

**Women and their perception of food and food consumption relative  
to their self-image and identity (Bloemfontein, South Africa)**

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By

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## **DECLARATION**

I declare that the dissertation hereby submitted by me for the Magister Atrium degree at the University of the Free State is my own independent work and has not been submitted beforehand by me at another university. I further more concede copyright of the dissertation in favour of the University of the Free State.

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## INTRODUCTION

Consumerism is one of the major driving forces of our contemporary capitalist world. We are consuming more than what we ever have. The modern consumer society is characterised by influences that are dictated by gendered norms albeit constantly evolving and re-shaped. Despite many years of progress in line with feminist thinking, it is often still the woman in the household who decides what food should be bought and consumed by those under her care. Our contemporary society is also a society hugely concerned with self-enhancement and this new “religion” brings with it the advertisement of products to attract the female consumer specifically. The internet is filled with videos and tutorials on how to give yourself an “Oscar-red-carpet” make-up look as well as what to eat to get a body like the Oscar nominated actresses. There are countless TED talk videos online ranging from how to achieve happiness by focussing on health and exercise or on how to win the “mental battle” of obesity. Health and fitness are everywhere in the consumer market. It was estimated that women account for 70% to 80% of the spending within in the consumer society (Silverstein & Sayre, 2009). The female consumer seeks to discover products which will solve all the so-called “problems” she experiences with her body, be it wanting to lose those stubborn five kilogrammes or just fitting into that old pair of jeans. The health and fitness industry is dominated by the female presence and this is especially evident within the higher echelons of the South African society.

This research study aims to present the narratives of eight women from Bloemfontein, South Africa in which they relate their own experiences with food, the purchasing, preparation and consumption thereof, as well as the significance these processes have in terms of their body image and self-identity. Their ideas and ideals of wellbeing and health will also be presented as these are intricately connected to food. These women are in a constant negotiating relationship with food and their bodies. They have to buy, prepare and consume food as well as understand the relation between food and their bodies which they shape through exercising religiously daily. I aim to study these women, who can all be identified as emanating from the “middle-class” and their perceptions of food and food consumption relative to their self-image and identity. Krom (2016) states that in 2009 the health and fitness industry was an estimated \$390 billion industry, with a

focus on the huge variety of beauty, slimming, and anti-aging products to use in order to enhance one's physical appearance. This has led to women prioritising health and fitness in their lives and has led to the understanding that the issue of health and wellbeing is largely a concern of the individual (Crawford, 2006). This obsession with health and wellbeing is called "healthism". Several studies indicate that women are more inclined to focus on health, illness, weight and appearance than men (Nolan & Surujlal, 2012: 327). The women in this study understand that their health and overall wellbeing is something they can control to a large extent. Through eating healthy and exercising daily they can control their health in the quest to avoid the onset of certain diseases but more importantly, to look a certain way that is, according to them, a great ideal of eating correctly and exercising regularly.

This is however a very conscious lifestyle, as they have to constantly be aware of the food and the specific nutritional value of the food they are consuming. People who are inclined to follow the dictates of "healthism" do not consume food just for its biological purposes (i.e. to survive) but also choose foods based on informed decisions related to its nutritional value and health benefits. However, despite this approach to "rational eating", emotions and eating also often influence each other and can at times lead to a lapse in this "rational" way of approaching food and its consumption. Consuming foods which are considered as "bad" can lead to a feeling of guilt and lead to counter-measures to somehow "punish" this transgression. Among this small sample of middle-class women, it was striking to note that most of the women already completed their first workout before even getting their children ready for school and will then finish off their second workout for the day right before they have to prepare dinner. This is a growing phenomenon among the South African middle-class with most gym classes filled with affluent, middle-aged women and themed Saturday-morning-park-runs that is reminiscent of Pierre Bourdieu's analysis of the booming fitness industry in the 1970s. Ohi (2000: 148) explains that the health and fitness industry has the ability to transcend social class because everyone purchases and consumes the same products, but one cannot ignore the fact that particular capital is required and acquired in order to enter specific fields. Bourdieu stated that "the structure of the social world is defined at every moment by the

structure and distribution of the capital and profits characteristic of the different particular fields (Bourdieu, 1985: 734 in Thorpe, 2009: 493).

Buying, preparing and consuming food may come across as mundane and taken-for-granted tasks but there are specific statuses attached to food, as well as sociological meanings behind specific reasons of food choices. Those predisposed to leading a life characterised by “healthism” are taking the phrase “you are what you eat” quite literally. The main focus often revolves around the goal of achieving a body that is deemed as desirable and this goal prescribes the need to consume specific food in order to achieve the desired physique. The media is obviously one of the biggest forms of pressure as it provides standards which women (and men) compare themselves to. Women tend to look at the images in the media and evaluate a few aspects of their lives such as their skin and their physical appearance compared to the visual norm that is omnipresent (Fardouly *et al.*, 2014: 38). Social media platforms such as Facebook provide even more platforms for women to compare their personal habitus to those of others in relation to social status and life experiences (Fardouly *et al.*, 2014: 43).

The media is also rife with examples of lifestyles of celebrities to achieve bodies and images similar to them. Brands pair up with celebrities in order to achieve product awareness from the social media following of the specific celebrity (Dhurup, 2014: 1538). A popular example is Kourtney Kardashian, the eldest sibling of the Kardashian clan who gradually rose to fame after their father was part of OJ Simpson’s legal team in his infamous trial in 1995 (Kiefer, 2016). Kourtney only consumes organic and non-GMO food and even go as far as packing organic home-made cookies for her children when they attended her brother’s birthday party (Price, 2016). Gwyneth Paltrow is another example of a celebrity who professes to lead a healthy lifestyle in order to achieve wellness. Paltrow has appeared on several magazine covers and entertained numerous interviews all asking what her “secrets” are in terms of staying and looking as young as she does. Paltrow has a lifestyle website called *Goop* which caters for (affluent) middle-aged women to respond to questions they have regarding health, fitness and wellness (West, 2017). Paltrow is known for pushing the boundaries and exploring the health industry, having held her inaugural *Goop* health and wellness expo recently in Los Angeles, California

(West, 2017). Tickets to the expo ranged from \$150 (R1920) to \$1500 (R19 205) and attendees had a range of activities to choose from like getting vitamin intravenous drips and being able to choose from a variety of snacks including vegan doughnuts (Merry, 2017). These two celebrities are examples of the type of people women in these social classes tend to “admire” in terms of what food they consume and how this specific food shapes their own identity and habitus. The South African market is also staying on trend with natural health food being the top selling products in the health and wellbeing market (Health and Wellness in South Africa, 2016).

Both Kourtney Kardashian and Gwyneth Paltrow provided rather similar answers when asked the reasons behind their healthy lifestyles with wellness as end-goal. They both mentioned how it all started after having had children, how they wanted to get their pre-pregnancy bodies back and how they questioned everything regarding health, especially with regards to the health of their children (Price, 2016). This concern with their own wellbeing (primarily in terms of physical beauty) and the wellbeing of their children corroborate the gendered angle that this “healthism” industry takes. However, self-imposed surveillance and feelings of guilt and punishment often ensue when eating and exercising are not done “correctly”. This regimented and controlled way of life somehow comes across as a life rather similar to being confined to a quasi-penal institution. Following a similar routine day in and day out and strict adherence to the regime of healthy eating (and self-inflicted punishment if not adhered to) bears an uncanny resemblance to a penal institution of sorts.

These narratives of food and wellbeing in its mundanity and superficiality also reveal quite a number of contradictions that are testimony of the degree of negotiation that accompanies ideas and ideals about food and its concomitant results.

The research study will thus draw on these everyday and seemingly simple narratives of the women regarding food and their bodies as a means of answering the following questions:

How does food shape or determine their perceived “sense of self” or their identity? And how satisfied are they attaining their “end goals” with regards to food consumption and the ideas about the self?

This research study is outlined within five chapters. It starts with an introduction which focuses on explaining the study and providing an outline thereof. The first chapter will consist of the theoretical framework of the study. The ontological underpinning of the chapter consists of the social constructivism paradigm, focussing specifically on the sociology of the body, phenomenology, and feminist theories as the main theoretical lenses. The second chapter is the literature review chapter, which contains literature which mainly focuses on food, the body, and the shaping of identities.

The third chapter entails the methodological account of the study. This chapter explains the research design used for this study and discusses the data collection process in detail. The fourth and fifth chapters are the analysis chapters of the study. Chapter four focuses on the meaning the participants attach to food and exercise. Chapter five addresses how food and exercise are gendered activities. The dissertation will then be completed with a conclusion which will provide a summary of the research study.

## CHAPTER 1: THEORETICAL UNDERPINNINGS

### 1.1 Introduction

The purpose of this chapter is to explain the ontological underpinning of the research study that is presented. Broadly, I want to indicate that the body and the perceptions thereof are largely socially constructed. I will therefore adhere and develop specific theories related to this constructivist view, and will include theories that explain the sociology of the body, phenomenology and feminism. Social constructivism can be defined as “the construction of natural occurrences through human actions and interactions throughout history” (Turner, 2006: 569). The idea that encapsulates social constructivism is that the knowledge we possess about the world is merely and constantly constructed (Andrews, 2012: 39). Within the constructivist paradigm it is believed that as social animals, human beings create their realities as a group (Willis, 2007: 6). This reality is constructed through social, historical and cultural norms which operate within an individual’s life (Creswell, 2007: 21). Willis (2007: 97) states that “we make use of tools such as language to construct meaning and therefore share our understanding with other members of the group” and it is my objective to understand these meanings that others have of the world (Creswell, 2007: 21). Using micro theories to study society leads to a better understanding of the macro structures and this micro focus will provide us with a better explanation of the complex functioning within the macro realm (Ritzer, 2012: 508-509).

According to Abercombie *et al.* (2006: 353), our social and natural worlds are merely products of our cultural assumptions. We make the world our own and our background assumptions help us to define and to create the realities that we live in. Society has intervened with the study of the body and “invaded” the body, giving it new meanings and conceptualisations (Shilling, 1993: 10). What this means is that what we consider as being “natural” of the body has actually been constructed by people in specific contexts. Turner (2006: 569) mentions how social constructionists see realism as being false: this approach does not believe that an objective world exists outside of our perceptions of reality. According to this approach, the body and how we perceive it, is purely a reflection of this construction and is therefore nothing inherently natural. We have defined and

shaped the body to be in the state that it is at a given period within an historical, social and cultural context.

In terms of phenomenology, I will also concentrate on work that deals with the classic concepts of “agency” and “structure” to indicate the manners in which agents create and are created by social structures. A variety of approaches will be explained in the feminist chapter to detail the influence of this line of thinking on the body and the manner in which people internalise social forces as well as how the body can be explained through social institutions (Shilling, 1993: 75-79). Even though Michel Foucault was not a feminist theorist, some of his work will be explained in the feminist chapter as it is pertinent to this approach.

These theories were chosen and developed as they form the ontological foundation of this study. The social constructivist paradigm is essential to the overall ontology of this study as it will help explore the everyday realities of women and assist in making sense of these realities to the broader academic community regarding the study of women and their bodies. Feminism, for example, will be used in explaining the struggle that post-modern women find themselves in, in the quest of having to struggle to have presentable and ideal bodies and conforming to the manifold standards set by the media of what a healthy and a beautiful body is and what a healthy lifestyle is supposed to reflect (for women and for their families or their dependents).

Social constructivists believe that forces construct our bodies but do not necessarily mention what the forces are and what exactly they are busy constructing (Shilling, 1993: 72). This chapter will focus on explaining the theoretical lenses that will help identify the forces that influence how we construct these perceptions of our bodies. Each section will start off with a brief introduction of the respective theory and will then focus on explaining these theories through the relationship between our bodies and food. In each theory, a few concepts that specifically relate to this study will be identified as well as how it will be used in this study.

## 1.2 Phenomenology

### 1.2.1 Introduction

As human beings, we try to make sense of our everyday surroundings. Why do we do the things we do and what makes us do these things? We try to question this in order to get a clearer understanding of our human condition. Phenomenology is one of the ways in which we can look at interactions within society and try to explain it. Phenomenology can be defined as “how people actively construct social reality and how they are concerned with everyday life” and it “seeks to investigate the structure of various forms of experiences” (Inglis, 2012: 86; Turner, 2006: 438). Phenomenology is explained as an interpretive paradigm. We use the word “interpretive” to stress the fact that actors do not “know reality directly, because it has been mediated to them” (Inglis, 2012: 101).

Phenomenologists believe that society is not a “fixed objective external reality” (Overgaard & Zahavi, 2009: 93) but that actors are involved in a daily process of constructing social reality. Ritzer (1983: 190) states that phenomenology focuses on studying the relationship between the actor and the objects within the social reality because the consciousness of the actor is placed within this specific relationship and not in the actor’s mind. Inglis (2012: 86) describes phenomenology as “how a person or group of people perceives particular things around them”. It describes the “common meaning of several individuals of their lived experiences of a concept or a phenomenon” (Creswell, 2013: 76).

When using a phenomenological approach to study society, one will be studying the way people construct their realities (their everyday realities) and how they go about things in their everyday life. Phenomenologists want to know how certain acts become a habit. They specifically focus on what actors do without really having to think about it. Several classical thinkers have contributed to the phenomenological paradigm and helped the paradigm evolve over time.

The focus of this section is to explain the phenomenological theory and to indicate how the body is shaped in phenomenology. When studying the human body, phenomenologists examine the manner in which individuals experience their bodies



according to the categories made available to them by the social body (Shilling, 1993: 73). They focus on how an individual identifies her body within the larger social body made available to her within social reality.

### **1.2.2 Phenomenological Thinkers**

There are many theorists who originally contributed to the phenomenological paradigm but the work of Max Weber that looked at studying phenomena in an interpretive manner was hugely influential as he focused on the importance of the meaning that actors attach to their actions (Overgaard & Zahavi, 2009: 99). The work of Max Weber was taken up by Alfred Schutz who joined it with the work of Edmund Husserl. Schutz then concluded that the “life-world” is more phenomenological than sociological (Inglis, 2012).

The work of Edmund Husserl is very important in relation to the development of phenomenology. Edmund Husserl was fascinated by the human mind and especially the manner in which it works. He wanted to explore the broad characteristics of the “subjective view of reality”, rather than outlining its objective characteristics (Roberts, 2006: 80). He was more focused on the individual and wanted to see how the individual’s mind shapes consciousness, because the mind is directed to objects external to it (Inglis, 2012: 89, Overgaard & Zahavi, 2009: 94). For Husserl, consciousness “isn’t inferior to the actor, but it’s relational” (Ritzer, 1983: 190). To understand consciousness and the actor, one cannot separate the two. Husserl wanted to explain consciousness and saw it as being intentional and directed toward something, and that it not only perceives the world but also helps create it (Creswell, 2013: 77; Inglis, 2012: 89). He focused on the different layers of social reality that social actors create and believed that by studying each layer (of the real world, constructed by actors) social scientists will get to what is essential, which constitutes the consciousness (Ritzer, 1983: 190). Culture also became a main point of interest for Husserl. Culture is the shared belief a group of people have about something and Husserl wanted to explore this reciprocal relationship between the meanings that an individual constitutes and the shared beliefs of one’s culture (Inglis, 2012: 89). Phenomenology thus shifted towards inter-subjectivity. Inter-subjectivity can

be explained as shared meanings and perceptions (Inglis, 2012: 89). Overgaard and Zahavi (2009: 96) explain inter-subjectivity as looking at the individual and society (what they call subjectivity and sociality) as a combination. This means that something only exists in the external world because of the meaning created thereof by individual experiences. The work of Alfred Schutz will be discussed, as well as some modern influences such as Berger and Luckmann, and how they helped shape the phenomenological paradigm and the social construction of reality.

Alfred Schutz developed the work of Weber regarding social action and Husserl's thinking regarding consciousness, and combined these to form an idea related to social action (Inglis, 2012: 89; Ritzer, 1983: 202). Separately, the work of both Weber and Husserl had valid arguments but only after combining them did it take phenomenology to a more developed and sophisticated level. Weber did not analyse how individuals have an intersubjective experience of social reality (Roberts, 2006: 81) but combined with the notion of "consciousness" that Husserl focused on, Schutz attempted to understand individual and shared experiences (Inglis, 2012: 90).

### **1. 2.3 The Life-world**

Phenomenology is one of the theories that believes that social sciences and natural sciences are not the same (Mouton, 2001: 12) – a conviction that Schutz strongly emphasised. Schutz believed that social sciences cannot go about studying society by applying the same principles as natural sciences (Overgaard & Zahavi, 2009: 100) because social sciences do not study a "first-degree object", but a "second-degree object" (the actor). The actor is a second-degree object because it has already been influenced by the society within which it lives. There are a number of reasons why the work of Schutz is used within phenomenology, especially his work on how actors create social reality (Ritzer, 1983: 192). As stated earlier, Husserl believed that by studying the layers of reality created by actors, one can get to the consciousness of the actor (Ritzer, 1983: 190). Schutz improved on the work of Husserl and referred to these layers as the "strata" with the individual being the centre of it (Overgaard & Zahavi, 2009: 102). One of the most

important concepts used by Schutz to explain the construction of social reality is his concept of the “life-world”.

The life-world is the pre-scientific world that is formed by how individuals see and perceive the world, as well as how they act within it (Overgaard & Zahavi, 2009: 97; Inglis, 2012: 90). It is a world that consists of common knowledge and the manner in which this common knowledge influences what we do. Social actors have access to this lay knowledge through “learning, experience and introspection” (Mouton, 2001:13). The life-world is formed by the culture that individuals within it share and where common sense is created. Overgaard & Zahavi (2009: 100) explain the life-world as “the source that modifies our realities”.

All our realities exist within the life-world. Common sense is the knowledge we have about society and we do not question this knowledge because it has always been accepted as such. Ritzer (1983: 198) defines the life-world as the “cultural, taken-for-granted framework of social life and its impacts on the thoughts and actions of actors”. Our thoughts and actions are all influenced by the life-world, and this all takes place without us really taking note of it on a conscious level. Action and interaction is the foundation of the life-world, but it is a reciprocal relationship because the life-world in return, shapes action and interaction (Inglis, 2012: 90).

#### **1.2.4 Typifications in the life-world**

Schutz made an important division in phenomenology. He separated the consciousness of the world and the consciousness of the individual and called it the “first order” and “second order” respectively (Inglis, 2012: 90). The first order is how we experience things in the life-world, and how it is rooted in our practical consciousness. Practical consciousness is the semi-conscious state human beings are in, in their everyday life, where we do things without fully thinking them through (Inglis, 2012:87). The first order therefore is the way we go about things in the life-world without really thinking about it, like eating and buying food.

The second order categories are when someone else (usually social scientists) comes forward to try and explain these first order categories in order to make sense of it (Inglis, 2012: 90). This can be done by making use of “typifications”. Schutz defines typifications as the “recipes for actions” (Ritzer, 1983: 194). Typifications are the typical way in which we perform typical actions within society. Typifications are the knowledge available to us about everything within society and it helps us to have a better grasp on understanding our society (Overgaard & Zahavi, 2009: 102).

Schutz believed that actors make use of typifications to help create social reality and it gets us thinking about what a particular life-world looks like (Inglis, 2012: 91). An individual’s life-world is made up of those typifications he or she has experienced in the past and is currently experiencing. Ritzer (1983: 195) goes on to say that actors carry these typifications with them everywhere they go, and will use previous experiences when faced with a new social action or context. It is important to note that typifications can change when actors are faced with a situation where their typifications do not suit a specific situation. This will cause the social actor to revise her typifications (Ritzer, 1983: 195).

The phenomenological paradigm will assist to gain insight into the life-world of the participants in this study. This will be done by identifying their typifications within their first-order categories in the interviews. This will also assist in identifying their experiences with their bodies and how these experiences shaped into the habits they have but which are perceived as common knowledge. For example, the common behaviour of a certain perception of food and eating will be explored and analysed in relation to the manner in which participants formed these typifications and how these evolved to become “common sense” to them: something they do without even really thinking about it.

### **1.2.5 Social construction of reality**

Phenomenologists state that practical consciousness is the basis of social interactions (Inglis, 2012: 87). Schutz (1962: 7) explains the reasons behind this state of practical consciousness as being linked to our interpretations of the life-world which are

constructed by the previous experiences we had as well as by what has been handed down to us by sources of authority such as parents and teachers (sources of authority instrumental in our learning and socialisation). This practical consciousness is also shaped by ongoing socialisation that may at times reject previous notions into which we were socialised. Our actions and routines become part of our consciousness and we exercise these without really thinking about it or realising that we are doing it.

Berger and Luckmann are successors of Schutz and applied phenomenology to understand phenomena like identity and socialisation (Overgaard & Zahavi, 2009: 108). They focused on how people construct social reality in everyday life instead of focusing on the intellectual history of sociology (Ritzer, 1983: 209). They stated that social reality is shaped in human consciousness every day; it is not something that is biologically originated and is not part of the nature of things (Inglis, 2012: 93; Overgaard & Zahavi, 2009: 108). It is something that is being produced by individual interaction and keeps on being reproduced (Roberts, 2006: 80). For them, society is a human product: created by human beings where people are social products of this society (Ritzer, 1983: 209). Humans are created by this social reality that they have created themselves.

They specifically focus on alienation and how humans create aspects within society that might seem to dominate and estrange even themselves from their “creations” (Inglis, 2012: 94). We do things on a regular basis and thereby it becomes a habit. These habits become recipes, because we use them to do certain things in a certain way (Inglis, 2012: 95). Overgaard and Zahavi (2009: 109) explain that the theory of Berger and Luckman postulates that human society is something that is being formed and reformed by three moments: firstly, we externalise things, then secondly, we objectify these things, and then lastly, we internalise them.

### **1.2.6 Externalisation, institutionalisation and internalisation**

Actors create human activity through externalisation: we interact with several social actors and produce behaviours that we believe we need in order to survive (Ritzer, 1983: 210). Through externalisation, actors’ habits become routines and become objectified. They

start engaging in activities with pre-set actions and believe that it is the “only and natural way” of doing things (Inglis, 2012: 95). When this happens, actors believe that social reality is objective and it exists without any interaction from social actors and it cannot be changed. This is known as objectification.

“Institutionalisation” is the process of typifications becoming habits and being perceived as fixed and unchangeable (Inglis, 2012: 95). Institutionalisation is linked to objectification as human activity is largely controlled through institutionalisation because we believe that social reality is objective and that we cannot do anything to change it (Overgaard & Zahavi, 2009: 109). Holmes (2010: 104) states that actors are being controlled through abiding to social means.

The last step, “internalisation”, is the most important part because it is how we take the typifications of our immediate surrounding (be it from our parents, teachers, peers, media, etc.) and internalise them to help us perceive our life-worlds. We use these typifications to create our own realities and then later believe that this is a concrete reality that we cannot change. This is what Berger and Luckmann call the “paramount reality”. This is when we perceive reality as something which is unavoidable (Inglis, 2012: 96). This leads us to believe that things have always been the way they are right now.

The work of Berger and Luckmann will be very important within this study. By using their work on how actors construct social reality, I will identify how the participants in this study create their own social reality through the three stages named by Berger and Luckmann, namely: externalisation, objectification and internalisation. I will start by identifying how the participants externalise certain activities and certain lifestyles, the manner in which these new practices become objectified and “institutionalised”. Through this objectification, I will be able to identify that the world of consuming healthy food exists outside of them and how they institutionalise it to a point where it controls their actions, routines and thoughts. I will then lastly identify how the participants internalise these new lifestyles and habits (such as consuming and preparing healthy food and leading a healthy lifestyle) and how it became a concrete reality to them.

### 1.2.7 Embodiment

As phenomenology developed, it started focusing on the world from the perspective of the human being (Inglis, 2012: 101). This is known as “*existential phenomenology*” which Kotarba (2009: 140) defines as the “study of human experience in the world” and how they perceive the world around them. For Allen-Collinson (2011: 301), existential phenomenology places the human body at “the centre of human experience”. Existentialism has a degree of rebellion to it: it focuses on how individuals go against their culture and what they have been taught and gives them a sense of freedom to make their own choices regarding their lives and to help them to achieve the sense of ‘becoming’ (Kotarba, 2009: 142). The work of Maurice Merleau-Ponty is evident within existential phenomenology. For Merleau-Ponty, the world should be perceived from the human body, and he describes the body as being the “fundamental experience of human life” (Kotarba, 2009: 146, Macann, 1993: 161). He describes the body as “something than can see and can be seen” and that the notion of the body must always be understood as having a “degree of situational reversal” (Allen-Collinson, 2011: 302).

The body can be used as an instrument in life: just as the body uses instruments (such as reading glasses) to improve and make possible its functions, the body can be used as an instrument to help improve the functions of the individual in society (Kujundzic & Buschert, 1994: 212). For Meara (2011: 20) the body, according to Merleau-Ponty is an active agent that organises the world of the individual through perception rather than just receiving the world. Rather than stating that each individual has a body, McCormick (2010: 70) states that the existence of the body is “indispensable to the consciousness”. The body and consciousness are one and cannot be separated, therefore the perception that we have of the world is always embodied (Inglis, 2012: 102).

Merleau-Ponty rejected the mind-body dualism and believed that the mind and the body cannot be separated as they are one entity (Inglis, 2012: 102). He stated that everything begins with the life-world. The purpose of existential phenomenology is about “becoming” (Kotarba, 2009: 140), and that the human being isn’t a fixed object but is continuously changing and becoming rather than already being.

By making use of the work of Merleau-Ponty within existential phenomenology, it will allow me to identify how the participants in the study are one with their bodies and how they use this instrument in their everyday lives. I will draw on the work of Meara (2011: 18) to help identify how the participants organise their worlds through their bodies and that our perceptions of the world are embodied within us. As Kujundzic & Buschert (1994: 208) explain, there are meanings within a person's bodily movements and gestures. By focusing on the participants' bodies and the meaning attached to it, it will enable me to understand what influences their choices regarding food and overall lifestyle.

The following section will focus on the work of Pierre Bourdieu and how he drew from the work of Merleau-Ponty: rejecting the mind body dualism as well as the classic dichotomy found in sociology between agency and structure (Bourdieu & Wacquant, 1992: 20).

### **1.3 Structure and Agency**

The structurationist theory has elements that could be linked to the phenomenological theory. Rather similarly to phenomenology, the structurationist paradigm explains that social actors are indeed those who reproduce and transform society and are in return controlled by it (Inglis, 2012: 208). Objectivity and subjectivity are explained through the usage of two terms, namely: structure and agency (King, 2005: 216). Structure refers to the "fixed, objective, generalised features of social life" and agency is the actions performed by the social actor/groups (King, 2005: 216). Structurationist theory seeks to combine the objectivist and subjectivist extremes to explain that agents do not only create social structure but are also created by it (Inglis, 2012: 209). Structure will be reproduced over time by agents through culture that links these two (King, 2005: 217).

Anthony Giddens states that social structure is created through the practices of agents, these practices are shaped through their routinised everyday activities, and therefore social structure is nothing more than the "routinised practices" of individuals (Inglis, 2012: 209, Ritzer, 2012: 524). Holmes (2010:108) believes that embodied experiences exist because of routines that have been constructed in an actor's habitus. "Habitus" refers to



the well-known concept developed by Bourdieu and refers to “principles which reproduce the practises of social life” (Bourdieu, 1987, in Holmes, 2010: 108).

### **1.3.1 Habitus and Field**

Habitus can also be defined as the “internalised social structure” (Bourdieu, 1984, in Ritzer, 2012: 531) that have been made available to individuals through the socialisation they received from a very young age that influences the way they do things within society (Inglis, 2012: 214). The habitus exists solely within the individual (Bourdieu & Wacquant, 1992: 16).

Ritzer (2012: 526) defines the habitus as the “cognitive structures” that people make use of to help them deal with the social world. It operates within the individual and serves to combine the “objective social forces with the subjective bodily actions” (Bourdieu & Wacquant, 199: 18, King, 2005: 222). It refers to the things that we do without thinking: things such as what to eat and drink, how to walk and talk that we learn through socialisation, and that can later be thought of as second nature; we start doing it without giving much thought to it and the habitus is the result of that (Holmes, 2010: 108, Inglis, 2012: 214). The socialisation that shapes the habitus can be both mental and corporeal: where the mind and body of an individual is shaped to resemble the social group’s habitus (Inglis, 2012: 214). It is within the habitus where an individual gets socialised into certain lifestyles and consumption patterns of a group (Paterson, 2010: 44). The explanation of the body in the discussion of the habitus resulted in what Bourdieu states as the “body as a signifier in social interaction” (King, 2005: 223). King (2005: 223) goes further to state that the body is a medium of expressing an individual’s social status. According to Holmes (2010: 110), the body communicates the type of person that an individual is, so therefore it is important to maintain the body. The body and the food we consume becomes a way in which we can distinguish ourselves from one another (Paterson, 2010: 45)

The habitus functions within the field, which is a “range of separate structures” that consists of social relationships that exist within the social structure (Inglis, 2012:217, King, 2005: 223). These are structures such as education, health and religion and each of these

specific fields consists of its own unique values and principles (Bourdieu & Wacquant, 1992: 17). It is the habitus of an individual that allows her to be positioned in a specific vantage point (or not) within a field, and it's the position that an individual holds within a field that influences her habitus (Inglis, 2012: 218, King, 2005: 224). How you have been socialised will influence where you are positioned within a specific field and your position in a field will influence your way of going about social life in all its various fields. This is what Ritzer (2012:536) calls the "dialectical relationship between habitus and field".

### **1.3.2 Cultural capital**

The combination of an individual's habitus and capital allows her to enter specific fields. Capital is the advantages that help an individual succeed within a specific field (Inglis, 2012: 218). Bourdieu & Wacquant (1992: 16) refer to capital as the power that an actor has to help her in the relations found within the positions in the field. There are different types of capital that actors can use within a field, but for the purpose of this study, I will focus specifically on cultural capital. Cultural capital refers to the knowledge that actors have available to help obtain a status within a field; that has some form of "social prestige" attached to it; that can help them progress on the hierarchal ladder within a field (Inglis, 2012: 218, King, 2005: 224). For Paterson (2010: 43), cultural capital is nurtured within "the lifestyle of a class". The field of health and nutrition would require cultural capital, because individuals will need knowledge about the nutritional value of food as well as the specific status that foods and a healthy, active lifestyle carry. There is also the symbolic value of holding this form of capital as it will often have a corporeal dimension that conveys a very specific meaning to others in our context of bodily awareness.

Within my study I focus on how the field of health and nutrition has influenced and shaped the habitus of the participants. I will focus on the habitus of the women and how they shaped their actions into "common sense" ways of going about life. The study will also focus on the socialisation of children and partners of the participants and how they are teaching their children about nutrition and the maintenance of the body. Within the field of health and nutrition, cultural capital is of great importance. The participants must have

sufficient knowledge available that will help them decide on which foods are acceptable to consume and what makes it acceptable. They will have knowledge on the specific foods to consume that will help them create a specific body image which they will be satisfied with.

## **1.4 Feminism**

### **1.4.1 Introduction**

As explained in the phenomenology section, phenomenologists such as Maurice Merleau-Ponty rejected the mind-body dualism (Inglis, 2012: 102). Witz (2000, cited in Adkins, 2005: 237) states that the mind-body dualism is also a gendered dualism and that in classical sociology, women are mostly being linked to the body and emotions on the one hand, whereas men are associated with the mind and rationality on the other hand. Whenever the body was discussed in classical sociology, women were closely associated with it (Adkins, 2005: 237).

Feminism is the second theory that will be discussed as part of the social construction of the body. Feminist theories have often been considered an add-on to social theory, whereas feminists want it to be an instrument that will change the existing social order, largely based on invisible patterns of patriarchy (Inglis, 2012: 235). Feminists believe that the position of a woman within society has been shaped to a great extent by society and economic and political institutions, and that the body of a woman is not considered as natural, but rather as a socially constructed 'product' (Inglis, 2012: 237).

There are several definitions of feminism and the use of the contentious term depends greatly on the feminist approach that one is referring to. Ritzer (2012: 454) defines feminism as: "A generalised, wide-ranging system of ideas about social life and the human experience developed from a woman-centred perspective". Another definition for feminism is that there is an "intense awareness of identity as a woman, and an interest in feminine problems" (Singh, 1997: 21). This theory is of great importance in relation to this study as it will provide the basis to understand women's position in society and how feminists see the body as a construction of society and not as a neutral, biological given.

The work of Michel Foucault is of great significance in this chapter because of his work on power and discipline and how social institutions wield the necessary power to internalise discipline among social actors within society (Holmes, 2010: 104). Some feminist theory has used the work of Foucault to explain how social actors are controlled by social institutions, such as the health and fitness industry, and how human beings especially women, will never be considered as being totally free (Holmes, 2010: 104). Phenomenological feminism is also be discussed in this chapter as it is this theory that states that the female body is constructed, and that those specific bodily dispositions (i.e. habitus) are transmitted to social actors (Inglis, 2012: 253). The process of socialisation of females in society is considered as the instrument that leads to the social construction of the female gender and sex, as indicated by post-modern feminists such as Judith Butler.

This part of the chapter starts with a description of the feminism theory, its origins and current manifestations. The work of Michel Foucault and the manner in which power functions within post-modern societies is also explained. The chapter concludes with a section focusing on phenomenological feminism and the importance of combining these paradigms.

#### **1.4.2 Historical overview**

Unlike popular belief, feminism has been around for a long time. There are feminist writings that can be traced back all the way to the 1700s and a landmark victory in the liberation of women can be traced back to the 1920s when the vote for American women was won (Singh, 1997: 13). However, this did not give women a total sense of liberation that they initially searched for. When consulting classical sociological theorists, we barely see any mention related to women or the inclusion of their thoughts. It is not that they were not present and writing, but deliberate attempts were made to exclude women's voices from the sociological canon (Ritzer, 2012: 455).

Ritzer (2012: 458) declares that the rise of the importance of women was influenced by important social events such as wars (Cold War and both World Wars), the aftermath of

the wars and The Great Depression. Feminism has been placed within three waves in history, each wave having its own specific goal.

The first wave of feminism is regarded as a political movement that branched out of the anti-slavery movement, and was focused on getting women the right to vote (Ritzer, 2012: 457). Ritzer (2012: 457) also states that this movement started in the 1830s but can be traced back to the 1790s, with the writings of Mary Wollstonecraft against the unequal treatment of women by men (Inglis, 2012: 245). Conferences on the rights of women have been held annually from the year 1848 (Hole & Levine, 1986: 440) and they all had one goal; to get women to be equal to men. These women fighting against the political boundaries in the first wave identified themselves not as feminists, but as “advocates” or “defenders” of women (Singh, 1997: 14).

The second wave of feminism started in the 1960s and 1970s and used the political platform to strive towards equality within economic and social institutions (Inglis, 2012: 236; Ritzer, 2012: 457). For the first time, personal problems of women came into consideration with the widely-used slogan “the personal is political”. This wave focused on how women are being dominated within social institutions (at work and at home) by men (Inglis, 2012: 236). The concept “*gender*” was also established in the second wave and the effects of second wave feminism can still be identified today (Ritzer, 2012: 456). According to Inglis (2012: 237), third wave feminism started in the 1980s and focused on the diversity of women within the post-modern societal context and the varying degrees of difficulties they face (Ritzer, 2012: 458). Post-modern feminism was also about allowing more freedom to both men and women to choose their own identity that might not be in line with dominant heteronormative ideals.

### **1.4.3 Post-modern Feminism**

Post-modern feminism is regarded as the “cultural turn” in feminism, as described by Inglis (2013:246), because of the new focus on the “mutating complexities of culture”. As stated by Ritzer (2012: 458), post-modern feminism is characterised by an acknowledgement of the diversity of women. This diverse entity of the so-called

“homogeneous group called ‘women’,” faces very different situations. Theorists of this wave of feminism argue that the cultural forms and discourses (that are created, defined and dominated by men), control the construction of all people’s experiences in life, especially those of women (Inglis, 2012: 246). For Adkins (2005: 243), the social positions that women hold within society, as well as their identity, are products of powerful men’s creations that take its form from the daily interactions (mediated through discourses) that take place between men and women.

Post-modern feminists turn to the work of Michel Foucault to help them understand discourses and the deconstruction thereof. Brooks (1997: 49) expresses that Foucault’s concept of discourse enables us to understand that discourses are “products of specific conditions of existence”. For Foucault, the object which discourses classify as being “real” was brought into existence by that very same discourse (Inglis, 2012: 181). Foucault believed that the ‘rational subject’ is nothing more than a fiction produced by discourse (Branaman, 2010: 139). Inglis (2012: 246) states that discourses form the society we believe to be “reality” and that post-modern feminists should deconstruct the belief that these ‘male-centred discourses’ are in fact, the truth. Post-modern feminists believe that the biological functions of the body get conflated with social characteristics and social expectations (McNay, 1992: 17) and their theorising aims at destroying these myths.

Within the post-modern society, it is posited that the differences between men and women are nothing more than socially constructed differences (Inglis, 2012: 246). According to these theorists, there is not just the gender differences between men and women but even biological differences which were believed to be fixed. Theorists such as Judith Butler believe that even biological differences between sexes are socially constructed. Butler was inspired by the work of J.L Austin on how things only come into existence once subjects speak about it (Inglis, 2012: 248). This leads to Butler proclaiming that our identities are ‘fictions’ (Sawicki, 1994: 299), and in *Gender Trouble* (1988: 3) she states that sex is not a concrete category and that “the individual subject is never exclusively ‘male’ or ‘female’ but always in a state of contextually dependent flux”. Holmes (2010: 105) quotes the work of Kate Millet where she states that even the biological differences

between men and women (such as strength) are culturally stimulated (and not naturally) through diet and exercise habits.

#### **1.4.4 Power**

Foucault was a philosopher but his work is of great significance for feminism and according to Barret (1991: 147, in Brooks, 1997: 52) it is because of his critique of “the ‘sovereign’ subject of humanist discourse” and his “displacement of social class from theorisation of subjectivity”. Foucault studied power through discourses found in institutions such as medicine and prisons (Foucault, 2012: 289). His work on power is extremely influential in feminist theory, especially the manner in which power produces disciplined bodies (Holmes, 2010: 104).

Power has evolved throughout time and history and went from being a ‘means of deductions’, to deduction being merely another component of power among others such as to control, to organise and to reinforce forces under it (Foucault, 2012: 296). Power was something that the ruling class possessed, but as it evolved through time and history, it became something that was exercised by numerous institutions and not specific agents (Brooks, 1997: 51). Therefore, we can understand that power is a relation and not something that someone possesses (Schirato *et al.*, 2012: 45).

The focus for Foucault was on the manner in which power developed to become a form of repression (Brooks, 1997: 48). He questioned how power as repression became dominant when power is both negative and positive (Inglis, 2012: 182). Understanding power as repression means that it is linked to disobedience and this disobedience led to the domination of power as repression and it also led to the positive effect of power, such as self-discipline and internalised discipline to be submissive (Foucault, 2012: 307). Therefore, it is the positive things, such as creativity, pleasure and the forming of knowledge that allows agents to be obedient towards power (Foucault, 2012: 307; Inglis, 2012: 182). Power is a term that coincides with punishment in the work of Foucault, and in the traditional sense of the two concepts, punishment was inflicted on the body of the criminal. But modern forms of punishment “demands an inner transformation” (Gutting,

2005: 81) and a way of transforming the individual's way of thinking (Bartky, 1988: 106). This is present in the growing consumer society as products and services that are made available to people, who in turn want these products and services that ultimately control them and their ways of thinking (King, 2004: 35).

Foucault studied the prison institution to understand power and power relations. He explains how Bentham's Panopticon functions as a theoretical model and how any institution can function like the Panopticon (Sawicki, 1994: 293). Within the prison the prisoners were made to believe that they were permanently visible by the guards (who had 'power'), but they could not see these guards, which led to Foucault stating that "invisibility is a guarantee of order" (Foucault, 2012: 315). If social agents are aware that they are permanently "visible" to social institutions, it leads to a full-functioning of power over the social agent. Even if social agents are not permanently visible to social institutions, they have developed a sense of self-surveillance and will act as if they are being watched closely (Rail & Harvey, 1995: 167). Bartky (1988: 99-100) focuses on the modernisation of patriarchal power and notices how diets and dieting, often aimed and adhered to by women, imitates the manner of a school or prison timetable. They get imprisoned in their own panopticon and develop a feeling of 'being watched' as the gaze of the other is constantly on the symbolic messages sent by corporeal presentation (Rail & Harvey, 1995: 167).

By explaining power through the panopticon, Foucault came to the realisation of how surveillance "compels people to discipline themselves" (Holmes, 2010: 105). Therefore, agents are disciplined because they believe that they are being monitored through the power of social institutions and as such, internalise this monitoring and act according to the "rules" by their own accord. This power does not belong to one institution but rather flows through a web of institutions and individuals (Rail & Harvey, 1995: 166). Bartky (1988: 103) states that it is "this absence of a formal structure that creates the impression that the production of femininity is either voluntary or natural".



### **1.4.5 Phenomenological Feminism**

When studying the body within society, one must not neglect the biological component thereof. Marshall (1996: 254) records several studies where the body disappeared in the self while being researched. The work of Elizabeth Grosz is used by Marshall (1996: 255) to explain that corporeal feminism can only be studied by making use of both the lived experience of the subject (phenomenology) and how the body is presented as a canvas to others, specifically in culture, as an “inscriptive surface”. Phenomenological feminism draws upon phenomenology to theorise gender oppression in post-modern societies, and both phenomenology and feminism complement each other in developing this line of thinking (Fisher, 2010: 85; Inglis, 2012: 252; Stoller, 2010: 97).

Simms and Stawarska, (2013: 11) define phenomenological feminism as a “critical phenomenology” as it strives to work on “understanding the pervasive influences of ideology, politics, language and power structures as they constrain and construct the lived experiences of people”. Feminist writers working within the social constructivist perspective know that it is important to display that that which we have accepted as knowledge in society isn’t necessarily a scientific process, but rather a construction, orchestrated through “social power groups” who create their own idea of ‘reality’ (Allen-Collinson, 2011: 302). All the knowledge available to us about the female body has been constructed and it is important to clarify that it is not the ‘natural’ body that we have been taught to accept. This is important to the study, as it will focus on identifying what the perception of the “ideal” image of the female body means to the participants and how they acquired this knowledge which they might believe to be as the ‘natural’/ ‘how-it-has-always been’ knowledge.

### **1.4.6 Bio-power and social institutions**

When studying the body through phenomenological feminism, the power of social institutions over the body is of great importance because it is not only institutions of medicine and science that influence the body but also social institutions (Holmes, 2010: 102). The 17<sup>th</sup> century saw the beginning of an era of ‘bio-power’, which can be defined

as the “explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of bodies (Foucault, 2012: 298). This bio-power as explained by Foucault influenced phenomenological feminism and has been one of the elements in the emancipation of the female body from the male-influenced culture industry (Inglis, 2012: 248).

Institutions of modernity were studied critically by Foucault as he believed that they ‘used’ the self to gain social domination (Branaman, 2010: 138). It is believed that these social institutions contain power which have a patriarchal influence and control over the mind, and equally important, the body of women (Sawicki, 1994: 290). Branaman (2010: 139) describes “the self” in modern society as “an instrument for modern social control”. Social institutions have taken control over the self and implanted an idea of what the self should be like and how bodies should look like.

Sawicki (1994: 291) explains how industries such as those focused on fitness and fashion subjugate women by creating norms that women (and men) live by and in that process, it takes power away from women and then control them inadvertently. The culture industry exchanged critical human consciousness with conformity to what is socially defined as the status quo (Branaman, 2010: 138). These norms lead to women, as well as men believing that their bodies have to look a certain way and if not, they can be condemned by other people (Inglis, 2012: 254). Those influenced by these norms have a belief that if they do not look like the ideal figures presented to them by the culture industry, will not be perceived as acceptable and coveted. For Bartky (1988: 101) women have an internal “panoptical male connoisseur” who judges them on their everyday appearances.

Susan Bordo followed Foucault’s line of thinking when she explained that the body is shaped by cultural practices but that these cultural practices also influence the lived experience of women and their bodies (Sawicki, 1994: 291). Marshall (1996: 262) refers to her personal data recorded throughout her pregnancy and states that her sensations of her body were comprehended through the ‘descriptions and prescriptions’ she researched on pregnancy, and she therefore perceived these sensations as not being hers. Coming back to the point of the influence of the culture industry on the body, Bordo

claims that the culture industry maintains power through the “social manipulation of the female body” (Sawicki, 1994: 291).

The presentation of the female body in post-modern society will be significant in this study. By focusing on the work of Foucault and how he explains the influence of power and bio-power by social institutions to uncritically and unobtrusively oppress the female body will be the underlying theme of this study. I will make usage of phenomenological feminism and the way in which it studies the influence of patriarchal culture industries that come to control women and how it creates an internalised “panoptical male connoisseurs” as explained earlier through the work of Bartky (1988: 101). What stood out for me is the manner in which social norms subjugate women in that they feel like they must look a certain way that is presented to them and how most women will not be perceived as female or feminine (and desirable) if they do not conform to these norms. This work will lay the important foundation for the interviews with the participants of this study and will be of great importance again with the analysis of data.

## **1.5 Chapter Overview**

When studying the body in Sociology, it is important to focus on the naturalist-, the social constructivist- and the phenomenological approaches. For the purpose of my study, I focus specifically on the social constructivist approach which led to the discussion of two theories for this research namely: phenomenology and feminism.

The chapter started with a discussion on phenomenology and an overview of some of the phenomenologists who contributed to this paradigm. Phenomenology explains reality as something we as social agents are actively involved in. We shape our realities on a daily basis and it is a reciprocal, intersubjective relationship. The work of Alfred Schutz is the most important because of his efforts to combine the sociology of Max Weber and the phenomenology of Edmund Husserl. His work on the life-world and the first- and second-order categories will be very influential in this research as it will focus on the bodies of the participants as lived experiences (Inglis, 2012: 92). Phenomenology looks at how we

construct our social realities, through things such as our first-order classifications, our typifications, and how we habituate things and later institutionalise them.

The social construction of reality, as explained through the work of Berger and Luckmann, focuses on how social actors create reality in their everyday lives. For Berger and Luckmann, reality is not an object but exists because it was and still is being created through social interaction (Ritzer, 1983: 209). The process of social actors externalising, objectifying and internalising things, explains how we form society and accept socially constructed “realities” (Overgaard & Zahavi, 2009: 109). This process will be one of the main elements of this research, as it will help to understand how the participants create their social environments in which they interact. When studying the body in society, an important reference is the work of Maurice Merleau-Ponty. Merleau-Ponty explains that the world we live in should be perceived from the human body (Kotarba, 2009: 164). This is important for this study to understand how the participants use their bodies as an instrument in everyday life.

This phenomenology section of the chapter concluded with the work of Pierre Bourdieu on habitus, field and cultural capital. The work of Bourdieu can be used in phenomenology as it links up with how social actors reproduce society, but focuses more on how they end up being controlled by what they created (Inglis, 2012: 208). These specific ideas were chosen because of their relation to the study. Bourdieu’s explanation of cultural capital will help to grapple with the manner in which participants use their knowledge and resources available to them to help them make informed choices about food, health, their bodies and those of their dependents.

The second theory that is important to this study is feminism. Feminism movements started in the early 18<sup>th</sup> century and have been present ever since. There are three waves of feminism and each has its own goal and focus for this paradigm. The first wave focuses on the political and economic rights of women and issues of equality vis-à-vis their male counterparts. The second wave feminism’s famous slogan was “the private is political” and concentrated on the exploitation of women in their private and in their professional lives. The third wave feminism focuses on celebrating the differences among women (and men) in terms of class, privilege, race, geographical distribution, age, sexual orientation,

etc. (Inglis, 2012: 235-236). The section started with an explanation of the history of feminism, as one can only fully understand the present after studying the past.

Post-modern feminism and its focus on the diversity of challenges women face is an important section. Post-modern theorists argue that culture industries largely control women and these industries are influenced and dominated by male-centred perspectives shaped by dominant discourses (Inglis, 2012: 246). These feminists agree that differences between men and women are socially constructed (Inglis, 2012: 246). This leads to theorists such as Judith Butler to express that sex itself is socially constructed because it is not a fixed notion (Butler, 1988: 3). Post-modern feminism was influenced to a large extent by the work of the philosopher, Michel Foucault. Foucault's work on power helped theorists conclude that power forms disciplined bodies (Holmes, 2010: 104). Foucault explained how power worked in prisons and explained this phenomenon through Bentham's panopticon (Sawicki, 1994: 293). For Foucault, all institutions function like the panopticon in the sense that the invisibility of power is often a guarantee of social order and concomitant self-discipline.

Another section that relates to this study is phenomenological feminism. Phenomenological feminists argue that gender differences are learned (Inglis, 2012: 253). Again, the work of Foucault is very influential, as his work on bio-power was explained in this section. Phenomenological feminists believe that social institutions, like the fitness industry, use bio-power to create norms that come to control women and to gain social domination (Branaman, 2010: 138; Sawicki, 1994: 291).

The phenomenological and feminist theories will serve as the ontological basis for this specific research study. Each section explained in this chapter links up with the study and can and will be used in the interview process as well as in the analysis of the findings.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

One of the main study fields of sociology that has burgeoned in the last couple of decades is the sociology of the body. It emerged notably in British sociology at the beginning of the 1980s and has been influenced to a large extent by the work of Maurice Merleau-Ponty, Michel Foucault, and Bryan Turner (Bryant & Peck, 2007: 90). It consists of a variety of areas of interest such as the symbolic significance of the body, the study of health and illness, and the overall importance in theorising the body within social theory (Featherstone & Turner, 1995: 3-6).

Food has always been considered a biological need, something all living beings have to consume in order to stay well and alive. However, food has evolved into a social signifier. The sociology of food has evolved to the extent that its consumption has become a status symbol in modern society. Food is a mode of communicating one's wealth, one's cultural capital and one's concomitant status within various contexts.

The purpose of this chapter is to point out the importance of these two fields of specialised enquiry that will inform the current study that relates to middle-class, fitness aware women and their perceptions of food, food consumption and the influence that it has on their self-image and their overall identity. It will explain how the sociology of the body and food came about, which theories influence these fields and how these theories relate to this study. The shaping of our self-identity will be explained together with the section which focuses on the sociology of food as the two themes are interrelated.

The purpose of the second section is to explain the different concerns people have about food, the social factors that influence our food choices as well as emerging issues with food. This paper will then conclude with a focus on how our body image and our food choices influence our identities.

## **2.2 The Sociology of the Body**

### **2.2.1 Introduction**

For years the body has been considered as limited to the medical gaze only but that has changed because of its profound connection to social life in general (Nettleton, 2013: 1). From a sociological perspective, the body is no longer considered as just a biological object but is seen as a social one too. Our genetic make-up is no longer the only factor that should be examined to try to understand the body but the manifold social activities people take part in are now also being examined and studied. The body has always been mentioned in sociology, but was never studied in its own right. It has always been studied within the larger systems known to sociology such as class, gender, health and sexuality (Ritzer, 2005: 63). According to Howson & Inglis (2001: 301) the body was always treated as an 'add-on' field of study, just like gender. However, this has changed dramatically as the body is now studied as an individual subject worthy of earnest scientific enquiry.

Scott & Marshall (2009: 4157) define the sociology of the body as: "the study of humans as embodied persons, not just as actors with values and attitudes. It is the exploration of the cultural meanings attached to our bodies, the way they are controlled, regulated and reproduced". This definition states that the body is more than a biological being but a cultural one too. It involves studying the social actor and the social actions they partake in (Turner, 2009: 516). It looks at how society controls our bodies, how it regulates it and how bodies are being reproduced in society. To understand the sociology of the body we need to look at how it emerged and the theories that influence it.

### **2.2.2 Emergence of the field**

The sociological study of the body can be considered a rather recent phenomenon as the founding theorists of sociology had scant reference in relation to the body (Shilling: 2007, 2). Although it was not discussed in the work of the early theorists, some traces of the body can be found in the works of Erving Goffman and Norbert Elias (Turner, 2009: 515). Goffman focused on the corporeality of social interaction and order, which is the

foundation of the body in society because the body is a model of social interaction (Howson, 2004: 9).

The sociology of the body originated in Britain when medical sociology developed as a recognised field of inquiry in the 1980s (Turner, 2009: 515). The historical development of sociology focused more on studying the mind, not the body because it was considered that the mind is detached from the body. These classical theorists valued the mind over considerations of the body in a truly Cartesian approach to studying people (Howson & Inglis, 2001: 299). This Cartesian dualism of the body and the mind had a major influence on the emphasis of the mind over the body in sociology (Howson, 2004: 9). It was considered that the mind was the subject which contained the entire arsenal of references sociologist needed to explain our activities in the social environment. Consequently, the body was not deemed important and was largely neglected.

As the field of the body in sociology evolved, it criticised this Cartesian dualism where mind and body are split and preference is given to the mind. Turner (2000: 489) refers to the work of the philosopher, Spinoza as an alternative to the dualism and focused on the parallelism of the body and the mind. He states that they are interconnected and responsive; the actions of one will always lead to counter-reactions in the other (Turner, 2000: 489).

### **2.2.3 Approaches to the body**

The sociology of the body identifies three approaches that can be deployed to study it: the naturalistic -, the social constructionist- and the phenomenological approach (Nettleton: 2013: 98).

The naturalist approach states that all human behaviour can be explained through biological examination. However, the field has shifted from the naturalist towards the social constructionist approach. This took place because nature, including the body, has become something that can be commanded and is no longer 'fixed' (Hancock *et al.*, 2000: 2). There are new ways of controlling your body and shaping it through the modification



of your genetic data, which supports the work of Hancock *et al.* Biohacking, is one of the new ways in which technology can alter your DNA to shape and reshape the body. Biohacking refers to the “usage of systems and self-experimentation to take control and upgrade your body, your mind and your life” (Birks, 2015: 105).

The social constructionist approach explains the body in terms of the effects of discourses which describe bodies. This approach states that the body is socially created and constructed and is not a natural phenomenon (Ritzer, 2007:326). Research on the body image concerns of pre-adolescent girls by Dohnt & Tiggeman (2006: 141) revealed that by the age of six years, girls already desire a thinner figure and has already internalised the beauty and body standards of society. This approach consists of the notion that the restrictions of nature can be socially constructed through social actions (Turner, 2000: 493). Several research studies have been done on how the body is socially constructed, and even focused on how culture has an influence on the social construction of the body. Kruger *et al.* (2002: 422) conducted a study in the North-West province in South Africa on physical inactivity being one of the contributing factors of obesity among some black<sup>1</sup> African South African women, and has found that losing weight was not seen as a priority for the women because obesity was not looked upon with disfavour. The results of a study conducted by Mvo *et al.* (1999: 27- 29) proved that some “black” African women believe that a bigger body is “regarded as a token of well-being” and that a thinner body is often associated with “difficult and stressful times”. This social constructionist approach is influenced by the feminist movement and the manner in which it rejected the idea of a natural body and steered towards the ‘social body’, with the work of theorists such as Judith Butler and bell hooks who question the “essentialism” of the natural and anatomical body (Turner, 2000: 492 & Turner 2009: 514).

Sociologists study the six main areas in the sociology of the body which are: the symbolic significance of the body; the active role of the body in social life; differences between gender and sex; body and technology; the study of health and illness; and sport

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<sup>1</sup> Within the study, I will refer to “black” South Africans. This is just to showcase the social construction of race in South Africa, “Black” refers to all groups that were disadvantaged in the past (Black, coloured, Indian) whereas “white” refers to South Africans who can be considered to be of European origin.

(Featherstone & Turner, 1995: 6). There has been a shift from focussing on the external environments in which the body participates is, to the internal environment which is largely achieved through the sociology of the body (Shilling, 2007: 7). It focuses on meaningful bodily experiences (linked to notions such as image, health, and body consumption) and an ecological balance in society at large (Shilling, 2007: 7).

## **2.3. Sociology of Food**

### **2.3.1 Introduction**

Food has shifted from being considered a biological need only to having a host of social significances (Scott & Marshall, 2009: 259) especially related to time and place. Before, it was seen solely as something we as living beings need to consume in order to stay alive and well. However, the type of food a person eats can be considered a status symbol. The food we choose to consume is revealing of many social, psychological, and economic characteristics. Health is not the only influence that is taken into consideration when we choose certain foods to consume (Steptoe *et al.*, 1995: 268).

The sociology of food is a sub-field in sociology that is expanding at a fast rate. According to Scott & Marshall (2009: 259), there is an interest in understanding food sociologically that stems from “a reflection of the growing social and cultural significance of food in affluent industrial societies”. It basically states that the social and cultural meaning of food is now more significant compared to the biological meaning. Food and its consumption reflect a cultural behaviour, because it is in their different cultures where people learn the meaning that certain foods carry (Sills, 1968: 508). We learn to identify cultures through the food that they eat and we link the food to them.

Humans have two relationships towards food according to Fischler (1988:275): we have a relationship towards food that runs from the biological to the cultural and the second relationship runs from the individual to the collective. Our biological needs changed towards cultural needs, and what the individual consumes, moved toward what the collective as a whole also consumes.

We can identify the new perceptions on food and how it has changed over time and even though there are different concerns around food, one main theme prevails: we all need food to survive (Ward *et al.*, 2010: 347). To understand the social and cultural significance of food, we need to look at it all the frameworks of this sub-field. To understand how food shifted from being a biological need to a social signifier we can examine it from three frameworks. Devine (2005: 121) describes these frameworks as the temporal -, the social-, and the historical framework.

### **2.3.2 Food: changes in consumption**

### **2.3.3 Temporal framework**

The temporal framework uses time to explain the social significance of food. This framework focuses on the reasons why people change their choice in food over time. According to Devine (2005: 122) there are four main points on how people's food choices change over time.

The first aspect is that food choice trajectories stay moderately stable and there might only be a few major turning points on the food choices a person makes. The food we choose at the present moment is the food we have grown accustomed to over time. We choose food that we are used to and that we have always known. If a person has been eating healthy food since a young age, it is likely that the same person will still consume healthy food. Scrob (2016: 101) conducted research on the early familiarisation of food and found that early familiarisation with food “would promote this lifestyle throughout adulthood”. This was also the result of research by Videon & Manning (2003: 365), where they proved that the eating habits of adults were formed during adolescence.

The second point about our food choices is that we involve our thoughts, feelings and actions in our choices (Devine, 2005: 122). Our food choices stem from our feelings; why we choose the food we choose. Lindeman & Stark (1999: 141) state that there are four reasons why we choose the food we do. Firstly, we consider the practical reasons like the price and convenience of the food. Wethington & Johnson-Askew (2009: S76) state that

economic circumstances a person faces during childhood can have a permanent effect of the dietary preferences during the life course. Secondly, we choose food based on temporary reasons like our mood. A lot of research has been done regarding the influence of emotion and mood on our food choices. The type of food we consume and how we consume it can be affected by our emotions. Lyman (as cited in Canetti *et al.*, 2002: 158) states that healthy foods are consumed more when people experience positive emotions and that people tend to consume the 'not-so-healthy' junk food when they are experiencing negative emotions. It has also been proven that the consumption of food can cause people to experience certain emotions (Gibson, 2006: 53). Desmet & Schifferstein (2007: 291) studied the emotions experienced when consuming certain food and found that eating chocolate has both positive and negative emotions as a result, with participants experiencing joy but also feeling a sense of guilt when they thought about the effect it will have on their bodies in terms of weight.

The taste and pleasure that food gives us is the third reason. When giving reason to why they chose specific food, participants stated that 41.9% of the time in this specific study that their decision was made because of the taste and smell of the food (Desmet & Schifferstein, 2007: 293). The fourth and final reason stated by Lindeman & Stark (1999: 141) is because of personal ideals. We choose food because of factors such as health reasons and weight control. All the reasons on why we choose food as stated above show that our decisions are based on rather unambiguous thoughts and feelings. Macht & Simmons (2000: 66) believe that emotions have the biggest influence on food choices, even bigger than gender and body weight.

The third point on why our choice of food changes with time is that we choose our food because the trajectories of our food choices develop over a lifetime and include meaningful experiences we have had with food (Devine, 2005: 122). Food is a social experience. The food we grew up eating contains a deep level of meaning, connotations and experiences. Travelling brings us in contact with different types of food. We link those foods to the experiences we had while enjoying it. Therefore, when we consume that food again, we will remember the experience and we will choose our foods based on how we

developed the like (or dislike) of it over time. With food we are unaccustomed to, there is a process of acquiring a taste that can slowly transform our food preferences.

The final point on why we have certain food trajectories is because our choices are “reflected by the social and historical changes that shape what food is available to us” (Devine, 2005: 122). Socially and financially, some people might not have the resources to buy certain types of food (due to a lack of exposure or a lack of financial means). However, this changed with time and now people can choose and consume foods that they could not have consumed previously.

As stated before, the basis of the temporal framework is time. We choose food because of certain trajectories. According to the previously discussed factors as explained by the work of Devine (2005: 121), we have our own unique ways and paths regarding food choice that have developed over our own lifetime.

#### **2.3.4 Social framework**

The social framework states that certain social locations influence the choices we make regarding food. Devine (2005: 123) names a few examples of social locations that influence our food choice. This includes our social class, our race or ethnicity and our gender. These social locations will help us understand the meanings people attach to food. Meanings certain foods have differed from one social location to the next and people also choose to consume different food when they are in specific social locations. Salvy *et al.* (2007: 177) report that participants in their study used each other’s behaviour as guidelines on how and what to eat and the amount they ate was determined by the social context. Social class will be a defining characteristic in many respects as people choose food because of the availability thereof, the cost and the access they have to it (Devine, 2005: 123). South Africa is a developing country that espouses to a great extent ‘western socio-cultural ideals’ (Le Grange *et al.*, 1998: 250) and some aspects of food are more important than others. It was found that the sustainability of food is less important to South Africans because of the fact that the beneficial ingredients were deemed more important

(Nielsen Global Health and Wellness report, 2015). Food choice will differ substantially from higher social classes to lower social classes.

As can be expected, the higher class will have more freedom of choice, while the choice of the lower class will be constrained by factors such as the price and the availability of food. Ward *et al.* (2010: 348) name factors such as globalisation and food cost that influence the availability of food. Divine & Lepitso (2005: 277) report that the healthy lifestyle is consumed by wealthier consumers and that consumers in the more developed countries are willing to pay more for health benefits (food and exercising) (Nielsen Global Health and Wellness report, 2015).

Devine (2005: 123) also states how ethnicity and gender influence our food choices. Food has become a gendered activity with women being affected more by their food choices and the emotions that go along with it, and the effect of the choices is bigger among women. Kiefer *et al.* (2005: 194) explain the difference and state that men's relationship with food can be described as "pleasant and uncomplicated", whereas women have an "ambivalent attitude" towards food and these differences are because of both "psychological and socio-cultural elements". The preparation of food is seen as the job of a woman and signifies femininity within society (Madden & Chamberlain, 2010: 293-294). Women have linked food and the consumption thereof with the body and are aware of the notion that if one wants to have a slim body, which is largely idealised in many societies; one has to restrict the intake of calories through dieting to achieve it (Madden & Chamberlain, 2010: 301). This belief has been found to be true with the research conducted by Dohnt & Tiggeman (2006: 142), which shows that girls from the age of six years are aware of dieting and that 42% of the participants in this specific study desired a slimmer body. It is only in adolescence where gender-specific differences with food behaviour is noticeable (Kiefer *et al.*, 2005: 196) and as mentioned earlier, this familiarisation with food will remain with a person throughout their life (Scrob, 2016: 101). It is also mentioned that one of the ways in which healthy eating and the awareness of the nutritional value of food gets socialised into us is with structured family meals (Larson *et al.*, 2007: 1508). The analysis of the study done by Videon & Manning (2003: 371)

shows that the possibility to develop poor dietary habits is bigger for female- than male adolescents.

### **2.3.5 Historical framework**

This framework looks at how food conditions and availability change over time (Devine, 2005: 125). This framework focuses on the changing food culture, the preparation, and the consumption of food. Our lives nowadays are dictated by time-saving devices given our frantic lifestyles and fast-paced lives. In many developed countries, but also in some developing countries, people are consuming fast foods on a regular basis to save time and to benefit from the convenience of not having to cook at home. A study conducted by Boylan *et al.* (2017: 5) found that there is no difference in junk-food consumption among different sociodemographic subgroups. Fast-food consumption is popular all over the world and has become a regular meal. Zahra *et al.* (2013: 486) studied junk food consumption in British children and found that one-fifth of the selected sample consume junk food on a regular basis. Moreover, people eat in cars because it is faster and easier. People no longer have to necessarily go home to start preparing a meal and can choose to only consume it once it is prepared for them (Devine 2005: 123).

These three frameworks explained the factors influencing our food choices. We can see how the biological need for food has largely moved to the background in certain groupings in society (affluence is not necessarily a condition) and how new light is now being shed on the social and cultural significance of food in our ever-changing context.

## **2.4. The Body, Food and Identity**

### **2.4.1 The shift in culture**

The sociological interest in the body can be described as a reply to the social changes that came about through social movements such as the feminist and the disability movements which question the nature of the biological body (Howson & Inglis, 2001: 297). This culture

consisted of the self/body project, which brought activities such as exercising and dieting, which was considered as limited to the elite, to a bigger populace (Turner, 2002: 490).

The contemporary society is one that Turner (2009: 514) describes as a “somatic” one. He states that the social problems of the modern society are expressed through the body. Activities that take place in our society lead to problems in the body. Our society is one dominated by personal consumption (Turner, 2009: 490). The growing importance of consumerism leads to an ever-growing visibility and imagery of the body (Bryant & Peck, 2007: 90; Shilling, 2007: 7).

Consuming products in the contemporary society supports the statement of the philosopher Nietzsche that human beings are “unfinished animals” (Turner, 2002: 492). Our bodies have become lifestyle accessories, a mode of communicating who you really are (Hancock *et al.*, 2000: 3). It has evolved to a state of what O’Cass & McEwen (2004: 27) call “status consumption”. They define it as the consumer’s need to gain stature from the attainment of status-laden products and activities (O’Cass & McEwen, 2004: 27).

Cultural changes related to the publication of information and images are one of the key characteristics of the modern world (Featherstone & Turner, 1995: 1). This is one of the reasons why the body has become so popular, because we see and hear about it everywhere and it is such an important signifier of our identities and other important characteristics ascribed to us. Suddenly the body becomes a new point of interest with examples such as the fitness and diet industry that expanded. This caused people to start negotiating and re-imagining their sense of self-identity.

#### **2.4.2 The Self**

The self can be defined as “the product of social processes and social relationships” (Turner, 2009: 527). Therefore, what you do and your relationships within society define who you are. Nettleton (2013: 2) states that self-identity is shaped by bodily experiences. Our interactions with the social world influence our body images and this leads to how we carry ourselves in society. An example of the social world influences the image we have of



ourselves can be seen in the work of Dohnt & Tiggeman (2006: 148) where they report that the adoption of the societal body ideals by the participants in the study has the potential to lead to the development of a lower self-esteem during puberty.

The self has three components to it. Firstly, to be a “self”, an individual must be able to reflect on his or her identity, actions and relationships (Turner, 2009: 527). Secondly, a “self” is not independent from the body. You form a self through physical characteristics (Turner, 2009: 527), in other words, you identify yourself through your body. Finally, the “self” can be understood as a product of social relationships (Turner, 2009: 527). This is evident in the analysis of the work of Videon & Manning (2003: 366) where they state that external elements (like peers) have an impact on the self-image of adolescents.

#### **2.4.3 Body Image: The obsessive culture**

With consumerism controlling the modern society, the modern self can be explained as a representational self (Featherstone & Turner, 1995: 8). This means that how we identify and perceive ourselves is directly influenced by our personal consumption patterns. We are what we consume. Consumerism promotes projects of self-enhancement (Hancock *et al.*, 2000: 1). Consumerism is one of the major driving forces of our modern capitalist world. We are consuming more than what we ever consumed before. The latest form of consumerism is that of images. As stated by Markula (2001: 158) we are faced with media images on what the ideal body for both males and females supposedly is. Within media such as magazines and the widely available and fast-spreading social media, a variety of products are being advertised that could help the everyday person to become “perfect” (Franzoi *et al.*, 1989: 500). Magazines are covered with headlines that contain captions on achieving the ideal body: with concomitant skinny (female) and muscular (male) models displaying this ideal leaving ordinary individuals to often feel as if his or her body is not necessarily acceptable the way it is. These images are internalised by women (and men) and lead to an increased level of body dissatisfaction (Cahill & Mussap, 2007: 631). A study by Madden & Chamberlain (2010: 302) proved that women are aware of the ideal images of women as

they are published, but that they do not necessarily recognise the women in the media as real women; real women being mothers and how bearing children affects their bodies.

Most individuals in contemporary Westernised societies have a desire for thinness (Tiggeman, 2003: 29). It is often noted that this desire is something that women feel more than men (Kiefer *et al.*, 2005: 198). It has become a daily struggle for many to achieve the thinness and the associated “beauty” presented to them in the media for themselves and for those in their care, especially their children. It has been proven that girls who are exposed to women’s magazines and music video television were more dissatisfied with their bodies than girls who watched more children’s television (Dohnt & Tiggeman, 2006: 147).

O’Mahony and Hall (2007: 57) state that these contemporary Westernised societies have a fixation on physical appearance. It is believed that this fixation started because of the status women received in society, mainly through our physical appearance and because of women being seen as a “possession” of a male (Franzoi *et al.*, 1989: 501) There is an obsession of looking younger, being healthier, eating healthy and living a healthy lifestyle overall. This desire fixed on thinness leads to self-objectification. Self-objectification can be defined as the “constant and habitual monitoring of the body’s appearance” (Tiggeman, 2003: 33). Individuals are constantly monitoring their bodies and comparing it to the images presented to us as the ‘ideal body’. It has been argued that women are seemingly more susceptible to these media images and their “subjective experiences of their appearance of their bodies are psychosocially more powerful than the objective reality of their appearances” (Cash, 2013; O’Mahony & Hall, 2007: 57). This fixation on physical appearance has influenced women in a way that they experience feelings of anger when faced with the images of models in magazines, as well as a decrease in their body dissatisfaction (Cahill & Mussap, 2007: 632). As stated earlier, food and dieting have become the tool to maintain body weight and appearance, and when women eat snacks like candy and biscuits (what is considered to be ‘bad foods’), they experience feelings of guilt (Steenhuis, 2008: 532).

People are being socialised, through the media, to “internalise an observer’s perspective of their physical self” (Tiggeman, 2003: 33). We live in a society where we believe that others are watching and judging our appearance and therefore we are looking at ourselves from this external perspective and measuring ourselves to others (Rysst, 2010: 72). What

individuals think of themselves and how they see their appearances are more powerful than the reality of their appearances. This is evident in the work of Mvo *et al.* (1999: 28), where female adolescents had to select which image defines what their parents considered them to be. This revealed that one group believed that they were bigger than what they are, just like their parents considered them to be, and one group believed that they are thinner than what they really are, also reflecting the way their parents considered them to be. This then proves that the reality of their appearance isn't as important as how they think they appear.

Even if an individual's body appears similar to the ones presented in the media, and the individual's perception about his or her body differs, nothing and no one can easily change that perception. Markula (2001: 159) quotes a psychologist in one of the women's fitness magazines that conducted research on a phenomenon called "women's body image distortion" (BID). It states that once a person improves his or her body image, he or she will automatically improve his or her self-esteem. However, how long does this self-esteem last in a society that constantly strives towards more and ever evasive perfection?

#### **2.4.4 Food and identity**

The consumption of food is one of the major areas which shapes our self-identity. The old adage: "you are what you eat" is a phrase that has been influencing our consumption of food. The food we eat becomes the energy we use on a day-to-day basis, therefore we literally become what we eat (Fischler, 1988: 277). We are constantly aware of what we eat, how much we eat and how this shapes who we are as people. By controlling our bodies and the food that enters it, we also control our minds, and by controlling our minds, we can control our identities (Fischler, 1988: 277). Our self-identity shapes our consumption patterns. As explained in the sociology of the body section, we shape our identities on how we perceive our bodies.

An identity is the images we have of ourselves on a daily basis (Bisogni *et al.* 2002: 120). Our identities are important in the choosing of the food we consume, but the food we consume also shapes our identity. This was the case in the study of Moisio *et al.* (2004: 366) on how homemade food is the metonym for family. Fischler (1998: 279) mentions the

principle of incorporation in food, and states that “food makes the eater”, therefore we become what we eat and it defines who we are.

We develop certain trajectories to help us in our food choices. These trajectories tend to remain rather static throughout some people’s lifetimes but when these trajectories change, they seldom revert to the original habits. We bring our identities, which we shape in other parts of our lives, to our eating habits (Bisogni *et al*, 2002: 135). There is a relationship between identity and food choice. Lindeman & Stark (1999: 141) identified four food choice motives: practical reasons, temporary reasons, sensory preferences and personal ideals. The fourth motive, personal ideals, is the one that correlates to our identities.

When a person identifies him- or herself as healthy, they chose a healthy diet and an overall healthy lifestyle. Subsequent food choices for the individual and the dependents will be based on this healthy identity and the focus will be on factors such as the nutritional value of food, the vitamins and minerals their bodies will get from the food and the long-term benefits regarding the prevention of illnesses.

Our identities shape our personal strivings and our personal strivings influence how we go about each day (Lindeman & Stark, 1999: 143). If a person strives to save money every day, he or she will make food choices on what the cheapest items are. If one’s personal striving is to understand who you are, your food choices will be based more on ideological and moral convictions (Lindeman & Stark, 1999: 143). Vegans and vegetarians often couple a personal conviction to their choice of excluding the consumption of some foods. Therefore, we can see how our identities influence the food choices that we make, and more so in a time when people have more options, more fears associated with certain foods and its preparation, and these options also become signifiers in this consumer society in which we operate today.

We live in a world where the body has become a marker for your personal and social identity (Bisogni *et al.*, 2002: 120). Your body says a lot about the type of person you are and what you eat also influences that. Therefore, both the body and food influence a person’s identity.

#### **2.4.5 The body's influences on the choice of food**

The obsession with body image develops because people realise that they can – to a large extent – control the shape of their bodies and that the appearance thereof can be adjusted according to new trends and desires (Tiggeman, 2003: 29).

Unlike our height, our weight and to a degree our shape can be controlled and changed. According to Thompson and Rozin (1997 & 1996 in O'Mahony & Hall, 2007: 57), our body weight is a “modulating force” in the amount and type of food that we eat. I would think that having a low level of body satisfaction would lead to making healthier food choices but a longitudinal study conducted by Neumark-Sztainer *et al.* (2006: 244) on body size satisfaction and health behaviours among adolescents from the year 1995 to 2004, shows that a lower level of body satisfaction does not necessarily motivate people to engage in healthier lifestyles. Macht (2007: 2) has proven that negative emotional states are the cause of eating more in an attempt to regulate these emotions and this was also supported by the research of Canetti *et al.* (2002: 162) that proved that negative emotions lead to an increased intake of food.

To a large extent, the food we eat influences our body image and our body image influences what we eat. People make food choices based on how they perceive themselves. Hayes *et al.*'s (2011: 384) study shows that the consumption of unhealthy food leads to a negative body image. This can be witnessed in the global increase of obesity. Delormier *et al.* (2009: 216) state that we live in obesogenic environments that encourage overeating. Fischler (1998: 277) explains that because most people follow an omnivorous diet, they need a bigger variety of food compared to carnivores and herbivores, and therefore it is problematic to obtain all our nutrients and vitamins from one single food group. However, obesity rates are growing rapidly across the world. Popkin & Gordon-Larsen (2004: S2) believe that the global acceptance of the ‘westernised diet’ – a diet characterised by ‘high fat, sugar and refined foods and low fibre’ – is one of the causes of the increasing obesity rates. In South Africa, it is believed that the Westernised diet is linked to “increasing commonness of degenerative diseases” while traditional diets are linked to a low prevalence (Bourne *et al.*, 2002: 157).

Obesity is not just a problem in developed countries but is steadily becoming a problem in developing countries too, with countries such as Mexico and South Africa's obesity rates rapidly increasing (Goedecke *et al.*, 2006: 65). The Heart and Stroke Foundation (2015) released statistics in October 2015 which state that 70% of South African women are considered to be obese. This explains what gave way to a concept called "healthism".

#### **2.4.6 Healthism**

"Healthism" can be defined as when a person's lifestyle prioritises health and fitness over everything else and the issue of health is located at the level of the individual (Crawford, 2006). With the idea that weight and body appearance are not fixed and given, some people come to the realisation that health and fitness are key to changing a person's appearance and body image, and that it is an individual responsibility (Henderson *et al.*, 2009: 2). Healthism also represents the dominant body ideals and body practices presented to us (Rysst, 2010: 71) by medical insurers and by the media at large. This has also been adopted by fast-food chain stores, as they have noticed the growing trend of consuming healthy foods. Barrier (2004, as cited in Divine & Lepitso, 2005: 276) mentions how the popular fast food chain, McDonalds has introduced healthier side orders such as salads and water to the traditional items on the menu, like the "Happy Meal".

According to Duquin (2010: 693), pursuing overall health has become a daily activity among members of certain classes, especially the more affluent, middle and upper classes. The contemporary Westernised society is an information rich society and one that believes that it can drive behaviour (Greenhalgh & Wessely, 2004: 199). It is this personalised responsibility to pursue a healthy lifestyle that these societies are inculcating. This is evident in the results of the Nielsen Global Health and Wellness report (2015) which states that the health attributes are the most important factors to consider when deciding on what to purchase. We now have a lot of information available to us at the touch of a screen and we know more about the food we eat, how it was grown and made, how to prepare it to maximise its nutritional value, and the interaction between nutritional sources (such as between carbohydrates and protein, to mention but one

example). The Nielsen Global Health and Wellness report (2015) shows how informed we have become and how it influences our consumption patterns, with 43% of the global respondents considering naturally produced, non-genetically modified foods as very important towards living a healthy lifestyle.

Managing body weight has become easier with all the information at our disposal. Health is seen as the primary motivator for food choice (Henderson *et al.*, 2009: 5) although it is not always evident in people's ultimate food choice behaviour, either for themselves or for their dependents. Living healthy lifestyles is a priority to more women than men (Divine & Lepitso, 2005: 279) and with the analysis of the healthy lifestyle consumer, they have found that people who maintain such lifestyles tend to be "female, older, more educated, place less importance on the value of excitement, plan ahead and experience less role overload". This will transcend from mothers to their children as proven by Videon & Manning (2003: 368) that adolescents with parents who make healthier choices and who are better educated, have better consumption patterns.

#### **2.4.7 A Contradicting world**

Even though we live in society becoming increasingly obsessed with healthism (the internalisation of the personal responsibility to be lead a healthy life), the problem of being overweight or even obese is still an ever-growing reality as well as engaging in risky diet behaviour for the sake of being socially attractive. Divine & Lepitso (2005) analysed the healthy lifestyle consumer and found that a large number of people have adopted some aspects of healthy living but have not fully integrated it into their lives. It is stated that the number of overweight people in developing countries exceeds the number of "normal-sized" and underweight people (Mendez *et al.*, 2005: 714). With the expansion of healthism and health as a motivator for food choice, people within developing countries such as South Africa, are still overweight and obese and this phenomenon is seemingly on the rise.

Overconsumption of unhealthy food has led to the growing pandemic known as obesity. Of late, obesity has been confirmed as a "chronic disease" by the World Health

Organisation, and it is a public health care problem in South Africa (Van der Merwe & Pepper, 2006: 315) which is a country already plagued by high incidences of other diseases. Other factors influencing the growing number of overweight people in developing countries is urbanisation and rising national incomes (Mendez *et al.*, 2005: 714). People have more money available to spend on buying food but don't necessarily buy healthier food. According to the results of the study by Bourne *et al.* (2002: 159) having an improved socio-economic status does not lead to better nutritional status, in fact according to the South African Demographic and Health Survey (2003) urban women in South Africa are more obese (31%) than non-urban women (21%).

The method used to measure obesity is known as the "Body Mass Index" (BMI). This is measured by taking the weight of a person (in kilograms) divided by the height (in meters) squared, and once a person's BMI exceeds  $30\text{kg m}^2$ , the person is considered to be obese (Burkhauser & Cawley, 2007: 520). Consumption of unhealthy food is one of the social factors that causes obesity together with an inactive lifestyle.

The 2012 South African National Health and Nutrition Examination survey states that 48% of South Africans eat outside of their homes and 28.3% do so it on a weekly basis (SANHANES 2012). The modern world is a rushed one, with people rushing to get to work and rushing to beat the deadlines in the work environment where time feels limited. People then come home feeling tired and overworked and don't always have time to spend preparing healthy and wholesome meals. Therefore, our cultural and social constrains can easily lead us to consume "easy food" (Robbins, 2008: 222) despite our deep desires and knowledge that these options might not be the best for our overall well-being.

## **2.5. Chapter Overview**

This chapter has dealt with three main issues that are considered important for this study. Firstly, the sociology of the body, secondly, the sociology of food and its influence on the body, and thirdly, the influences that food, the body and identity have on one another. It started off by explaining how the field of the sociology of the body came about. We looked



at the theoretical work of Maurice Merleau-Ponty and his contribution to the field. That section concluded with the cultural shifts that took place and which had a profound effect on how ordinary people view bodies but also how it influenced the academic discourses.

The second section of this paper focused on the sociology of food. It explained how food shifted from being a biological need to a social status symbol. The three frameworks of food choices were explained and how they link up with identity. The third section focused on the body, food and identity and linking these three concepts to one another. We can clearly see how the self is being shaped by how we perceive our bodies. Our body images are being influenced by a culture of thin appearances. People see their bodies negatively because we tend to compare ourselves to the images we see in the media. The way we see our body influences the type of food we eat.

Food is an important social indicator and what you eat gives people an idea of the type of person you are. Food shapes our identity. Healthism is a culture that develops out of the obsession with health and situates health at the level of the individual. However South Africans live in a contradicting society. Healthism is a notion that is being pursued by some, by following the dictates of healthy lifestyles on a daily basis, yet the majority of South Africans are overweight and obese.

These sections have one clear link which is the link to identity. There is a clear link between the body, food and identity. The purpose of this study is then to draw the link between how our bodies shape our identities and personal strivings, and how our identities in return influence the food choices we make.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter will explain the methodological account of the study. The purpose of this methodological setting is to explain and describe the process I followed in terms of conducting the research (Berg, 2001: 275). Jackson *et al.* (2007: 22-23) describe the methodology as the “why” explanation of the study and should suggest how the exploration of the study proceeded. For Berg (2001: 247) the methodology section of a study should focus on what the “data consists of, how it was collected, organised and analysed”. The methodology will provide the outline of the theories and practices used to conduct the research (Braun & Clarke, 2013: 31). Therefore, an explanation of all the methods and tools I used to conduct this study will follow.

This chapter starts with an explanation of the specifically chosen research design and why it is appropriate for the study. This specific study uses the narrative approach to inquiry which explores how the participants organise their everyday practices (Neuman, 2011: 525). It also includes descriptions and explanations of the methods used to recruit participants, to collect data, how it was analysed and the validity of the study.

### **3.2 Research design**

It is very important to choose the correct research design that specifically fits the research questions as the design will function as the “blueprint” to the study. This blueprint will provide the link between the research question, the data collection methods and the strategy to the analysis of the data (Yim, 2001: 75). When choosing the research design of a study, it is important to keep the research question in mind as the design will connect the data to the specific tools and procedures that will be used to answer the research question (Punch, 2006: 48). This study made use of a qualitative research design.

Marvasti (2003: 7) defines qualitative research as research that will “provide an understanding of the quality of the human experience through detailed descriptions and analysis”. The main characteristic of qualitative research, according to Hammersley

(2013: 2) is the absence of quantification. This is the case because the goal for any qualitative study is rather to understand a particular context (Willis, 2007: 189) and the rich descriptive experiences and reflections about those experiences (Jackson *et al.*, 2007: 22). The absence of quantification is mainly because qualitative research makes use of what Neuman (2011: 165) defines as “soft data” which are “words, sentences, photos and samples”. The research question focuses on women going about the mundane tasks of buying, preparing and consuming food and the deeper significance this everyday occurrence has in terms of maintaining notions of body image and self-identity. These tasks and the meaning-making associated with it portray a specific message about their everyday life realities. The answering of this research question will entail the collection of “rich data in the respect of this particular phenomenon with the intention of developing an understanding of what is being studied”, which is a defining characteristic of qualitative research (Nieuwenhuis, 2007: 49).

Qualitative research focuses on meaning and records the meaning participants ascribe to their lives and report on that (Braun & Clarke, 2013: 20). It focuses on the understanding of the phenomena and the participants in their natural setting as well as how they make sense of their settings through the structures and their roles within these structures (Berg, 2001: 6-7; Nieuwenhuis, 2007:51). It entails the extensive collection of data that leads to the understanding of the specific contexts and settings (Creswell, 2013: 47, 52). Qualitative research studies the individuals in their social setting and their “meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things” (Berg, 2001: 3).

Unlike quantitative research, qualitative research is a non-linear process which is not based on definite methods, because the data collection, analysis and interpretation will take place throughout the study and will usually influence each other (Willis, 2007: 196, 202). This research design does not focus on the statistical measuring of the phenomena being studied, because the focus of the research paradigm is the “social construction of people’s ideas” (Nieuwenhuis, 2007: 51, 54).

The narrative approach was used as the methodological tool for data collection and analysis because “people organise their everyday practices and subjective

understandings as narratives” (Neuman, 2011: 525). Talking to people and hearing their stories directly leads to the recording of the voices of the participants and that will clearly demonstrate how participants socially construct meaning in their lives (Creswell, 2007: 40). The methods I used will therefore provide the data I need to answer the research questions as it will provide a rich account of seemingly mundane activities.

### **3.3 Narrative Approach**

This study makes use of the narrative approach to inquiry, which can be defined as “a form of inquiry and data gathering, a way to discuss and present data, a set of qualitative data analysis techniques and a kind of theoretical explanation” (Neuman, 2011: 524). This approach to inquiry requires the researcher to approach the participants in their natural setting and to get their life stories from them directly and “unencumbered” (Creswell, 2007: 40). It represents the perspectives of participants in the specific study (Willis, 2007:295).

Butler-Kisber (2010: 62) explains that the construction of narrative has one essential element which is language. People construct their social meaning of life and then they combine it to form what Creswell (2007: 54) calls a “collection of stories”. These stories are the proverbial gold mines that interest researchers, because stories and storytelling are the methods used by participants to share the information they have and which the researcher needs (Marvasti, 2003: 84). The collection of participants’ stories therefore serves as the data needed to answer the research question (Butler-Kisber, 2010: 62).

Narratives serve as a way to connect the different sections of the stories as told by the participants. The researcher then has to form a sequence throughout the different sections to form a specific plot, by emphasising the specifics needed for the research question (Neuman, 2011: 524). However, Marvasti (2003: 95) reports that these stories told by participants are not always told in a linear mode and that it takes a lot of time and effort from the researcher that has to transcribe and analyse these renditions to form and shape the rich content needed. Storytelling will help formulate the multiple perspectives between the researcher and the participants (Willis, 2007:295). Narratives provide a

gateway for the researcher to learn more about the way participants construct meaning in their lives (Marvasti, 2003:97). Narratives can be used to assist in the construction of identities (Neuman, 2011: 525).

Narratives do not always have to be about a sad, traumatic or intense experience that took place in a participant's life. It can sometimes be about the mundane aspects of life, such as reflections on the taken-for-granted topic which is food. This specific study focuses on the narrative of food and the construction of identity through food. There are certain positive and negative aspects about the narrative of food which I have come to understand during the fieldwork process. Food and the concept of food is much more important than just sustaining a human being. There are important social meanings connected to food and food itself is an important social symbol. One characteristic of the narrative of food is that people do not necessarily see it as an important narrative and therefore speak about it as an everyday, mundane event, rather denuded of conceptualising it in terms of the narrative.

This can be positive for the researcher as participants speak freely about food and their food choices because they see it as an everyday thing and do not think about speaking politely or keeping certain information from the researcher, such as in the event of a traumatic experience. I have found that participants will openly discuss their views on food and the importance it holds in their lives. There are also negative aspects about the narrative of food, because people see it as mundane which made it rather challenging to get the vital information I needed to form the rich data to answer the research question and to stay true to the study's ontological foundation. It was difficult getting some of the research participants to explain in-depth their experiences and the meaning of their socialisation with food. The narrative on food, because of its mundane character can therefore often be seen as a "failed narrative" (Nairn *et al.*, 2005: 221). Failed narratives are still important to any researcher, as it still provides her with data. I especially had difficulty with the exploration of one participant's narrative. It came across as if her narrative about food was not her own as she constantly referred to choices in relation to food as being her husband's decisions. In this situation, I regarded the narrative as largely 'failed' given that she spoke very little about her own perceptions and experiences. Nairn

*et al.* (2005: 222) explain that the end goal of research is to obtain data, and in the case of interviews, if the researcher elicited minimal spoken text, the narrative can be considered as 'failed'. The researcher has then failed to conduct an effective interview according to Nairn *et al.* (2005: 221). The narrative has failed both on my side in conducting an effective interview and on the participant's side in the sense of referring to her husband in every answer. This allowed for some introspection and made it clear that I still have a lot of learning to do in how to conduct effective interviews and how to ask questions which will guide me to the spoken text needed.

### **3.4 Narrative collection**

The following section of this chapter focuses on the methods used to collect narratives. It starts by explaining the sampling methods used and the methods of recruiting participants. This section also entails details of the participants who are involved in this study. This section then focuses on the ethical considerations of the study and the importance of how the research setting was chosen. This section then concludes with the explanation of data and the data collection methods and analysis.

#### **3.4.1 Recruiting participants**

This study targeted women from middle-class backgrounds to reflect on their practices and perceptions of buying, preparing and consuming food to portray a specific message about their everyday life realities. These women must have had children or dependents and the women had to be over the age of 30. Eight women from different areas of Bloemfontein participated in this project. The recruitment process started at a local gymnasium through acquaintances established at the gymnasium. Within the qualitative research design, sampling is done purposively. Creswell (2007: 119) defines purposeful sampling as a means whereby individuals are selected because of their specific characteristics that can "inform the understanding of the research problem and central phenomenon of the study". Within this study, I had a specific idea of the type of participant that can provide the rich narrative needed. Purposeful sampling is when the researcher

uses her knowledge about a specific group to select participants from the population (Berg, 2001: 32). As the researcher, I had an idea of the type of participant I was looking for. She had to have children or have dependants and be a regular gymnasium attendee which means that she somehow reflects on issues of health and well-being.

I met all my participants at the gymnasium and through physical training groups because that is how I live my life. I am an active gymnasium member who attends regularly because health and wellness is a priority for me. I am not an outsider to the world of fitness and health and this allows me to have preconceived ideas about the research topic. It was this specific positionality which made it very difficult for me to be objective because I knew that I could relate to the participants as I also deal with some of the issues they deal with daily.

I started approaching the acquaintances I made at the gym and also approached a cross-country training group at the University athletics stadium. I approached one lady (Anele) at the gymnasium as she was a regular attendee and exercised every day at the same time. I introduced myself to her and told her about the study I was busy conducting and asked her if she would be able to participate in the study. I provided an information sheet to her (as in Appendix C), consisting of all the information regarding the research study and the details about myself. She was very eager to participate in the study but that we had to schedule the interview in advance as she had to travel to another city soon to compete in a bodybuilding competition.

Anele is a 30-year-old woman who attends the gymnasium every day. She is divorced and is a mother of two children, a fifteen-year-old boy and a nine-year-old girl, and her mother lives with her. She is a personal assistant to four pastors at one of the biggest churches in the city. She does not have a car and therefore goes to the closest gymnasium right after work, every day, as it is on her way home. The reason why Anele exercises every day is because she is bodybuilder and competes nationally. I asked her if she knew about more ladies who would be interested and able to speak to me and she referred me to one lady who attends church with her.

This sampling method is known as snowball sampling. Snowball sampling starts with the researcher identifying possible participants with specific characteristics that will be

relevant to the study (Berg, 2001: 33). The researcher then asks and identifies interrelationships from the first participant, and then repeats the process until the specific sampling size is achieved (Neuman, 2011: 269). One of the characteristics of snowball sampling is that it is purposeful and should not be used because of its convenience (Yim, 2001:89). Anele gave me the email address of Ashley.

I emailed Ashley and introduced myself and explained the reason for emailing her. I asked if we can meet in person, as it would have been better to explain the research information to her. We agreed on a time and date and met up. Ashley is a 42-year-old housewife (she calls it being a 'house executive') and a mother of three children; a teenage girl and boy, and her youngest boy who is ten years old. Ashley has a very vivacious personality and laughed and smiled a lot during our interviews. She and her husband engage in subsistence farming and farm with cattle and sheep. She is actively involved with ministry and especially women's ministry. She referred me to her sister, Charmaine, as a possible participant.

Ashley informed Charmaine about me and my study and Charmaine contacted me and told me that she would like to be part of the study. We met up at her office and I provided her with the information sheet and explained the research study to her. We decided to meet up again at her office to conduct the interview. Charmaine is a branch manager at one of the biggest branches of a well-known bank. She is a 39-year-old mother of a 21-year-old daughter who is currently studying towards a degree. She is a single mother and spoke a lot about how lonely her life has been since her daughter left for university and that she uses her work as a distraction.

I approached a few more ladies at the gymnasium and one of the ladies told me about someone who would be very interesting to the study. She took me to the lady (Dineo) and I introduced myself to her and asked her if she would be interested to participate in the study. Dineo and I met up as I explained the study to her and provided all the information needed to her on the information sheet and by discussing the research. Dineo is a single mother of a six-year-old girl, and her sister with her four-year-old son live with them. Dineo is a 42-year-old occupational therapist at one of the public hospitals in Bloemfontein. She attends the gymnasium every day after work and has recently lost a



lot of weight. She describes herself as overweight and kept explaining the importance of exercising for her health.

I approached one of the fitness instructors at the gymnasium and asked her if she knows of a possible participant for my study. She referred me to one of the ladies whom she knows very well and told me that she will tell her about me and my study. I met up with Palesa and explained the study to her, using the information sheet. We exchanged numbers as she agreed to be a participant in the study. However, I have contacted her a few times to set up a date and time to meet for the interviews. She kept telling me that she is busy and will let me know when she will be available, but has ignored my messages and calls ever since.

I received a call from a lady (Karli). She trains at the cross-country training group and heard about my study from the coach and then indicated that she would like to be a participant in the study. We decided to meet up at the athletics training stadium on the University campus, as it would have been an easy location for both of us. Karli practices as a medical doctor in the city and is married to a pilot. She is 48-year-old and competes competitively as a triathlete and cross-country athlete. Karli suggested two possible participants, one (Elizabeth) being her friend and gym partner and the other (Jo-Marie) a former running partner.

I got in contact with Elizabeth and arranged to meet at her house, in one of the well-off areas of Bloemfontein. She asked to meet at her house as it was very quiet during the day because her children were at school and her husband at work. She is a 38-year-old mother of two and has a morning shift at her husband's company. She then spends the rest of the day driving the kids from school to after school sports and helps them with homework. Jo-Marie is a pre-school teacher and is married to a homeopath. She is the mother of two children one who has already moved out of the house. She spends her afternoon driving her daughter around from one training group to the other, as she is a triathlete and has multiple training sessions per day.

With no word from Palesa and no answer when I tried to get into contact with her, I decided to approach a new possible participant. I approached one of the fitness instructors at the gymnasium and asked her if she would like to partake in the study and

she agreed. Janine is a 38-year-old fitness group manager at the local gymnasium. She oversees the fitness instructors at the gym and when some of the instructors cannot present a class, she has to fill in for them. She is married and has four children; two biological children and two from her husband's previous marriage. The selection of participants indicates that this sample, purposefully selected, are all professional women with access to and knowledge about healthy living. I purposefully wanted to engage with such women (women from the middle-class) as their lifestyles allow them the relative luxury to be able to make and to execute informed dietary and lifestyle choices.

### **3.4.2 Ethical considerations**

In our everyday lives, our behaviour and the decisions we make are based on ethics. Ethics tells us what is moral, right and proper and what is not (Neuman, 2001: 53). As the researcher, I had to ensure that the welfare of the participants, as well as their rights and privacy were protected and respected (Berg, 2001: 56). May (1997: 42) describes ethical decisions as “depending on the values of the researcher and the community in which the research takes place”. There were ethical negotiations which took place between myself and the community of ladies who ‘controlled access to the information’ I sought (May, 1997: 42). This study also obtained ethical clearance from our faculty's research ethics committee. This process entailed that I had to apply for ethical clearance and had to explain how the research study will protect the welfare of the participants (see Appendix A). The most important ethical rule in research is that participants should be informed about the purpose of the study, its implications and the impact it might have on their lives (Berg, 2001: 56). They should participate in the research on their own volition and should never be forced or pressurised into participating in any study. Berg (2001: 56) defines informed consent as “the knowing consent of individuals to participate as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation”. When I approached my participants, I explained the entire purpose of the study to them. This was done through the information sheet provided to the participants at the first meeting we had.

I started our meetings by introducing myself and explaining the purpose of the study to them. I provided to them the consent form (Appendix B) where they agreed to the conditions of the study. I also mentioned who my supervisor is and provided her contact details together with mine to ensure that the participants can contact anyone of us if ever they had any further questions regarding the study. I explained to them the structure of the interviews and that the interviews could take place anywhere they feel comfortable. I also mentioned that the interviews would be digitally recorded and that they had the right to decline to answer any of the questions they did not feel comfortable with. One participant had some difficulty with the fact that she would be digitally recorded. I picked up this anxiety in her voice and the way she answered some of the questions. There was a big difference between how we communicated while the recorder was on and when it was off although her demeanour improved a bit between the first and the last interview. This was due to the conversations we had between the interviews, where she got more comfortable with the interview process.

I explained to the participants that their names would be replaced with pseudonyms to protect their identity. The names they mentioned in the interviews, be it of their children, partner or a place, were also omitted or changed. Their personal information is kept confidential, which is done by removing any record of that which might reveal a participant's identity (Berg, 2001: 57). The participants were also notified that they had the right to end the interview or/and their participation with this study at any given moment. However, as mentioned before the topic of this study was of a very mundane nature and the potential ethical problems were therefore largely limited.

### **3.4.3 Natural setting**

As explained in the section that deals with the ethical considerations, I mentioned to the participants that the interviews could take place in any area where they would feel comfortable. The qualitative research design focuses on quality and understanding and this usually comes from conducting interviews in a natural setting where participants feel safe to tell their stories 'unencumbered' (Creswell, 2007: 40). The setting in which the research takes place is a very important aspect to take into consideration when planning

the research study. There are several reasons why specific settings are chosen and this is mainly because a specific site is directly tied to a specific population and access to the specific population (Berg, 2001: 29). With the planning process of this research study, I decided on targeting a specific population. I wanted to focus on women over the age of 30, with children and familial responsibilities and these women should also be very aware of options associated with food and how nutrition has an impact on their bodies. I therefore made use of the local gymnasium and a cross-country training group to recruit participants. The gymnasium and training group were found within central Bloemfontein. In the information sheet provided to the participants I made them aware that the interviews could take place wherever they decided to, as long as it is a quiet space and the majority of the women decided to meet at their homes, with the office and training field being the exceptions.

Hammersley (2013: 13) defines the natural setting as a place such as the home or work environment of the participants. Willis (2007: 211) explains that knowledge is “tentative and subjective” therefore qualitative research has to take place in a natural setting. All the women who participated in the research study invited me into one of their natural settings. Some had specific reasons for doing so, including that it would be easier for them because of time constraints and simply to be comfortable during the interview.

However, there were a few cases where we would be interrupted by someone during the interviews. Elizabeth requested for use to conduct the interviews outside at the patio area, as she did not want to disturb her children, who were busy doing their homework inside the house. Yim (2001: 110) points out the importance of the natural setting and states that the research within the real-life environment is important, because this is the environment in which they live every day and that this adds positively to the narrative process. In this setting, researchers obtain information by directly talking to the participants and by observing their behaviour (Creswell, 2007: 37).

#### **3.4.4 Data collection**

Creswell (2007: 118) defines data collection as a series of “interrelated activities which is aimed at the gathering of good information to answer emerging research questions”. Within qualitative research, the researcher seldom collects the exact data she needs from her first encounter with a participant because within qualitative research, data collection is an ongoing, non-linear process (Marvasti, 2003: 11, 95). There are several methods available in the qualitative research design on how to go about the collection of data, but the one characteristic of data collection in qualitative design is that the researcher is the primary instrument used within the collection of data (Punch, 2006: 52).

The extensive collection of data from multiple resources is what Creswell (2013: 52) calls the “backbone of qualitative research”. I used two methods to collect data, which were primarily through interviews and observation.

#### **3.4.4.1 Interviews**

Within the qualitative research design, researchers make use of multiple methods of data collection to ensure validity (Yim, 2001: 8). Within the narrative approach, the researcher is seen as the main instrument in collecting data, as the external data will be interpreted and reported through the thinking of the researcher (Yim, 2001: 130).

Berg (2001: 66) explains that an interview between the researcher and the participant should be defined as a “simple conversation with a purpose of gathering specific information”. The focus should be on trying to understand the “richly textured experiences and reflections about those experiences” (Jackson *et al.*, 2007: 22). With the narrative approach to inquiry, the researcher mainly collects data from the stories as told by the participants and then to report on the meanings generated by the individuals (Creswell, 2007: 54). Within the qualitative research design, one can find different forms of interviews. These different forms of interviews might include semi-structured-, open-ended, and informal interviews (Jackson *et al.*, 2007: 25). Within this research, I made use of semi-structured interviews but at the same time allowing the participants relative freedom to develop their own renditions. A few questions, or an interview schedule were set up (see Appendix E) because they functioned as “the narrowing questions of the

central research question” (Creswell, 2007: 133). This allowed me to use the research questions as a gateway to create a fluid interaction between the participants and I (Marvasti, 2003: 20).

Interviews were used as a method of data collection, because of the features it has and because of the way it contributes to the qualitative research design. Firstly, it sets the condition for studying the participants’ conditions/ experiences and also represent the “views and perspectives of the participants” (Yim, 2001: 8). It is very important that the participants be comfortable within the interview and for the researcher to use the participants’ usage of both verbal and body language to collect the context needed for the study (Yim, 2001: 131). The primary job of the researcher is thus to ask questions and the participants are “limited to answer”, as this is the role participants fulfil in the research process (Marvasti, 2003: 16). The questions used in the semi-structured interview should not make the participant feel as if they are constrained to give certain answers, yet they should be used to allow the participant to open up and answer with a sense of fluidity and give the researcher the gateway to probe for answers with more questions (Berg, 2001: 70).

With in-depth interviews, the questions are designed to “go beyond the presumed surface level of respondents’ feelings and into the deeper layers of their consciousness” (Marvasti, 2003: 22). Here the focus is on allowing the participant to converse and answer freely, as it is those long descriptive answers which provide, what Jackson *et al.* (2007: 23) call the “rich and thick” data qualitative researchers long for to get a “complex, detailed understanding of the issue at hand” (Creswell, 2007: 40). The context given in in-depth interviews form the meaning of the participants’ stories allow the researcher to experience the phenomena of the study from the participants’ point of view (Marvasti, 2003: 11, 21). Participants are therefore active in the formulating of the data, as their “insights, feelings and perceptions form an important part of the collected data” (Neuman, 2011: 449).

In-depth interviews include the asking of questions, for the interviewer to listen and also to express interest and report on what was said (Neuman, 2011: 449). The researcher should invite participants to “talk to lengths about the matters that are broadly relevant to

research, with the researcher encouraging the participants to elaborate more” (Hammersley, 2013: 12).

There are a few issues that might take place during the course of fieldwork. However, interviews are a “way of sharing information, which may not always take place in chronological order” (Marvasti, 2003: 96). During this particular study it so happened that one of the participants moved to another city. Anele was transferred from Bloemfontein to Johannesburg due to work commitments. This led to the follow-up interviews being conducted over the telephone. The negative aspects of telephonic interviews are that they do not allow the researcher to report on “the non-verbal, informal communication they pick up through the observation of participants” (Yim, 2001: 8).

#### **3.4.4.2 Observation**

I decided to focus on observing participants as a method of data collection in combination with interviews, because non-verbal communication has a lot of meaning attached to it and adds more description to the words that are only spoken. With use of observation as a method for collecting data, the researcher becomes the instrument used to collect the data (May, 1997: 138). I had to take note of non-verbal cues which could add meaning to the participants’ narrative. With one of the participants’ renditions being very short as she only answered ‘yes’ and ‘no’ to questions, I had to use what I have been observing of her to help me decode and understand her narrative. As explained, it came across as if Jo-Marie’s narrative was not her own. On a few occasions after our interviews her husband would enter the room and engage in small talk. I picked up that even in the small talk after the interviews she would still only give succinct answers and that she will constantly refer to him.

Observation requires the researcher to take note of the non-verbal cues of the research participants and to make field notes during the interviews (Creswell, 2007: 139). What participants say and what they do are sometimes two sides of the same coin, therefore the observation of participants can provide the explanation of participants’ actions because it serves as an additional source to report on the meanings and behaviours of

participants (Yim, 2001: 132). It allows the researcher to perceive with their own senses and document something that the participants themselves may not be aware of.

Within qualitative research it is important to make use of multiple resources for data collection as that improves the validity of the study and provides a lot of data to be analysed and from which descriptive data can be extracted (Yim, 2001: 8). Using multiple resources of data collection allowed me to shape the narratives of the participants and observing them helped me to understand their narratives even better as it made it easier to report on.

### **3.5 Data Analysis**

The analysis of the collected data may seem like the last step in the research process to some researchers, but this is not the case within the qualitative research process. As mentioned earlier, qualitative research is a recursive process and the analysis of data happens from the moment the data collection process starts until the final report has been written (Willis, 2007: 202). Creswell (2007: 150) explains that the collection, analysis and writing of the final report is an interrelated process which cannot take place separately from each other.

The analysis of data is the activity through which the researcher “interprets and makes sense of human experiences, stories or words, through which they connect to meaningful information” (Marvasti, 2003: 10). The researcher will organise the data, as well as integrate and examine it (Neuman, 2011: 507). Willis (2007: 202) explains that the meaning of data is emergent and this meaning emerges from the environment in which the data was collected. Researchers should always keep in mind to never assume that readers will understand what is meant with the data and should always present it in a format that is conducive to understanding and insight (Berg, 2001: 275).

Within this study, I made use of inductive analysis, whereby the data lead to the “emergence of concepts” (Yim, 2001: 94). Within the inductive approach, the researcher does not make use of pre-set concepts, but rather build their own patterns, codes, categories and themes from the “bottom-up” (Creswell, 2007: 39). Creswell (2013: 52) also explains it as working with the raw data and taking it from particular to general perspectives.



Analysis is an important process as it transforms the data and makes it easier to understand through the lens of the researcher (Berg, 2001: 35). It also represents the meanings participants give to their experiences (Yim, 2001: 18). This is done through the transcribing, coding and arranging of data. Transcription is the process of continuously going back and forth between the data to find codes to help formulate themes. The interviews were conducted in English with a few being conducted in Afrikaans, which had to be translated into English.

Within the narrative approach, storytelling is a method of sharing information (Marvasti, 2003: 84). When reading through the transcriptions, the researcher has to reduce the data because not all the shared information will be used, and the text have to be transformed and turned into a more accessible text (Berg, 2001: 35). The analysis process starts with coding, which is the process of reducing of data to form meaningful segments (Creswell, 2007: 148). Coding is the process of transforming raw data into “conceptual categories” and subsequently to create themes and concepts (Neuman, 2011: 510). Coding is the first phase and takes place when data get organised (Yim, 2001: 176). Coding takes place when the researcher reads through the transcribed interviews and looks for ideas or concepts that keep appearing in the text. Neuman (2011: 507) explains it as the process of looking for patterns and relationships in the transcribed data.

Nieuwenhuis (2007: 105) explains coding as the process of reading through the transcribed data and “dividing it into meaningful units”. These specific codes are then organised under themes. The researcher then has to interpret these codes and form larger meanings from them (Creswell, 2007: 150). This information will then be used to write the final report with. Suitable quotations from participants were selected to show the pertinence of some themes and to underscore shared albeit nuanced understandings of participants and even totally contradictory perceptions and experiences. Quotes are used in the analysis to confer meaning to the selection of themes that comes directly from the renditions of the participants.

### **3.6 Trustworthiness and the quality of data**

Once the analysis process has started, it is the purpose of the researcher to ensure that the data is trustworthy. This is more commonly known as validity. Within qualitative studies, validity is described as trustworthiness and Bui (2014: 187) describes validity within qualitative studies as the “quality of work and whether the data is accurate, credible, plausible and trustworthy”. Trustworthiness can be defined as “the degree of confidence in data, interpretation and methods used to ensure the quality of the data (Pilot & Beck, 2004 in Connelly, 2016: 435). To achieve trustworthiness within a study, Butler-Kisber (2010: 14) states that the researcher has to make sure that the study “specifies its persuasiveness by including a coherent and transparent research process”. The researcher is obligated to “justify to the research community that they have done due diligence” (Nut Williams & Morrow, 2009: 576). A study can be rigorous when the findings can be recognised and are shared by others who have had the same experience and when others who have not experience it, can appreciate it (Morse, 2015: 1213).

It is important to assess the methods used within a study, as well as the truthfulness of the findings as a lot of time and effort is put into conducting a study, and having findings which are not truthful or rigorous may result in what Long and Johnson (2000: 30) describe as “dangerous, unethical and harmful practices”. The question of rigour within a narrative study can be somewhat challenging as stories are told from the understanding and perspective of the participant in a context, as researchers usually seek specific experiences and not a universal experience (Murray, 2009: 58,59). The collected data and observations arise from the relationship formed between the researcher and the participant and involves a variety of interpretations.

The importance of ethics within this specific study has previously been discussed but it is important to explain the role of ethics when it comes to a study being trustworthy. Rallis and Rossman (2009: 264) believe that when ethics are sensitive and have been carefully thought out, it will contribute to the trustworthiness of the research because when a study is ethical it will have “worth, merit and the results will be credible and useful” and can be used by other researchers to help guide their research. Trustworthiness should be examined at every stage of data analysis, from the preparation to the presenting of the

results (Elo *et al.*, 2014: 1), and it should always show sensitivity to ethical issues (Rallis and Rossman, 2009: 265). Once a researcher has reported on what she has done in each stage of her research, trustworthiness will be inherent within her study (Harrison *et al.*, 2001: 324).

Trustworthiness can be assessed through four criteria made famous by Lincoln and Guba (1985 in Cope, 2014: 89) which are credibility, dependability, confirmability and transferability. I will now explain how I applied these four criteria in my pursuit of developing trustworthiness within the study. This will be done by referring to the above-mentioned criteria in the words of Nut Williams and Morrow (2009: 577): integrity of data (dependability); the balance between reflexivity and subjectivity (credibility); clear communication of the data (transferability) and I will conclude with a discussion on the importance of conformability.

### **3.6.1 Integrity of data (Dependability)**

The consistency of data is of importance, as it will allow other researchers to use the methods of data collection, analysis and interpretation as was used in the study. According to Pickard (2013: 21) dependability is concerned with the manner in which the study is conducted and the “understanding of stability of conditions depending on the nature of the study” (Connelly, 2016: 435). To ensure the dependability of the study, the researcher has to prove the “stability of the data over time and under different conditions” (Elo *et al.*, 2014: 1). The findings should be consistent over time and the results should also be able to be replicated, once this achieved a study has consistency (Terrel, 2016: 175).

There are a few strategies to apply in making sure one’s research has consistency. Krefting (1991: 221) explains that because qualitative research is designed to fit a specific research topic, there isn’t a recipe that one should follow to ensure dependability, as each research situation is different. However, the researcher should be able to explain which methods she used within her data collection process as well as the analysis of the data. It is the explanation of the methods used that will allow other researcher to replicate the

study and Nut Williams and Morrow (2009: 578) clearly state that it is the “replication of the study” that will take place and not the replication of the findings of the participant sampling.

One way to achieve consistency in a study is to discuss the research plan with colleagues and supervisors to ensure the dependability thereof (Krefting, 1991: 221). Dependability within this research was established by having frequent meetings with my supervisor to discuss the analysis of the study. She provided me with advice on how to explain the methods and data in more detail. I also presented the research to colleagues during a departmental seminar, where they had the opportunity to ask questions and also give feedback on areas which required more attention. Another method on ensuring consistency is to ensure that the sample is very diverse in order to achieve rich data (Nut Williams & Morrow, 2009: 578). When I started the sampling process I made sure to have a diversity of participants to participate in the study. I made an effort to have a representative of each of South Africa’s main population groups in the study (“white”, “black” and “coloured”). This assisted me by providing a variety of perspectives to ensure the richness of the data.

### **3.6.2 Balance between participant meaning and researcher interpretation (credibility)**

When the researcher adequately describes the participants’ experiences as lived and perceived by them, that is when the study has attained truth-value (Krefting, 1991: 215). The researcher should be in pursuit of multiple perspectives in order to get a rich description of the participants’ standpoints (Rallis & Rossman, 2009: 265). Credibility can be defined as “elements that allow others to recognise the experiences contained within the study through the interpretation of participants’ experiences” (Thomas & Magilvy, 2011: 152). Credibility can be enhanced through “prolonged engagement with the participants, observation, peer debriefing and triangulation” (Pickard, 2013: 21). Cope (2014: 89) states that credibility can be enhanced through deep descriptions of the researcher’s experience and “the process of verifying the findings with the participants”. Within this study, credibility was enhanced through the time spent interviewing the

participants (this study was longitudinal in nature), constant examination and feedback on my work from my supervisor, as well as presenting the data in the participants' original words.

According to Nut Williamson and Morrow (2009: 579) there should be a balance between the participant meaning and researcher interpretation which relies on subjectivity and reflexivity. Subjectivity should be taken into perspective. It was difficult for me to remove my bias as researcher, as I can identify with the research question and have my own experience thereof. But through the process of reflexivity I could remove my bias. Reflexivity refers to the "constant assessment of the researcher's influence on the study through her background, perceptions and interests" (Ruby 1980 in Krefting, 1991: 218). It was important for me to be aware of my bias and I had to constantly reflect on the influence it will have on the study.

### **3.6.3 Clear communication of the data (transferability)**

Transferability can be described as the ability to demonstrate that the findings of your research study can be applied to other contexts (Terrel, 2016: 174). It is the researcher's job to provide enough detail to the reader which will allow her/him to identify if the research study is transferable (Pickard, 2013: 21). A study has obtained transferability the moment the reader can assess the information and the research contexts and relate their own experiences to the findings (Cope, 2014: 89). The researcher should provide enough evidence which shows that the research question has been answered (Nut Williams & Morrow, 2009: 580).

However, it is important to remember that applicability is not the end goal of a qualitative study (Rallis & Rossman, 2009: 268). Connelly (2016: 436) states that the researcher should successfully communicate the participants' stories and transferability will be achieved once the reader can identify with the story and recognise that the particular story of the participants isn't everyone's story. There should be similarities between the research study and other contexts outside of the studied situation (Krefting, 1991: 216). The purpose of the study should be to report on the findings of individuals within a specific

environment and the findings should be applicable to other similar sub-populations (Shenton, 2004: 59). However, with qualitative studies, especially with the narrative approach, the focus is not to generalise the findings (Krefting, 1991: 216). Krefting (1991: 216) states that the strength of qualitative research is that it studies “naturalistic settings with a few controllable variables”.

### **3.6.4 The importance of conformability**

Once the research study has obtained all the other components of trustworthiness; credibility, dependability and transferability, conformability will occur (Thomas & Magilvy, 2011: 154). Conformability will naturally occur once the findings of the study are consistent and can be repeated (Connelly, 2016: 435). Elo *et al.* (2014: 2) state that the data should be “accurate, relevant and have meaning” and it should limit the bias of the researcher (Pickard, 2013: 21). The results should contain the experiences of the participants and not the perspective of the researcher (Shenton, 2004: 72). Therefore, the researcher should take her time to ensure that the quotes derived from the participants’ stories exemplify the findings (Cope, 2014: 89). The findings should be “subjective knowledge which can be traced back to the raw data” (Charmaz 1995 in Pickard, 2013: 21).

One way to achieve conformability is to provide enough detail which describes how the findings reflect the stories of the participants and it should be evident that the detail derives from the data and that there are no other external influences which could have influenced the findings (Terrel, 2016: 175). The finding should clearly portray the voices of the participants and the work should be guided through ethical practises (Butler-Kisber, 2010: 15). This can be achieved through keeping detailed notes of the whole analysis process (Connelly, 2016: 435). Conformability has been achieved in this study through discussions with my supervisor and constant feedback on the analysis process with participants as well.

Once a study has achieved credibility, dependability, transferability and conformability, the study will be regarded as valid. Validity can be defined as the “quality of the findings

which refer to the accuracy and credibility of the findings” (Bui, 2014: 187). Validity can be achieved once the researcher increases the level of trust between her and the participants, which will lead to richer data (Morse, 2015: 1214). Through the usage of in-depth, open-ended interviews and the observation of the participants, I could obtain thick rich data which led to the sufficient analysis of each theme which in turn increased the validity of the study. Reliability refers to the extent of consistency of the data (Kirk & Miller 1986: 19). In this study, reliability was enriched through the recording of the interviews and the transcription thereof in order to be able to use the words as uttered by the participants themselves.

### **3.7 Chapter overview**

This chapter focused on discussing the methodological account which explained and described the plan used to conduct this study. This study was based on the qualitative research design and made use of the narrative approach to help explore and understand the different life stories of the participants. The data collection process was discussed in detail by providing information that pertains to the entire research process, including the importance of ethical considerations, as well as by explaining how validity was achieved in the study.

## **CHAPTER 4: THE MEANING OF FOOD AND EXERCISE IN PARTICIPANTS' LIVES**

### **4.1 Introduction**

The following two chapters will focus on the analysis and interpretation of the collected data. With regards to Chapter 4, there are two themes, each with two sub-themes. Chapter 4 will focus on the discussion of the meaning that food and healthy living (exercise) have in the lives of the participants as it was found that the participants' notions of food were strongly influenced by their views on exercising and looking after their well-being holistically. This will be explained through the discussion of the two sub-themes: "routinised lives" and "socialisation". Within the first sub-theme, "routinised lives", the analysis will focus on the role food plays in participants' lives, as well as the role of gym and exercising, in other words leading a healthy lifestyle. This sub-theme will then be concluded with the reactions of participants when the routinised eating and exercising does not go according to plan. The second sub-theme in this chapter will be discussing the concept of "socialisation" as it relates to participants' understanding of and behaviour towards food and notions of healthy living. This will be done by focusing on how knowledgeable the participants are as consumers, as well as focusing on the notion known as "healthism". This sub-theme will be concluded with the role the participants' mothers played in the forming of their relationships with food and exercising. This will lead right into the next theme, which focuses on food and exercise as gendered activities which will be the focus of Chapter 5. The participants will be introduced in table 1 below the introduction.



**Table 1: Participants' information<sup>2</sup>**

<b>Participants</b>	<b>Age</b>	<b>Occupation</b>	<b>Relationship status</b>	<b>Children</b>
Anele	30	Pastors' assistant	Divorced	2 Children: 1 Boy (15) 1 Girl (9)
Ashley	42	Housewife	Married	3 Children: 1 Daughter (18) 2 Sons (14 & 10)
Charmaine	39	Bank branch manager	Single	1 Child: Daughter (21)
Dineo	42	Occupational Therapist	Single	2 Children: 1 Daughter (6) 1 Son (her sister's child, 4)
Elizabeth	39	Admin clerk at family business	Married	2 Children; 1 Daughter (14) 1 Son (11)
Janine	38		Married	4 Children:

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<sup>2</sup> See Appendix D for a more detailed profile on all participants.

		Fitness instructor (Group Manager)		2 Biological (Son -13 & Daughter 10) 2 from husband's previous relationship: (Daughter-6, Son -4)
Jo-Marie	48	Pre-school teacher	Married	2 Children: 1 Son (27) and 1 Daughter (18)
Karli	48	Medical doctor	Married	2 Children: 1 Daughter (17) and 1 Son (14)

**4.2 Routinised lives**

Having a daily routine was deemed as very important to the participants of this study. For some of them, it is very important to have every single detail of the day planned to help with the time constraints they have within a day and with juggling the different roles ascribed to them as mothers, caregivers and professionals, in some instances.

**4.2.1 The routines of the participants**

Elizabeth is a working mother of two children and she plans every activity of her day. She works at the family company during the morning hours and then spends the whole

afternoon with her children, either doing homework or driving them to their afterschool activities. She has specific times when she jogs with a training group, as well as a designated time she goes to the gym. Planning every detail of the day helps with balancing her role as a working mother. She describes her daily routine as:

*“I wake up at 4:15 am on three mornings in the week and then I go jog with a training group at 4:40 am for an hour, so 10 km until 5:40. Then I come home and then from 6:00 am until 7:00 am I help the kids and get them ready for school and then I take the kids to school. And then at 7:00 I meet up with my friend at the gym and then we either swim or meet up with our personal trainer or exercise on our own. Then I come home at about 8:30 am and will leave for work at 8:45 am. I will work until 13:00 and then pick up my son at school and then the midday starts. Then it is usually driving around with some school stuff and those types of things. In the evenings, we eat just after 18:00 maybe at 18:30, when my kids come home from sport and then we do homework and then I go to bed at around 21:30 at night.”* (Elizabeth)

Having a daily routine seems to be very important to the participants, because of the sense of control they get out of it. Every single detail of the day has a specific time allocation and this is something which is very important to Anele. She is a divorced mother of two children and lives with her mother. Anele works as a personal assistant to four pastors of one of the biggest churches in the city and has also started competing in body building competitions. She described her day routine as follows:

*“I wake up at 4h30 in the morning, every morning, I pray and then I do abs (exercises) for 30 minutes and from there I prepare my meals for a day. I have plus or minus 10 meals a day. So, I prepare everything a day before and then just pack them in the morning.”* (Anele)

For Karli, it works the same way. She is a medical doctor and works at three practices as a gynaecologist. She completed her Masters in Sports Medicine and is also an athlete. With two teenagers, who are also athletes and her husband being a pilot, she spends most days being a single parent and therefore scheduling the day is very important to her. She describes herself as:

*“I am very target-orientated; I think I am a little OCD<sup>3</sup>. Being a single parent most of the time and managing my work, with my family, I need to be very schedule targeted. I can’t handle a lot of things going out of sequence. So, in that regard I think I am very compartmental, very organised, maybe irritating other people and the kids sometimes (laughs) sticking to routine, especially regarding the eating.”*  
(Karli)

She explains her routine as follows:

*“Three days a week I start the day and go to the gym at 7 o’ clock in the morning after dropping off the kids. Go to the gym at 7 o’ clock and then our session is until 7h45. Then I go back home and get dressed and get ready for work. I get to work at about 8h30 / 9h00 in the morning. Then most of the days I have got a full day of work. Uhm... four days a week is full day, one day is half day, and that is spent in the clinic as well as in theatre. And then we exercise here at the track every afternoon from 17h00 until 18h00, and then we get home and have supper.”* (Karli)

Dineo also works according to a scheduled day. She practices as an occupational therapist at a public hospital and is a single parent to a six-year-old daughter. Her sister with her four-year-old son also lives with Dineo. She describes her daily routine as follows:

*“In the morning, I wake up and I come to work and my work start at 7h30 up to 16h00. And I work with patients in the hospital and after that I go... I go to the gym straight. And after gym, it depends to how many sessions I have per day in the gym and after that I go home.”* (Dineo)

Even though all the participants shared that they live a routinised live, some of them do not have a daily routine that has an activity scheduled for every hour of the day. Some of the participants take the day as it comes. Jo-Marie’s day consists of her work and looking after her daughter. Jo-Marie is a pre-school teacher, married to a homeopath and has two children, a son who has already moved out of the house and a teenage daughter who is

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<sup>3</sup> OCD – Obsessive Compulsive Disorder.

a national junior triathlete. She (Jo-Marie) has a training group and gym membership, but doesn't really plan her day very strictly.

*“Oh, you know, from 8h00 to half (dog enters and starts barking) oh here comes the circus. 8h30 till 12h30 I am at the school and then I start driving Anne (daughter) around. She trains at the university and then I go my own way to my own training group. But I've been off for long so I recently started training again.”*  
(Jo-Marie)

For Ashley, it works the same way. As a housewife, or 'house executive', as she calls it with three children, she has a lot of free time but she is very involved with ministry, which also plays a big role in the scheduling of her day:

*“This morning I got up at about 4:45 am and then usually I have some quiet time. At around 5:40 am I start waking up the kids so they can start getting ready for school. After that if my house, the lady who is helping me in the house, if she doesn't come I start to clean and if I see everything is fine I will just clean the kitchen. I don't clean anything else, I don't want to work at home. Then I would get ready for home cell<sup>4</sup>, like today I have two home cells. I have home cell at the house for children with the mothers there and after that home cell, it ends at about 9:30 and then I come to the church and then have home cell again with some ladies until 11:00. Then I go home, usually I eat something or I go to sleep or I do some washing but usually I will go lie down. It is my time for rest especially on Wednesdays because this afternoon at 18:30 I will have another home cell. But then I fetch the children. Then I start to cook after I fetch the kids or I have done everything.”* (Ashley)

Janine works as the fitness group manager at a well-established gymnasium in Bloemfontein. She is a mother of four children and has to balance two jobs with raising her children. She describes herself as a “routine person”, even though she doesn't plan every hour of the day:

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<sup>4</sup> Home cell is a weekly meeting of Christian church groups to have fellowship and study the Bible.

*“The first thing I do when I wake up is drink coffee (laughs) and after having coffee, I wake my children up. They have to be up at a certain time and then I also get dressed. Then I pack all my stuff and make sure I have everything in my bag for the day. Because we live on a farm and I can’t come back and fetch something that I forgot. And then before I leave the house, at 06h45, I have another cup of coffee. I don’t eat breakfast. On my way here (to work) I will have an apple. Then I drop my kids at school and then come to the gym. Here at the gym I will either present a class or exercise myself and then I start working until 12h00 and then I have a business of my own. So, I go to my business and pick the children up at 16h00, go home, make food and do some washing.” (Janine)*

Work takes up most of the day for Charmaine, as she lives alone and has a daughter living in a campus residence as she is busy completing her final year in undergraduate studies. She spends most of the time either at work or at home, also working:

*“Sometimes I will wake up and make breakfast for myself; I actually try to do that a lot. Uhm... I live far so that is another problem. So, I travel a lot to work and obviously back and then it is work most of the time. It is just meetings and meetings, staff issues and clients’ issues, and ja... it is quite stressful. Sometimes I get home, I do cook... uhm... and then I work again, until let’s say about 12 o’ clock. I try not to do it anymore, because I actually can’t shut down when I try to sleep, and then I don’t sleep because my brain is still too active. So that is me in a nutshell.” (Charmaine)*

It is evident that a routine is important for the women and even though it varies from one participant to the next, it is needed to help them organise their days and the different roles they balance. But what happens when the routine does not go according to plan? For some of the participants’, a disrupted routine isn’t something that would be considered as the ‘end of the world’. Elizabeth believes that it is all about recognising where it all went wrong, fixing the problem and getting it right the next time:

*“When you have two kids at school and a job, then a routine is necessary. But no, it doesn’t throw the apple cart over but I just have to do a little more planning then, to get everyone on the right path again. That’s what I mean with my routine and*

*why I like it. I want my children to be done with homework at 20h00, well him at least and she goes to bed a little later. Things like that are routines with me, but when they have sport in the afternoons then you need a routine otherwise things won't happen and things won't work out."* (Elizabeth)

For Charmaine, it works the same way. She believes in the importance of a routine, but doesn't feel bothered with the fact of the day's plans being disrupted:

*"Having a routine is good but one shouldn't have too much of routine in your life."*  
(Charmaine)

*Researcher: "What happens when you plan a routine for the day and then it doesn't work out that way?"*

*"Then it just doesn't work out that way. There are things that should be done and as long as that is done, then I am happy. I will just reflect on the things that weren't done, that should be done and what I will have to do."* (Charmaine)

Karli has the opposite reaction towards a disrupted routine. Being a routine mom and organising every detail of the day, a disrupted routine causes a feeling of being 'flustered' for her and she also feels like she is not in control anymore. For Janine, it works the same way. Being the fitness group manager at the gym, she has to step in every time one of the fitness instructors cannot present their classes. Janine then must give the class and that disrupts her whole day:

*"Oh!! My apple cart is completely thrown over! (Laughs) I always think that I wanted to train with my trainer or do something else, but now I have to step in when someone else doesn't pitch. That irritates me because I have a routine, even though I don't plan my day according to the hour, I do have a routine."* (Karli)

#### **4.2.2 The role of food**

Food plays a role in the shaping of our identities and as explained by Fischler (1988: 277) when we control what we eat, we are controlling our bodies and minds and that leads to us to control our identities. Thus, in a sense we become what we eat. So, by controlling the food they consume the participants feel in control of who they are. When living such

planned and routinised lives the activities of buying, preparing and consuming food are all scheduled as well. The participants have specific days and times when they engage with these activities. They plan specific days when they engage in the consumption of fast foods as well. Food and specifically the type of food consumed, is very important to Anele. To compete as a bodybuilder, she has to follow a strict diet and prepares ten meals per day and prepares the next day's meal the evening before:

*“Every single day, ‘cause I don’t have a car to go in the morning. I spend plus or minus two hours in the gym. Ja, so when I come back from the gym, I take a bath, eat my meals and then prepare the ones that are not prepared yet.” (Anele)*

She describes her eating plan as follows:

*“Yes, I am very specific of what I am eating, because I change meals every month. So, I know this month I am focusing on this meal that I have to eat. I don’t compromise. I eat everything that is on my list. For breakfast, I have one cup of oats, the small cup, with cinnamon and honey. I like it uncooked, original with boiled water. So, I eat raw oats in the mornings (laughs). Ja so... at 10h00, between ten and eleven, I eat rye bread with peanut butter only and then, just before then I will have my shake and at twelve, lunch. My lunch is rice, at the moment it is rice with chicken breast and green salad.” (Anele)*

As discussed in the literature review, Bisogni *et al.* (2002:120) explain that the food we consume becomes a marker of our social and personal identity. What we eat influences our bodies which in turn influence our identities. For Anele, her diet plays a big role in her achieving the physique needed to compete and she recognised the importance of food and the role food plays in her life:

*“I have learnt that when you go to gym and not eating healthy, you are not going to see any results, because you can’t exercise on a bad diet. So, for you to see how your body, how your body changes, you need to combine the two”. (Anele)*

She also mentions the message that the food she consumes communicates about her:



*“It says that a lot because, there is a saying that says, “you are what you eat”, so when I open my food, like at the gym, there is a new lady, she will be like “now I know why you look like this, it’s because of the food that you are eating”, you know.” (Anele)*

Food is used as a form of control with prisons. Ugelvik (2011: 54 in De Graaf & Kilty, 2016: 31) describe food as “a metaphor for the control over the prisoner’s body” and being able to control what you eat can be seen as the formation of self-identity, as it is the lack of control over prisoners’ diets which causes a “feeling of attack on their identities”. Anele identifies herself as a healthy person who eats very healthily. She has shaped a healthy identity for herself and mentions how the lady who works at the gym even noticed this healthy identity. Anele has become comfortable with her healthy identity and even has confidence to wear clothes that she thought she would never wear. She has a sense of pride, especially when her colleagues acknowledge her physical appearance:

*“It is very nice (giggles). Because here at work, I am not used to wearing like this. Everyone wants to be like touchy-touchy and feel like how... am I too hard or am I flexing (my muscles), but then I feel good. What I eat actually pays off towards how I look. It does, a lot.” (Anele)*

As explained in the historical framework of the sociology of food in the literature review, we have grown accustomed to eating easy and readily available food. This is done because of the fast-paced lives we are living. Having less time to sit down and properly enjoy a meal is characteristic of a penitentiary system in which prisoners only have three sessions of 30 minutes each to consume food (De Graaf & Kilty, 2016:29). This is the reason why prisoners cannot develop what De Graaf & Kilty (2016:29) term as “relational meanings” with food, because of its hurried nature and which in return disrupts the “process of meaning making and social connection”. Anele’s relation to food is, in a sense also perfunctory as it hinges a lot on results (her physical appearance) and consuming food is not really about the enjoyment or conviviality that food consumption often entails. The awareness of the gaze (and approval) of the other and her constant self-surveillance (as depicted by the other prison metaphor of the Panopticon) are very present in her narratives about food and exercising.

Karli explains her routine and how she goes about shopping, preparing and consuming food on a weekly basis. She doesn't have planned grocery lists but does have a specific day scheduled for grocery shopping.

*“What I do make sure is that at the beginning of every week, I buy my groceries on a Wednesday morning and I make sure that there are normally two starches, and three vegetables in my trolley. I will then try to space them out throughout the week.”* (Karli)

She seldom gets the chance to sit down and have a proper meal in her lunch hour because of her busy schedule but she will compensate for it in the evening and have a cooked meal and will sit down to have it.

*“I don't think I am a big eater. Uhm... I have muesli... we have either muesli or porridge or weet-bix<sup>5</sup> or something like that, other cereal or cooked porridge in the morning. And then during the day I would just have an apple or a fruit at work. I seldom get to sit down and have anything, and then during lunch it is just 'grab and go'. It's not always... it is never a sit-down lunch. In the afternoons, uhm... again, if I've got time then I will grab a sandwich or whatever. We do get prepared snacks at work, and then my main meal is in the evenings and that is a cooked meal.”* (Karli)

She describes herself as a 'routine mom':

*“My kids are very routine eaters. I am very much of a routine mom. So, I don't change a lot and I don't uhm... change the menu a lot. I have a certain way that I am used to, I think because of the busy schedule, just keep to the routine. So, they, they do enjoy salads in the afternoon and something fresh in the afternoon. So, the midday lunch pack is normally something fresh, a sandwich or a salad or something. So in the evening it will always be cooked food, we will never have something fresh in the evening, or it will be something that was prepared beforehand and then we just warm it up when we get home. But it is very uhm...*

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<sup>5</sup> Weet-bix is a South African wholegrain breakfast cereal which does not contain any preservatives or colourants (Bokomo:2017)

*how can I put it... it is not exciting as such because the kids don't eat a lot of strange things, so we stick to the things that we know and that they eat every week... (Laughs)" (Karli)*

She explains their morning routine:

*"In the mornings, it is just... it is instant food. We have a routine of one morning it is mieliepap<sup>6</sup>, the next morning it is oats, cooked oats. The third morning is a cereal or muesli and the fourth morning is Maltabela<sup>7</sup>. The fifth morning is our cheat morning, and that is when they will have rusks and tea for breakfast. That is our five mornings. EVERY. SINGLE. WEEK (laughs)" (Karli)*

Having a routine and scheduling the consumption of food is very important to Karli. It is the only way she can make the day work for her and the only way she can balance her three roles as a mother, medical doctor and athlete. Food plays a big role in her life being an athlete and because her children are competing internationally as well. Sustainable eating is very important for her. She believes that the food she prepares and consumes for herself and her children tells a story about who they are:

*"I think... if I must be honest, the food that I buy... uhm tells a story in a sense that I do want my kids to eat healthy, but I also need to think about what is quick and what is easy. So easy food, being prepared quickly, is probably my main aim when I think about food and when I think about what I should buy and what I should put on their plates." (Karli)*

Unlike Anele and Karli, the other participants have an open-minded approach to preparing and consuming food. For them it is important to have routine, especially a routine of healthy eating, but they do leave some space open for spontaneous consumption and don't follow a strict routine when it comes to eating.

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<sup>6</sup> *Mieliepap* is traditional porridge made from ground-maize. It is the Afrikaans name for maize porridge (Wikipedia, 2017)

<sup>7</sup> *Maltabela* is a sorghum meal based porridge (Nature's Choice, 2017)

*“Oh, we aren’t very good eaters at all. We love sweet stuff. I really try, my kids will either have oats in the morning or tasty wheat and I will have two baked eggs with tomatoes when I get home in the mornings, but I can’t promise that the rest of the day goes as well as that. I can see that my daughter is also trying now to... she is in high school now so it is all the pimples and hormones. So, we are really trying to cut out the sweet stuff but it doesn’t always go well. At night, we eat a plate of food as a rule in the house, and that is if I get it managed with everything else going on. I grew up like that with your rice, meat and potatoes: a plate of cooked food every night. We aren’t really crazy about cooking with or using cream or fat... no we are not like that at all. I think my husband isn’t like that as well and we have adjusted to that. So, we eat, I hope, we eat pretty healthy” (Elizabeth)*

Elizabeth explains that she always goes to the same grocery store because it allows her to get everything done faster, because she already knows where everything is and she does it with some help from her housekeeper who compiles a grocery list for her.

*“A routine person loves going to the same shops, because I know where the detergents are and I know where the cheese is. So, I always go to the closest shop because it goes fast. You know when you have work to do then you only have a certain time to buy stuff.” (Elizabeth)*

Ashley sees food as something that one should enjoy and not just as a means to survival. She doesn’t follow a specific routine and usually prepares what she feels like preparing.

*“I try to make it as healthy as possible. I try... not try, I at least try and let there be two greens, two vegetables on the plate, at least four to five times a week. Fresh fruit, tomatoes, those kind of things. As far as possible. It is always there. Uhm... and then I love my Herbalife<sup>8</sup>. Like I said, I like my shake. I try to and sometimes when I am in a hurry I forget or whatever but I try to at least shake once a day. At*

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<sup>8</sup> Herbalife is company which sells products for weight management, sport nutrition and personal-care products (Wikipedia, 2017)

*least four to five times if possible, or more a week. Then I will have at least one nutritional meal in.” (Ashley)*

She also mentions her love for fast food:

*“Ja!! (Excited tone) I love slap chips<sup>9</sup> (laughs). I love slap chips and I love Russians<sup>10</sup>, I love Nando’s. I don’t like Kentucky (KFC). I love McDonalds... Yes! But that is not regularly and it is really the exception. I love pizza. I love fast food (laughs). Actually, I love food overall. I love food, but I try... like maybe once a week we will maybe have pizza. Like last week we had pizza. I love potatoes, I love slap chips. If I could eat slap chips every day I think I would, but I am trying not to, but it doesn’t make me fat, I don’t know why. I don’t know why. If I eat chocolates a lot then I will get fat, but I love slap chips. Like I said, once a week and in a long time, like this week we had pizza.” (Ashley).*

As explained above, food is something that gives the participants a sense of control. They can control what they eat and when they eat it. The women experience autonomy and control in food choices and this is what De Graaf and Kilty (2016: 37) define as the “outside self” as they all identify issues of health and well-being in their food choices. For imprisoned people whose agency related to food is totally removed, the lack of control over the food they consume reflects a clash between their “outside self” and the imprisoned self”. Some participants are very organised with their meals and others just take it as it comes. They prepare the food they have acquired a taste for and allow some space to move away from what is considered to be healthy. A developed sense of guilt is associated with perceived “unhealthy” eating or eating something that is considered to “make one fat”.

Food plays a different role in Charmaine’s life. She lives alone and prepares food for herself only and will also do some grocery shopping for her daughter. She describes her relationship with food as follows:

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<sup>9</sup> “Slap chips” is the South African word for French fries. They are deep-fried potato cuts with a crunchy exterior and with “slap” meaning “soft” in Afrikaans (Tasty Kitchen, 2017)

<sup>10</sup> Russians are what the locals call deep-fried sausages.

*“Sometimes it is not healthy, but most of the time I try to eat healthy. I try to eat my veggies, I try to eat my fruits, I try to eat my breakfast, very important, sometimes I do skip but I try not to skip because I have low blood sugar levels, then I get moody. Uhhh... I try to do my in between snacks, I try to drink a lot of water. I think if I took myself maybe two or three years ago, I am in a much better state than I was.” (Charmaine)*

It also came across as if she is not as disciplined when it comes to her idea of healthy eating in terms of the way in which the advertising of food influences our behaviour:

*“I buy what I need most of the time, but you never walk out with just what you need. Because of how they put that..., how they shelve everything is for you to see this, and to see that and then you need it now, but it is not on your list.” (Charmaine)*

This also came forth on another occasion:

*“Ja, and I actually try to plan my meals for the day and for the week. Uhm... I try not to buy bread anymore, but sometimes I do.” (Charmaine)*

*“Researcher: why not?”*

*“I’m trying to get a little bit off of the starch, so ja. I still do it but less. So, if it isn’t in the house, I won’t eat it, you understand? So, when the lady comes and cleans the house, I would buy a loaf of bread, but then obviously the bread will be there and it will call me (laughs) then I have to eat it.” (Charmaine)*

Charmaine mentions how she enjoys fast-food and again, her discipline when it comes to healthy eating isn’t overpowering:

*“I love... I do eat fast food. But I must say I limit myself on my cravings. Sometimes I crave for it and then I go buy it, because if I don’t do that I am going to crave and eat other things until I get to eat that thing that I want to eat (Laughs)” (Charmaine)*

With Charmaine, it seems as if she has more freedom when it comes to eating healthy, as if she isn’t too strict and allows some space for the not-so-healthy choices. This could be due to the fact that she is single and has a disposable income. She doesn’t have to feed a family and that makes it easier for her to renege on her initial plans, as there is no

one looking over her shoulder and motivating her not to do it. The influence of dependents could therefore be beneficial when it comes to making healthier food choices.

Jo-Marie's daughter's condition dictates a lot of the food decisions in the household. Her daughter has an intolerance towards gluten and this influences the type of food consumed in the household. She relies on the housekeeper for a grocery list and only goes to the store when needed. It is evident that her daughter's preferences are her first priority.

*"I would say that we eat relatively healthy, because Anne (daughter) is very sensitive towards gluten, so it makes it quite difficult, very difficult because almost everything has got gluten in it. So, we just try to stay with normal things. I will make sure that there's... they love grapes, they are crazy about apples. It is just bananas that I wouldn't buy. They will put it in a shake, but Anne won't eat bananas. It will get old here. She will eat strawberries, and she will also eat... but she is actually very bad with fruits and vegetables. I mean, she will only eat... she is very picky. So, I buy stuff that she would eat."* (Jo-Marie)

With Jo-Marie's husband being a homeopath, it came across many times that he is the person who influences the preparation and consumption of food and she also mentioned him a lot during the interviews. Most of her answers consisted of the words "I don't know", "he does it" or "you should ask him". When asked why they use a specific brand of gym supplements, she answered:

*"It is a good product and we have used it before, Well Daniel (husband) says it is a good product, so... that is what we use and we all use it."* (Jo-Marie)

*Researcher: does he do research about products before you use it?*

*He will read up on it, because he doesn't want us to use soya.* (Jo-Marie)

*Researcher: Is it something that she (daughter) can't eat?*

*No, she can have it, it is just that he doesn't want us to use it. He doesn't think that it is good for us."* (Jo-Marie)

This also came forth when asked about how regularly they consume fast food and she replied with:

*“Oh wow... now I would have to ask Daniel.” (Jo-Marie)*

When asked about her opinion regarding why food is a gendered activity, Jo-Marie also answered:

*“I don’t know, but my husband can easily cook and he makes nice food. He really enjoys it.” (Jo-Marie)*

Jo-Marie’s narrative of food to a large degree reflected the wishes and needs of others and not her own. This in itself is also a restriction on the notion of her “outside self” and her agency associated with decisions about food and its consumption and shows her unique relation to this important and omnipresent feature of our everyday lives.

#### **4.2.3 The role of gym**

The rise of the female fitness industry is seen by some as a victory for feminism and this feat specifically overlaps with the first-wave feminism as stated by Zweiniger-Bargielowska (2011: 301). The medical sphere of the late-nineteenth century described the female body as a body which can be easily wounded and this would be the cause of the exclusion of females from the public sphere, in order to protect their “reproductive purposes” (Zweiniger-Bargielowska, 2011: 301). However, the rise of the female athletic body has proven no harm towards the reproductive system. Gym and exercise play a big role in shaping the self-image and the identities of the participants. For most of them who are living routinised lives, going to the gym and exercising have become a daily activity for the participants. Turner (2002: 492) states that the human being is an ‘unfinished animal’ and Hancock (2000: 3) believes that our bodies have become a vital factor in the communication of the true self. Jordan *et al.* (2005: 20) have conducted studies on postpartum body image and have found that the majority of women experienced a feeling of dissatisfaction after giving birth and especially dissatisfaction with their physical appearance. For the participants, attending gym and exercising wasn’t something that they always did. There was rather another happening that led to them starting this new journey. For some, the process started right after having children with losing weight gained during pregnancy being the main goal as to why they started exercising.



*“When I turned 36, when my oldest baby... my youngest baby was two years old. That was the first time that I was actually... my body wasn’t in a good shape then. I actually started exercising and my main aim was to lose weight.” (Karli)*

Elizabeth also started exercising after the birth of her first child:

*“I think the first time... I was very skinny before the birth of my daughter, naturally very, very skinny because I was young and after her birth, I think about three months after her birth then I realised that I don’t look the way I looked before and how I am used to looking. So, my sister started gymming because she was also pregnant that time and she told me that I should try and go with them. Then I started and since then it sank in...” (Elizabeth)*

Ashley also started exercising for the same reason:

*“With my second baby, I always thought I would be slim, I would be thin. So, with my first baby, after the second week, I could fit into my size 32 jeans quickly again. I have been thin all my life. So, but with the second one, I thought it would be the same but then I got fat. Not fat like extremely, but I couldn’t fit into the size 32 anymore.” (Ashley)*

Physical wellbeing is considered to be one of the main reasons why participants take up exercising. Working in the fitness industry, Janine knows how important it is to be physically healthy:

*“Physical health is very important because there are a lot of things: you get cholesterol, high blood pressure... in today’s life you start getting these illnesses at a younger age. In other words, in the olden days you could have controlled it a bit better because you didn’t get tested so many times but today we are aware of every single thing that can go wrong with you” (Janine)*

For some of the participants, exercising became a priority after having a health scare. Mendez *et al.* (2005: 714) found that overweight people are starting to exceed ‘normal-

sized' people in developing countries and according to Van der Merwe & Pepper (2006: 315) obesity is becoming a major public health problem in South Africa. Being overweight was one of the main reasons why Dineo started exercising. When going for check-ups at the doctor, she would always be reminded of how her weight could lead to further health problems if she didn't do something about it. She has always struggled with her weight:

*"I was a priority long time ago I can say, cause since I was born I was overweight."*  
(Dineo)

But exercising only became a priority later in her life:

*"I mean that if, if you're like overweight like me. So, especially when, when... the other thing that I think that I realised was if maybe I come, I have a flu, I have to see a doctor, usually when you are overweight, most of the time they are very concerned about how is your blood pressure, how is your glucose, all those things. So, it is the things that made me to realise that, every time when I go, and also, they talk about the weight. Like maybe they measure you and find out that everything is okay, but then they say the weight, you are a risk factor. So, it really rang a bell that something has to be done".* (Dineo)

Dineo's health was the main reason she started exercising and exercising plays a role in her taking control over her health.

Charmaine's body image was also the reason she considered exercising. She describes herself as the bigger one in the family:

*"Oh, I feel fat... I think I feel fat. I think I am chubby. Like in my family I am the biggest, so I feel big compared to them. I feel chubby, I feel a bit overweight and I think that is one of the things and then I sometimes just get lazy."*(Charmaine)

She struggles with a back problem and has to wake up every morning to do stretch exercises which will help with the spasms in her back. She realises the importance of exercising, but she always has work that needs to be done:

*“Sometimes I try to do a little bit of yoga. I must get on the treadmill, I do have a treadmill. I used it once this week. Which is bad... I said one hour every day, but I can’t (laughs)” (Charmaine)*

*Researcher: Why is it bad?*

*“I think you get tired and your brain starts switching off, and you think about ‘you need to work’ and then you don’t exercise, because you stress about the emails, like today I haven’t attended one email... so, ja. It is more likely that I will do it this afternoon.” (Charmaine)*

It is evident that exercising has a different role in each of the participants’ lives, whether it is to shed weight after having children or for health reasons. However, exercising doesn’t just play a role in participants losing weight or getting healthier, but can also have a totally different role. Anele loves her physical appearance and works very hard to achieve it. After her divorce, she started attending the gym regularly to help with the stress and depression she experienced while going through a divorce.

*“You know uhm, as a Christian woman, I was sitting and thinking to myself that some women out there would go and get revenge, silly things and stupid things. And I asked wisdom from God. I don’t want to be involved in this cheating thing, going in and out of relationships. I just need a hobby. I need something to keep me busy after work. That’s when I went to gym” (Anele)*

Exercising gave her new mental strength:

*“For me gym is... (Slight pause) I have to live healthy; I have to look good but then again mostly living a healthy lifestyle, because there is nothing that I am doing besides work and gym. If I am not at the gym, I am at home. But then gym to me is everything because, after my divorce, I should have had depression. But then I went to gym. That is where I relieved my stress”. (Anele)*

The role gym and exercising play in Anele’s life is a big one. She explains how the gym and exercising have changed her life and that her mother didn’t always understand why exercising was of such importance to her:

*“Uhm, it changed my life a lot, because when I signed up for gym. I signed up and then I was still staying with my ex-husband. When I got home, and then he started beating me up and was like... okay (short silence) I almost died. And then I went home to my mother. That’s when I said to her, I am not going to stay there anymore. Because I am going to die right there and you won’t know what happened to me. And I told her, because she didn’t understand why I am going to the gym. And then I told her that there is nothing wrong with me going to gym, I just want to release the stress that I have at the moment. I don’t want to be depressed. And then she understood. She supported me and everything. And I’ve never.... I love high heels. This is my one pair that I have of flat shoes and the shoes that I train with. I have never got off my high heels, till today. Because, when I was at the gym, I gained strength and God restored everything that He promised. Because I told God that, ‘you are not going to leave me now’. I am still young. There is nothing wrong that I have done and I won’t stay in an abusive marriage like that, and God really covered my back and gave me new vision, dreams. So that’s what is keeping me going”. (Anele)*

Physical exercising was the gateway to improving Anele’s wellbeing. It played a role in restoring her self-belief and confidence as she used it to overcome an abusive marriage. Therefore, the role of gym and exercising varies among participants. It started as a process of losing some excess weight, whether it being physical or mental “weight”, and in the process, they have gained a lot more:

*“Gym is not for losing weight only, but then you gain strength, mental strength. Uhm... high self-esteem if you had low self-esteem. The way you walk, just everything changes”. (Anele)*

Dineo also mentions the additional benefits of exercising:

*“I think going for the gym is more the physical, but it is even more than that. Because it is not only for the physical abilities. Is also for many things like if maybe you want to reduce the stress or the lifestyle you want to change”. (Dineo)*

Ashley believes that exercising is vital for her overall wellbeing:

*“That’s my goal and also to be healthy, because if you are healthy and you do exercise, it helps you with your mind, it helps with your blood to flow through the heart and you feel better”.* (Ashley)

#### **4.2.4 Conclusion**

Having a daily schedule and a routinised life is very important to the participants, as it allows them to balance the variety of roles ascribed to them. It gives them a sense of control and in the modern, fast-paced world we live in, we cannot control everything. Food and exercise have become a routine for the participants and provide them with an empowered sense of being in control.

It became evident with the analysis of the data that role of food varies within the lives of the participants. For some of the participants it is something they have power over. They control the type of food they consume, as well as how they go about preparing the food. Some participants eat according to a routine and do not function well without the routine, others have a routine with some room for change and other participants are in a situation where food or an external factor influence the preparation and consumption of food. The food we consume is influenced by factors such as weight and other health reasons (Lindeman & Stark, 1999: 141).

Those are also the reasons why the participants started attending gym and exercising regularly. It started as a process of losing weight and improving existing health issues but then the participants noticed that they have gained more than what they had to lose. Exercising plays a big role in their lives. It provides a space where they can improve their physical and mental health, it relieves stress and serves as a means to gain confidence which influences their self-image. Nettleton (2013: 2) states that it is our interactions in the world that influence our body image and how we carry ourselves. This was proven to be true, as we have noticed that by largely taking control of their food and exercise habits, the participants are, to some extent able to control some aspects of the world and use it to positively influence their body image.

### 4.3 Socialisation

It has been proven by Wethington and Johnson-Askew (2009; S76) that the circumstances a person faces during childhood will have a very profound effect during this person's life course. To add to this, Devine (2005: 122) also indicates that our food trajectories develop over a lifetime and is made up of meaningful experiences we had with food. The following section of the chapter will focus on the socialisation the participants experienced with food and exercise, and how this has influenced them. The focus will be on how the participants entered the field of "healthism" through controlling their food choices and exercise routines. This cannot be possible without having knowledge about what is considered as "healthy". Therefore, this section will also focus on how knowledgeable the participants are as consumers and how they have gained the knowledge through socialisation. This chapter will conclude by focusing on the role the participants' mothers had with food and their bodies, and how they, in return, were socialised by that.

#### 4.3.1 Healthism

As mentioned in the literature review, "healthism" is when health and fitness take priority over everything else within a person's life (Crawford, 2006). This was proven with the analysis of the participants' narratives of how they go about every day to achieve health and overall wellbeing. According to Greenhalgh and Wessely (2004: 199) it is a personal responsibility to pursue a healthy lifestyle. Exercising has become a means of achieving health for the participants, as it helps them fight existing illnesses and possibly to prevent any future illnesses. Being sick and depending on medication isn't something Ashley wants in her future. She uses food and exercising to prevent the contraction of potential medical conditions:

*"I am very health conscious and the only way to get your blood flowing is through physical exercise. Although I try and check my diet, it is very important for me that I do get some (exercise) in. I want to stay young hey, that's why. There is no other reason, I don't want to be on pills. I just told the ladies, I don't want to be on pills"*

*when I am 50 or have diabetes or blood pressure. I don't want to, I don't.... when my sisters come and say they want to go out for the night, I don't want to feel like 'no I must first get my pills and drink it' no I don't want to feel like that. No, no I don't want to". (Ashley)*

Ashley knows that she can prolong her wellbeing by taking control over the food she consumes and participating in exercise. She believes that a combination of both will keep her healthy for a long time. She explains that she doesn't want to feel old even though she is getting older:

*"I want to have... I want to be 50, 60 and in great health. I want to be in great health, when I am 80 I don't want to be... maybe I will need a 'kierie'<sup>11</sup> but I don't want to be a burden to my children. I want to enjoy health and how do you enjoy life if you are sick? You cannot enjoy life if you are sick. You have to take care of yourself holistically. It's not just the spirit but also the body." (Ashley)*

Just like Ashley, Elizabeth knows that the key to a healthy life is physical health. She describes exercising as something that is fun and relaxing to her and that it has been a part of her routine for the past 13 years. She mentions how seeing elderly ladies in the gym motivates her to also stay healthy:

*"I always look at the older ladies and if I see someone who is old, like an older lady and who is still active, then I always tell my husband that I also want to be there when I am that age, I also still want to be there. It is very nice for me, like in the mornings when I get to the gym and I see an older lady who is 70 years old and she is still exercising. Then I feel like I also want to be there one day and if you maintain it and you do things right now then you will obviously be there when you are older too. To me it feels like they are healthier and the quality of their lives probably feels better than people who don't exercise at all." (Elizabeth)*

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<sup>11</sup> A "kierie" is the Afrikaans word for a walking stick.

Entering the field of healthism requires specific capital and economic capital is one of the major forms of capital. Ashley mentioned the expenses of leading this healthy life:

*“I try to make it as healthy as possible. You know healthy food is very expensive. That is the downside of it.”* (Ashley)

Charmaine also knows how expensive it is to live a healthy lifestyle. She provides the groceries her daughter needs as a student living on campus and describes it as ‘tiring and expensive’. Her daughter has decided to mainly eat organic food, which is a rather expensive diet to fund. She has recently allowed her daughter to take control of grocery shopping for herself and in the process her daughter became aware of the expenses of healthy living:

*“No, I actually got her off of it, because she still lives on my budget (laughs). She still tries but I think she has realised that it is an expensive story because I even told her that it isn’t helping. I am the only one that is buying groceries and giving money but now I am just giving her money and allowing her to go it herself and live on her own budget. Now, living organic doesn’t work for her because of the high costs thereof. Now she only realises how expensive it is. So, she should only do it when she has money for it and when she works one day.”* (Charmaine)

#### **4.3.2 Knowledge as cultural capital**

Purchasing and consuming healthy food also requires knowledge. One has to know which products are considered healthy, what their nutritional values are and what the benefits of the consumption thereof are for one’s health. Lim *et al.* (2014: 302) reported on reasons why the organic market is still relatively small and one reason is that consumers argued that they do not know why they are paying so much more for organic food compared to what they perceive as “normal food”. They believe that if they could learn about the benefits of organic food, it would make it easier to pay so much for it (Lim *et al.*, 2014: 303). The participants are aware of the fact that knowledge about food is important and have a variety of methods they use to acquire the knowledge needed. Dineo works at a



public hospital and attends sessions on nutrition and how to go about the healthy methods related to food preparation.

*“After working here in the hospital, I think it was a highlight because we, luckily, we have a dietician in the hospital where we went for like a weight, advice for how can I lose weight in the terms of foods. Sometimes I attend some few sessions about food in our hospital like I said. We were also taught like instead of.... Like maybe you are preparing chicken for example it has fat. You have to remove that fat before or you have to take out the skin” (Dineo)*

Ashley mentioned all the sources she uses to gain knowledge about food:

*“I just like to read a lot of things. If you tell that whatever is wrong with me, I will go read about that thing, you understand? So, I can gain knowledge and I will always look for the natural way to get that healing than to go and look for pills. Most of the time I will search for it on the internet, I will read a book about it or I will ask the doctor about it. I can ask people a lot of questions.” (Ashley)*

The field of healthism is something that Charmaine is constantly interacting with. Her daughter is currently completing an undergraduate course at university and has started living a more organic lifestyle. She only uses products that are free from chemicals and are in their purest and most natural form. This requires knowledge and Charmaine and her daughter have to do research about food and where to buy organic products. She explains how they work towards the purchasing of organic products:

*“Everything must be perfect; it must be a certain olive oil, everything is down to perfection and the label is read, how many kilojoules and this, and carbohydrates and it is so painful, because she is trying to go organic. She is very organic. She is too organic for me. It isn't really a struggle to find organic products but you won't find it at just any store.” (Charmaine)*

Jo-Marie experiences the same struggle with her daughter being intolerant towards gluten. With her daughter being a national junior triathlon athlete, she has to make sure that she reads the food labels, paying attention to the ingredients it contains. She mentions how she acquired knowledge over the years:

*“Probably through the years. A person reads a lot and because he is a homeopath (her husband). One does have knowledge. My sister-in-law’s daughter studied dietetics at the university and has also taught me a few things, but a person learns along the way. You know what is healthy and what you should eat.” (Jo-Marie)*

Jo-Marie explains that it is a process for them to find products that are gluten free. She explained that there are only certain stores where these products are available at:

*“She just avoids gluten because it makes her uncomfortable but other than that, she eats everything. I just get gluten free products for her, like spaghetti and bread. It is available but not easily available to find.” (Jo-Marie)*

*Researcher: “where do you find it?”*

*“Woolworths<sup>12</sup> or Dischem<sup>13</sup>, but you do find some products at Pick n Pay which are gluten free, but you have to... I mean, Dischem is better because you find everything there.” (Jo-Marie)*

Karli completed her Master’s degree in Sports Medicine and knows what a big role a correct and nutritional diet plays in the performance of an athlete. Being an athlete herself, she knows that eating healthy is important when one wants to live a healthy life. She explains how she acquired the knowledge she has about food and healthy eating:

*“Because I did my Masters in sports medicine. We had a three-year course and one of our modules was actually presented by a dietician, so we had a three-year lecture on sports diet and sports feeding. I do think I know. I have got most of the basic knowledge of sports diet and sport food, things that sportsmen should eat and what not.” (Karli)*

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<sup>12</sup> Woolworths is a South African retail store modelled on Marks & Spencer of the United Kingdom (Wikipedia, 2017). Woolworths is perceived to be a store where middle- to upper-class people shop because of the prices which are higher than the average South African retail store and given the quality and range of food found there.

<sup>13</sup> Dischem is a pharmacy retail store stocking a wide range of products from health food, beauty, sport supplements, health and wellbeing (Dischem, 2017).

### 4.3.3 The socialisation of food and exercise

The food we eat while growing up and the methods of preparation we know since a young age have a big influence on the relationship we will have with food and its preparation as adults. In the literature review, it was discussed and proven by Videon and Manning (2003: 365) that during adolescence a person will form the eating habits they will carry with them throughout their adulthoods. We are also socialised to understand the importance of the task and the social status attached to it (D'Sylva & Beagen, 2011:284). It is therefore important to look at the influence that early familiarisation of food and exercise has on the participants. This was done by asking the participants to identify their early memories of food, especially how their mothers prepared food, as well as their mothers' relationship with food. Karli grew up on a farm and have never had any form of fast food until she left for university. She explains how her mother used to prepare food and how that has influenced her eating habits and relationship with food:

*“It was culture of cooking a lot. There was always a big volume of food, a lot of protein, a lot of meat and a lot of carbohydrates. She (her mother) grew her own vegetables because we lived far from the shops. So, we literally ate meat three times a day. There was always a lot of starch, potatoes, pap<sup>14</sup>, bread... those type of things and she would cook vegetables with it. We relatively got less fruit, only what was available during the season. The closest grocery shop was 70 km away. She made us eat relatively healthy. There were always cooked meals in the house and I grew up with cooked meals. I never had fast food while growing up. The first time I had fast food was during my first year, I had my first pizza as a first year. We didn't know such things, because we never had fast food as a child. I drank a lot of milk as a child because we had a dairy farm. So, all of us probably drank about a litre of milk a day. With every meal, you had a glass of milk because we didn't have gassy cool drink or juice.” (Karli)*

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<sup>14</sup> “Pap” is the Afrikaans word for porridge/polenta.

This culture of cooked meals has stayed with her and now she instilled the same culture of healthy eating within her household. Karli explained that she is very strict when it comes to her children eating healthy:

*“So for me it is quite important to actually lay that foundation for them of healthy eating and sustainable eating that can keep them going throughout the day because they also do train, sometimes twice a day.”* (Karli)

She doesn't buy any unhealthy snacks and there are always healthy snacks available in the household. It is important for her to get her children socialised into healthy eating and she can even see the influence it has on them. She explains:

*“Funny enough, when we continue like that for a week (eating fast and unhealthy food), then they come and ask for me to cook vegetables because we eat a lot less vegetables on holiday, which is out of the routine.”* (Karli)

Elizabeth also mentioned growing up with cooked meals and the importance thereof. When asked about her mother's relationship with food, she remembered that her mother struggled with her weight as she grew up:

*“With my mom we had a sit-down supper every night and had a full plate of cooked food and there were never really any leftovers not like us now when we still eat some of the previous night's food. I have loved sweets from a young age that I can remember. My mom struggled with her weight... till this day and I remember her being on a diet most of the time. I remember that as a child, but it did not have an effect on us. We enjoyed luxuries freely, and food too because she always made nice food. So I have never ever, she has never told me to watch what I eat or that I am not allowed to eat something, no not at all. I don't know that, I didn't grow up like that.”* (Elizabeth)

This freedom of choice has stayed with her and she creates the space for freedom in her household. She cooks healthy meals and prepares healthy lunch boxes for her children, but she isn't strict when it comes to eating healthily. Both Elizabeth's children are also athletes like Karli's children, but she approaches their eating habits differently. She gives them space to eat whatever they want to and feels like they are too young to be forced into a specific diet:

*"We are a healthy family, relatively healthy. Like I said we don't eat creamy food and I don't buy an overbearing amounts of sweet stuff. We do have sweet stuff in the house and my kids enjoy it but it isn't a rule that they can have something every day or to drink gas cool drinks."* (Elizabeth)

When asked about her children's diet:

*"I think that (a special diet) only starts playing a role when you become a professional athlete, but they are still children. No, we really aren't strict, no. They won't have any gassy cool drinks the night before a race or an event and she (her daughter) will say she doesn't want any gassy cool drink or the week before the event because that is what the teacher told them, but I am not enforcing things on them. My son would still eat an energy bar or drink a glass of coke and then he will go run. No, we don't have such things."* (Elizabeth)

The participants could all identify certain aspects of food that they were socialised into and they have carried it forward in their lives and are also socialising their children into this relationship to food. Ashley spoke a lot about 'creating a culture'. For her, her children's eating habits are the way they are because of the culture she created. She remembers her mother cooking vegetables every day and having a cooked meal all the time.

*"We ate big portions of food, but in her (her mother) plates she would always have a green vegetable and an orange one and a salad. We ate a lot of meat because*

*my father loved meat. It is just a culture that has been created and that I have learned from my mother". (Ashley)*

She continues with explaining how she created her own food culture:

*"I think because I created this culture of healthy food, there's always healthy food available in the house. For them it is more about how nice something is, but because I make the decisions and I buy all the food in the house, we don't have sweet stuff permanently in the house. There are apples and there are fruit constantly in the house. So there really isn't much of choice, like for example if they... because I created the culture of making eggs with cheese for example, I created the culture, so they also add healthier stuff to their food, like lettuce and avocado." (Ashley)*

As discussed in the literature review, the study conducted by Videon & Manning (2003: 368) shows that healthy lifestyles will transcend from parents to adolescents. With food and exercise being important factors towards the endeavour to a healthy lifestyle, it is also important to focus on how the participants got socialised into exercising and how this is being taught to their children. Being overweight most of her life, exercising has recently become a very important part of transforming her health according to Dineo. With her daughter also being what she describes as 'chubby', Dineo knows how important early socialisation with a healthy lifestyle is:

*"Yes, she is healthy because you know, when you are young, you are very chubby, but for her I won't say she is that bad. She is in the middle compared to how I was. The way she is. And I think it is also nice that you start to introduce things at the early stage, the correct way of eating." (Dineo)*

Jo-Marie had little to say about how exercising was socialised into her everyday routine. For her, it is just something she has always done and something that everyone in the household does. It has become a mundane activity for her. However, as seen by her daughter's lifestyle, this way of life has been transmitted to her daughter and their family is very health-orientated.

*“I have been doing sport my whole life. I have been running since my school days and it is a lifestyle. It is a part of our household.” (Jo-Marie)*

Elizabeth explains that her actions and ways as a mother are very important, because the children will take note and do what she and her husband are doing. For her children to live healthy lifestyles of eating and exercising, she has to do it herself and be the example for them. By being an example, Elizabeth is socialising healthy living into her household. She explains how exercise was never a priority for her, but how it was socialised into her after joining the exercise community:

*“I wasn’t a sporty child, I played netball at school but I never stood out in something or played provincially, but I think then it sunk in that I have to look after my body. When you start running or so in the gym, then you start surrounding yourself with people who look after themselves and I think that is a contributing factor and also when the kids do sport, because I always tell my husband that I get shy when I have to yell at them and tell them they should exercise when I don’t do anything myself, so it feels to me like if they see that you know ‘monkey see, monkey do’ and they see that their father and I are also active and we also train and exercise then I have it right because then they will see that I also look after myself and that they also have to do their share.” (Elizabeth)*

Janine explains her mother’s relationship with food and her body, and how that has influenced and stayed with her throughout her life:

*“She always looked after herself nicely, was always the perfect example and she was always neat. She always watched her weight and ate and lived healthy. That’s where... I believe that if the parents don’t set the example for the children, they will never know what they should be like. Look at my son for example; he doesn’t eat mayonnaise because I have taught him from a very young age not to eat it. So, the influence of your parents in your household will stick with you and you will apply it to everything in the future.” (Janine)*

#### **4.3.4 Conclusion**

It is clear that a knowledgeable and able relationship to food and exercise are the capital needed to enter the field of healthism. One has to know what nutritional value food holds for one's body, as well as have knowledge about ingredients and their benefits for your body on this journey of living a healthy lifestyle. The participants have gained knowledge about food through the means of dieticians, homeopaths and reading up on it.

Within their narratives, one can identify how eating healthy and exercising were socialised into their lives and how these features are playing an important role in transmitting these values to their children. For some of the participants, exercising was something they have always done through playing sports and that was their way of staying healthy physically. For others, exercising only got socialised into their lives at a later stage but now that they know what the importance and benefits thereof are, they are working hard to instil it within their children. This chapter leads to the next level of analysis, as the next discussion will focus on food and exercise as gendered activities.



## **CHAPTER 5: FOOD AND EXERCISE AS GENDERED ACTIVITIES**

### **5.1 Introduction**

There are two sub-themes within this theme, the first being the pressure, perhaps more acutely felt on the part of women when it comes to making decisions as to issues related to food and exercise and it will conclude with the focus on women and their body image. The previous chapter concluded with the way in which participants were socialised into food, eating and the preparation of food. It focused on their mothers' relationship to food and how it influenced their own ideas about food and eating. This chapter will look at how the participants have internalised some external pressures they experience as women and how food and exercise have become a gendered activity. There are a lot of factors that lead to women feeling under pressure when it comes to food and exercise. The first theme of this chapter will discuss the external and internal pressures experienced by the participants as well as the role the media plays. It will conclude with the discussion on the role that food and eating play in the emotions experienced by the participants.

The second sub-theme of the chapter will focus on females and body image. It will discuss how the participants notice the relationship their daughters have with food and exercise and how it differs from their sons. This sub-theme will also explain how the pressure of "looking good" fades for the participants as they got older. The concluding sub-theme will explain why food and exercise have become gendered activities albeit with an interesting angle that age brings to some of these narratives.

### **5.2 Pressure on women**

Throughout the study, the participants mentioned the pressure they experience to eat healthy and to exercise. Among the eight participants, there were a few examples mentioned of the types of pressure they feel.

### 5.2.1 External pressures

Within the narratives of the participants, there were a few examples of the external pressures they feel when it comes to food and exercise. Some of them were aware of the external pressures and others spoke about it as if it has always been a part of their everyday lives. When asked if she was on a diet, Janine jokily admitted that she always is:

*“Always, us women are always on diets (laughs) we always want to eat right. But even I now, we always listen out for a new diet and we are constantly trying a new diet.”* (Janine)

This shows that women are constantly looking for new ways to eat healthy and looking for ways to improve their health and especially to lose weight. There are different types of external pressures the participants’ experience. For Dineo, the external pressure comes in the form of being the only provider for her child, as well as for her sister and her child. This puts pressure on her, financially, when it comes to making decisions regarding food. She explains how being the only provider puts pressure on her:

*“I think because I am not staying alone, I am staying with other people in the house. I have to consider because I have children in the house and I have to consider how they eat and now, first they were in the preschool where they used to get everything...”* (Dineo)

She explains further:

*“(Being the only provider) it comes with stress.”* (Dineo)

Researcher: *“why do you say that?”*

*“Because everything is on you, like how to plan, how to budget, how to buy this and if something, maybe you buy a certain thing like maybe you think it is going to end at a certain time... and you plan for a certain like maybe it is going to take you two weeks but it is less than that. So sometimes when these things are finished you get stressed very easily.”* (Dineo)

Dineo faces a lot of stress related to her budget and this influences her choices as they relate to food and healthy eating.

Another type of pressure, more widespread and common among middle-class women in relationships revolves around the type of pressure women experience coming from their male partners. As stated by Franzoi *et al.* (1989: 501) in the literature review, the obsession with the physical appearance of women is because are often seen as the men's 'possessions'. This was mentioned by Elizabeth:

*"In a society men are measured on how much money they have and women are measured by how they look. That's the way it has always been. I think that is what it is. I think women are more established, I don't know why, on the visual and how you look. It feels to me that is which determines more because a lot of women didn't go study further or started big businesses and that was your claim to fame. If I can put it that way. If you look good and you are well looked after."* (Elizabeth)

Elizabeth's words are similar to words used in the women's issue of a health and strength magazine as early as in the year 1919 which declared that "it is the duty of the female to be beautiful and healthy as this ensures her path to being a happy wife and mother" (Zweiniger-Bargielowska, 2011: 304). This is an example of how the media played a role in duping women and making sure that health and beauty became a priority for them and echoes the critique of second-wave, radical feminists who place a tremendous amount of blame on the depiction of women in the media as a means to fortify patriarchal notions in our society more generally.

Being a fitness instructor at a gym, Janine has also noticed how men put pressure on females and how this pressure is one of the reasons why women attend the gym and exercise regularly.

*"Our bodies have a lot to do with men. When we look good and we get compliments, we feel good. We want that every day because you wouldn't want your man to look at other women because that makes you insecure. So, if you look at women and everything they do and their reasoning, it will show you what they believe is important. But men play a role, absolutely. They also put pressure on*

*you because they will see the models in the media and tell you they look nice, and then women start feeling insecure, not important and not pretty. That leads to women looking at ways to improve themselves with a new diet or new exercises.”*  
(Janine)

Ashley also mentions the pressure experienced by women and thinks that men are also experiencing pressure now:

*“I think it has changed a bit and men are also more aware now but we live in a world where the focus is always on the woman and how she looks and presents herself. So, I think women feel pressured by the picture that the external world have of us and then we think that we have to look like that.”* (Ashley)

The external pressure experienced by women to look good doesn't only come from men, but has other sources as well. For Janine, it was her mother who made her conscious of her body when she was younger:

*“My mom would always tell me that I am busy gaining weight. It's also just pressure from your parents, mainly my mom who would tell me that I have to lose weight. So that has been my mindset my whole life through. I will always tell myself that I shouldn't eat too much or that I should exercise harder.”* (Janine)

The study conducted Mvo *et al.* (1999: 27-29) and which was mentioned in the literature review indicated that “black” African women want to have a bigger body as it is considered to be more desirable in society than a thinner body. In a recent study conducted by Woolhouse *et al.* (2011: 51) with a focus group consisting of girls between the ages of 11 and 19 years old, in South Yorkshire in the UK, a skinny body was deemed as “undesirable” by the group of participants. Ashley was always very skinny and as she grew up, she felt pressure to gain weight. She explains:

*“I was always so skinny and I think sometimes it is other people who make you aware of things which you feel... It became a problem because other people told me and saw that I was skinny. Nothing was wrong with me, I wasn't sick or anything but I was just skinny. There was nothing wrong. When I was 21, 22 before I got married and before I had my first child, I was really skinny. I could buy clothes from*

*the children's department. Before Rachel's birth, I could always buy at the 13-14 age group, but after her birth it was nice because then I had more weight on me. Then I was constantly a size 32, but that time I was only conscious about it because people told me I was skinny. They made me aware of it and then I wanted to gain weight only because they made me aware. I wasn't ill or anything. I didn't see anything wrong with myself, but they made me aware of something."* (Ashley)

The participants are aware of the external pressures to lose (and to gain) weight to get their desired bodies. The pressure comes from all sources; partners, mothers and other people they socialise with. The media also plays a role in the pressure experienced by the participants. Jhaveri and Patki (2016: 371) conducted a study which revealed that the influence of the media was significantly higher in women compared to men. The participants are aware of the pressure the media puts on women but they are also aware of the fact that the media misrepresents the image of women. Being mothers made them more conscious and they know that the image portrayed in the media is not the image of a "normal" woman. Ashley believes that advertising agencies make use of models to sell their products better.

*"I think the picture that the media gives us is the wrong picture. They put a model next to the product, someone who has probably never had a kid in their lives, they haven't been fat, even though they show you the picture, remember they show you the picture? We all know that they fix the picture. So, I believe that the media wants to sell us a quick fix that doesn't work."* (Ashley)

Jo-Marie doesn't read a lot of magazines but also shares the same belief as Ashley does. She describes the usage of a specific image of women by the media:

*"I see it but I don't take note of it. I just see it as an advertisement, someone trying to make money with something."* (Jo-Marie)

Charmaine also mentioned the advertising aspect:

*"They look very beautiful on paper but I don't think it is reality (laughs) yes, I think most of the time they put a certain type of image, but maybe it is to sell better."* (Charmaine)

Janine believes that the women in the media have altered their appearances and this puts pressure on women but that it is also unrealistic because everyday women do not have the means compared to the women in the magazines.

*“It isn’t normal and it isn’t normal for a woman to look like that. It doesn’t really make sense because they have a lot of money and with this money you can get liposuction done or get Botox, which a normal everyday woman doesn’t have money for. So, I don’t believe it is possible for all women to look like that.”* (Janine)

As women mature in age, so do their perspectives on certain things. Elizabeth mentioned how her perception of the women in the media has changed and how the media itself is changing now to adapt to how women perceive it.

*“You know what, when you are older you realise that you can’t look like that even if you want to and I have to say that I think, like for example the Finesse<sup>15</sup> and others these days, has a much more objective outlook on how a woman looks. Not everyone can wear a size 8 pants, so they have more ‘normal’ women that look like I do. I think they started using normal women so we can realise that, that is the norm and it is not like what they said a few years ago that everyone should be a size zero. We aren’t in those years anymore because you can’t look like that and no one looks like that. So, if you are objective... a lot of the women in the magazines look like what we look like today.”* (Elizabeth)

Even though the images portrayed in the media put pressure on women to look a certain way, the participants have noticed how these images differ from reality and they are aware of the advertising strategies to sell more products. This realisation came with the life stage the women find themselves in. Especially after becoming mothers, the participants became aware of the unrealistic standards of beauty and body as portrayed by the media and concluded that the media images are not real.

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<sup>15</sup> *Finesse* is an Afrikaans South-African magazine which publishes articles on different facets of the female life, such as beauty, body, success and the house.

## 5.2.2 Internalisation of the external pressure

The participants were aware of the fact that external pressures exist and that they have internalised it to a large degree. The internalised pressures subconsciously influence their decisions regarding food and their bodies. When asked if she feels pressure to look a certain way, Charmaine explained:

*“I think everyone feels pressure to look a certain way. I think society pressures you actually into that and not only people but companies, clothing, anything, because why? Your nicer clothes will be the smaller fit and obviously if you are bigger, you have to go buy at the ‘aunties’ clothing shops, you understand? The big girls, and it isn’t always nice clothes. Which makes you look like a granny.”*  
(Charmaine)

Charmaine further explains that the pressure to eat healthy and exercise, sometimes comes from within:

*“I don’t think people pressure you to eat a certain way, I just think you should pressure yourself to eat a certain way. So yes, I am trying to pressure myself to eat a certain way.”* (Charmaine)

Researcher: *“and in what way would you pressure yourself?”*

*“To eat healthier.”* (Charmaine)

Charmaine feels that to lead a healthy lifestyle, one has to put pressure on yourself. This is something Elizabeth also agrees with. She believes that she has to put pressure on herself.

*“When you are older your weight decides and makes you eat a certain way. Now I eat so for myself because I know I don’t like being fat because it isn’t nice for me and I want to eat healthy because I see so many people who are struggling because they are eating wrong and you can say what you want but when you’re healthy then you feel better and nicer about yourself but there’s no one who pressures me. Do you mean like the media?”* (Elizabeth)

She continues:

*“No, it is mainly pressure that you put on yourself because you want to look good but there isn’t someone who is pressuring me to eat and look a certain way and creating a low self-esteem. No, it is just me who wants to look good for myself.”*  
(Elizabeth)

The internalised pressure has led Ashley to a specific belief on how to keep herself on the right path when it comes to eating and exercising.

*“I know my body: I know when it is not good and I know when I gain weight. One thing I told myself was that I don’t want to be bigger than a size 32 and the reason is that I have seen how other women can start neglecting themselves and say stuff like ‘I have gained a bit of weight but it is the child’. Now imagine if I gain a dress size every year that means that I will be a size 40 in six years. I don’t want to be a size 40. Do you know what a 40 looks like? And I am not being ugly to people who wear that size but I feel that if you let yourself go, that is the moment you make peace with being bigger and I don’t want to be. So, every time I see the clothes are getting tighter, then I know I should start paying attention, especially with my food.”* (Ashley)

Ashley described how she can feel it in her body when she is not healthy and doesn’t want to become comfortable with gaining weight. Janine has a lot of internal pressure to exercise and look after her body, because she works at a gym. She constantly has to look good because other people are constantly paying attention to her fitness and physique.

*“In this profession; you have to be an example for so many people, you must always give people advice when they come to you with questions. But exercising isn’t punishment for me, I do it because I love it and I enjoy it. I love helping others and making them feel good because I know how it feels when I am feeling well.”*  
(Janine)

Being an athlete is a full-time job and that puts pressure on Karli to eat right and to exercise frequently. This has been internalised by her over the years and she describes it as ‘putting pressure on herself’:



*“I don’t feel a (external) pressure. I feel the pressure mainly from myself. If I pick up weight, my performance does come down. So, it is not a... how can I put it? it is not, I don’t think that I want to look a certain way. For me now it is a question of feeling good, feeling healthy and exercising easily when I am not overweight. But I think that it is not the way... maybe it is the way you, it is influenced by the way that you look, but for me it is more from an exercise point of view.” (Karli)*

Anele has to check her diet and exercise routine constantly, because that is how she improves on her physique for her bodybuilding competitions. She doesn’t eat the food she grew up loving, and the pressure to get her desired weight and body image has influenced her relationship with food:

*“I tried eating it, (Unhealthy food) like I haven’t had chocolate in a year and three months. Not even a cake. I bought a cake here at work, I couldn’t eat it. I thought I was going to eat it but then I couldn’t. Because I have set a standard to my body that “this is how you are going to eat”. I can’t change it now. I get so sick when I try to drink, even coke light.” (Anele)*

Anele explains that she has set a standard for her body and will not lower it. The participants are all aware of the pressures from the external world and they know how damaging these pressures can be to one’s self-image. However, they don’t believe that these external pressures have influenced their body-images, with the exception of Janine who knows that her profession pressurises her to eat and look good. The participants believe that they put pressure on themselves to eat and look good. They believe that they are doing it for themselves and that no other external source has led to the internalised pressure.

This is what Foucault termed self-surveillance. “We pay attention to our behaviour when facing the actuality or virtuality of an immediate or mediated observation by others whose opinion we deem as relevant” (Vaz & Bruno, 2003: 273). There is no externally existing power which is telling the participants what to do or what to eat, yet they are so influenced by what they consider to be “right” that they do not feel it as an external or even internal pressure. They have created this external source and give it so much power, and allow it to control them. They have been influenced by the media and by the field of healthism in

such a way that they largely lose the ability to be able to perform a critical examination of their way of being and doing, because as stated by Foucault, “power cannot be located, as it is everywhere and therefore also within us” (1997 in Vaz & Bruno, 2003:273).

### **5.2.3 Emotions attached to food, eating and exercising**

What, when and why we eat are all influenced by emotions. Emotion influences the type of food we eat and why we choose the food we do consume. Our food choices stem from our feelings. Throughout the transcription of the interviews, a few mentions in relation to of emotions came forth when it came to the food the participants eat, as well as the eating process. Eating is a social activity. It brings together families and friends. This was mentioned by Ashley:

*“Food for me is like the thing that gathers the family. When we sit and eat, we will always be talking about whatever is going on and laughing and whatever. So, food for me is an important part of the family and if the food is nice, it doesn’t matter how the day went, it will be okay. It feels better.”* (Ashley)

This was also mentioned by Charmaine:

*“Sometimes we eat actually just to, to socialise. The family coming together and eating together, friends coming together and eating together. So yes, sometimes we snack even if we don’t eat the entire plate, but food itself also creates the environment of, you know, togetherness.”* (Charmaine)

Food is a social activity we engage in and it also makes us feel a certain way. Food is something that makes Ashley feel good. She eats because she gets some pleasure from the food she eats. She does recognise the biological purpose of food:

*“If you don’t eat you will die, end of the story. You will become sick, you will become malnourished and you will feel weak. I don’t want to feel weak. If my spirit is, I am a very high-spirited person but if I am hungry then I want to eat. If I want to do*

*things during the day, my food is what is giving my body the strength to accomplish whatever I and my spirit want to do.” (Ashley)*

However, Anele only eats food because of the nutritional value it holds for her body, and doesn't eat food because of how it tastes anymore:

*“I don't eat for the taste anymore. I just eat for the body that I want and the healthy lifestyle that I want. They (the food) don't have salt, they don't have sugar. But then when you are used to them, I enjoy eating my meals, because I feel energised after eating everything.” (Anele)*

Food is important to Ashley because it lifts her spirit. It makes her feel good:

*“I love it. It makes me feel good. If I had a nice meal then I will feel good, you will feel good. Imagine if you have to eat something that you don't like, it is horrible. You will be choking it down.” (Ashley)*

Eating is a pleasurable activity for Ashley. She enjoys eating food that is full of flavour and believes that one should eat food that you like and we should eat for the taste of food. Dineo's food decisions and what she eats all depend on her mood.

*“I would try to stick to what we say is healthy, but it depends on what my mood is like.” (Dineo)*

Food and what you eat can also be an indicator of your emotional wellbeing. This is something that Charmaine has identified and which she finds herself thinking about whenever she is eating.

*“It (food and eating) actually tells you a lot about your life and maybe your emotional state. Sometimes it is like, you can be overweight but you can still eat healthy. So maybe you are in a good space with yourself, so now if you are going to sit with a big plate and whatever, it is like gosh... Maybe it is emotional eating and that is what I sometimes think of people or myself. Sometimes I'm like 'why am I eating?'... I can't, you know? Or am I bored? Do I just need something to snack on?” (Charmaine)*

Eating is something we do not just for biological wellbeing. Sometimes we find ourselves eating to hide our true emotions; emotions of being lonely, rejected, sad or even depressed. We use food to fill a void we have in our lives.

Guilt is an emotion that is frequently experienced when it comes to eating. The study conducted by Desmet and Schifferstein (2007: 291) found that participants experience a feeling of guilt whenever they ate something and immediately thought of the effect it will have on their weight and their bodies in the end. There are several studies on the role of food within female penal institutions and they show a specific link between how “bad” food help them escape their specific condition. Prisoners do not have a lot options when it comes to entertainment or any form of alternative pleasure. The foods which are considered as bad and unhealthy suddenly create a pleasurable feeling when consumed (Klein 1993 in Smith, 2002: 211). So, when women live in a controlled environment, like a lifestyle of healthy eating, the consumption of bad food serves as a form of escaping their “prison” (Smith, 2002: 210). Karli is aware of the effect her holiday eating habits has on her body and wellbeing and when she starts feeling guilty about her food choices, she tries to make up for it in an unhealthy way.

*“The first thing you realise is that you are eating a lot more than usual and the other thing is, you enjoy the nibbling; the wine and the biltong<sup>16</sup>, but then you will feel guilty later the evening about your actions. You try to always compensate for it, like for example, you will have the wine and eat really well but then you would skip breakfast the next morning, because I ate so well the previous night. So, you try to compensate the whole time but in the wrong ways, because you can’t control or change the type of food you are exposed to.” (Karli).*

Elizabeth mentioned that she loves eating sweet stuff, especially chocolate, and that she also experiences a sense of guilt after eating it. She explains why she feels guilty:

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<sup>16</sup> “Biltong” is a South African snack which is dried and cured raw meat (Wikipedia, 2017).

*“Because I know it isn’t good for me. It is not about fat or skinny, because I am not fat, it isn’t a problem for me. So you can have a little but I have the ability to take everything to the extreme (laughs) I take it a bit over the edge.” (Elizabeth).*

She also explained where this guilt feeling comes from:

*“I also think it is because we read in the news that you have to be healthy. The media reminds us about obesity the whole time and how bad chocolate and sugar are. Especially sugar and how unhealthy it is for you. That is what is usually in the back of my mind because get reminded how bad it is for you.” (Elizabeth).*

The media which is this external source of pressure, is the reason why Elizabeth experiences guilt after eating something sweet. The media makes her aware of what is healthy and unhealthy and this brings about the emotions she experiences when eating. There are also emotions involved when the participants spoke about their relationship between food and their bodies. As mentioned, Anele knows that she has to eat, what she calls ‘clean’, to get her desired physique for competitions.

*“I stress a lot when I skip a meal. By eating healthy food, you are releasing the fat. It’s not going to hold on to your body. So, my meals mean a lot”. (Anele)*

The other participants also know how important their diets are when it comes to exercising and their bodies. Karli has noticed how her body has changed as she has gotten older. She also knows that as her body changes, so should her diet and her exercising methods. She describes it as a constant struggle:

*“(Deep sigh) that is a constant, constant struggle every single day. At this stage I am almost turning 50 now, so if I eat out of my routine I pick up weight very easily. I have noticed that my metabolism is very slow and it makes it difficult if I attend one or two functions in a week and I know, I consume alcohol during the week, holidays or so... and that makes it so... I’m very, very conscious of what I do. If I get to a function and I eat a lot, I would exercise a bit more that week, or I would maybe cut down on my carbohydrates one or two days before a function so I can*

*enjoy myself there. So, I would say I am quite... yes... I am very conscious of what I eat.” (Karli).*

Food is used as a form of discipline within prisons, as it allows the guards to “maintain, govern and regulate prisoners by breaking down their sense of self and taking away their control” (De Graaf & Kilty, 2016: 31). Within a prison, control gets taken away from the prisoners and they are then under control of an external force which limits their food intake (Smith, 2002: 202). One can clearly see how the narratives of the women participating in the study resembles the narratives of prisoners. In both cases food becomes the instrument used to control them albeit to a large degree self-control.

When Karli has a social event coming up, she knows that she will consume alcohol and that makes her exercise harder during the previous week and she will also cut specific food groups from her diet. She is doing all of this in order for her to enjoy herself at the social event. If she doesn't ‘prepare’ for the event, she will have a feeling of guilt afterwards because of the food and alcohol she consumed, knowing what it does to her body. Janine applies the same concept to keep the balance between what she eats and the outcome thereof on her body.

*“I love it (sweet stuff) and I have a big sweet tooth but I taught myself that if I have a chocolate, then I can't eat any food just to balance it out. So, when I know I am going to have a piece of cake tonight, then I won't have any food with it. I also believe that you have to work out what you put in. if I look at what my day looked like and how I exercised, it will influence whether I will eat something or not.” (Janine).*

The participants are aware of what is considered to be healthy and unhealthy food. Food and eating is no longer a biological process to keep the body healthy, but involves a lot of planning, thinking and ‘negotiating’. They eat to get a desired body or reach a goal but they are constantly thinking about what they ate and how to work off the ‘bad’ food they ate to avoid the guilt feeling that comes with the eating of the ‘bad food’. They are negotiating their everyday eating habits because they have to employ strict eating behaviour in order to achieve their desired bodies (Woolhouse *et al.* 2011: 53). This also surfaced in Elizabeth's interview.

*“I always watch what I am eating obviously, I will have a salad when we go to any restaurants I will have a steak with a salad on the side or vegetables and not chips and onion rings and those type of things because I have to watch my weight, but I am conscious of what I am eating if I can put it that way”. (Elizabeth).*

The participants mentioned a few times that they are ‘conscious’ of what they are eating. Cavazza *et al.* (2017: 96) have studied the effect of portion sizes within social gatherings and have found that when women consume smaller portions they are perceived to be more feminine. A woman who exercises control particularly over what she consumes, as well as the quantity thereof, is perceived as “delicate, dainty and passive”, which forms the “ideal” feminine woman (Woolhouse *et al.* 2011: 54). Being “conscious” supports the statement that they have a ‘negotiating’ relationship with food and their bodies. They are conscious of the food they buy, prepare and eat. They know how the unhealthy food makes them feel emotionally, as well as how they feel physically. Ashley explains:

*“(I get a guilt feeling) with the slap chips (laughs) because I love it. But there is a guilty feeling that creeps up and I can feel it on my body when I constantly eat unhealthily. I feel it in my system, if I can put it that way”. (Ashley)*

This supports the study of Rysst (2010: 72) which states that women have adapted an ‘outsider’ perspective of their bodies. They believe that others are constantly watching them and their physical appearances and that they have to look good all the time. If they don’t look good, eat healthy and/or exercise regularly, they experience a guilty feeling, as if someone is monitoring them and making them aware of their wrong doing. Charmaine explained how she perceives herself and why she knows it is true:

*“I feel big, like really big compared to others, because you have to compare yourself to others to decide if you are big or small”. (Charmaine)*

There is a contradiction which exist within the narratives of the women. They state that they are accepting of their bodies and that they know that the depiction of women in the media is largely false. However, they still experience a feeling of guilt when they eat outside of what is considered to be “healthy” and good for their bodies (in terms of health but more importantly in terms of image). Several studies have explored the contradiction

women experience with food and their bodies. The study of Woolhouse *et al.* (2011: 50) found that there are two patterns within the behaviour of the women under study when it comes to their bodies; they perceive the modern femininity as “harmful, restrictive and unobtainable” but at the same time they still see it as “seductive, alluring and difficult to resist”. This contradiction has been explored by Chapman (1999 in Woolhouse *et al.* 2011: 53) who states that women want to achieve a slender physique as it is desirable but they also want to be independent beings who are not influenced by the media’s ideals. It is as if the participants are imprisoned by their own bodies. It seems as if they are under constant surveillance and that they will be “punished” if they do not eat healthy and exercise. This leads to the feelings of guilt they experience when they have ‘misbehaved’ in their eating and exercising routines and the happiness they experience when they know they have performed these mundane tasks correctly. They live as if an outsider has them under surveillance, yet they are under self-surveillance.

#### **5.2.4 Conclusion**

It appeared as if the participants are in a constant struggle with their bodies and the food they eat. It all starts with the external sources of pressure they experience as women. They mentioned how the external world’s image of women puts pressure on them to have a certain body type, as well as how the clothing industry plays a role with how the nicer-looking clothing is always in smaller sizes and that the bigger sizes will make them look older in years. The participants also mentioned the role the media plays as an external source of pressure and mentioned examples of how the female body is portrayed, mostly unrealistically in the media. However, they believe that the media alters the representation of body images of women chiefly to boost sales through advertising.

These external pressures have been internalised by the participants and they believe that they are putting pressure on themselves not to fit the external image of a women, even though they mentioned the external sources as a reason why women feel pressure to look a certain way. A few participants mentioned how they put pressure on themselves to look good for themselves but a few mentioned the role of men and how women want to look good for men. These external and internal pressures come into play in the



relationship the participants have with food and their bodies. They know that they have to eat healthy and exercise to have a good body (or a body that is acceptable according to each person's own standards) and they also know that unhealthy food will only hinder the process of getting an acceptable body. So, when they eat food considered as unhealthy or bad, they experience feelings of guilt and then try to balance it out by exercising more or even skipping an entire meal. Food plays an important role in how the participants experience their bodies; if they eat too much or unhealthily, they experience guilt and if they ate good and exercised well, they enjoy themselves when they eat, because they know that the exercising has somehow "cancelled out" the bad eating.

### **5.3 Women and body image**

Body image is a theme that has continuously surfaced throughout this study. It is something the participants grapple with daily and it is something a lot of women (and men) work towards and achieve through the choices and consumption of food and exercise. To understand why food and exercise have become a gendered activity, one has to look at the roots of the issue and identify where it all started. The participants mentioned how they were socialised with food and how their mothers and other external sources influenced the relationship they have with food and their bodies. This sub-theme will specifically focus on how and when food and exercise become gendered activities.

#### **5.3.1 Girls and their relationship with food**

Throughout the interviews conducted with the participants it became clear that their daughters are very aware of what they are eating and that they know how important food and exercise are when it comes to their body image. Janine has always been aware of her weight because it was something her mother constantly reminded her of. Her mother would always tell her to lose weight and it is still in the back of her mind whenever she feels as if she is gaining weight. When asked about her dieting regime and when it all started, Janine mentioned all the external sources:

*“I first heard about it (dieting) at school but more after school because then I had more time to sit in front of the TV and then you hear about this and that. You read magazines and you see a new diet to follow and you read the newspaper and see another diet to follow. There were a million diets. It is everywhere”.* (Janine)

Janine mentioned school and how it was the first place where she got exposed to dieting. This is something that came up in the interviews with the other participants when asked about their children and their relationship with food. Karli mentioned how the relationship her children have with food differs:

*“I have got one teenager that can eat as much as he wants but he won’t gain any weight and I have got a teenage daughter who is very kilojoules conscious.”* (Karli)

This was also noticed by Elizabeth:

*“My son obviously eats whatever he wants to, but I can realise that my daughter is trying to watch what she eats... well she is still very young, but they do talk at school you know, her friends.”* (Elizabeth).

Both Karli and Elizabeth’s daughters are aware of what they eat and they are conscious of what they are eating, which is the total opposite of their sons. It has been proven that criticism of their physical appearance from peers is one of the biggest reasons teenagers experience body dissatisfaction (Jhaveri & Patki, 2016: 369). Elizabeth mentioned the role of school and peers, and how they influence her daughter’s relationship with food. The girls at school are aware of what their peers are eating and they are aware of the fact that what you eat has an influence on your body image:

*“I don’t think we were very aware of weight when we were younger, not until I became a grown up. Not like today’s kids who are aware what they weigh and what they look like. I have realised that the girls don’t want to take bread to school anymore. So, for her I would put in cracker bread and stuff like that, because she will mention that her friends all eat grapes or tomatoes, smaller stuff.”* (Elizabeth)

She explains further:

*“I think it is only because she is older, that’s all. That’s why she is more aware of food and girls are more aware of how they look and everything. I have noticed that in high school they are aware of the fact that you cannot finish two pizzas at one go because you will get fat at the end and that it is unhealthy for you.”* (Elizabeth).

Karli also explained why her daughter is more aware of what she eats than her son;

*“The most important reason for that is weight, because my daughter is more inclined to gain weight than my son. He eats what he wants to and will stay lean. Even though they both train really hard and the same volume, they are very active, she will gain weight easier and I think she is at an age where she is way more body-conscious. I don’t know if you saw her earlier but she is not even overweight. She doesn’t look overweight but she is very aware of her weight.”* (Karli)

Elizabeth knows that her daughter’s relationship with food stems from school and peers. She also mentioned that she has to be an example for her daughter:

*“I will tell my daughter, she runs a lot, so if you are heavy then you can’t run as well and that is the reality of the situation and I think she has seen with me that I have to watch what I eat. I would for example tell my husband that I maybe gained weight after the weekend’s eating so I have to be aware on Monday and I also think that they talk about it among each other at school about who is skinny and who isn’t”* (Elizabeth).

Girls become aware of food and their bodies at a younger age. This was confirmed by the study of Dohnt & Tiggeman (2006: 141) which showed that girls are aware of food and dieting by the age of six and that they have already internalised the body standards of society. The sizes of the consumed meals are also being judged socially, as smaller portions are considered as more feminine and that people who consume smaller portions are more inclined to be concerned with their physical appearance (Bock & Kanarek, 1995: 109). This awareness is something they pick up at school, as identified by the participants but also in the informal conversations children are exposed to on an everyday basis. Karli also believes that it is within the school environment where her daughter became aware of food and the role it plays in her body image.

*“Absolutely. Absolutely!! It is a big BIG problem at school. The whole thing of body image and especially teenage food consumption. They know what everyone is having for lunch. They look at each other’s food and amount consumed. They literally look at each other. They influence each other a lot, every day.”* (Karli)

Notions of food and how it relates to our body-image are becoming more popular at a younger age, with girls at school who are already paying attention to the food their peers are eating, as well as discussing each other’s body appearances. Woolhouse *et al.* (2011: 54) state that the cultural meanings of what is considered as a beautiful body size and which food is acceptable to eat, are all reproduced by young women and it starts within schools. The participants are aware of the role of school and peers and they know from personal experience how the exposure to a certain type of thinking about food and exercise and how it influences your body image can stay with a person throughout her life. So, for them it is important to lay a foundation of healthy eating for their children and to be an example to their daughters although their actions might inadvertently be conducive to their children’s own socialisation with food and exercise.

### **5.3.2 Fading pressure**

Throughout the interviews with the participants, a theme of the pressure they feel to look and eat a certain way, surfaced regularly. The participants mentioned all the forms of pressure they have been experiencing from a young age that they still feel to a large degree. However, they have realised that they do not have to adhere to the body standards set by society and that this realisation came with age. As mentioned earlier in the discussion around the role of the media as an external source of pressure, Elizabeth mentioned that she realised that she doesn’t look like the women in the magazines and that she is content with it:

*“When you are older you realise that you can’t look like that even if you want to”*  
(Elizabeth)

Ashley has felt pressure to gain and also to lose weight to fit a specific image set by society. She explains how this pressure is fading as she is growing older.

*“No, I am 40 years old now. It doesn’t bother me (laughs) when you are 40 years old then you don’t worry about such things (standards set by society) anymore or that’s how I am. No, it doesn’t bother me, I know my body: I know when it is not good and I know when I gain weight. I don’t feel pressurised anymore, like I said, I am 40 years old now and I don’t worry about this external picture anymore. This picture is actually fake because they photoshop<sup>17</sup> these images so much that the actual person in the picture doesn’t look like the final picture we see.” (Ashley)*

Ashley believes that if a woman is confident and when she is spiritually strong, then the external pressures and standards of beauty won’t pressurise them. Once you are happy with yourself and once you have accepted who you are, the confidence will come by itself, without the need for external confirmation.

*“You can feel better just by how you dress yourself. The clothes aren’t even that important. I just feel like I want to look good when I go out and when I am with my kids, they should feel proud and my husband should also feel proud. No one wants to look like an old lady. If you are mentally and spiritually strong, then this comfort and confidence will flow out of you automatically. So, my spirit is strong and my mind is strong so I automatically dress for how I feel. That is how women are or should be, unless you believe in that illusion and dress up without really feeling good” (Ashley).*

Janine also explained that a woman is at her most beautiful when she is confident and when her heart is beautiful.

*“Personality is more important than your appearance because we get older and we get wrinkles but your heart will always remain the same. A woman can look whatever way she wants to but as long as she has got a good heart.” (Janine)*

When one is being influenced by all types of external pressures, it leads to feeling imprisoned by the ideal body standard of society, as well as exercising and eating healthy

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<sup>17</sup> The Business Dictionary (2017) defines Photoshop as “the digital altering of photographic images by using photo-editing software”.

to achieve the standard. However, with the life stage of motherhood, some women realise that it isn't necessary to chase after an image that has been altered for advertising purposes. They see how their daughters are internalising the beauty standard of society and they know that they have also internalised it, but as they grow older they realise that when a woman is happy with her body image and satisfied with it, the confidence and subsequent beauty will show automatically. Some of the participants' actions still seem to contradict this view that they uttered but as they expressed in their narratives that they feel accepting of themselves (and their eating habits) even if they will never look the way society's norms expect them to look.

### **5.3.3 Food and exercise as gendered activities**

When asked why food and exercise is such a big priority for women, the participants had a variety of opinions but socialisation was one of the reasons. The preparation of food has always been mostly the job of women. It has been socialised into most women from a young age. Charmaine explains:

*"I think it's just how we were brought up. You saw your mom in the kitchen and your dad was doing something else, when he came from work. The woman should be behind the stove."* (Charmaine)

Jo-Marie's role as mother is the reason why she doesn't exercise like she did before. She also explains how being a mother is her first priority and that her exercising can take a "backseat" when it comes to her daughter and her needs:

*"I try to exercise in the afternoons. But it isn't a routine, because I have to drive Anne (daughter) around and she doesn't have her license yet. So, I train when I can. But she is my first priority. Until she can drive, I have to pick her up"* (Jo-Marie)

This is also explained by Ashley. Being a very religious woman, Ashley lives by the Bible and therefore adheres to a certain idea of how a woman should be and what the job of a woman is.

*“I am not feminist. I think it is just in our nature, instinct and I am not a man, I am a woman. I was made to protect and care for my family. I bear the children, so I should look after them. I just think that it is the purpose of women on earth to look after others. The man’s purpose is to go work and make money, which is why he (her husband) had to come and pay the bill now (laughs). I am not saying you shouldn’t have a career. Obviously, I also want a career and I work hard to achieve my goals. But my first priority is to look after children, they are my first disciples, or that is how I see it. They are my first fruit and I have to look after my first fruit.”*  
(Ashley)

For the participants, being a mother, a wife and a caregiver are their first roles. They do believe that as women, they have specific roles and believe that it is through socialisation that these roles are the woman’s job. D’Sylva and Beagen (2011: 285-287) argue that it is the specific position women have within the household, specifically the kitchen, which gives them power, agency and autonomy because the skills they acquire may become “culinary capital to help construct cultural identities”. However, as explained by Charmaine, these assumptions are changing:

*“Everything is changing now but that has been created and installed in us to do what our parents did. Your mom was always in the kitchen and the girls always had to go clean the kitchen. That is busy phasing out now. In our family, everyone gets a turn to help in the kitchen. Women of today also work and we all feel like we all work, so each one must get his or her turn”.* (Charmaine)

### **5.3.4 Conclusion**

Body image and having a good appearance has become a source of anxiety for women. A lot of women, especially from certain social classes make use of food and exercise to try and control their bodies to create a certain body image which they aspire to have. This often makes women (and men) feel trapped in their situation between doing what they want to do on the one hand and looking a certain way, on the other. These notions of healthism can control (especially) women to such an extent that they are actually not

exercising their personal agency in the choices and decisions related to the consumption of food and exercising anymore. This can be equated to the structure of a penitentiary institution where control of the prisoners' diets gets taken away from them and food is used as a form of control (De Graaf & Kilty, 2016: 31). The participants are aware of the role external sources play and how this form of pressure has influenced them and has stayed with them through their lifetime even though these forms of surveillance do not necessarily exist. They also noticed how school and peers are influencing the role their daughters have with food. This relationship can have a sense of imprisonment, where women and girls believe that they have to eat and exercise to achieve a body image presented to them by the society we live in. In the narratives, this "blame shifting" to peer pressure was also noticed as some participants narrated their own peculiar relationship to food and its consumption and they did not mention the way in which their very own actions could lead to gendered understandings of issues that are related to food and living a so-called "healthy life".

However, it seems that with age, women start to realise that the body standards set by society don't define them and are not the real (nor realistic) image of a woman. The participants believe that happiness and satisfaction with yourself will give you the confidence you need to be happy and content with your very own body type. Food and the decision-making and preparing thereof are largely gendered activities mainly through socialisation, with the participants mentioning how their mothers were always in the kitchen and that food and the preparation thereof have always been the work of women. They do believe that this is changing, but most of them seem to be content with their roles as mothers, caregivers and providers.

This points to fluctuations and a contradictions which exist in their narratives as they seemingly accept their bodies but still experience a feeling a guilt whenever they eat outside of what is considered to be healthy. The modern woman is stuck in a dilemma of not necessarily wanting to partake in the field of healthism but she does not want to bear the social disadvantages which come with being consider "fat" or unhealthy either (Woolhouse *et al.*, 2011: 52), as we do not want to experience what Major *et al.* (2013: 74) term a "social identity threat". Most women, as can be gathered from these narratives



are caught up in a “penal” lifestyle where food and exercise have become instruments to impose discipline and punishment (De Graaf & Kilty, 2016: 31). They have “imprisoned” themselves by believing that they are under surveillance to meet the demands of the health and fitness industry and that they have to live a life characterised by healthy eating, healthy living and regular exercising. The health and fitness industry are controlling and limiting the food intake of women (Smith, 2002:202). Dieting has become a penitentiary-like system with no pleasure, diversity and advancement, where food has become a sentence (Smith, 2002: 202). Women will always need a sense of control over their bodies as the “desires, lusts and appetites” which we find in the corporeal body will always intimidate the self and should therefore be controlled (Bordo, 2003 in Woolhouse *et al.*, 2011: 51). These fluctuating and contradictory narratives illustrate the complexity and complicated issue of food, body and being a woman.

## CONCLUSION

Our contemporary society is a society which has largely evolved to increasingly empower women and to create spaces for us to flourish in areas of life previously denied to us. Our contemporary society therefore constantly creates opportunities for women to act out their own sense of agency and allows and even dictates to women to improve on every aspect of our lives and to constantly strive towards enhancing what we do and how we do it. The consumer market is also a space where women, especially those with the means to do so, can experiment with different products to enhance their lives and lifestyles. This market is dominated with a female presence as it is said that women are the ones who are accountable for making more than half of the decisions in the purchasing of consumer products (Silverstein & Sayre, 2009). With the dominance of the health and fitness industry, it is clear that the idea of healthism is gaining a lot of ground among more affluent people all over the world. Globally, and also in South Africa, women have come to live a lifestyle dominated by ideas and ideals related to health and fitness and this industry places the onus squarely on the individual in terms of prioritising wellbeing, especially in the way it relates to food consumption and exercising (Duta & Kaur, 2014: 195). Most women from middle- to upper class habitus have come to the conclusion that by eating healthy food and exercising regularly, they can largely take control of their health and wellness. With the busy lives women lead it is important to have a set routine which allows them more control to manage all the various aspects of their lives.

This research study of the narratives of the participating women have echoed the daily struggles modern women are faced with and shed light on the continuing (and internalised) realities that women are still faced with in relation to their food choices and physical appearance – notions that are so pervasive in our contemporary societies that they have become largely commonplace and unquestioned. The concept of control is very important in the lives of the participants. With balancing a variety of roles, they need to work out a routine to help them control their days to ensure that every area of their lives receive the attention it needs. Routine is very important for the participants, as a routinised day allows for each activity to get done. They need routines to help with the management of their children's lives, be it homework or extra sport activities. They also need routines when it comes to the buying, preparing and consumption of food.

The women in this study use food to alter and to control their bodies according to their desires as imposed by society at large. Therefore, food has the potential to improve their body images and in turn to also shape their identities and the image they carry of themselves. By combining healthy eating with exercise, the women in this study shed weight, gain muscle and gain confidence as well. As indicated, this then improves their overall wellbeing but this feeling of contentment needs a constant and a never-ending routine because of the sense of control it brings. When the women are in control, they receive a sense of power which equips them to be content with their situation. They have power over their food choices which for the most part shape their body images; therefore they feel that this provides them with power over their identities as well (Smith, 2002: 210). There are many reasons why the women desire a different body image and for most this comes when their bodies have been altered through the process of pregnancy and child bearing. They then take control of food and their eating behaviour to regain the so-called “pre-pregnancy body” (Jordan *et al.*, 2005: 20). For some women controlling the food they consume allows them to control whether they can prevent certain diseases or get rid of current ailments they have. The activity of exercising also have alternative meaning to the participants. Instead of it just being a means for them to change their appearances, it has also contributed to the women gaining strength, confidence and even battling depression. Whatever the reasoning behind it, food and exercise definitely have powerful presences within the lives of the women and the process of buying, preparing and consuming food are far more than just mundane tasks.

To enter the field of healthism the women make use of food and exercise and their knowledge thereof as the required capital (Thorpe, 2009: 493). It is not enough to just eat healthy food in order to achieve their desired bodies but they need to have knowledge of the specific nutrients they require from the food and the benefits associated with the food they consume. The women mentioned a variety of methods they used to acquire the knowledge they have of food and that it is an ongoing cycle as there is always something new to learn or a new fad to follow in terms of wellbeing as epitomised by the media and our pervasive celebrity culture. For most of the women, the process of being socialised with food is very important to them, as this is how most of them have learned the importance of wholesome and balanced eating. The process of socialisation with food

was a key concept within this study. The women mentioned how watching their mothers work with food as well as the relationship their mothers had with food when they themselves were children, have stayed with them in their lives and how that in return, has influenced their relationships with food. Some mentioned how their mothers were always on diets and how they had very restrictive relationships with food. It was in these situations where they learned about the concept of dieting. However, their (un)healthy relationship with food through socialisation is not really reflected on especially in relation to their mothers' relationship with food, dieting, and overall body satisfaction.

Some participants did mention that food has always been a way of getting people to gather as a family. Narratives about the sociality of food, food as a social event where they would eat together and enjoy the prepared meals, were not common. For few of the participants, it is this social significance attached to the consumption of food which they want to socialise their children with. However, the focus of the narratives revolved more around their own sense of achieving food-related goals although some did mention that they do not wish the negative experiences and relationships with food that they have experienced to be transferred to their children but to rather foster new meanings in relation to food, specifically those meanings that are associated with the health benefits that accompany healthy eating.

It is very important for the women in the study to teach their children the importance of healthy food relationships as this will allow them to have the needed knowledge and habits as they start their own independent relationships with food. Some of the women in the study mentioned the relationships their daughters have with food. Their daughters have become very aware of the link between food and their bodies and with peer pressure, they have begun altering their food consumption. These young women seemingly observe each other and what types of food they consume, as well as what the food they eat "say about them". The women have also noticed how the relationship their sons have with food differs from the relationship their daughters have which again points to the internalised ways in which the consumption of food is deeply gendered. They tell that their sons can eat whatever they want to but also how their daughters have to watch what they eat as this will lead to unwanted weight gain. This points to how food and

exercising have become gendered activities and therefore start constituting these children's habitus from an early age.

Food and exercise have become big concerns for modern women of specific social statures. The women in this study mentioned some forms of external pressures they experience daily in relation to their own perception of their selves through their bodies. Whether it is the perceived or real "male gaze" or the pervasive presence of the media (especially in its widespread form nowadays with the ubiquity of social media) and how these media portrayals alter images to constantly display the "ideal" female body in order to increase their product sales. Some of the narratives mentioned how other people the women socialise with, can influence the way they see themselves. This leads to the health and fitness industry portraying very similar characteristics to that of a prison with the external forms of pressure being the prison wardens "checking up" on women imprisoned in a life of eating healthy and exercising regularly (De Graaf & Kilty, 2016:31).

These external forms of pressure have been internalised by the women over the years and form part of this group of women's habitus. Their narratives are filled with accounts where the women state that they are the ones putting pressure on themselves because they have to "obey" their bodies and to do what they consider to be right but also not to chase the impossible images portrayed to them by media and societal norms. They acknowledge the presence of the external pressures but they believe that the link between food and their bodies are an internal relationship. This explains how the women indicate that they do not want to conform to the idealised standard set by society but that they also fear the shaming they will encounter if they do not conform to these standards (Major *et al.*, 2013: 74). Food becomes the controlling mechanism used to discipline the women in their pursuit of a desirable body image within the health and fitness "prison". It is also the means of escaping the feeling of imprisonment, even if it is just for a moment, through the consumption of "bad", unhealthy food but these actions never go without the powerful emotion of guilt associated with it.

Their narratives are therefore replete with examples of what Foucault termed as self-surveillance (Rail & Harvey, 1995: 167). They believe in an external disciplinary mechanism which controls what, how and when they should consume food as well as

how regular they should exercise, yet they fail to verbalise that this external mechanism does not exist and that it is in fact they themselves who have created this life of “imprisonment” through self-surveillance. The women recognise the influence of external pressures, as well as how they have internalised it but they also believe that they have reached a stage in life where they are content with their appearances. They believe that they are at a stage where the acceptance of society does not matter to them that much anymore and that they do not want to pursue the standards set by society.

There is a contradiction which characterises the narratives of the women. They do not want to conform to the so-called “standards of society”, yet they still feel guilty whenever they do not eat healthy or miss their daily exercise(s) which are the two most important “standards” of our contemporary society in terms of pursuing physical wellbeing within one’s personal reach. These renditions therefore indicate the extent to which these women have become “imprisoned” by the ideals of the health and fitness industry and also how food, and its meanings and actions associated with the body and with being a woman are definitely not mundane phenomena but complex, contradictory and filled with deeper-lying sociological meanings.

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## SUMMARY

Within this thesis, the narratives of women are explored in terms of their perceptions of food and food consumption and its relation to their self-image and identities. Within our current societies dominated by capitalism and the never-ending cycle of consumerism, the health and fitness industry have exploded as the issue of health linked to notions of well-being and perfecting one's self-image is being framed as the responsibility of the individual. Women tend to have a negotiating relationship with food and their bodies, and are constantly thinking what effect the food they consume will have on their overall image. As women, they often also have to balance all the different roles they fill in life, combined with the need to keep in shape and to constantly enhance their physical appearance. There is a wide variety of external forms of pressure (from significant others and from the barrage of images and information disseminated on different forms of media outlets) that all play a role in the relationship the participants have with food and their bodies.

This study used a social constructivism approach and specifically focused on theories such as phenomenology, feminism and the sociology of the body and of food. This study used the narrative inquiry to explore the seemingly mundane stories emanating from eight women from a middle-class background and their relationships with food. The participants were recruited using a snowball-sampling technique. The focus was purposefully on women with a) an affinity to healthy living as they all regularly exercise, and b) women with the financial means to be able to largely afford their lifestyle choices. Through their narratives a theme linked to notions of "imprisonment" emerged as food and exercise seem to often have an effect of control, routine and restriction on their day-to-day living. The participants are leading routinized lives in which for some, every hour of the day is scheduled for a specific activity. The tasks of buying, preparing and consuming food are all controlled as this ability provides some of the participants with a sense of empowerment in a fast-paced world.

The study also revealed how the women live under constant self-surveillance, another notion reminiscent of incarceration that gained popularity through its use by Michel Foucault with his development of the concept of the Panopticon. The participants believe that external sources pressurise them and are "watching" over them to make sure that

they live up to the standard set by society in terms of healthy eating and exercising. They constantly state within their narratives that they have to eat well and look good for themselves. They have largely internalised these external pressures they experience and therefore believe that they have to live according to the constantly evolving rules governed by the health and fitness industry in order to not to bear the burden of being “fat shamed”.

The study revealed some contradictions within the narratives of some participants. They express a desire to be autonomous individuals who do not conform to the standards set by the consumer society in terms of their lifestyle choices and the ever-evasive “ideal body” yet live a life filled with controlled eating behaviour and experience feelings of guilt whenever their eating “strays” from what is considered as healthy and acceptable. This type of behaviour has often been socialised into the participants’ lives through the influence of their mothers and they in turn inevitably also influence the eating habits of their own children. The research project shows how food and notions of healthy living are everything but mundane and contain a wealth of complexity and sociological meaning.



## **KEY TERMS**

Food

Exercise

Healthism

Self-surveillance

Body-image

Feminism

Identity

Socialisation

Habitus

Narrative

## APPENDIX A: ETHICAL APPROVAL



Miss C Campbell 30 April 2015

Department of Sociology

UFS

### **Ethical Clearance Application: Women and their perceptions of food and food consumption relative to their self-image and identity (Bloemfontein, South Africa).**

Dear Miss Campbell

With reference to your application for ethical clearance with the Faculty of the Humanities, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

The following issues were discussed:

- That the applicant should be wary of recruiting participants with fitness/eating disorders.
- Also, it was pointed out that there are many sub-questions in one question. The applicant should take care not to ask too many questions at once and should also not forget to get the rich information that the questions are seeking.

Your ethical clearance number, to be used in all correspondence, is:

**UFS-HUM-2015-85**

This ethical clearance number is valid for research conducted for one year from issuance.

Should you require more time to complete this research, please apply for an extension in writing.

We request that any changes that may take place during the course of your research project be submitted in writing to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours sincerely,

Katinka de Wet

Ethics Committee (Faculty of the Humanities)

Copy: Charné Vercueil (Research Co-ordinator: Faculty of the Humanities)

## APPENDIX B: CONSENT FORM



Dear participant

I am Chesney Campbell, a student from the University of the Free State. I am doing my Master's in Sociology under the supervision of **Dr. K. De Wet**.

My study will focus on women and their perceptions of food and food consumption relative to their self-image and identity. It will draw attention to the everyday lives of women by focusing on the preparation and consumption of food, as well as your familial responsibilities related to food. I am also interested in issues related to food and notions of your body, health and self-image in relation to food.

This study will take place by conducting open-ended interviews/ discussions, meaning that I will ask you some questions and probe some of your answers. These interviews will take place anywhere you feel comfortable although we will need to be in a private and quiet location to avoid too many disruptions and noise. The interview will be recorded digitally if you do not have any objections to this, and you have the right to refrain from answering any question(s) that you are not comfortable with. The interviews will probably last about 60 – 90 minutes.

Your name will be replaced with a pseudonym to protect your identity. The names you mention in the interview be it of your children, partner or a place, will be replaced by more pseudonyms. You have the right to end the interview and/or your participation in this study at any given moment.

The results of this study might possibly be published in an academic journal.

Should you have any questions regarding the study, please feel free to contact me (**073 927 2320**), or my supervisor, **Dr. De Wet (051-401 2918)**.

Thank you.

Chesney Campbell.

Participant's signature:.....

Date.....

Researcher's signature.....

Date.....

## APPENDIX C: INFORMATION SHEET



Dear participant.

I am Chesney Campbell, a student from the University of the Free State. I am doing my Master's in Sociology under the supervision of **Dr. K. De Wet**.

My study will focus on women and their perceptions of food and food consumption relative to their self-image and identity. It will draw attention to the everyday lives of women and the preparation and consumption of food, as well as their familial responsibilities. This study will take place in the format of open-ended interviews. These interviews will take place anywhere that you feel comfortable with. The interview will be recorded digitally and you have the right not to answer any question that you are not comfortable with.

Your name will be replaced with a pseudonym to protect your identity. The names you mention in the interview, be it of your children, partner or a place, will be blanked out. You have the right to end the interview or/and your participation with this study at any given moment.

Should you have any questions regarding the study, please feel free to contact me **(073 927 2320)**, or my supervisor, Dr. De Wet **(051-401 2918)**.

Thank you.

Chesney Campbell.

## **APPENDIX D: PARTICIPANTS' PROFILE**

### **1. Participants' profile**

**Pseudonym:** Ashley

**Place of interview:** Heidedal, Bloemfontein

**Date of interview:** 16 February 2016

**Date of birth:** 1974 (42 years old)

**Place of birth:** Klerksdorp, South Africa

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Married

**Number of biological children:** Three (two boys and one girl)

**Non-biological children:** None

**Current occupation:** Housewife

**Partner's occupation:** Director of the Free State Department of Education.

### **2. Participants' profile**

**Pseudonym:** Dineo

**Place of interview:** Willows, Bloemfontien

**Date of interview:** 13 February 2016

**Date of birth:** 4 April 1974 (42 years old)

**Place of birth:** Lesotho

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Single

**Number of biological children:** One (Girl)

**Non-biological children:** One (her sister's child, a boy)

**Current occupation:** Occupation therapist

**Partner's occupation:** Not applicable

### **3. Participants' profile**

**Pseudonym:** Charmaine

**Place of interview:** Brandwag, Bloemfontein

**Date of interview:** 5 April 2016

**Date of birth:** 1977 (39 years old)

**Place of birth:** Klerksdorp, South Africa

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Single

**Number of biological children:** One (girl)

**Non-biological children:** None

**Current occupation:** Bank branch manager

**Partner's occupation:** Not applicable

### **4. Participants' profile**

**Pseudonym:** Elizabeth

**Place of interview:** Dan Pienaar, Bloemfontein

**Date of interview:** 25 April 2016

**Date of birth:** 1977 (39 years old)

**Place of birth:** Kroonstad, South Africa

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Married

**Number of biological children:** Two (a boy and a girl)

**Non-biological children:** None

**Current occupation:** Admin clerk

**Partner's occupation:** Owner of family business.

## **5. Participants' profile**

**Pseudonym:** Karli

**Place of interview:** Universitas, Bloemfontein

**Date of interview:** 8 March 2016

**Date of birth:** 1968 (48 years old)

**Place of birth:** Bethlehem, South Africa

**Raised in:** Bethlehem, South Africa

**Relationship status:** Married

**Number of biological children:** Two (a boy and a girl)

**Non-biological children:** None

**Current occupation:** Medical doctor

**Partner's occupation:** Pilot

## **6. Participants' profile**

**Pseudonym:** Janine

**Place of interview:** Fichartpark, Bloemfontein

**Date of interview:** 28 April 2016

**Date of birth:** 1978 (38 years old)

**Place of birth:** Bloemfontein, South Africa

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Married

**Number of biological children:** Two (a boy and a girl)

**Non-biological children:** Two from her husband's previous marriage (a boy and a girl)

**Current occupation:** Fitness group manager

**Partner's occupation:** Civil engineer

## **7. Participants' profile**

**Pseudonym:** Jo-Marie

**Place of interview:** Langenhoven Park, Bloemfontein

**Date of interview:** 21 March 2016

**Date of birth:** 1968(48 years old)



**Place of birth:** Knysna, South Africa

**Raised in:** King Williams Town, South Africa

**Relationship status:** Married

**Number of biological children:** Two (a boy and a girl)

**Non-biological children:** None

**Current occupation:** Pre-school teacher

**Partner's occupation:** Homeopath.

## **8. Participants' profile**

**Pseudonym:** Anele

**Place of interview:** Fauna, Bloemfontein

**Date of interview:** 10 February 2016

**Date of birth:** 1986 (30 years old)

**Place of birth:** Bloemfontein, South Africa

**Raised in:** Bloemfontein, South Africa

**Relationship status:** Divorced

**Number of biological children:** Two (a boy and a girl)

**Non-biological children:** None

**Current occupation:** Pastors' assistant

**Partner's occupation:** Not applicable

## **APPENDIX E: INTERVIEW SCHEDULE**

**Introduce myself to the participants**

**Explain the study**

**Explanation and completion of consent form**

**Completion of demographic information form**

### **General questions:**

1. Tell me about yourself?
  - Name, surname
  - How is your family life?
  
2. Do you have a daily routine?
  - What does your routine consist of?
  - What happens when your routine does not go according to plan?

### **Questions about her body**

1. Do you gym and how regular do you gym?
  - Why do you gym?
  
2. When you gym, do you have specific targeted spots?
  
3. How would you describe your body's physical appearance?
  - Are you pleased with your physical body at this moment?
  - Why / Why not?

4. What are your gym goals?
5. Do you read any magazines/ newspapers / blogs / social media
  - What is your preference amongst these?
  - How do you feel about the images portrayed in these media sources regarding the female body?

**Questions about food:**

1. How would you describe the food that you consume?
2. Where do you buy food?
3. Do you plan your grocery list/ meals for the week?
4. What influences this list/meals?
5. What do you look at when you buy food?
6. Do you have knowledge regarding food?
  - If yes, where did you acquire this knowledge?
7. Do you do research on food?
8. How do you prepare food?
9. Do you eat fast food/ Take aways?
10. What food choices do you make at restaurants?

**Specific goals:**

1. Do you keep your gym goals in mind when you buy food?
2. Do you buy any gym products such as protein / diet shakes?
3. What brands do you consume?
4. Why?
5. What influences your decision on what brand to consume?

**Questions about her family:**

1. How is your family life?
2. What do the rest of your family eat, compared to you?
3. What food do you buy them?
4. Do your meal plans differ?
5. How often do they have fast food?
6. What are their favourite types of fast food?