. Cognitive Therapy and
Research 21, 633-646.

maternal and child characteristics. Appetite, 37, 231-243.

prediction of eating pathology. Canadian Journal of Behavioural Science, 35(3), 219-
228.


Moradi, B., Dirks, D., & Matteson, A.V. (2005). Roles of sexual objectification experiences and
standards of beauty in eating disorder symptomatology: A test and extension of

Behaviors, 18*, 681-689.


Neumark-Sztainer, D. (2005). “I’m, like, so fat!” *Helping your teen make healthy choices about

Weight-teasing among adolescents: Correlations with weight status and disordered eating

associated with disordered eating behaviors among adolescents? *Journal of Adolescent
Health, 35*, 350-359.

Neumark-Sztainer, D., Wall, M., Haines, J.I., Story, M.T., Sherwood, N.E., & van den Berg,
P.A. (2007). Shared risk and protective factors for overweight and disordered eating in


APPENDIX A

POSTER ADVERTISEMENT

WOMEN PARTICIPANTS WANTED

EXPERIENCES OF FOOD AND EATING THROUHGOUT YOUR LIFE

Are you between the ages of 20-45 and interested in contributing to the understanding of how food and eating experiences affect women’s feelings about their bodies?

Who are we?
My name is Maria Antoniou and I am doctoral student in the Department of Adult Education and Counselling Psychology at the Ontario Institute for the Studies in Education of the University of Toronto working on this project for my dissertation under the supervision of Dr. Niva Piran.

What is the goal of the study?
We learn to eat in relation to our family and friends and in relation to family and cultural traditions. These experiences affect how we feel about food, eating and our bodies. The aim of this study is to explore how food and eating experiences affect women’s relationship to their bodies across their life span.

Who is eligible to participate and what do you have to do to participate?
We are looking for women of diverse backgrounds between the ages 20-45. We are interested in a broad range of women’s experiences of food and eating. However, this particular study will not include women who have current, severe eating problems. Specifically this includes women who are: bingeing and vomiting twice per week or more for the past three months or women who have lost more than 25% of their body weight due to extreme dieting and are experiencing loss of menses as a result.

Benefits of the Study
You may find it beneficial to talk about your experiences around food and eating and your body. Your participation in this study may also help others develop a greater understanding of food and eating experiences that affect women’s body image across the life span which may, in turn, help both parents and professionals provide better conditions for girls to grow into strong women with positive self and body image.

If interested, please call Maria at 416-688-0039.

Tear away number strips containing the following information: Food and eating experiences:
Phone number
APPENDIX B

TELEPHONE SCREENING INTERVIEW

Introduction

Hello, my name is Maria Antoniou. You left a message for me indicated that you might be interested in taking part in a research project I am conducting that focuses on understanding food and eating experiences.

I would like to take a few minutes to talk to you and to ask you some questions. Is this okay?

Who I am and the Purpose of the Research

First, I would like to tell you a little about who I am. I am a graduate student at the Ontario Institute for the Studies in Education at the University of Toronto. I am working towards completion of a doctoral degree in counselling psychology. As part of this process I am conducting a research project to explore 10 to 12 women’s food and eating experiences across their lives and how these experiences have influenced their relationship to their bodies.

Limits of Confidentiality

In talking with me it is important that you understand the limits of confidentiality. Any conversation that we have is confidential. However, there are several exceptions to this including: if you indicate that you are a danger to yourself or to others, or if you disclose details about apparent, suspected or potential current child abuse. If any of these exceptions arise I would be required both legally and ethically to contact the appropriate authority whether that be emergency services, or children’s services. Do you have any questions about this?

Address any questions.

Inclusion and Exclusion Criteria

Before we go any further, I wanted to make sure that you noticed the criteria on the poster advertisement that may exclude women from participating in this study. These criteria include: 1. Age in that you need to be between the ages of 20-45, 2. current and severe eating problems, including bingeing and vomiting twice per week or more for the past three months or a loss of more than 25% of your body weight due to extreme dieting and are experiencing loss of menses as a result. If any of these exclusionary criteria apply to you, I thank you for your interest in this study, but at this time we are not able to have you participate in this study. If they do not apply to you, then I would like to tell you more about the study if this is okay with you.

Procedure

I would like to tell you a little about the research and what would be involved in our participation. This will help you decide whether you are interested in taking part.
If you were to take part in this research it would involve your participation in 1 or 2, two to three hour interviews, depending on the time you require. As well, about one hour after each meeting will be required for you to review and comment on the transcripts and summaries from the interview.

The interview sessions would be audio taped and the tapes transcribed. All information that you would provide during the interviews is kept in strict confidence. However, verbatim excerpts from the interview transcripts may be used in the publication and presentation of the research findings with you name and other identifying information changed.

**Benefits and Potential Harm**

In the interviews you would be asked to explore your understanding and experience of food and eating and how this has affected your relationship with your body.

Making your thoughts and beliefs explicit may be a personally rewarding and enlightening experience. However, it is possible that in this process feelings may be stirred up that are upsetting to you. Because this is a research project I would not be available to provide you with psychotherapy services, however, should the need arise I would help you connect with an appropriate mental health professional.

As a token of appreciation for your participation in this study, a $15 gift card will be provided to you for each interview.

**Questions**

Do you have any questions?

*Address any questions.*

After hearing about the research project are you interested in taking part?

If the individual demonstrates interest in the study:

If you are interested, I would like to send you the informed consent letter and you can think about whether you would like to commit to taking part in this research project. I will then call you in a week and we can discuss whether you would like to participate. Is this okay this you?

If women are not interested in participating:

I appreciate you taking your time to speak to me and expressing an interest in the research project. I wish you all the best. Thank you.
APPENDIX C
INFORMED CONSENT FORM
(Printed on OISE/UT letterhead)

Understanding Food and Eating Experiences across the Lifespan

Dear Participant,

My name is Maria Antoniou. I am a doctoral student, working with Dr. Niva Piran, in the Department of Adult Education and Counselling Psychology at the Ontario Institute for Studies in Education of the University of Toronto (OISE/UT). I am asking your permission to participate in the research project I am doing about women’s food and eating experiences across their lifespan and how these experiences affect their relationship to their bodies. This study will be conducted under the supervision of Dr. Niva Piran, professor in the department of Counselling Psychology at OISE/UT.

Purpose of the Research

Why am I doing this research? Most of the research to date suggests that food and eating experiences in childhood and adolescence influences girl’s and women’s internal regulation of hunger, appetite and fullness signals. In fact, some research shows that certain food and eating experiences are linked to disordered eating in girls’ and women. However, in order to understand more about how these food and eating experiences influence women’s relationship to their bodies, we need to hear from women themselves how they describe their experiences and what they think about how their different experiences have affected them. A better understanding of women’s experiences across the lifespan can help parents, teachers, health, and mental health professionals provide girls and women with better food and eating experiences.

Description of the Research

10-12 women of diverse backgrounds and experiences will be required for this research study. I am interested in both women who have and who have not experienced eating problems currently or in the past. The safety of those who participate in the research is extremely important. As a result, women who are currently experiencing serious eating problems will be excluded from this research study. If you agree to participate, I will interview you 1 time for about 2-3 hours, depending on how much time you need. In the interview, I will ask you about your experiences with food and eating in childhood, adolescence as well as your current experience. I will also ask how these experiences have related to your relationship to your body over time. In this interview, I will ask you about any further thoughts on these topics, make sure I understood your experience well, and ask your views about the findings of the study. I will use an audio cassette tape recorder to record all interviews. Within a month after each interview, you will be sent a summary of our interview by mail or by email in order to correct any misinterpretations that may have arisen. I will ask that you review this summary and return it with any feedback or corrections within two weeks. I will conduct the interviews at a private room at the Ontario Institute for Studies in Education of the University of Toronto, at your home, or another place of

your choosing. At the end of the interview, suggestions for further assistance may be made, if necessary.

**Confidentiality**

Confidentiality will be respected and your identity will be protected unless required by law. The tapes will be kept in locked files for 1 year and then destroyed. The tape will be identified by a research code name only. The tapes will be transcribed and all identifying names and information will be taken out of the transcripts. The transcribed interviews, and any additional material that you provide during the interviews, will be identified by a research code only, and with all identifying information erased, will be kept in locked files until five years following the completion of the study, and then will be shredded. In any publication related to this research, we will ensure that all identifying information will be omitted so that you will not be identified. The one exception to this is the very unlikely event that you indicate that you might do serious harm to yourself or others, or that someone under the age of 16 is being harmed in any way or if you report that you were sexually abused by health care professional. If that were to happen, I am obligated by law to make a report to the relevant officials.

**Potential Benefits**

In terms of direct benefit, women often express an interest in having the opportunity to talk about their experiences of themselves and their bodies, and in this interview, I aim to emphasize how much I value each woman’s views and opinions and the special strengths she has in dealing with day to day situations.

In terms of indirect benefit, I believe that the study may benefit women. A greater understanding of food and eating experiences that affect women’s body image across the life span may help both parents and professionals in providing better conditions for girls to grow into strong women with positive self and body image.

**Potential Harms, Discomforts or Inconveniences**

There are no known harms associated with participation in this study. The only potential risk I have identified is that you may feel some discomfort when talking about her experiences. In this case, you may decline to participate and if you decide to participate you may skip any question, request a break, or withdraw from the study at any time. Throughout the interview, and especially before the end of the interview, I will check the way you feel about the interview. Following the session, if you find the discomfort to be more than minor, please contact me so that we can discuss how to provide further support. Should you decide to withdraw your permission to participate in the study, please let me know about you decision by telephoning me at the number below.

**Compensation**

As a token of appreciation for your participation in this study, a gift card in the amount of $15.00 will be provided to you.

If you have any questions about the study, please contact me, Maria Antoniou, at the number listed below. You may also contact me by email at mantoniou@oise.utoronto.ca. If you would
like to receive a copy of the research findings after the study has been completed, please fill out the attached form which will be kept in a separate locked file in my office.

**Participation**

Participation in this research study is voluntary. At no time will you be judged or evaluated and at no time will you be at risk of harm. You may withdraw at any time without consequence and you may skip any questions you are uncomfortable with. If you choose to withdraw, audio-tapes of your interviews will be erased, and transcripts of your interviews will be shredded. You will be free to keep any compensation that had already been provided to you. If you have any further questions or comments, please contact either myself, Dr. Niva Piran or the Ethics Review Office.

Sincerely,

Maria Antoniou, M.A.  Niva Piran, Ph.D.
mantoniou@oise.utoronto.ca  OISE/UT
(416) 855-6093  (416) 923-6641 Ext. 2339

Ethics Review Office
(416) 946-5606

I consent to participate in this research.

Signature:______________________  Date:________________________

I consent to being audio taped during interviews conducted for the purposes of this research study.

Signature:______________________  Date:________________________
APPENDIX D
REQUEST FOR SUMMARY OF RESEARCH FINDINGS
(Printed on OISE/UT letterhead)

I wish to receive a summary of the findings of the research “Understanding food and eating experiences across the lifespan.” Yes_______ No_______

Name:_____________________

Address:

Phone Number:_____________________________

Email Address:_____________________________
APPENDIX E
INTERVIEW GUIDING QUESTIONS

Current Experiences with Food and Eating

- What’s your relationship like with food and eating currently?
- How do these experiences and your relationship to food and eating impact your feelings about yourself and your body?
- What influences your food choices currently?
- What influences when you decide to eat or when you decide you are full?
- Do you place any values on food? Tell me about that.
- Do you currently struggle with any eating problems or dieting etc…?
- Does physical activity inform your eating?
- How does being female influence your food and eating?
- How does religion or cultural traditions influence your eating experiences?

Experiences in Childhood

- Tell me about your food and eating experiences in childhood?
- How did your parents/caregivers influence these experiences?
- What were your parents attitudes and behaviours around food and eating?
- What were the rules around eating and food in your home?
- How did your siblings influence your eating experiences?
- How did your friends influence your eating experiences?
- What influenced your food choices when you were a kid?
- What about family traditions or cultural traditions around food and eating?
- Did your food and eating experiences ever tell you something about being a girl in your family or about your relationship to your parents?
- How did you feel about your body in relation to these experiences?

Experiences in Adolescence

- Tell me about your food and eating experiences in adolescence?
- How did your friends influence your eating and food experiences? Did any of your friends have eating problems or diet?
- How did your parents influences your experiences?
- How did your siblings influence your experiences?
- What about intimate relationships?
- What influenced your food choices when you were a teenager?
- How did you feel about your body in relation to these experiences?
- Did your experiences tell you something about being part of your ethno-cultural group?
Overview

Based on all the influences you spoke about, how do you think these experiences have affected your eating now? What about your body?

What was it like to participate in this interview?
APPENDIX F

CATEGORIZATION OF CODES GENERATED IN THE INITIAL CODING PASS

Demographics
- Age
- Ethnicity
- Religion
- Employment status
  - Parents
  - Participants
- Socio-economic status
  - Parents
  - Participants
- Education
  - Parents
  - Participants

Food Labels
- Novel vs. everyday
- Healthy vs. unhealthy
- Moral Values
  - Appropriate vs. inappropriate
  - Responsible vs. irresponsible
  - Indulgent
  - Right vs. wrong
  - Good vs. bad

Parental Messages about food, eating & the body
- Expectations
  - How much
  - when to eat
  - behaviour during mealtimes
- Food equated with love and praise
  - Good child if eat
  - Guilt
- Obedience
  - Eat what your are told (cleaning one’s plate)
- Establishing authority
  - Fear
  - Discipline
- Functionality of food
  - Nutritional value of food
- Acculturation
- Gender bias
  - Between siblings
• Between parents
• Body signals
  o Ignoring body signals
    ▪ Hunger
    ▪ satiety
  o Listening to body signals
    ▪ Hunger
    ▪ satiety
• Food as comfort
• Body weight and shape
  o Beauty ideals
• Wasteful, financial
• Gender roles
  o Meal preparation
  o nurturer
• Control
  o Desire and pleasure
  o Appetite
  o sexuality

Meaning of Food
• Power
• Social status
• Ethnic identity
• Pleasure/enjoyment
• Comfort
• Celebratory
• Medicine
• Self-care
• Care of others/for others
• Independence
• Self-reward
• Control
• Hospitality
• Rebellion
• Distraction
• Way to please others

Food choice influences
• Body signals
  o Hunger
  o satiety
• Health
• Nutritional content of food (calories, fat, vitamins etc…)
• Media
  o Science and technology of food
- magazines
  - Finances
  - Body weight
  - Nutritional needs
  - Time
  - Age
  - Body image
  - Peers
    - Dieter’s vs. nondieter’s
  - Family
    - Parents
    - Siblings
    - Intimate relationship
  - Physical activity
  - weight loss
  - living circumstances
    - living abroad
    - traveling
  - food availability

**Emotions**
- guilt
- anger
- detachment
- enjoyment
- stress
- overwhelmed
- comfort
- loneliness

**Body**
- physical activity
  - dance
- body consciousness
  - weight
  - height
- rejecting the ideal
- puberty
- ideal girl/woman
  - familial messages
- comparing bodies
  - peers
  - siblings
- fat/thin associations

**Gender**
• Gender roles
  o nurturer
  o sexual object
  o good girl
• Voice
• Silencing the self
• Critical view/rejecting the ideal
• Pregnancy
  o Food cravings
  o Appetite
  o Want vs. need
• social expectations
  o pleasure
  o control
  o dating
  o marriage

Social Class
• food availability/food choice
• snacking
• shame
• eating out
• fitting in
  o comparing self to others

Peer Influences
• mainstream thinkers (dieter’s, appearance focused)
• critical thinkers (non-dieter’s, feminist)
• feeling accepted
• feeling rejected
• Intimate relationships
  o Sexuality
  o Appearance related comments
• values and traditions
  o food and eating as a social activity
  o cooking

Hunger
• Influences
  o Control/restraint
  o Desire (want vs. need, appetite)
• Awareness
  o physiological cues
  o emotional cues (irritability)
  o social cues (meal times)
  o

Satiety
• Awareness
  o Physiological cues (heavy, gross)
  o Psychological cues (satisfaction)
• Influences
  o Portion size
  o Nutritional needs
  o Control/restraint

Places of transition
• Living abroad
• High school
• University

Ethnicity
• Fitting in
• Popular girl

Control
• Food restriction
  o of self
  o of others
• Letting go (out of control)

Miscellaneous
• Self-worth
• Self-esteem
• Compassion for self
• Sense of accomplishment
• self-respect
• being satisfied with life
APPENDIX G

FIRST COMPREHENSIVE CODING SCHEME

1. Demographics
   a. Socioeconomic status
      i. low-income
      ii. middle class
      iii. upper middle class
   b. Education
      i. high school
      ii. post secondary
      iii. graduate (M.A., Ph.D)
   c. Ethnic group membership
   d. Religious affiliation
      i. Christian
      ii. Muslim
      iv. non-denominational

2. Mediating Variables
   a. Age
      i. elementary
      ii. junior high
      iii. high school
      iv. college/university
      v. post college/university
   b. Eating Problems
      i. eating disorder
         1. past
         2. present

3. Socialization through food and eating
   a. Molding the “Good Girl”
      i. Parental and Familial Influences
         1. moral values
         2. expectations (how much, when, what, mealtime behaviour)
         3. function of food
         4. ideal body
         5. sexuality
         6. gender roles (nurturer, wife, etc…)
      ii. Peer Influences
         1. moral values
         2. ideal body
            i. comparing self to others
            ii. bullying/teasing
         3. function of food
         4. sexuality
iii. Socio-cultural Influences  
1. moral values  
2. ideal body  
3. function of food  
4. sexuality  
iv. Places of Resistance  

b. Establishing Parental Authority through food and eating  
i. Emotional Tactics to Elicit Obedience  
1. fear  
2. guilt  
3. praise  
ii. Behavioural Tactics to Elicit Obediance  
1. cleaning one’s plate  
2. Asking for food  
3. restricting food choice  

iii. Places of resistance  

c. Socializing Emotions to Food and Eating  
i. Negative Emotions  
1. guilt  
2. anger  
3. detachment  
4. loneliness  
5. anxiety/stress  
6. shame  
7. depression  
ii. Positive Emotions  
1. joy  
2. comfort/nurturing  
3. pleasure  
4. satisfaction  
5. distraction  
6. reward  

d. Socializing the Expression of Privilege through Food and Eating  
i. Food availability/Food choice  
ii. Experiences of fitting in or not fitting in  
iii. Places of resistance  

e. Learning Ethno-Cultural Values through Food and Eating  
i. Function of food  
ii. Social rules  
iv. Places of resistance  

f. Learning to Value Self through Food and Eating
i. healthy eating
ii. physical activity
iii. responding to body signals (hunger, satiety)
iv. responding to appetite
v. responding to illness

4. Current Ways of Negotiating Food and Eating
   a. Valuing Self
      i. Healthy eating
      ii. Physical activity
      iii. Responding to body signals
           i. hunger
           ii. satiety
           iii. appetite
           iv. illness

   b. Accommodating Social Ideals
      i. Ideals of Femininity and Beauty
         1. controlling body signals (physiological cues: hunger, satiety)
         2. controlling appetite (psychological cues: wants, desires)
         3. controlling body weight/shape
         4. comparing self to others
      ii. Gender Role Ideals
           1. care of others
           2. pleasing others
      iii. Social Status
      iv. Places of Resistance

   c. Relational Influences
      i. spouse/partner
      ii. parents
      iii. friends
APPENDIX H

FINAL CODING SCHEME

Regulating Discourses

1. Prohibiting Discourses: Disconnection from Appetite
   a. Ideal Body
   b. Femininity
      1. Sexuality
      2. Feminine ways of eating
   c. Health and Wellness

2. Permitting Discourses: Connection to Appetite
   a. Eating in Relation to Others
      1. Pregnancy
      2. Eating in relation to others’ eating
   b. Meeting Emotional Needs
      1. Comforting negative emotions
      2. Expressing positive emotions

Socialization through food and eating

a. Parental and Familial Influences
   1. Socializing Food Values
      1. Learning Social Rules
         1. respect
         2. responsibility
      2. Learning Obedience
         1. cleaning one’s plate
         2. restricting food choice
      3. Learning about Food and Desire
      4. Learning to Cope with Emotions

2. Gender
   1. Ideal body
   2. Sexuality and Sexual Desire
   3. Gender role Expectations

3. Learning about Privilege
   1. Food availability/food choice
   2. Experiences of fitting in

b. Peer Influences
   1. Messages about Appearance
      1. Positive comments
      2. Negative comments
3. Diet talk
4. Social comparison
5. Cultural transitions
2. Protective Factors