

## HEALTH PRACTICES AND THE PALEO DIET

HEALTH PRACTICES AND THE PALEO DIET: UNDERSTANDING  
HEALTHY EATING FROM PALEO ADOPTERS' PERSPECTIVES

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### Abstract

In the context of expanding public concern about the healthfulness of food, this thesis examines how health is understood and taken up in individuals' everyday activities of eating. Sociological frameworks emphasize the complex relations shaping *health practices* in context; however, a greater focus on the structured nature of practice has weakened appreciation of the agent. Food scholars investigating choice and constructions of healthy food and eating categories, highlight processes involving meaning, experience, action, and identity, at work in contexts of healthy eating. To better locate the agent of health practices, and to connect a health practices approach to healthy eating scholarship, this study draws on theory and methods from the symbolic interactionist tradition in an analysis of lived experiences of healthy eating. Using ethnographic data, including qualitative interviews with 18 adopters of the Paleo Diet, and analysis techniques from grounded theory, this study aims to add nuance to current sociological understandings of health practices.

Findings reveal that subjective understandings of the relationship between food and health evolve through interpretive processes involving meaning. By connecting cultural understandings of health to personal, embodied experiences, adopters achieve *multilayered understandings of healthy eating* that legitimate and catalyze their commitment to their diet. Facing challenges to achieving a Paleo diet, adopters, as agents, engage in material and symbolic work to *create "doable" and "livable" versions of Paleo* better aligned with resources, preferences, and understandings. Adopters also *construct and work to maintain valued identities* surrounding their practice; however,

Paleo identities are *spoiled identities*, as adopters sought to manage conflicting expectations of what constitutes healthy eating, and impressions of who eats a Paleo diet.

This thesis demonstrates how an interactionist perspective that appreciates the processual, subjective, and interactional elements of agents' situated and contextual practices, can be usefully brought in to investigate and inform understandings of activities affecting health.

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## **Chapter 1**

### **Introduction**

The question of what people do when it comes to their health continues to capture the attention of scholars and practitioners across multiple disciplines. This is because the various activities and circumstances that can impact health unfold in complex and indeterminate ways yet have profound consequences for health systems, economies, and individuals' abilities to experience quality of life. Ever expanding options for engaging in healthy activities, including fitness programs, diets, and health-giving products and services, complicate the circumstances in which health or illness unfold. As options expand, the role of conventional health authorities for informing understandings of what constitutes healthy living becomes less clear. Today, health is a highly personalized and individualized construct, challenging health advocates, scientists and scholars' assumptions about the mechanisms and relations that result in health or illness.

Knowledge of the relationship between specific food compounds and diseases (e.g. corn and diabetes, and wheat and bowel disease) has permeated public food discourses in North America for nearly a decade. Public attention has recently turned to the relationship between food and disease patterns linked to inflammatory processes in body. Rising rates of diagnosis of auto-immune conditions such as hyper and hypo-thyroidism, rheumatoid arthritis, and fibromyalgia in Westernized and Westernizing countries, warn of additional and complex relationships with food and the body (Lerner, Jeremias & Matthias, 2014). Popular science scholars have also ascribed unmatched levels of immediacy to food-health concerns, particularly in relation to the consequences

of mass production, inadequate regulation of food industries, and individual food choices (e.g. Davis, 2014; Pollan, 2007, 2008, 2009). While food has been touted as an obsession in American health culture for some time (e.g. Becker, 1986; Rozin, 1989, 1996), the borderless nature of disease, coupled with a tendency to see weight as a marker of social status, means that Canadians too have an interest in crash diets and quick fixes, along with their neighbours to the south (Ellis, 2013). As public and scientific interest in the health science of diet grows, more information is becoming available that connects what we eat with what is happening in our guts, and many of these new insights are being supported and taken up by entrepreneurs in self-help and diet marketplaces.

A common theme among contemporary diet creators and writers today is the question of whether technological advancements in food production have been a blessing or a detriment to population health. In the absence of regulation or government authority, the question, *To what extent individuals can and must take control of their own health?* is a key concern. One approach that rose to popularity in the late 2000's in North America is the now internationally recognized Paleo Diet. The Paleo Diet consists of daily meal allotments comprised of 19-35% protein from lean meats, 22-40% carbohydrate from fruits and vegetables, and 28-47% fat, including saturated fat from fish, plants and some nuts. The diet recommends the elimination of dairy, grains, legumes, white potatoes, refined sugar and some vegetable oils, mainly those made from corn, soy and canola. Though advocates of the diet assert that these elements may be adjusted to individual needs and tolerances, Paleo is ultimately distinguished by its basis in the theory of evolutionary discordance. This theory posits that human health depends upon our

consumption of foods that are most consistent with our genetic evolution as pre-agricultural hunter-gatherers (Cordain, 2010; Eaton, Eaton & Konner, 1997; Eaton & Eaton, 2003). Paleo advocates argue that the intensified, industrial production and distribution into the food environment of a limited range of foods, has helped to entrench patterns of metabolic, chronic degenerative and inflammatory disease (Eaton, Cordain & Lindeberg, 2002) (for more details about the Paleo Diet, see Appendix A).

Thus, diets like the Paleo Diet appear to be emerging in-line with a broader societal reckoning related to accepted food production and consumption practices<sup>1</sup>, a reckoning that is unfolding in the public and private spaces where food and eating are negotiated and imagined as the potential answers to all that ails modern humans. This context raises new questions about the ways in which individuals think and do health, and more specifically, how healthy eating is constructed and unfolds within activities of daily life.

### **Healthy eating and social life**

Drawing connections between food and health is by no means a new idea; nutrition has been a pillar of public health promotion efforts since around the end of

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<sup>1</sup> This is to say nothing of the widening gap between those who can afford more nutritious and fresher foods and the estimated 42 million Americans classified as “food insecure” (Feeding America, 2017), which are disproportionately comprised of single mother households. This reality stands in stark contrast to trends in ‘foodie-ism’ and the expansion of culinary cultures and activities that are beyond the reach of many social groups (Johnston & Baumann, 2014; Reicks, Randall & Haynes, 1994). Obesity rates are also highest among the poor whose limited food options (i.e. ‘food deserts’) and preferences for cheaper, convenient, tasty foods (i.e. availability of fast food) are shown to play an important role in the prevalence of diet-related diseases (Aggarwal et al., 2016). While these aspects of patterns of food and eating in contemporary North American societies are important, an exploration of class differences or injustice is beyond the scope of this dissertation. It may be noted, however, that discussion of food and eating in relation to social class is taken up at a few points in the dissertation.

WWII, when governments in the West began developing and disseminating eating guides to ensure basic nutritional needs were being met (Nestle, 2007). Today, conventional dietary wisdom, i.e. eating a diet consisting of specific quantities of foods from various groups including dairy and grain, is now part of the broader public lexicon of how to achieve health and prevent illness. Underpinning national nutritional promotion efforts is a health model that regards *behaviours* like eating, sleeping, and moving, and using tobacco or alcohol, as observable, definitive, measurable, and psychologically determined. As discrete, homogenous variables, behaviours fit neatly into prediction models and can be manipulated to achieve desired outcomes. This linear interpretation – that individual psychology or beliefs lead to choices that place individuals on pathways of health or illness – has meant that much of the efforts of health promoters are standardized with the primary aim of education. The hope being that empowered individuals will make better, healthier choices.

Criticism of the health behaviour model is well documented and reached a peak in the 1990's when social justice scholars noted a persistent and convenient lack of regard for the circumstances that limit individual engagement in activities that authorities deem healthy. Scholars both in and outside of health promotion also argued that what people do occurs in contexts that constrain activity on material and symbolic grounds, such that activities affecting health are not necessarily the result of deliberate choices based on the advice of health authorities (Backett & Davison, 1995; Bandura, 1977; Davison, Frankel & Smith, 1992). Bolstered by evidenced of relatively ineffective campaigns to curb alcoholism and obesity over the last 30 years in the West, these scholars demonstrated

that simply knowing what is healthy to do or eat is unlikely to translate into real behavioural change (Babor et al., 2010; Richmond, 1998). Driven by a concern for the future of the populations that are most vulnerable to poor health, these researchers sought new ways to understand the health-related activities of social beings.

In a 2014 special issue of the journal *Sociology of Health & Illness* (V. 36-2, 2014)<sup>2</sup>, a group of health sociologists proposed the widespread adoption and use of the concept *health practices* in place of the behaviour model. In his introduction, Simon Cohn problematizes health behaviour as a category, noting its inability to provide critical insight into what people actually do and why when it comes to their health. In its place, health practices offers a broader conceptualization of activity, which is regarded as “locally situated and composite”, such that practice is “not a direct result or outcome of mental processes but emerge[s] out of the actions and interactions of individuals in a specific context” (Cohn, 2014b, p. 4). Quite differently from a behavioural approach, a health practices approach aims to answer the question that is healthy activity by focusing explicitly on its social, contextual nature.

Contributors to the special issue challenge the taken-for-grantedness of health and illness categories, subjects and institutions, culture and political-economics found across studies of health and activity (e.g. Armstrong, 2014; Burrows, Nettleton & Bunton, 1995; Crawford, 1980, 2006; Glassner, 1989; Petersen & Lupton, 1996). Their collected works have some notable features. First, theoretical support for the health practices concept is

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<sup>2</sup> Published as a monograph with the title, *From Health Behaviours to Health Practices* (Cohn, 2014a), with an introduction by Simon Cohn (2014b).

drawn primarily from cultural theorists exhorting the use of macrosociological perspectives of practice, including those of Anthony Giddens and Pierre Bourdieu. Their perspectives help to shed light on the social rules, regulations, and structures governing health-related activities, including food choice and eating (Delomier, Frohlich & Potvin, 2009).

Second, empirical contributions to the volume include data obtained using a range of methodological approaches, and focus on topics of interest to health promoters and institutions of public health, such as immunization compliance (Horrocks & Johnson, 2014) and alcohol consumption (Lyons, Emslie & Hunt, 2014). Two scholars apply a health practices lens to data on food and eating; one in relation to patient compliance with low-cholesterol diets (Will & Weiner, 2014), and the other to the ways that health practitioners encourage clients to lose weight (Vogel & Mol, 2014). Empirical contributions highlight complex relations of cultural, social and material elements that shape and inform health-related activities in space and time, demonstrating that to know what people do when it comes to health, activity must be understood as part of a complex social existence.

Meanwhile, outside of this work, a growing body of literature constituting a *sociology of healthy eating* has arrived at a resounding concern for the agent in health-oriented food and eating practices (e.g. Barr & Chapman, 2002; Bouwman et al., 2009; Neuman et al., 2014; Niva, 2007). While similarly aiming to move beyond a behavioural model of health, these scholars have sought to enhance understandings of the subjective, lived and experiential elements of healthy eating. Importantly, their work suggests that

the development of the health practices concept to date has been somewhat limited by the epistemological and ontological assumptions informing its investigations and insights. With only minor exception – a small contribution made by Vogel and Mol (2014) who provide a grounded analysis of health practitioner’s advice to their obese clients – the majority of work supporting the health practices concept loses track of the agent in discussion of contexts of healthy activities, and largely ignores lived experience as an essential element of practice. While health practices is a timely and valuable concept with which to make sense of the social-contextual nature of health-related action, there is an opportunity to engage critically with its sociological roots, and to offer nuance to its formulation with insights grounded in the lived experiences of social agents.

### **Case study: The Paleo Diet**

The Paleo Diet is a compelling case with which to continue developing an understanding of health practices and to contribute to existing work that situates healthy eating as a form of practice. Scholarly investigation into the Paleo Diet is scant: Winson (2013) offers a political-economic discussion of the health implications of industrial food and the rise of alternative diets, including the Paleo Diet; Zuk (2013) takes a critical-anthropological look at the claims supporting the Paleo Diet in popular media; and Schwartz and Stapell’s (2013) online survey provides a useful demographic snapshot of the Paleo community. A small group of scholars have investigated aspects of low-carbohydrate diets, at times including discussion of the Paleo diet (e.g. Knight, 2011, 2015). Still, the value of investigating the Paleo Diet and its adopters for the purpose of



informing sociological health concepts remains largely unrealized. This is likely because Paleo does not fall neatly into the realm of either ethical (e.g. vegetarianism) or medical (e.g. low-cholesterol diets) diet categories and is commonly regarded as a fad diet. It is my contention, however, that the Paleo Diet is a case worth exploring because it is unique from more commonly researched dietary approaches, like vegetarianism (Ruby, 2012), is a popular approach to thinking and doing health, and what it means to eat a Paleo diet is presently unknown. There is, therefore, an untapped opportunity to investigate a unique empirical case to explore emergent practices associated with an alternative approach to eating, and to examine the ways that eating a Paleo diet fits into broader personal and cultural processes surrounding food and health.

To summarize, in light of the recent evolution of scholarly interest toward understanding contexts of healthy activity and the role agents play in making healthy food choices, this dissertation presents a case study of the Paleo Diet that attends to lived experiences of eating for health. It aims to contribute to relevant discussions in the sociological study of healthy eating and to achieve a richer, more nuanced understanding of health practices as an essential sociological concept for the study of healthy activity moving forward. I will apply theory and methods informed by the symbolic interactionist tradition in a qualitative, interpretive investigation of the health practice of eating a Paleo diet. This dissertation will explore: a) the meanings that Paleo Diet adopters attach to what they eat, b) how diet-related activities unfold in light of meanings and negotiations of everyday constraints and opportunities, and c) how understandings of self and identity are implicated in these processes.

### **Organization of the dissertation**

This dissertation is structured as follows: Chapter 2 discusses the relevant literatures in the sociology of health and the sociology of food and eating that together form a sociology of healthy eating. The literature review includes insights from the fields of health promotion, social anthropology, and sociology, and reveals how scholarly understandings of food choice have evolved over the past few decades. Dealing exclusively with the topic of healthy eating, this chapter traces a shift in scholarship toward a sociality of food choice emphasizing context, agency, and practice over traditional behavioural approaches. The literature is broken into three parts articulating key discussions and topics relevant to the present study, specifically, *the public health implications of food and eating*, *dieting and diets*, and *the social relations of food and eating practices*.

Chapter 3 provides an overview of the conceptual framework informing this dissertation. Focusing exclusively on concepts, this chapter begins by tracing the shift in the broader health scholarship toward contextual understandings of activity, i.e. *health practices*, and identifies persistent gaps and limitations in understandings of health as a social practice. It then goes on to discuss symbolic interactionism; a theoretical approach to studying human behaviour that emphasizes the activities and sense-making processes of social actors. As a complementary perspective, it is especially useful for capturing the systems of meaning underpinning health practices generally, and the orientations of those who adopt a Paleo diet more specifically. Specific concepts informing an analysis of the

lived experience of eating a Paleo diet for health are discussed in relation to their applicability to a health practices approach.

Chapter 4 describes the methodology employed in this study including its epistemological and ontological foundations and the methods used to investigate lived experiences of practicing a Paleo diet. This chapter describes the data collection and analysis techniques informed by the interactionist tradition, mainly ethnography and grounded theory, and discusses how analytic insights evolved over the course of the study.

The next three chapters present my findings. In Chapter 5, the analysis focuses on adopters' understandings of the diet. The data demonstrate that the health practice of eating a Paleo diet involves establishing personal meaning around ones' activity and its outcomes. The chapter also shows how understandings of the relationship between ones' diet and health emerge and evolve through subjective processes of interpretation and sense-making based in experience, resulting in the development of multi-layered understandings of what constitutes healthy eating.

Chapter 6 explores accounts of putting the Paleo Diet into practice in everyday life and focuses on the challenges adopters experienced while trying to achieve a Paleo diet. The findings suggest that the health practice of eating a Paleo diet involves subjective assessments of what is practical and reasonable in the context of everyday life, as well as efforts to negotiate and overcome perceived constraints on activity. This chapter demonstrates how adopters, as agents, generate the conditions that make eating a

Paleo diet possible and sustainable, including symbolically framing their unique versions of the diet as ultimately in service to their health.

Chapter 7 takes a deeper look at the intersubjective elements of practice and the ways adopters go about constructing Paleo identities in light of personal and cultural understandings of food, health, and healthy eating. Offering unique insights for scholarship on healthy eating and identity, the data demonstrate that the health practice of eating a Paleo diet involves the construction, maintenance and protection of identities which are negotiated in interaction. The data demonstrate the considerable diversity in identity construction and maintenance practices among Paleo adopters. In particular, many adopters worked hard to protect their valued identities related to their food practices suggesting that “Paleo” identities are spoiled identities requiring the careful management of expectations of what constitutes healthy eating, and who someone is who eats a Paleo diet.

Finally, Chapter 8 summarizes the study findings and reviews the substantive and conceptual contributions of this dissertation. It offers suggestions for future research aiming to contribute to a sociology of healthy eating, or to employ health practices as a lens for investigating health practices in contexts beyond eating. It also discusses the implications of the findings for health promoters, practitioners, and systems. Overall, this study contributes to the ongoing discussions surrounding the ways health is understood and taken up in everyday eating practices, and supports taking a sociological approach to investigating health-related activities, where activities are understood as the situated, personal and meaningful practices of social agents.

## Chapter 2

### Literature Review

Eating is a socially constructed practice that is important to the way health is understood and pursued. Yet, in the sociology of health, food and eating practices occupy a relatively minor place in scholarship. Sociologists who do explore healthy eating draw on a broad scope of interdisciplinary social science knowledge. The following review identifies and builds on this body of knowledge by incorporating relevant parallel literatures from related fields (e.g. health promotion, social anthropology), and areas of sociology other than health, mainly, the sociology of food. This literature, which I refer to as the *sociology of healthy eating*, can be divided into three areas: *the public health implications of food and eating*, *dieting and diets*, and *the social relations of food and eating practices*. The dissertation adds to this body of knowledge by investigating the lived experiences and perspectives of individuals committed to following a Paleo diet.

#### **The public health implications of food and eating**

The relationship between diet and health has been a public health issue since the mid-20<sup>th</sup> century. Much of the scholarly work in this area focuses on a key problem: the persistence of chronic diseases, such as obesity, suggests there is a gap between healthy eating messages and what we know about diet and health on the one hand, and peoples' everyday practices on the other (e.g. Becker et al., 1977). Throughout the 1980's and 1990's, public health agencies went about addressing this problem in two ways: 1) changing consumer psychology, which included investigating and attempting to affect

beliefs and attitudes by enhancing knowledge and self-efficacy (Cox et al., 1998); and 2) changing the consumption environment by investigating and addressing barriers to healthy eating, such as the availability and affordability of food (Kearney & McElhone, 1999; Lappalainen et al., 1997). Though not a perfect alignment, these strategies represent two ideological positions that continue to shape the literature concerning health and everyday activity. First, the health beliefs and behaviour model asserts that individual psychology predicts healthy behaviour (Janz & Becker, 1984; Mullen, Hersey & Iverson, 1987; Nestle et al., 1998) and assumes a linear “value-attitude-behaviour” system is at work (Allen et al., 2000, p. 412). Second, and in contrast, the ecological model asserts that healthy behaviours depend upon the extent to which social, material, political and cultural environments support individuals in making healthy choices (McLeroy et al., 1988). In general, social science scholarship on eating behaviours has favoured socio-behavioural explanations that combine psychological and ecological elements, often reflected in a social determinants of health approach.

### *Socio-behavioural approaches and food choice*

Social-behavioural scholars explore the psychological, social and environmental mechanisms, and their interactions, that are thought to underpin healthy behaviours (Bandura, 2004). The notion that food environments can either empower or hinder healthy eating pervades much of the literature on food choice published in the 1990's. During that period, many researchers were keen to identify the ‘barriers’ standing in the way of individuals choosing to eat a healthy diet. Numerous studies revealed common

barriers like irregular work hours, a busy lifestyle (i.e. lack of time), taste (i.e. an aversion to giving up liked foods) (Kearney & McElhone, 1999; Lappalainen et al., 1997), the monetary cost of healthy food, overly optimistic estimates of the health of ones' diet and a lack of social pressure to eat healthy (Cox et al., 1998). Within this literature, perceptions or beliefs were also regarded as barriers to the success of individual efforts to improve eating behaviours. Scholars subsequently worked to identify which mechanisms affecting food choice were more or less “open to modification” (Nestle et al., 1998, p. S50).

In a review of research on dietary fat intake, Nestle and colleagues (1998) outline the societal and individual-level influences on dietary change and maintenance. Societal influences include cultural values, social relationships (e.g. support from family and friends), media and advertising, variety, and availability, including cost. Individual influences include preferences (i.e. taste), early learning about food, food experiences, and knowledge; however, knowledge, the authors note, tends to be the most problematic for predicting behaviour. The authors suggest that the successful promotion campaigns ought to include the following: 1) ensuring that low-fat diets contain palatable food options, 2) encouraging regular self-monitoring, 3) enhancing the availability of healthy foods at lower cost, 4) providing clear and specific instructions for activities like shopping and cooking, 5) enhancing social and professional support, such as through reward-based and outreach programs, 6) preventing relapse by advising about high-risk situations, 7) encouraging the adoption of a “Low-fat Diet”, including replacing common items with low-fat substitutes, and 8) encouraging physical activity. They conclude that

“the most fundamental steps in public health efforts to reduce fat in the diets of the general population are to emphasize actions that best serve individuals”, and thus, “empowering people to make choices by giving them choices and encouraging thinking as well as doing.” (S56).

Based on this work and noting an omission of culture as an important element of food choice, Rozin and colleagues (1999) investigated “the psychology of food in the context of daily life” (p. 164) of Belgian, French, American and Japanese adults. The authors wanted to understand how culturally disparate groups engage with “positive” (e.g. pleasure) and “negative” (e.g. fear) aspects of food, and how they think about and express the relationship between food and health. Based on evidence of America’s relatively high degree of food worry (Becker, 1986; Rozin, 1989, 1996) and its consistently higher rates of obesity and diet-related illness compared to similarly high-calorie consuming cultures, such as in France (Stearns, 1997), the authors assert that eating patterns, including when, where and how food is eaten, likely have more to do with health than what individuals actually eat. Noting differences in patterns of attitudes and ideas related to the food-health link – with American and French adults falling on opposite ends of a spectrum of a strong to weak association between food and health, respectively. They conclude that stressful food-culture environments may have deleterious effects for health that are not fully understood.

While efforts were made to bring culture into the conversation surrounding the complexity of food choice, some sociologists soon pointed to an essential error in this popular line of inquiry, mainly, that assumption that rational, decision-making individuals



are always and necessarily at the beginning of causal pathways of health or illness (Petersen & Lupton, 1996). Further, as promoters continued to educate and inform consumer perceptions and choices, the persistence of chronic, food-related conditions pointed to a need for alternative perspectives.

*Making sense of 'healthy eating': The sociality of food choice*

Within the last decade, the prominence of behaviour models coupled with mounting public confusion about what to eat in order to be healthy, led to a deeper consideration of the relations among the societal and individual level factors that connect food and health. Identifying gaps in food choice scholarship, researchers considered how meaning influences and shapes knowledge about food and health, and, thus, behaviour. Scholarship in this area sought to demonstrate the ways that individuals make sense of food and health in the context of their own lives, including their responses to and perceptions of state-sponsored interventions aimed at dietary change.

For example, incorporating discourse analysis in the study of food choice, Ristovski-Slijepcevic, Chapman and Beagan (2008) sought to establish the primary role of language for shaping and expressing ways of knowing about healthy eating. They interviewed European, African and Punjabi Canadians in two provinces and identified three discourses people use to talk about healthy eating: cultural/traditional (i.e. talk about traditional foods, foods of childhood, food prepared in the home, etc.), mainstream (i.e. talk about low-fat, high-fiber, fruits and vegetables, eating from “food groups”, etc.), and complementary/ethical (i.e. talk about healthy eating in relation to food sustainability and

ethical aspects of food production and consumption). The authors show that official nutritional information is only one discourse that may be drawn upon in making sense of healthy eating, with others entering a conversation shaped by experience and participation in social life. Further, cultural/traditional discourses emphasizing the positive aspects of food, such as affirming cultural identity, are negotiated alongside mainstream discourses, demonstrating the centrality of nutrition science in Western understandings of food, as well as the requirement of self-regulation and monitoring of risk. Based on this, they conclude that “different kinds of knowledges (e.g., scientific, local, and situated) should be engaged to creatively contribute to constructing health-promoting knowledges and well-being” (Ristovski-Slijepcevic, Chapman & Beagan, 2008, p. 177).

In their 1996 study, Furst and colleagues employed a constructivist methodology to develop a conceptual framework of the food choice process grounded in experience. In contrast to quantitative investigations of eating behaviours, the authors accounted for a number of emergent factors related to food choice including value judgments, which are an important influence on activity. Routine statements such as “eating well” or eating what one “should eat”, the authors assert, reflect tacit, cultural ideals and standards that individuals use to evaluate their food choices. They also note that previous judgements inform future food choices, such that experience with principles and procedures for navigating a food system results in the development of stable rules that “simplify or expedite the food choice process” (p. 260). Their conceptual model takes into account various “influences”, “systems” and “personal” factors, revealing the complex though

predominantly routine nature of day-to-day food choices and the challenge this poses for promoters of healthy eating.

In another example, Keane (1997) investigated the utilization of state sponsored healthy eating advice among men and women living in South-East London, England. Through a series of interviews, Keane revealed that people use a range of information sources when it comes to learning about healthy eating; however, her participants faced challenges in interpreting the often conflicting advice and information they received through official and unofficial channels. Further, she noted that the disconnect between government sponsored advice and behaviour stemmed, in part, from perceptions that individual variation, including genetics and environmental exposures, is not accounted for in standardized materials. Instead of advice, embodied knowledge about health resulting from experience informed most peoples' understandings of the relationship between food and health. Keane concludes that with self-acquired health knowledge in the form of embodied experience at the centre of understandings of the food-health relationship, individuals ought to be conceptualized as agents in the construction of health, rather than merely the subjects or recipients of interventions.

In their work, Bisogni and colleagues (2002) sought to develop a theoretical understanding of identities in relation to eating, and while health was not the focus of their work, it emerged as an important aspect of eating-related identities. Their grounded analysis of focus group and interview data revealed three main types of identities<sup>3</sup> related

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<sup>3</sup> Identities were defined as “self-images based on practices, attributes, reference groups, and social categories” (Bisogni et al., 2002, p.132)

to eating; practices identities (e.g. quantities, quality, types of food), personal characteristics identities (e.g. orientation toward health, body image, flexibility), and reference groups and social categories identities (e.g. normalcy, roles, group association). These identities, they note, were involved in three processes: developed and revised, such that life events and experiences lead to transitions in identities; evaluated and monitored, such that past-identities and others were reference points for describing and evaluating current identities; and enacted, such that eating practices reflect commitments to identities associated with values and ideals. The authors conclude that practitioners can benefit from understanding identities related to eating and can tailor nutritional interventions, since they “reveal what is of concern to clients, how clients organize food according to their own preferences, how they express themselves through food, and the ways in which they manage eating situations” (Bisogni et al., 2002, p. 137).

Recent research on low-carbohydrate diets and their followers has also yielded interesting results about the role of the agent of practice in construction of healthy eating categories. For example, Knight (2011, 2015) investigated the common constructions in literatures promoting low-carbohydrate diets and used by dieters. She describes the functions of and responses to constructs, like “nutritional primitivism” (2015, p. 2), that connect low-carb diets to the past, highlighting the role of nostalgia and tradition in the meanings surrounding these diets, particularly as they evince an oppositional relationship between “traditional” (i.e. less industrialized) foodways and those of contemporary (industrialized) obesogenic Western cultures (2011). Knight notes the considerable variation in the extent to which participants accepted and believed the nutritional

primitivism used to promote diets like the Paleo Diet – most were skeptical and critical of what can be known about prehistoric humans, and relatedly, what could be usefully applied today (2015). Further, she demonstrates how high-carbohydrate traditional foods, like pasta, marked key points of tension between ideals of traditionalism and nostalgia that simultaneously espouse the unhealthiness of those foods. In a similar study, Jauho's (2016) investigated the use of science and scientific discourse low-carb diet constructions, and revealed the ways in which diet proponents engage in a “social construction of competence” (p.332), wherein science is used in combination with evidence informed by interpretation and experience, and skepticism toward the reliability of experts. Research on low-carbohydrate diets provides a basis for considering the ways in which discursive constructions of “healthy dieting” are taken up and used, and more specifically, how constructs presented in one form (i.e. text), may not necessarily reflect actual practices of dieters, owing to processes of interpretation, evaluation, and selection of aspects of the diet in alignment with experiences and interests.

The inclusion of sociological approaches in research aiming to change eating behaviours and improve public health, marks a shift in scholarly focus toward understanding how individuals establish a link between what they eat and their health on their own terms. Rather than assuming a linear pathway with individual psychology as a starting point, scholars placed greater emphasis on the social meanings surrounding and subjective interpretations of healthy eating. Together, scholarship emphasizing a *sociality of food choice* suggested that official health concerns cannot be effectively communicated, nor can broad dietary change be achieved in the absence of

understanding: 1) what information individuals draw upon in their ongoing and dynamic development of understandings about health and food, and importantly, 2) how information is interpreted within the context of meanings, identities and everyday experiences.

### *Conclusion*

Scholarship in the public health implications of food and eating has been primarily concerned with addressing the pervasiveness of diet-related illnesses, like obesity, and has assumed that a disconnect exists between official knowledge and peoples' everyday eating practices, which must be resolved. A gradual shift over the past four decades has seen investigators move beyond strictly psychological or environmental explanations – or combinations of these – to those that acknowledge the subjective and intersubjective nature of food choice, and what these elements may reveal about social and cultural understandings of the food-health relationship. My study of doing a Paleo diet aims to further illustrate the ways that the health concerns related to food are understood and taken up by individuals in their everyday eating and food practices.

### **Dieting and diets**

The sociology of food and eating is a broad field of inquiry. Overlap with the sociology of health can be found in analyses that connect food practices with cultural processes related to health, where food choice is understood as a component of living a healthy lifestyle. Scholarship about diets and dietary practices, in particular, help to

further shed light on the complexity of personal, social, cultural, moral and ethical relations involved in healthy eating.

*Healthism and the moral management of risk*

According to some scholars, health is at the centre of almost all engagements with everyday objects and practices today (Crawford, 1980, 2006; Greenhalgh & Wessely, 2004). Sociological scholarship on the cultural ubiquity of health, or *healthism*, regards the intensification of concern about the quality of food as a reflection of the middle-class tendency toward personal health consciousness. It has been argued that this tendency was precipitated by the widespread dissemination of risk discourses that emerged in the latter decades of the 20<sup>th</sup> century and that now pervade contemporary Western culture (Beck, 1992; Giddens, 1990, 1991). Health promotion materials emphasize the notion that eating implies a risk to ones' life and longevity, generating food fear and pressure to address risks that are practically inescapable in today's food landscape. The imposition of risk awareness by public health agencies, particularly those asserting an "epidemic of obesity" has, according to these scholars, changed cultural understandings of food, health, and the body in a number of important ways (Coveney, 1999; FØrde, 1998).

For example, reflexivity is said to characterize the late modern habitus which is marked by unstable identities that are in constant negotiation (Giddens, 1984, 1990, 1991; Halkier, 2001). The personal management of ones' diet is a reflexive attempt to "live healthily" and maintain a "healthy weight" but is also one way in which the risks and conflict inherent to capitalist society have manifested (Crawford, 2004; Guthman, 2011;

Guthman & Dupuis, 2006). Writing on the topic of nutrition, Coveney (1999) traced the historical linkages of the science of nutrition and the promotion of rationalized eating to the Christian ideal of spiritual purity, which, he states, is found today in both state-funded and private media and is embodied in popular diets. Drawing on Foucault's (1988) notions of state power, governmentality and technologies of the self<sup>4</sup>, Coveney explains how food properties like taste, flavor and pleasure became secondary to nutrition which offered a way toward achieving self-realization and regulation. It is through a constant acknowledgement of failures to comply with the ideals of nutrition science and "subsequent attempts at correcting future behaviour," he says, "that modern subjects recognize themselves as 'good eaters', in the sense that their food choices can be scientifically 'good' and, therefore, morally correct" (p. 35). According to theorists who share Coveney's perspective, healthy eating that involves demonstrating a reflexive awareness of (i.e. knowledge) and action based upon the notion of nutrition (e.g. adopting a specific diet), is one way in which individuals engage as valued subjects within a moral order (Conrad, 1994; Petersen & Lupton, 1996; Scrinis, 2008).

Other scholars have discussed healthism and change in Westerners' relationships with food in light of the expansion and promotion of value-added healthy food products in the consumer landscape. Some note that with diet and disease increasingly interlinked in public discourse, highly lucrative markets provide health-giving products as beacons of hope (Moreira & Palladino, 2005). While healthism does not equate to consumerism,

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<sup>4</sup> Technologies of the self: "[That which permits] individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988, p.18).



consumerism is said to be an important aspect of the process of generating responsible, self-governing healthy bodies (Lupton, 1997) and “good”, “citizen-consumers” (Johnston, 2008), due to its effects upon our relationship with food and ourselves (Crawford, 1980; Williams, 1998). Further, when viewed as a moral performance, healthy activity is said to entrench distinctions between “good”, “moral” selves and “bad”, “immoral” others (Williams, 1998), and a perpetual engagement in strict self-body control, on the one hand, and release through the unbridled consumption of health-giving products, on the other (Crawford, 1984).

One example of this process involves the creation and consumption of so-called functional foods, such as breakfast cereals, spreads and drinks, which are defined by their supposed health benefits over and above nutrition (Food Standards Agency, 2004, p. 111). Functional foods occupy a category between food and drugs that Rose (2007) asserts marks a politics of life centered on the management not of illness, but of human vitality through technological innovation. No longer does the boundary-to-be-policed between the environment and the body lie on the surface, it resides at a cellular level (Martin, 1994). Discursive analyses of promotional materials for probiotic yogurt, for example, shows how messaging mirrors that of health promotion by focusing on notions of responsibility and vitality (Koteyko, 2009). Alongside nutrition and dieting, functional food has been described as a technology through which subjects become situated within the moral order that increasingly places a high value on self-generated health (Crawford, 1994; Klein, 2010; Metzl, 2010; Polzer & Power, 2016).

Similar cultural relations have also been discussed in terms of the consumption of ethical food, wherein consuming “good food” is thought to equate to being a “good person” (Johnston, Szabo & Rodney, 2011), and dieting broadly speaking (Cairn & Johnston, 2015). For example, Cairn and Johnston’s (2015) study of women’s eating habits and discourses revealed the ways in which neoliberal values of self-control and expression are mediated by dietary choice. Offering a general term for the observed food practices, the so-named “do-diet”, is said to both affirm neoliberal ideals of self-governance and post-feminist values supporting women’s agency and freedom of choice.

Overall, scholarship in this area of the sociology of health considers some of the unintended consequences of promoting healthy eating, healthy diets and healthy lifestyles in consumer-oriented late-capitalist, neoliberal societies. According to some scholars, cultural understandings of food and health have been deeply affected by political-economic relations engendering a moral responsibility to govern ones’ body, evidenced in the ways that individuals think about and do diet.

### *Social-anthropological perspectives*

Food and eating practices arose as topics of interests to social anthropologists toward the end of the late 19<sup>th</sup> Century. Much of this literature is aligned with the sociological works outlined above; however, it incorporates an anthropological concern for situating diets and dietary practices within human evolutionary history. The body of work in the anthropology of food and eating is expansive (for reviews see Messer, 1984 and Mintz & Du Bois, 2002) but scholars in this tradition highlight two main dimensions

of food and the human condition: the relationship between food's nutritional and symbolic functions, and its role in connecting the individual to the collective (Fischler, 1988, 2011). Food is social and eating habits are an essential form of human communication that both configure and reveal much about a culture and the individuals within a culture (Caplan et al., 1998; Messer, 1984). A central premise of this field is that what individuals and groups incorporate, i.e. the foods they classify as food and consume, is essential for delineating who, where and what they are as people, as well as how they understand health (Douglas, 1966; Lupton, 1996; Peel et al., 2005).

These scholars assert that the relatively recent shift in eating habits following the industrial intensification included an increase in the consumption of prepared foods and a decline in commensality. Some assert that food has lost the meaning it once had in human lives, what Mintz (1985) referred to as the 'desocialization' of food. However, in light of the apparent increase in the complexity of modes of participation with food, particularly where health is concerned, others have argued that meanings associated with food are not gone, they have simply changed in response to modern anxieties (Fischler, 1988).

For example, the omnivore's paradox is that food is both a potential danger and affords opportunities to become more than what we are: fitter, more energetic or more socially desirable. Given that most Western consumers only interact with food at the end of the production chain, Fischler asks, "If we do not know what we eat, how can we know what we are?" (1988, p. 282). If disconnection from food is disconnection from oneself, then those who engage in dieting today, are attempting to resolve the anxiety caused by disconnection; they are reintroducing a "normative logic" (p. 290) into their practices of

eating. Fischler concludes, since “Food makes the eater: it is therefore natural that the eater should try to make himself by eating” (p. 282). Diets, then, enable agents to reestablish meaningful connections with food, to recover identity in the face of changing circumstances.

Perspectives from social anthropology, therefore, underscore humans’ significant relationship with food which is not only a biological necessity but maintains an essential role in cultural production and evolution. According to this tradition, emerging responses to changes in food systems and in dietary practices provide opportunities to investigate the ways that humans use food to make themselves (Caplan et al., 1998). When seen as a response to modern risks and anxieties, eating may be a way through which individuals seek to reestablish meaning and a sense of self and other, which have been the social and cultural functions of food for much of human history.

### *Vegetarianism*

A large area of scholarship about diets and dieting is comprised of works on vegetarian and vegetarian-related diets. Early social science investigations into vegetarianism can be traced to the early 1970’s (see Ruby, 2012, for review). Despite confusion about the term vegetarian and exactly what constitutes a vegetarian diet (Barr & Chapman, 2002; Weinsier, 2000), as the most common alternative to mainstream diets in the West, it captured the attention of socio-behavioural scholars working in health

promotion in the 1990's<sup>5</sup>, offering new insights into the mechanisms of food choice (Beardsworth & Keil, 1991a).

Not surprisingly, a considerable body of literature exists in psychology and the dietary and nutrition sciences, with scholars aiming to identify the beliefs, attitudes and motivations that lead to a reduction or elimination of animal products from diets, and who supported a linear behavioural model of health. Using qualitative and quantitative methodologies, they developed: typologies of motivations for adopting a vegetarian diet – the most common of which are concern about animal welfare, health and environmental sustainability (Beardsworth & Keil, 1991a, 1991b, 1992); process models to explain dietary adoption and change (Jabs, Devine & Sobel, 1998); scales with which to operationalize dietary practices, i.e. least restrictive (omnivore) to most restrictive (vegan) (Allen et al., 2000); and sets of influential or moderating variables in the relationship between attitudes and behaviours (Povey, Wellens & Conner, 2001). While the details of these studies go beyond the scope of this review, they do reveal some important insights about vegetarian diets and diets in general.

For example, these studies revealed that diets, whether vegetarian or non-vegetarian, tend to be aligned with ideological positions or world views (Beardsworth & Keil, 1991a) including political values (Allen et al., 2000). Vegetarians, in particular, tend to be well-educated, married, middle-class (Jabs, Devine & Sobal, 1998) and generally of higher socio-economic statuses compared to non-vegetarians (Hoek et al., 2004).

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<sup>5</sup> In the British context especially, the 'Mad Cow' scare of the 1990's and the 'Foot and Mouth' outbreak in the 2000's are cited as reasons for an overall increase in vegetarian-based research (Wilson, Weatherall & Butler, 2004).

Vegetarians and non-vegetarians tend to regard their own diet more positively and as more healthy than diets different from their own, suggesting a relationship between diet, values and self-concepts (Beardsworth & Keil, 1991a; Povey, Wellens & Conner, 2001). It has also been widely demonstrated that adopting a vegetarian diet occurs gradually and is related to life-stage, which is reflective of a learning process as information is collected and considered in terms of its implications for both action and values (Devine & Olson, 1991; Devine et al., 1998; Falk, Bisogni & Sobal, 1996; Jabs, Devine & Sobal, 1998).

Given the complexity of findings, studies of vegetarianism have greatly expanded knowledge and interest in the relationship between eating and health beyond rigid psychological approaches with some key points being taken up by sociologists. Notably, reference to eating and food choice as “practice” as opposed to or in combination with “behaviour”, began to appear more predominantly in writing that emerged in the early 2000’s<sup>6</sup>. In particular, “practice” terminological can be found in vegetarian studies that reveal differences in the ways that individuals engaged in and with diets for ethical/moral reasons or for health reasons. For example, investigating the “perceptions and practices” of women who are current, former and non-vegetarians, Barr and Chapman’s (2002) mixed-method investigation revealed that over half of their sample of self-identified vegetarians consumed animal products from time to time. Further, not all vegetarians in their study remained vegetarians as some converted to omnivorousness for a variety of reasons, revealing the nature of change and difference in perceptions about meat eating,

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<sup>6</sup> E.g. see Power’s (2005) discussion of the social determinants of health eating among low-income Canadians where healthy eating is defined as “eating practices and behaviours that are consistent with improving, maintaining and/or enhancing health” (p.S37).

meat avoidance, ethics and practice. The authors also noted a shared concern for the healthiness of animal products among both vegetarians and non-vegetarians, suggesting that while perceptions of the healthiness of animal products may be a consideration for dietary choice, perceptions may not always result in eating a vegetarian diet. Overall, Barr and Chapman's work is a compelling example of the non-linearity of vegetarian diet practices.

In another example, Fox and Ward (2008a, 2008b) sought a deeper understanding of the primary motivations for adopting a vegetarian diet, i.e. morality vs. health. Their online ethnography of vegetarian forums revealed that the concerns of health vegetarians are inwardly focused and personal, while ethical vegetarians direct concern outwardly to other living creatures, at times putting their own health at risk. This difference in motivations for eating a vegetarian diet resulted in conflict wherein ethical vegetarians regarded health vegetarians as selfish. However, where concerns overlapped related to the ways in which eating a vegetarian diet compliments environmentally friendly lifestyles (2008a). Their data also revealed that over time, health vegetarians begin to adopt environmental and ethical commitments, suggesting that these ideologies and motivations are not as static as previous research suggests.

In a focused analysis of the intersection between diet and identity, Fox and Ward (2008b) also noted the ways that reflexive embodiment<sup>7</sup>, including consuming a vegetarian diet and identifying oneself as vegetarian, contributes to a stable sense of self

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<sup>7</sup> Reflexive Embodiment: "The capacity and tendency to perceive, emote about, reflect and act upon one's own body [-] [wherein the body is both] the object and subject of perception" (Crossley, 2006, p.1)

for health vegetarians. Vegetarianism was associated with efforts to have and do a healthy body, such that adopting a vegetarian identity affirmed the validity of a lifestyle valuing personal responsibility for health and concern for the environment. The authors conclude that the embodied practice of vegetarianism allowed health conscious eaters a way to situate themselves within broader material and cultural relations of health.

While research into vegetarian diets spans multiple disciplines, discussion of motivations (i.e. a feature of the beliefs-attitudes portion of the traditional behaviour model) continues to dominate the conversation. While behavioural researchers acknowledge the complexity of motivations and their relationship to values, attitudes and behaviours (e.g. Beardsworth & Keil, 1991a), the pervasiveness of a behaviour model of health as a lens for exploring and explaining dietary practice is clear. Still, scholarship that takes into account the social and cultural relations surrounding individual dietary pursuits has provided some important insights – take Fox & Ward’s (2008b) finding that a vegetarian identity may be mobilized in order to align oneself with positive, morally good values associated with health and a concern for the environment. More recent work on diets and dieting suggests the need to look beyond individual motivations as determinants of behaviours and to consider the social, symbolic and interactional nature of eating practices, such that eating a particular diet emerges through reflexive processes, self and value assessments and decision-making, and is a mechanism for social participation and communication. Overall, research on vegetarianism has expanded scholarly understandings of diets and dieting in a more general sense, providing insights that can now be compared to and investigated within the context of different types of diets.



*Healthy eating and everyday life*

It is now generally accepted that food choice involves ongoing negotiations by consumers who, research suggests, are aware of the basic principles of healthy eating (Lupton & Chapman, 1995) but who engage with food products and media within a context of personal and situated knowledge, deeply rooted cultural practices and everyday life (e.g. Keane, 1997; Popay & Williams, 1996). Though technologically advanced products and dietary models are more available to consumers than ever before, the increased complexity surrounding the food-health relationship appears to have weakened public trust in both food producers and health knowledge authorities (Sassatelli & Scott, 2001). As a consequence, scholars have begun situating the consumer as the agent of practice and aim to identify how contexts of everyday life are implicated in dietary change, adopting or creating new dietary styles, and engaging with novel food items and technologies.

For example, Bouwman and colleagues (2009) investigated how people manage concerns about food and health in everyday talk. Building on research about lay meanings of healthy food (e.g. Falk et al., 2001), their discursive analysis revealed how consumers situate themselves in relation to eating and health. Interviews with Dutch consumers revealed that healthy eating was treated as an uncomplicated, self-evident matter of routine, and unhealthy eating as self-evidently requiring compensation, such as consuming vitamins. Consumers, therefore, both acknowledged the importance of health yet sought to distance themselves from the notion they were too health-conscious, effectively diffusing concern or criticism resulting from not eating healthily all the time.

Managing diet, therefore, went beyond assessing values, identifying motivations or selecting and consuming specific food items and, rather, included managing conflict in regards to others' expectations about what healthy eating is and how one ought to approach food and health as everyday concerns.

In a study related to novel foods and technologies, Niva (2007) investigated how Finnish consumers think about and use functional foods. She found that healthy eating was described as 'varied', 'balanced', 'individual' and comprising the 'whole' of ones' diet, and healthy foods as 'natural', 'home-made' and 'unprocessed'. These qualities were employed as benchmarks against which functional foods were constructed, such that they were 'designed to be healthy' (e.g. margarine) or 'inherently healthy' (e.g. vegetables), and 'genuinely functional' (e.g. supported by research or experience) or 'allegedly functional'. On the one hand, functional foods could address health risks, like high cholesterol, and on the other, could introduce risk due to a lack of safety. She concludes that foods and food technologies are interpreted within frameworks that are used to judge the quality and utility of a particular product, which may or may not match the intention of producers or health advocates.

In a study involving food labels, Neuman and colleagues (2014) investigated the ways that Swedish students interpret and use symbols and labels in their practice of healthy eating. Focus group discussions revealed that consumers favoured symbols identifying farming methods and industrial processes (e.g. use of additives and pesticides), distrusted labels from unknown agencies or other countries, and saw products marked by heart associations as appropriate for those with diseases. Nutrition-related

symbols and labels were generally met with skepticism or ambivalence due to a lack of information and guidance on how to make sense of them, and thus, intentions and meanings that producers and consumers ascribe to symbols and labels are problematically misaligned. The authors argue that differences in interpretation depend on what each considers to be risks to health and worthy of concern, such that the everyday practice of reading, interpreting and acting based on food labels, reveals a conflict in understandings about which aspects of food affect health.

Literature on organic food consumption contains numerous studies of motivations and behaviours (e.g. Dreezens et al. 2005; Lockie et al., 2002;) however, here too we find studies aiming to situate organic food choice within everyday practical experience (Hoek et al., 2017; Von Essen & Englander, 2013). For example, Von Essen and Englander (2013) explored the lived experience of Swiss teens who eat an organic diet. They note that much of health promotion to teens focuses on the nutritional value of foods, such as promoting the consumption of fruits and vegetables. Building on Fischler's (1988) assertion that diets are a means of establishing meaning and connection, the authors note that teens who choose to eat organic diets may do so to establish a sense of identity and belonging with others who share concerns for ethical and healthy eating practices. Their findings were generally consistent with other research, such that the lived body, e.g. listening to "body signals" (p. 4), was considered the basis for establishing that ones' lifestyle is healthy. Also, eating an organic diet was connected to positive food memories, such as growing up eating vegetables, and an organic diet was seen as a way to achieve a "life marked by well-being and vitality" (p. 6) and was a source of personal satisfaction.

Writing on ethical consumption, Beagan, Ristovski-Slijepcevic and Chapman (2010) also sought to describe how eating practices establish relationships with others and ideas. It has been argued that critical consumption, which includes consuming ethical products, has afforded consumers opportunities to establish a sense of self that is virtuous and responsible (Johnston, 2008; Sassatelli, 2006). Beagan, Ristovski-Slijepcevic and Chapman's (2010) analysis of talk of food practices in three locations in Canada revealed, however, that while ethical food practices are reflexive – i.e. related to the reflexive habitus characterizing late modern subjects (Giddens, 1991; Halkier, 2001) – they are also strongly shaped by place through the mechanism of local discourses. The authors found that European British Columbians draw on numerous critical ethical discourses related to farming practices and mainstream nutritional guidelines in talk about food. Conversely, Punjabi British Columbians and African and European Nova Scotians draw on discourses related to tradition, family, health and culture, and are generally less committed to and familiar with ethical discourses. According to the authors, ethical consumption was regarded as a local, cultural practice in British Columbia, and was considered an individual choice that connects individuals with shared political and economic interests, which are markers of a 'post-traditional society'. Conversely, the consumption practices of other participants connected them to a shared history, culture and community values, locating them within a more 'traditional' social setting. Their analysis, therefore, highlights the importance of place for understanding how meanings, social relationships, food and health interact.

Finally, Will and Weiner (2014) investigated how individuals manage the conflict between a concern for health and a desire for pleasurable food experiences. Attending to the habitual and unreflective behaviours surrounding food choice, the authors draw on interview data from people who had bought and used functional foods, such as yogurts and spreads, or pharmaceuticals, in order to manage their cholesterol. Their analysis of repertoires revealed that health and pleasure were entwined in talk about eating, and that pleasure had a temporal element as restrictions were stricter or looser over days, weeks, months and years. Further, eating with and for others involved placing pleasure above health, such that health did not necessarily motivate choice and participants did not work hard to reconcile tension between health and pleasure. The authors conclude that food choice is not a straight-forward rational decision process, rather, multiplicity and messiness in routine activity are the norm as eating is influenced by social, spatial and temporal elements.

By situating practice within the context of subjective experience and everyday life, these scholars demonstrate how the selection of and commitment to a particular diet, or dietary perspective, is not merely informed by nutrition science, nor is it merely related to messages disseminated by health authorities. Rather these phenomena are strongly connected to the meanings that individuals establish around what they eat and who they are. In these examples, diets and dieting are situated as mechanisms for establishing understandings of the relationship between food and health, and between oneself and ones' social world. Importantly, the agent – at times referred to as consumer – is at the

centre of investigation as modes and practices of eating are understood as subjective, symbolic and interactional.

### *Conclusion*

The contemporary cultural obsession with diets and dieting may be an unintended consequence of a social and cultural change related to risk awareness, moral performance, healthism as it relates to patterns of consumption and social distinction in late-capitalism, and constant reflexive self-control. Eating has become a complex endeavor wherein healthy living by healthy eating has become a paradigm for ‘good’ living. Indeed, the morality of healthy eating based in the self-management of risk appears to characterize much of contemporary Western food practices, including the use of functional foods, engagements with food labels, ethical eating, and the adoption of specific diets. Despite arguments that modern food habits have reduced commensality and encouraged rational eating based on nutrition science, sociological evidence suggests that individuals continue to make food meaningful. Categorizing “good food” and “bad food” alongside distinctions of “good citizens” and “bad citizens”, being skeptical of or resisting healthy eating discourses in favour of experience, and attempting to control risk through food choice are all reflective of the meaningful practices of social agents. The literature on dieting and diets demonstrates that there are many forms of knowledge, including cultural norms and values and personal experience, available to and informing agents’ constructions of meaningful understandings of food in relation to health.

My research into the practice of eating a Paleo diet aims to further demonstrate the complexity surrounding individual adoptions of and commitments to dietary perspectives, particularly in the context of doing what many consider a fad diet. This investigation, therefore, aims to provide a valuable addition to the literature already established on diets and dieting, by considering the meanings and self-others relations that characterize this practice.

### **The social relations of food and eating practices**

Within the sociological tradition, a considerable body of literature considers social location and relations as important elements in the ways that food and eating practices affecting health are understood, constructed, and taken up. The previous section described one element in the social relations surrounding food choice, culture, wherein healthy eating is understood as a cultural practice connecting the individual within a broader social and moral order. However, within our contemporary cultural context, additional essential relations exist that have been shown to influence and shape understandings of food and eating practices including class, gender and race and ethnicity<sup>8</sup>, all of which are discussed briefly in the following paragraphs.

#### *Class*

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<sup>8</sup> It should be noted that social processes related to class, gender and race are intersectional and are separated in this review for the purpose of providing a brief overview of how each is said to relate to practices of healthy eating in general. For a discussion of intersectional theory in relation to health – which also addresses the additional factor of sexuality – see Veenstra (2011).

A major concern of scholars looking to improve public health through dietary change has been the persistence of inequalities related to nutrition and food use<sup>9</sup>. Research conducted in Western societies has consistently demonstrated that lower socio-economic groups consume fewer fruits, vegetables and whole-wheat products and, thus, consume fewer nutrients overall, compared to higher socio-economic groups (Murcott, 2002). Many scholars have subsequently sought to explain persistent social class<sup>10</sup> inequalities despite the apparent abundance of food available to Western consumers today (e.g. Marmot, 2005; Navarro; 2009; Power, 2005).

Three separate yet overlapping explanations for social class variation in health have been proposed: cultural/behavioural (e.g. social classes engage in different health-related behaviours); material/structural (e.g. social classes have differential access to resources that promote or improve health); and psychosocial (e.g. social classes vary in their experiences and exposures with factors like stress and personal control) (Godley & McLaren, 2010). These explanations are taken up in the context of food and eating in analyses of the differences in diets and dietary practices.

Scholars typically operationalize social class or socioeconomic status with sets of variables (e.g. education, income, place of residence, etc.) in order to identify points of

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<sup>9</sup> The term ‘food use’ tends to be favoured among sociologists in this tradition in place of ‘food consumption’ because ‘use’ implies an interest in social organization, i.e. what happens when food is purchased and is eaten.

<sup>10</sup> Sociological debate surrounding the conceptual appropriateness and analytic value of ‘class’ is ongoing. Social class is based upon observable differences in the economic and cultural characteristics of groups and identifies an unequal division of resources and dispositions that afford some groups greater opportunities than others (Crompton & Scott, 2006). However, some scholars favour the terminology of ‘lifestyle’ over ‘class’ as it acknowledges both material and cultural factors as well as psychosocial implications relating to a primary imperative of late-modern capitalism, mainly, self-determination (For discussion see Bögenhold, 2001).



concern and to inform policy to alleviate inequality. Quantitative analyses of survey data draw attention to the plight of the food insecure, a subsection of the population that is vulnerable to poorer nutrition as result of a combination of economic and cultural factors (e.g. Power, 2005). Others have explored the relationship between socioeconomic status and diet-related illnesses, like obesity (e.g. Godley & McLaren, 2010). Children and youth are also a major focus of work in this area since life circumstances in early stages of life, including nutrition, have been related to health outcomes in adulthood (e.g. Davey et al., 1998). Still, most scholarship on the social determinants of healthy eating acknowledges the complexity of material and cultural relations influencing food choice.

As a component of lifestyle, food choice is both structured and symbolic; it is a key mechanism through which one displays status and achieves social group identification (Bourdieu, 1984). Some sociologists have pointed out that public health discourses surrounding lifestyle and wellbeing set consumers on a search for a personally fulfilling, high-quality life while markets provide a range of commodities from which to choose (Kelly & Charlton, 1995). However, choice is both an empowering and oppressive force (Giddens, 1990) as individuals are held responsible for improving or damaging their own health (Petersen & Lupton, 1996) yet conditions of everyday life are ignored (Byrd & Byrd, 2017). This has two problematic outcomes: structural problems, such as poor living conditions, unstable employment and discrimination become personal problems (Horrocks & Johnson, 2014); and moralizing health-related activities encourages social division (Crawford, 1994). While the ways that individuals assess and go about coping with risk are subjective (Lupton, 2005), risk discourses about nutrition and food choice

carry heavy moral and social connotations with those who “know” and “do” distinguishing themselves from others who require help and education (Montelius & Nygren, 2014), distinctions that often fall along class lines (Beagan, Power, Chapman, 2015; Calnan, 1990; Calnan & Kant, 1990; Wills et al., 2011).

For example, Wills and colleagues (2011) investigated the ways in which working-class and middle-class families’ food beliefs and practices configure preferences and illustrate relations of social, cultural and economic capital. Their qualitative study revealed that the function of food was different for these groups; middle class families were highly reflexive about their food choices, such that they were more concerned about the implications of their choices for future success. Middle-class families also tended to use food and eating to express and teach children the values of discipline and control. In contrast, working-class families tended to regard food as that which meets an immediate need, i.e. hunger. Middle-class families also used nutrition discourses more often, were concerned about health, dissatisfied with their current efforts to achieve health, and favoured variety in terms of the dishes they consumed, which was also related to their propensity to travel. Conversely, working-class families were more likely to rely on cheap, easily accessible and fast to prepare foods made in the home or taken away from nearby eateries and tended to describe food and eating in terms of the ‘here and now’. Both groups, the authors conclude, are operating within the boundaries of their social, economic and cultural fields, yet these differences point to processes lead to divergences in capital, and persistent inequality, later in life.

Thus, in addition to exploring relationships between variables thought to connect and mediate food choice and health outcomes, sociologists interested in class stratification and inequality have also been concerned with the extent to which culture, lifestyle and processes of distinction, shape food and eating practices. A few scholars have offered insight into the extent to which healthy eating, in particular, is related to the availability, use and mobilization of various forms of capital and is a mechanism for expressing and identifying social class membership.

### *Gender*

Perhaps the most well documented pattern in the study of both food practices and health practices is differences in the way men and women think about and engage in food and eating in Western culture (Beardsworth et al., 2002). Indeed, a considerable amount of research surrounding the relationship between food and identity focuses on gender and some key insights can be drawn from research on gender in relation to healthy eating practices.

Scholars investigating the division of domestic labour have consistently shown that women perform the majority of food work in Western cultures, which includes shopping, meal planning, feeding others and monitoring others' tastes (Cairns, Johnston & Baumann, 2010; Charles & Kerr, 1988; DeVault, 1991; Fagerli & Wandel, 1999; Van der Lippe, Tijdens & du Ruijter, 2004). One study of Canadian women revealed that women rationalize their greater role in food work, which they perceived as their choice and as fair, since they describe having more flexibility and free time, knowledge about

nutrition and a desire to make others happy compared to their male counterparts (Beagan et al., 2008). This research echoes findings that regardless of whether women see food work as their responsibility, health work, i.e. to “safeguard the health of their families” (Beagan et al., 2008, p. 667) is a significant component of womens’ role in primarily heteronormative families, and is intimately related to food (Cairns & Johnston, 2015).

For example, Calnan and Williams (1991) explored gender and class-based variations in the salience of health in routine daily life, noting that health was most salient in relation to talk about food. Their interviews with individuals from both professional and working classes revealed that women, regardless of class, described making changes to their family’s diet to be healthier. Professional-class women were more likely to feel that their changes were preventative and that more improvements could be made, while working-class women described making dietary changes in response to health problems, like heart disease, and were more likely to note challenges associated with insufficient resources. Similar to Wills and colleagues’ (2011) family study, Calnan and Williams (1991) show how food and eating practices reflect differential access to and relations of capital, yet they note specifically that the burden of healthy eating was most strongly reflected in the experiences of women.

The roles that men and women play in the public and private sphere are entwined with engagements with food, which is an important mode of establishing gendered identity. Writing explicitly on differences in what men and women tend to eat, Sobal (2005) explained, “animal flesh is a consummate male food, and a man eating meat is an exemplar of maleness” (p. 137). Along with narratives of the strong hunter-gatherer

emerges imagery of the male dominating nature, where meat eating is deemed a primal right and mode of securing a valued, powerful masculine identity (McCaughey, 2008). Researchers, therefore, suggest that men tend to eat more gender appropriate foods with the aim of maintaining their higher social status and valued masculinity (Gal & Wilkie, 2010). Conversely, women tend to eat foods that fall outside the primal-power trope, and that also tend to be lower in fat content, mainly salad, vegetables and fish. These foods emphasize a feminized identity connected to the control of body shape and appearance (Amiralian & Sobal, 2009). Women are also more likely than men to eat a variety of different foods but tend to eat less overall (Basow & Kobrynowicz, 1993; Counihan, 1992; Young et al., 2009), demonstrating how women's food choices often uphold a "thin-ideal", which involves considerable restrictions on diet, and shapes the way women tend to think about food and health (Germov & Williams, 1996).

Traditionally, dieting has been regarded as a feminine concern and researchers have noted the negative social consequences for men who engage in dieting (Gough & Conner, 2006; Gough, 2007). However, some scholars assert that diets that emerged in the early 2000's which promoted eating greater portions of meat and fat and reduced portions of grains, vegetables and fruit, such as the Atkins Diet, created spaces in which men could "safely declare they were on a diet and pursue a weight-loss regimen without threatening their masculinity" (Guptill, Copelton & Lucal, 2013, p. 34). Further, as more diets aimed toward a masculine aesthetic become available, self-management of health, fitness and appearance become more common and socially appropriate activities for men (Bentley, 2004; McCaughey, 2008), particularly when combined with bodily performance

in sport (Spencer, 2014). The extent to which this shift in men's relationship to food and health may be affecting their role in the family and domestic division of labour is currently unknown. Overall, discussions about diets and dieting also reveal important insights regarding the gendered dimensions of healthy eating.

### *Race and ethnicity*

One other relation that has been shown to influence the ways food and eating are understood and taken up among different social groups is race, and relatedly, ethnicity<sup>11</sup>. Scholars of population health consider the ways in which racialized groups experience discrimination that has repercussions for health and well-being. Veenstra (2009, 2011) notes that in the United States, significant health disparities exist between racial groups, with Black (i.e. African American) and Native Americans reporting higher rates of hypertension, diabetes and mortality compared to Whites (i.e. European American), which have been related to experiences of discrimination, residential segregation, educational attainment and income. In Canada, the majority of work in this area has focused on Aboriginal populations (see Willows, 2005) whose life expectancies are far lower than the national average and who are more likely than non-Aboriginals to die from

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<sup>11</sup> Race is an important (though contested) concept in the sociological literature based on the premise that societies give “significance to people according to selective phenotypic characteristics, and [treat] the resulting groupings as though they are naturally constituted in and of themselves” (Li, 2008, p.21). Racialized identities are identifications with racially distinct groups, which are sometimes imputed upon people and tend to be representative of unequal distributions of power and resources in society (Baum, 2006). Though not entirely inseparable from race, ethnicity typically refers to distinctions in the cultural practices of groups and both racial and ethnic identities are generally considered to be flexible, malleable and situational (Ahmad & Bradby, 2007). Population health surveys typically provide respondents the opportunity to self-identify with specified racial groupings, enabling analysis of race as a factor related to health and well-being and raising awareness concerning the health effects of discrimination.

diabetes, suicide, poison and injury (Veenstra, 2011). This area of research points to the interaction of race and socio-economic factors and has been fundamental for scholarly understandings and political efforts to address inequality.

Scholarship on race and ethnicity occupies a relatively small area in the healthy eating literature. In the American literature, scholars have explored the disproportionate burden of fast food establishments in urban, predominantly Black communities as a factor influencing food choice away from more healthful options (e.g. Kwate et al., 2009). These scholars assert the need for an ecological approach, particularly one emphasizing social and culture expression as key for understanding how and why African Americans consume what they do (Whitehead, 1992). Meanwhile, Canadian researchers have described how changes in social, cultural and historical circumstances have changed understandings of food and health among Aboriginal (e.g. Martin, 2011) and recent immigrant (e.g. McDonald & Kennedy, 2005) populations. For example, Martin (2011) explains how an increase in the availability of food including fruits and vegetables in Inuit communities in Labrador, led to the replacement of traditional foods for store-bought foods and affected cultural understandings of food. In particular, she notes that, historically, food meanings were related to hunger, availability and ritual, which have been replaced by notions of healthy and unhealthy and the need to monitor ones' consumption, i.e. making 'good' choices about what to eat.

A small body of work has focused on differences in food and eating practices in relation to health of Black Canadians, revealing a strong relationship between foodways and ethnic identities (D'Sylva & Beagan, 2011; Ristovski-Slijepcevic, Chapman &

Beagan, 2008; Ristovski-Slijepcevic et al. 2010). For example, Ristovski-Slijepcevic and colleagues (2010) investigated differences in the ways that Black and White Canadians take up obesity discourses in their food practice. They found that Black women's perceptions of food choice and fatness, such as associating being "thick" with attractiveness, resist injunctions to eat healthy that pervade the field of health promotion. This work highlights intersections of gender and ethnic identities in relation to eating, bodies and health (D'Sylva & Beagan, 2011).

In another analysis of the same data, Beagan and Chapman (2012) investigated how Black Nova Scotians take up healthy eating discourses, noting that while mainstream nutrition discourses connect diet with risk of chronic illness, well-being was related to food in three ways: physical wellbeing, i.e. food provides energy and strength; family and community well-being, i.e. food is important for maintaining connections with family and community; and cultural and racial well-being, i.e. food, and especially those connected with African heritage, is important for maintaining culture, including resisting assimilation and racism. Again, the ideal healthy body was described as "thick" and perceived as capable of withstanding adversity while the "thin" ideal supported by healthy eating messaging – and this messaging in general – was regarded as being for White people.

This body of work points to the ways in which food and eating practices relate to identities that extend outward and through which individuals connect themselves with others and establish a sense of cultural and racial belonging. Dietary change, such as adopting a healthy diet, can represent a loss of identity and a loss of culture for some,



which from the perspective of racialized groups has negative implications for health and well-being and can be a site of resistance.

### *Conclusion*

Scholars working from a social relations perspective have firmly established food and eating practices as valuable tools through which to observe the ways that class, gender, and race and ethnicity shape and play out in individual experiences and activity. Further, these relations have been shown to intersect with numerous other social and material considerations, including age, food availability, political concerns, and self-identities (Beagan et al., 2015). Historical, cultural, and structural investigations highlight the ways that healthy eating is taken up, understood or resisted in relation to positions and roles within the social groups and communities that comprise society. Their emphasis on eating as a social practice and the socially constructed nature of healthy eating, firmly establishes this study of the practice of eating a Paleo diet within this tradition. However, rather than selecting one or multiple relations from which to launch an investigation, this study begins with an examination of the lived experiences of people who subscribe to a Paleo diet as a way of achieving health, allowing for relevant social relations to emerge in and through the voices of Paleo adopters themselves.

### **Summary**

Research on healthy eating is an important, albeit small area of study that cuts across investigations in the sociology of food, the sociology of health and related

disciplines (e.g. health promotion, social anthropology, etc.). This scholarship establishes practices of food and eating as embedded within complex social, cultural, political and economic relations and as intimately connected with subjective understandings of and actions toward achieving health. Food is central to how humans establish meaning in their lives and sense of shared culture and belonging. The relatively recent dissemination and cultural awareness of healthy eating messaging and discourses, has had a profound effect on understandings of and activities associated with food in the West. Scholarly attention has turned toward understanding how individuals make sense of healthy eating according to their experiences of being in the world, including how discourses are taken up or resisted in practices of consumption.

Moving on from a discussion of healthy eating in the literature, the next chapter describes the conceptual framework that will inform the empirical chapters of this dissertation, such that it identifies the sociological concepts that will be adopted and applied. While it too traces a shift away from behavioural models toward more social understandings of health, it does so in relation to the broader sociological health literature and focuses discussion on one concept that emerged as part of this shift, *health practices*. In addition to identifying the notable assertions and limitations of this concept, the chapter discusses how complementary concepts informed by a symbolic interactionist perspective of human behaviour can be brought in to expand understandings of healthy activities – including but not limited to healthy eating – as social practices.

### Chapter 3

#### Conceptual Framework

This chapter provides the conceptual framework for this dissertation and focuses on sociological health concepts and perspectives of human behaviour that help to inform this investigation. It begins by discussing the concept *health practices*, which recently gained recognition as an alternative to the health behaviour model, such that it is promoted as a universally applicable concept and lens through which health scholars can appreciate the contextual nature of everyday activities impacting health. Limitations in the concepts' formulations and applications to date, however, warrant consideration of complementary perspectives that can enhance its richness and potential. Of primary concern is the observation that theories of practice informing health practices tend to omit or downplay lived experience as an aspect of practice. Theory and concepts from the tradition of symbolic interactionism are, therefore, brought forward as a means for illuminating the essential subjective and intersubjective processes at work in contexts of healthy activity. More specifically, the concepts of meaning, self, the body and identity provide a basis for a nuanced investigation and understanding of the health practice of eating a Paleo diet, as it unfolds in the lives of social agents.

#### Health as social practice

In a 2014 publication entitled, *From Health Behaviours to Health Practices*, a group of sociologists present theoretical and empirical works aiming to establish an understanding of health-related activity as fundamentally situated and social. In his

introduction, Simon Cohn (2014b) challenges the persistence of psychological-behaviourist models of health, explaining that they do not go far enough in addressing the nature of social life that has profound implications for health. The concept *health practices* is presented as a way of understanding health-related activity as materially and socially enabled and constrained, intersubjective and meaningful<sup>12</sup>. With this publication, the contributors aimed to demonstrate how health practices may be applied to almost any health topic and to cement its status as the essential concept of all health studies moving forward. When health is understood as a social practice, they assert, we can begin to take account of the complex social, cultural and material relations that shape actions affecting health (Cohn, 2014a).

Based on a dynamic appreciation of human behaviour, *health practices* encompasses a plethora of activities that may be considered healthy by authorities, lay persons or both. To compare, behaviourist approaches aim to identify, separate and target actions and predict or control individual behaviours, whereas a health practices approach involves working to unravel the complex social context in which activities affecting health occur. As with all activity, health-related activities are regarded as “locally situated and composite, [and] emerge out of the actions and interactions of individuals in a specific context” (Cohn, 2014b, p. 4). Thus, we can only understand what people do when it comes to their health, by looking too the specific and detailed qualities of their particular activity.

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<sup>12</sup> As noted in the previous chapter, sociologists have played a key role in the ongoing shift in scholarly attention away from strict causal models of individual behaviour. Scholars interested in healthy eating, in particular, began using “practice” in place of “behaviour” in the early 2000’s (e.g. Barr & Chapman, 2002).

As with other critiques of the health behaviour model, the foundation of health practices is a social constructionist theory of knowledge that challenges the taken-for-granted nature of social life. Differently from psychologists, sociologists seek to locate ideas, actions and interactions within their historical, social, economic and cultural contexts, and assumes that what a society considers health and illness to be, includes interpretations and collective constructions of these categories (Berger & Luckman, 1966). In this way, health and illness are woven into the cultural fabric that mediates the meanings people come to associate with these categories. Cohn and colleagues (Cohn, 2014a) cite two iconic theories of practice advanced in the writing of Pierre Bourdieu (1977, 1984, 1986) and Anthony Giddens (1984, 1990, 1991) that help problematize the use of behaviour models for understanding health-related activity and behaviour change.

Briefly, Bourdieu's (1977, 1984, 1986) theory of practice explains how routine behaviours and durable values and dispositions form through socialization within a capitalist class system. His main theoretical assumption is that capitalist society is characterized by stratification through the ongoing symbolic and material segregation of social classes, and he identifies the mechanisms that generate differential ways of thinking and acting among stratified groups<sup>13</sup>. In regards to health, Bourdieu's theory

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<sup>13</sup> According to Bourdieu, persistent class stratification results from differential exposure and access to various forms of capital (i.e. economic, social, cultural and symbolic), which enable individuals to participate in fields of practice through the mechanism of the habitus. The habitus (1986) – a sedimented framework of beliefs and values that is pre-reflective and instilled in bodily movements, i.e. is embodied – appears to be self-evident, natural and routine, leaving the relative privilege of some unquestioned. Bourdieu usefully notes how social location is expressed in action, such that the symbolic space of a field of practice is demarcated by the distinction generating activity of those who operate within it. For example, to participants in the field of science, one must have an understanding of principles of scientific inquiry and demonstrate that understanding to others in the field, who through modes of demarcation, like research, publication or teaching, reproduce the field. For Bourdieu, evolution or change within and between fields is the result of agency, which is an inevitability due to variability in individual life experiences and all

suggests that some individuals will be more likely to regard particular kinds of actions as “healthy” and they will participate in particular health-seeking activities more often and with relative ease compared to others whose socialization and material conditions of life result in different dispositions and ways of being. His perspective finds support in the health literature in relation to topics of class, gender and race, such as in the study of race-related differences in understandings and adoptions of thin ideals for women that are promoted in public health campaigns (Beagan & Chapman, 2012).

Offering an alternative perspective, Giddens (1984, 1990, 1991) wrote of his observations in late modern culture and described what he saw as consequences for the internal world of social actors; that is, the reflexive self. Like Bourdieu, Giddens regards traditions, norms, institutions and moral codes as reproduced through habitual activity; however, he places greater emphasis on how these structuring forces change through the actions of agents, and how in the present historical and culture moment of late modern capitalism, or “reflexive modernity,” the key social and moral imperative is to be constantly engaged in critical self-reflection<sup>14</sup>. In regards to health, Giddens supported the notion that health, particularly the management or avoidance of risks to health (Beck,

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possible combinations of actions and outcomes. Yet, despite differential socialization and distributions of capital and randomness, individual activities are thought to generally ensure the maintenance of class stratification in service to the maintenance of a capitalist economic order.

<sup>14</sup> According to Giddens, social change occurs in the moments that individuals face novel situations that fall outside of prior experience or understanding and require the inclusion of new ways of looking at the world (Giddens, 1984). While he does not specify how class stratification operates in society, he acknowledges differences among and between groups in terms of their specific qualities of life or lifestyles. He also characterizes the subject of late modernity as one who must grapple with the contradictions and uncertainty generated in a society oriented around ever-present risk (Beck, 1992; Giddens, 1990, 1991), and that lacks a single moral resource around which activity can be organized and find purpose. Thus, while Bourdieu understood agency from an embedded class perspective, Giddens suggested that action unfolds through the search for personal meaning; that is, through the reflexive capacities of the individual mind.

1992), is key to late modern cultural discourses that demand reflexive engagement in healthy consumption in order to achieve a valued sense of self.

Both scholars present a challenge to behavioural models of health, particularly in that they problematize the individualizing nature of moral self-responsibility discourses. Bourdieu's work, in particular, has been helpful for advocates of social equality who challenge the assumption that individuals engage in rational decision-making about their health in relatively equal social and material circumstances (Cohn, 2014a). Yet, while each theorists' works have helped to advance our understanding of the social nature of health-related activity, neither is especially helpful for generating an understanding of the lived experiences of social agents seeking to improve their health through engagements with food and eating.

Looking at each more closely, we see that Bourdieu acknowledges the embodied nature of subjectivity, such that the habitus engenders particular physical presences and performances, yet he does not explore how the habitus evolves in light of everyday experiences and awareness of the presence of others. Further, by taking socialization as self-evident, his theory posits that individuals are always constrained by mediating factors that limit possible actions or movements outside of their conscious awareness. Essentially, Bourdieu fails to establish an understanding of the ways that embodied agents engage in ongoing interpretation and constructions of meaning about their activity in interaction with others, and how the self and identity are implicated in this process. Unlike Bourdieu, Giddens' (1984, 1991) acknowledges the conscious inner world of individual; however, he omits an elaboration on the nature of reflexivity, its roots and

processes and how it is connected with experiences of being in the world. While Giddens regards the individual as an agent who reflects on their relationship to the symbolic world and seeks self-validation and meaning, he does not provide an analysis of how reflexive self-projects unfold in and through personal experience and interaction. Readers are, therefore, left with a view of the individual who is isolated from rather than embedded within a social world comprised of others with whom they are in constant interaction and engaging in processes of constructive activity.

Since the preliminary theoretical descriptions of health practices offered by Cohn and colleagues (Cohn, 2014a) relies on the theories of practice outlined above – whether the intention of individual authors or not – the piece, as a whole, tends toward a somewhat deterministic understanding of practice. As a basis for the health practice concept, these theories also present a fairly narrow ontological and epistemological view of action which, subsequently, limits the ways we can understand and investigate health as social practice<sup>15</sup>.

In addition to theoretical discussions of the explanatory power of a health practices concept, the volume also contains empirical applications that offer some important analytic insights. Covering topics of relevance to public health and health promotion, some authors draw attention to the disconnect between assumptions about behaviour and what people actually do by directing attention to structures and forces shaping thought and action, and the circumstances of resistance. Notable studies include

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<sup>15</sup> It can also be noted that while Bourdieu worked to establish a methodology that appropriately reflected the theoretical and conceptual framework he advanced (Bourdieu & Wacquant, 1992), Giddens failed to present a means for establishing empirical support for his assertions, leaving room for various paradigms to be applied in investigations aiming to corroborate his mostly theoretical ideas.



an investigation of the practice of child vaccination (Horrocks & Johnson, 2014), which revealed that the decision to vaccinate arises as a result of mothers' internalized sense of obligation as well as subjective assessments of what is practical in their daily lives. Another study explored the "conditions of possibility" (Bourdieu, 1977, in Nettleton & Green, 2014) that lead either to a change in behaviour or resistance to change. More specifically, learning to cycle was shown to require supportive social (e.g. family and friends), material (e.g. equipment) and environmental (e.g. space) conditions to ensure long term cycling behaviour, and runners' embodied know-how was strongly implicated in resistance to change, particularly when medical advice to stop running countered personal experiences (Nettleton & Green, 2014). Another study explored the ways men and woman manage alcohol consumption and intoxication, and revealed a strong connection between the physiological effect of alcohol and social context, including embodied knowledge of ones' limit and the influences of place and space on behaviour (Lyons, Emslie & Hunt, 2014).

Examples of a health practices approach in action go a long way toward dispelling abstracted notions of practice, since they describe some of the ways that individuals engage in and with health and illness in their daily lives. These works also demonstrate that health-related activities unfold where the social and material interact, and that agents negotiate structuring forces and interpret and shape discourses as they go about doing health. Still, and more likely a result of having limited space than the intention of the authors, there is little to no interrogation of the underlying theoretical assumptions underpinning the current formulation of health practices. Some empirical contributors

merely hint at, if mentioning at all, the microsociological processes at play in contexts of the activities they examine.

Previous work to establish a health practices concept, therefore, begs the question: How are meanings established around activities that individuals deem healthy – whether these activities are promoted or supported by health promoters or not? How do meanings related to experience and understandings of place in the world come to shape activities of daily life that have implications for health? And relatedly, what might a deeper consideration of meaning and experience offer for our conceptual understanding of health practices? Further, while structuring social relations and the habituated activities they engender may speak to broad patterns of activity, they are inadequate for understanding how individuals make sense of their activities when it comes to health *in situ*, and how processes related to meaning, self and identity operate in contexts of action. Thus, Cohn and colleagues (Cohn, 2014a) have created an opportunity to look deeper into the subjective elements that comprise health practice.

Finally, Cohn (2014b) presents *health practices* as a broadly defined, universally applicable concept. This is unsurprising given that the intended audience includes researchers and service providers predominantly working within behaviourist traditions. As such, Cohn aims to provide an open-ended conceptualization of health practices, “[allowing] for sufficient degrees of freedom such that no single theory can ever fully stabilize how [health practices] can or should be applied” (Cohn, 2014b, p. 6). In the interest of taking seriously the conceptual gaps that I have presented, I argue that there are

complementary perspectives that can add depth and nuance to our present understanding of health as a social practice that ought to be considered.

Theories and concepts from the symbolic interactionist tradition, in particular, are well suited to the task of enhancing our present formulation and understanding of health practices. As a theory of human behaviour, symbolic interactionism provides a framework for appreciating how individuals engage as reflexive participants in the ongoing construction of health and illness categories, and how systems of meanings and experience combine and emerge in individual action. The following section elaborates on the utility of an interactionist paradigm for informing the concept of health practices, and outlines a conceptual apparatus for appreciating lived experience in the analysis of healthy activity, which includes the concepts of meaning, the self, the body and identity.

### **An interactionist approach to health practice**

Symbolic interactionism (Blumer, 1969) is a collection of theoretical frameworks bound together by American pragmatism. In particular, the works of William James, John Dewey, Charles Horton Cooley and George Herbert Mead provide the main assumptions underpinning a micro-interactionist sociology which asserts that: humans are active and creative agents; the social world shapes what people do, and is fashioned by people doing; consciousness, subjectivity and meaning emerge and exist in action and interaction; action is to be the primary conceptual and analytical focus of investigation; and empirical investigations must center on practical problems of being in the world (Reynold, 2003).

Scholars across the tradition share the ontological position that human social life is processual and constructed according to individuals acting in concert with one another in dynamic response to an objective world, which is an obdurate reality infused with meaning (Blumer, 1969). Empirically speaking, investigations are based on a respect for the empirical world as it is (Mead, 1934); that is, based on observations of the relations among people and their applications and interpretations of meaning. From this perspective, analytic concepts emerge from observation of empirical reality and understandings of the meanings that actors ascribe to the objective world. Said differently, scholars generate concepts out of the meaning that is negotiated and established in interaction. Concepts, therefore, are not facts, they are “sensitizing” guides for our attention that point toward what is important for understanding a particular phenomenon, yet they are also flexible and evolve with each empirical case (Blumer, 1969). Recognizing patterns and commonality among cases is how concepts become strengthened and function as a means to discuss and analyze cases sharing similar qualities.

### *Meaning*

Key to symbolic interactionism is the acknowledgement that individuals act towards the world on the basis of meaning (Blumer, 1969); therefore, meaning and interpretation must be the primary point of analysis if we are to understand anything about human activity, and in this case, health-related activity. Actors are not isolated from their actions, nor are individuals’ actions merely the product of external, structuring

conditions. Instead, human group life is processural, emergent and ongoing (Prus, 1996). Agents are constantly engaged in interpreting and *defining* their social world and acting, negotiating and *doing* based on the meanings they attribute to the objects and events they experience. We cannot, therefore, discuss healthy activity without appreciating what it means; that is, how individuals construct health as a category, and how the various experiences and thoughts associated with action take the shape that they do.

Recall that in their definition of health practices, Cohn and colleagues (Cohn, 2014a) acknowledge that action occurs in context, yet there has been little effort to engage in a thoughtful discussion of how meaning and interpretation factor in to an individuals' healthy pursuits in daily life. While social structures are implicated in individuals' symbolic thought processes (Strauss, 1993), the extent to which they may be regarded as constraining or enabling, or supportive or resistance generating, depend upon their acknowledgment and interpretation as such, which is the work of thinking, creative agents. If health practices is meant to reinforce a social and contextual understanding of activities affecting health, more attention ought to be placed on the subjective processes of *defining* and *doing* health practices. This work requires concepts that draw attention to processes operating at the level of the individual that tap into relations of meaning, mainly the self, the body and identity.

### *Self*

Keeping with the assertion that the individual is inseparable from society, interactionists assume that thought processes are necessarily social because thought

involves self-interaction, which requires language and an understanding of the perspectives and expectations of others. For example, Cooley's (1922) concept of the looking-glass self describes how the self becomes an object to itself, that is, is established through our understanding that we exist as objects available to interpretation. Mead (1934) described the reflexive process through which the self emerges as taking the role of the other. More specifically, taking the role of an agent, "I", becomes the reflective self, "Me", through game play, and as adults, our understanding of self is based upon the roles and meanings generated, valued and recognized in interactions with others. As Becker (1970) explained, no action exists in the absence of a culturally embedded self generated out of our reflexive capacity and interdependency with others.

Building on these essential formulations, Strauss (1993) noted that self primarily exists in narrative, such that it is comprised of the biographical stories that we tell ourselves in order to generate a coherent image of who we are. Further, self-biographies typically favour a logical progression, such that we seek to construct biographies that ensure stability in our sense of self over time, and we are emotionally invested in this process. The latter point is made clear when events occur that disrupt the coherence of self-stories, as Crossley (2006) notes, we are "disposed to defend [our stable conception of self] against what we perceive to be attacks upon it" (p. 29), which has been witnessed among persons who strive to reestablish a valued sense of self following a diagnosis of chronic illness (Charmaz, 1983). The dynamic self, then, appears to emerge iteratively as individuals seek to integrate new with past experiences and meanings, to establish a coherent narrative or story of who they are.

Beyond self-storytelling, interactionist scholars have also looked to the ways that individuals strive to mitigate presentations of self and to manipulate social encounters to serve their own purposes. Importantly, these insights are based on assumptions about meaning, mainly that while meaning is “contextual, structural and anchored in historical processes” (Denzin, 2003, p. 999), at the individual level, meanings may be accepted, used, generated or resisted, depending on the extent to which they serve an individual’s interests. Quite differently from subjects who act, agents interrogate structures of meaning and devise alternative ways of being that may or may not align with normative frameworks of activity (Strauss, 1993; Berger & Luckman, 1966).

For example, In *The Presentation of Self in Everyday Life*, Goffman (1959) theorized interaction as a self-performance, implying a deeply engrained and culturally necessary process of self-control and controlling of information in order to establish shared meaning. Using a stage analogy, he explored how interactions are prone to contingencies, such that our self-performances may be challenged by information or impressions outside of our control that weaken our ability to define a situation. Subsequently, individuals engage in impression management activities, such as face saving, since, according to Park (1926), to be a person is to wear a mask; that is, a representation of a concept we have formed of ourselves. Goffman (1959) further explains that insofar as we strive to live up to and seek to perform in a cohesive and consistent way, our performances become our true self. Finally, he asserts, this idealized self is presented in-line with the valued attributes of a given cultural context.

*The Body*

An additional element of the reflexive life of the agent that has received some attention in the interactionist tradition, is that of the body and embodiment. The body is described as an object to the self that moves in and out of focus but is an important part of ones' self-concept. As Strauss (1993, p. 1130) noted, we act toward the body as well as within a body, and the body is a symbol implicated in the meanings and understandings we have of bodies, as well as in our interpretations of others' gestures, appearances and impressions. The notion of having an experience implies that the body is situated and informs definitions and interpretations of the situation as well as self-indications. The body also performs and is central to representations and misrepresentations of who we are in a given situation.

Expanding the conversation to the body-self in social practice, researchers have explored reflexive embodiment or the “looking-glass body” (Waskul & Vannini, 2006), in relation to body-modification or “body work”, including health-related activity. In so far as basic self-consciousness and awareness of others is rooted in the body, the body is taken as an object and agents engage in bodily manipulations in their interactive performances. Questions concerning the subjective construction of what a body is, and whether the body may be regarded as the target of activity or as an instrument for engaging in culturally relevant performances, remain at the fore of this field of inquiry. Importantly, it is the capacity of the body to offer somatic feedback that is interpreted in light of shared social meanings that is most relevant to the present investigation.



For example, Monaghan (2001) investigated bodybuilders' interpretations of the fit body, explaining that bodybuilding is generally associated with a pathological obsession with the visual at the expense of health. Yet, in describing the social and somatic pleasures and benefits of their activity, bodybuilders rendered their activity rational, that is, part of their valued, ongoing subjective construction and maintenance of a positive self-image. In another example, Crossley (2001, 2006) considered how embodied experiences of health factor into sustained participation in fields of practice, mainly exercise. Using Bourdieu's concepts of habitus and capital, Crossley (2006) describes the ways that gym joiners learn to find pleasure in uncomfortable physical effort by attending group exercise classes. He asserts that gym joiners acquire a technical competence (i.e. bodily know-how) and set of skills and tastes that come to frame their interpretations of embodied sensations (e.g. fatigue, muscle pain, rapid heartbeat, etc.). This learning, he says, allows individuals to take on roles (Goffman, 1959, 1974), such that by learning to play the role of the fit-healthy body, agents experience mastery of the body and hone their self-concept and in so doing, their manner of being in the world is transformed.

While embodiment research has been most interested in exercise-related subcultures, it suggests that engaging in health-related activity necessarily involves learning; a process wherein the social and the somatic combine to generate the possibility (i.e. a frame for interpreting experience) and ability (i.e. embodied knowledge) for an individual to be and do a healthy body. If, as Monaghan and Crossley suggest, healthy pursuits are experienced in and become written upon the body, we ought to consider what

is achieved through effortful body-self projects involving dieting and how these projects unfold in action.

### *Identity*

Continuing with the notion that the self emerges through efforts to establish shared meanings and present valued attributes, *identities* are said to be the primary means with which individuals come to think and act in ways that are predictable to others in a given culture. Differently from the inwardly facing reflexive self, identity is understood as a set of qualities and characteristics that situate an individual within their social environment. Identities are socially constructed and contribute to the achievement of social order, but they are complex, overlapping and evolve since they are continually constructed and negotiated in face-to-face interaction (Vryan, Alder & Adler, 2003).

Scholars have investigated the many ways in which individuals engage in *identity work*, that is, identity construction processes (see Cerulo, 1997 for review), including efforts to communicate or reconcile aspects of identity and their associated attributes (e.g. Bourdieu, 1984; Goffman, 1963; Snow & Anderson, 1987). An example can be found in Goffman's (1963) informative discussion of stigma in which he explores how individuals enacting identities come to be associated with discrediting attributes and are rejected as valued social participants. Goffman asserts that stigmatized individuals struggle to conform to social norms, and thus, seek to manage discredited or spoiled identities by conveying or hiding information in order to reduce stigma. Importantly, constructing, performing, maintaining and protecting identities are all part of the work that goes on in

action, including attempts to establish shared understanding of who we are in relation to others.

As discussions of identity work suggest, and due to their socially constructed nature, identities are fluid and their boundaries are illusive; however, their maintenance depends upon the continued participation of agents who demarcate the qualities, values and attributes that are assigned to and come to define identities (Goffman, 1963). The self emerges as a reflection of the valued identities that an individual adopts, constructs, performs and attributes to themselves. Through adopting identities, the individual becomes capable of navigating complex social situations towards achieving personal needs and desires, all the while understanding and playing to and within the normative expectations of others.

## **Conclusion**

To date, many scholars have worked to establish a basis for a social rather than psychological approach to understanding what people do when it comes to their health. However, existing works informing the sociological health practices concept, fail to interrogate and consider the limits that certain theories of practice place upon investigations. Health scholars have not gone far enough in their consideration of meaning and lived experience through which practices associated with food and eating, in particular, emerge. By applying a symbolic interactionist perspective of human behaviour to the study of the health practice of eating a Paleo diet, we may fill important gaps in understanding about the contexts in which health-related activities unfold. More

specifically, the interactionist perspective enables a focus on the systems of meaning that shape how Paleo adopters *define* and *do* their dietary practice, including their understandings of self and the body, and their efforts to construct and protect valued identities.

Having provided a critical discussion of health practices and a conceptual framework for this investigation, the next chapter will describe the methodological approach used in this case study of the health practice of eating a Paleo diet. In order to attend to the subjective, interactive and lived aspects of health practices, the present study uses analytic and methodological tools that aim to ground our understanding of healthy eating firmly in the experiences of Paleo diet adopters.

## **Chapter 4**

### **Methodology**

This chapter describes the methodological framework informing the investigation of the health practice of eating a Paleo diet. Building on the theoretical insights of symbolic interactionism described in the previous chapter, the following describes how pragmatist assumptions translate into data collection and analysis techniques and form an inductive approach to the investigation of social phenomena. The specific research methods and analytic strategies employed in the present case study are also described.

#### **Methodological framework**

For this investigation, I utilize an interpretive qualitative approach based in the tradition of symbolic interactionism (Blumer, 1969; Glaser & Strauss, 1967) and combined insights from ethnography and grounded theory to guide data collection and analysis. Pragmatism, in particular, informs my investigative focus on action as both embedded within socially ascribed meanings and influenced by context, as well as contingent, owing to the reflexive capacity of embodied agents who experience both complex inner and outer worlds.

#### *Ethnography*

Symbolic interactionism favours ethnographic methods that remain faithful to the idea that “the empirical social world consists of ongoing group life and one has to get close to this life to know what is going on in it” (Blumer, 1969, p. 38). In this “down to

earth approach” (Blumer, 1969, p. 47), becoming familiar with a topic, a set of meanings and those who create and act toward those meanings is fundamental since “[t]he study of such group life requires us to expand and deepen our perception of it” (Blumer, 1969, p. 39). In ethnographic work, the primary focus of study is the other, their standpoints and life worlds as they define them about which the researcher seeks to acquire an intimate familiarity. Rather than ascribing theoretical propositions and frameworks to a particular phenomenon or trying to constrain or fit data to any one particular explanation of social reality (Strauss, 1993), substantive investigations are informed by shared, group or community experiences and interactions which provide the greatest insight in answer to the question, what is going on here? Thus, the ethnographic approach aims to allow inhabitants of a particular social space to reveal the contours, roles and values that exist, are supported, denied or available for manipulation within that space.

In line with this approach, language and activity that are observed in a particular setting are regarded as synonymous, such that in the act of speaking or explaining or communicating, thought and behaviour are born out, made sense of, contextualized and made meaningfully available for interpretation by others. As Prus (2005) explains:

Not only does speech (encompassing communication and thought) denote a realm of activity but speech is also the activity that provides humans with the means of meaningfully or knowingly engaging, testing, and assessing situations in more immediate terms and developing one’s notion of knowing in a more comprehensive sense. [...] Meaningful activity implies some purpose or sense of pursuing or accomplishing some end of objective (p. 11).

Based on this understanding of communication, common data collection methods include participant-observation and in-depth, open-ended interviews, as well as immersive activities wherein the researcher gains an intimate familiarity with the group or scene

under study and can develop an understanding of the socially constructed reality of those who comprise and construct the scene (Blumer, 1969; Cooley, 1922; Prus, 1996).

Thus, ethnographic researchers account for participants' activity including their linguistic achievements and meaningful exchanges about activity, noting both what is disclosed and what remains undisclosed while gaining familiarity and probing behind the scenes (Hathaway & Atkinson, 2003). Food and health as objects, then, exist only in the meanings they hold for people and must be investigated as such (Blumer, 1969) and an ethnographic approach helps to reveal the complex dimensions of life within a setting and can provide an "insiders description of the studied world" (Charmaz, 2006, p. 21), including the taken-for-granted assumptions that are in operation within that setting.

### *Grounded Theory*

The propositions of a pragmatist approach to investigating social phenomena also underpin a "grounded" approach to theory development (Glaser & Strauss, 1967). According to Charmaz (2006), grounded theory methods comprise a set of principles and practices that inform an inductive research process that assumes that the way data are collected affects what will be seen, how and when, and what sense may be made of observations. A researchers' own interpretations are a necessary element of the research process; however, whichever methods are selected must first and foremost be guided by the research problem. Throughout the research process, the fit between research interests and emerging insights must be evaluated so that theory is generated or constructed from empirical reality. Theory that is grounded in empirical reality and derived inductively

from what can be observed, is developed through a careful integration of new data in constant comparison with previously acquired cases. Over time, this comparative process is thought to reveal the emergent, meaningful qualities of a given phenomenon (Corbin & Strauss, 2008; Charmaz, 2006).

The generality of any grounded theory derives from the process of scrutinizing the entirety of available and relevant information and may later involve combining multiple studies to arrive at a formal theory, as opposed to setting out to generate a formal theory. Checking assumptions, reviewing and refining concepts and theoretical frameworks, which may or may not adequately explain or describe a situation, occurs throughout the process of generating a constructivist grounded theory that can transform knowledge about a phenomenon or process. As with ethnography, researchers taking a grounded theory approach take stock of meaning, action and language while seeing beyond overt behaviours or individual accounts to derive an “interpretive rendering” (Charmaz, 2006, p. 184) of the world under investigation.

The present study, therefore, attempts to generate an interpretive rendering of the health practice of eating a Paleo diet that avoids forcing or fitting data to preconceived explanations of the nature of health-related activity. For example, over the course of this study, I examined many theories and concepts that either found support within the emerging evidence or were pushed aside as analytic focus shifted toward a deeper analysis of Paleo adopters’ own interests and experiences. The benefit of combining ethnography and grounded theory in an inductive qualitative study is the ability to go “back to data and forward into analysis” with each (re)entry into the field, engaging in a



constant process of checking and refinement (p. 23) in respect of the nature of the empirical world (Mead, 1934). These methodological approaches, informed by the pragmatist tradition, have yet to be applied in this way, in an investigation of activity in support of a ‘health practices’ concept, presenting an opportunity for new insights to emerge.

## **Methods**

In line with the methodological framework, I used multiple data sources and recruitment techniques in an attempt to gain an intimate familiarity with Paleo and those who practice a Paleo diet, and to provide as accurate an interpretive rendering of their experiences as possible. Before beginning with the data collection phase of this study, I acquired ethics approval from the McMaster University Research Ethics Board MREB (see Appendix B: Ethics Certificate).

### *Data sources*

In the early stages of the investigation, I read and took notes on original works about the Paleo Diet specifically (e.g. Cordain’s, *The Paleo Diet*), as well as works that use anthropological record and evolutionary theory to explore and explain modern health concerns<sup>16</sup>. Additionally, for one month, I followed the diet according to Cordain’s

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<sup>16</sup> These works included Jarrod Diamond’s (2012), *The World Until Yesterday: What Can we Learn from Traditional Societies*, and Nora Gedgaudas’ (2011), *Primal Body Primal Mind: Beyond Paleo for Total Health and a Longer Life*, among others. For discussion of claims and perspectives shared by these and other writers on evolution, human diets, and health, see Appendix A: What is the Paleo Diet?

(2011) model described in *The Paleo Diet*. This model restricts dairy, grain, legumes, white potatoes and all processed foods and refined sugars, and promotes eating the leanest cuts of meat from pastured or wild caught animals while attending to a specific macronutrient breakdown. This required a number of changes in my day-to-day life including but not limited to: sourcing foods from multiple and different locations than I was used to; doing more preparatory work, cooking and meal planning; and eating out less and eating more fat. This experience provided valuable insights that enhanced my knowledge of the approach and knowledge of the activities associated with it.

While recruiting participants to the study, I attended two gatherings in Southern Ontario including an information and Q&A session with a holistic nutritionist, and a promotional event for an author and holistic nutrition practitioner at a Paleo take-out restaurant. I also visited two restaurants that are popular among Paleo advocates and owned by a wealthy developer who also runs the sustainable farming operations that supply the restaurants. One of these restaurants later served as a meeting location for an interview.

Information gained from reading about the Paleo Diet, specifically, and evolutionary biology, more generally, as well as from attending Paleo events and practicing the diet myself, was used to gain intimate familiarity with the Paleo approach, the broader Paleo community, and adopters of the diet. My experiences with and immersion into the Paleo community enhanced the ease with which I engaged with others in the field and conducted interviews with Paleo adopters. The document, participatory and observational data (i.e. field notes and memos) were used to develop initial categories

and themes and to flag possible sensitizing concepts in the sociological literature (see the following section, *Data collection and analysis*, for further details).

I recruited a purposive sample of individuals with experience practicing a Paleo diet, who I refer to as “adopters”, in one of three ways: 1) posters and brochures placed in approximately 45 retail locations, grocery stores and community notice boards in health and wellness centres in three cities in Southern Ontario, Canada; 2) face-to-face at Paleo-related gatherings; and 3) snowball sampling through the social and professional networks of some participants. I used these recruitment techniques to achieve as much variation among participants as possible. Further, in light of Schwartz and Stapell’s (2013) broad definition of Paleo, and after conversing with a Paleo adopter about problematic stereotypes, I was cognizant of avoiding dominant media tropes while advertising the study. I, therefore, promoted the study as an investigation of “Paleo Living and the Ancestral Health Approach” (see Appendix C: Recruitment Materials) and I encouraged participation from individuals with any experience with the Paleo approach to health and eating.

In total, 18 individuals participated in in-depth interviews about their experiences of practicing a Paleo diet. Interviews ranged from 1 to 1.5 hours in length, and were held at locations suggested by the participants, including homes, offices, cafés, and restaurants (see Appendix D: Informed Consent, and Appendix E: Interview Guide). The sample was comprised of 11 women and 7 men whose ages ranged from early 20’s to late 60’s. All participants completed a 10-question survey that collected demographic and background information pertaining to key characteristics including how long they have been

practicing the diet, age, education, occupation, urban or rural dwelling, relationship and parental statuses, and involvement in local, community food initiatives (see Appendix F: Background Survey). All of the participants were Caucasian and 4 identified as French Canadian or Francophone. All participants reported having at least a college diploma or certificate, and the majority lived in urban or suburban areas in Southern Ontario; however, occupations, relationship and parental statuses varied considerably (see Appendix G: Participant Characteristics). Similar to findings of studies of vegetarians (Hoek et al., 2004; Jabs, Devine & Sobal, 1998) and consistent with the demographics of the Paleo community described by Schwartz & Stapell (2013), the Paleo adopters in this study tended to be well-educated, married or co-habiting, and had socio-economic statuses consistent with the middle-class. Information obtained from the background survey was primarily used to generate descriptive short-hands for participants, and helped to inform the development of categories and themes as they emerged during the research process.

My own experience and knowledge about the relationship between food and health informed my performance of a body while out in the field and in conversation with Paleo adopters. I am a physically active woman in my early 30's and I have eliminated certain foods from my diet due to food intolerances and allergies. Combined with the experience of following the diet myself, I was able to share and discuss activities like shopping, preparing meals and budgeting, and experiences of health and illness associated with food with participants, thereby enhancing the legitimacy of my interest in the Paleo approach as a researcher. These factors inevitably, though not always consciously, shaped

the accomplishment of the interviews that I conducted, influencing both my performance as a researcher and the interpretation of that performance by my participants.

Later, during the writing phase of the study, I attended a Paleo and functional medicine event hosted by the University of California at San Francisco that included presentations and panel discussions including advocate Robb Wolf, practitioner Chris Kresser and chef, Michelle Tam. These events afforded opportunities to engage in informal conversations with retailers, authors, nutritionists, and lay persons, and gain observational data, all of which served as a check for the analytic categories and themes already in development.

To summarize, the study data included: transcripts from in-depth interviews with Paleo adopters; adopters' demographic information from the background survey; notes from informal conversations with Paleo adopters, dieticians, medical doctors and alternative health practitioners; observation field notes; personal memos; analytic memos; notes on Paleo-related texts; and notes on relevant academic literatures. Participant interviews were digitally recorded and transcribed verbatim. Pseudonyms and descriptive short-hands were generated for each participant to ease in recognition of key participant features during analysis and writing. All data were managed using NVivo 10 and 11 software.

#### *Data collection and analysis*

Data collection and analysis proceeded in an iterative fashion. Initially, an interview guide based on preliminary insights and sensitizing concepts drawn from

sociological health literatures provided a loose structure for the interviews. However, participants were encouraged to lead discussions on topics and ideas of interest to them within the broader topic area of Paleo (Blumer, 1969). Still, in most cases, conversations began with asking participants to describe what Paleo is and how they came to learn about and adopt the diet. This line of questioning typically led into discussions of their experiences of putting the approach into practice in their daily lives. Nearing the end of the interviews, participants were typically asked to reflect on what they think the future holds for the Paleo Diet.

After conducting six interviews, it became clear that the sociality of eating a Paleo diet went beyond the sensitizing concepts that I had identified in the investigation leading up to adopter interviews, and I began interviewing in a more unstructured style. For example, questions and probes related to insights from literature on critical health movements (e.g. Brown & Zavestoski, 2005) – a common theme discussed and written about by members of the Paleo community – tended to detract and weaken discussion rather than adding depth or encouraging conversation. Subsequently, I omitted asking questions pertaining to this theme, and began only probing further when the topic was raised by adopters' themselves.

Talk about the body and the self emerged in an unsolicited manner, and participants talked a great deal about personal and embodied experiences, actions, and events related to their diet. As interviews became less structured, talk of making choices and experiencing conflicts between their experiences and the values they associated with healthy eating and eating a Paleo diet also arose frequently. As the interviews became

more reflective of the experiential and activity-based aspects of doing a Paleo diet, new analytic insights emerged related to adopters' subjective understandings of Paleo, the social and material relations surrounding their activity, and the other and self-values that define their healthy eating practices. It became clear that participants were describing: 1) the *objects*, e.g. food items and cooking implements, and forms of media like books and magazines; 2) *events*, e.g. experiences of learning about the diet, health and illness episodes, conducting research, shopping, gardening, conversations with family and friends, and cooking; and 3) *activities*, e.g. daily eating practices or food restrictions, typical meals and the logistical steps, that they associated with their practice of Paleo (Mol, 2002, 2008).

Toward the end of the data collection phase, I identified the concept of *health practices* (Cohn, 2014a) as a valuable sensitizing concept and used it to reevaluate the existing analytic insights by engaging in a focused coding process (Charmaz, 2006). I reorganized categories and themes that I had developed from my data and based on insights from the sociological literature, according to their relevance for informing a grounded conceptualization of the health practice of eating a Paleo diet. I then selected illustrations that offered the best descriptive characterizations of the emergent themes (Glaser & Strauss, 1967, p. 38-39) and combined them with analytic notes which formed the bulk of the analysis presented in the next three chapters.

To summarize, the grounded theory approach used to analyze the ethnographic data collected in this investigation (Charmaz, 2006; Corbin & Strauss, 2008; Glaser & Strauss, 1967) involved: 1) gaining initial impressions of possible categories and themes

from data collected prior to interviewing Paleo adopters (i.e. reading Paleo works, attending events, and doing Paleo myself); 2) combining and comparing early analytic insights with data arising from interviews, and looking for emergent categories using an open-coding technique; 3) reading and rereading interview transcripts to ensure as many categories were accounted for as possible; 4) identifying and (re)organizing categories and themes based on sensitizing concepts drawn from an ongoing review of the literature and emerging from interview data; 5) taking note of differences and similarities within categories and between participants and revising categories and themes accordingly; 6) incorporating new themes and concepts from the literature in light of emergent findings (i.e. health practices) into the analysis process; 7) engaging in focused coding and (re)ordering of existing categories and themes to generate a final code tree; and 8) identifying supporting quotes and writing up the analysis. The analysis is divided into three parts which are organized into chapters with the titles *Defining Paleo*, *Doing Paleo*, and *Constructing a Paleo Identity*. In each chapter, I present the central elements of the lived experience of eating a Paleo diet as expressed by participants in this study.

## **Conclusion**

The methodology employed in this investigation of the health practice of eating a Paleo diet enables a closer look at the subjective interpretations, meanings and experiences that play out in everyday activity and interactions. Combining ethnographic and grounded theory data collection and analysis techniques is a novel approach in both



the application of the health practices concept and in the study of individuals committed to eating an alternative diet.

The next three chapters aim to describe and make analytical sense of the experiences, ideas, thoughts and opinions expressed by study participants. By examining the seemingly mundane experiences and interactions in relation to healthy eating, the analysis provides a deeper understanding of how Paleo adopters understand and achieve health through their dietary practice.

## Chapter 5

### Defining Paleo

This chapter describes the various ways that adopters of the Paleo Diet defined their dietary practice as an approach for achieving health. Circumstances surrounding the adoption of and commitment to dietary approaches are complex. Scholarship on food choice originating from the field of public health has sought to identify psychological and environmental influences upon eating behaviours that could be modified to improve population health (e.g. Bandura, 2004; Kearney & McElhone, 1999; Nestle et al., 1998). More recently, sociological research has revealed how food choice and eating unfold in complex contexts requiring an appreciation of the range of meanings that individuals bring to what they eat (e.g. Beagan, Ristovski-Slijepcevic & Chapman, 2010; Knight, 2011, 2015; Neuman et al., 2014; Niva, 2007; Ristovski-Slijepcevic, Chapman & Beagan, 2008). Paleo adopters interviewed for this study were encouraged to articulate their own definition of the Paleo Diet, elaborating on what they knew about the approach and describing the circumstances surrounding its adoption. By capturing definitions and descriptions of what constitutes a Paleo diet, we gain an understanding the ways that adopters establish meaning around their food practices and an understanding of a food-health relationship that is rooted in subjective experience.

This chapter is divided into two parts. The first part, *Understandings of Paleo*, demonstrates similarities and differences in the ways that adopters understood and defined the diet. It highlights the emergence of three general interpretations of the diet: as a tool for achieving personal health goals, as complementary to a healthy lifestyle, as a

means to engage in ethical consumption toward sustainable food practices. The findings also offer insight into the ways that popular or “mainstream” ideas of what constitutes healthy eating are taken up and emerge in talk of eating a Paleo diet, and contribute to conversations surrounding the construction and analytic use of dietary categories, e.g. ethical vs. health vegetarian, in diet-specific research.

While individuals bring a range of meanings to what they eat, meanings are not static since they are informed by experience. The second section, *Shifting understandings and the role of experience*, explores how understandings of Paleo evolve as established understandings about food and health become entwined with experience and embodied feelings and states. The findings of this section build upon scholarly efforts to identify and understand the range of meanings that individuals bring to the concept of “healthy eating” by demonstrating that experience is essential to the construction of the Paleo Diet as a valuable and legitimate way to achieve health for oneself.

### **Understandings of Paleo**

In their descriptions of Paleo as an approach to health, all adopters in this study emphasized their engagement with its dietary component, as opposed to engaging in a broader set of activities comprising what could be referred to as a ‘Paleo lifestyle’. Adopters also tended described the Paleo Diet in ways that were consistent with popular writing by diet advocates; the diet encourages eating “unprocessed”, “real”, “whole foods” in their most “natural” form. Further, adopters explained that eating whole foods was the best way to consume a “nutrient dense” diet, which provides the most benefit to

health, whereas “processed” foods were considered unhealthy by virtue of being complicated by modern technology and lacking nutrition. For example, Jill, a working wife and mother of two in her 30’s, described the approach as follows, “[Eat] what would have been accessible before we introduced all of this processing. Eat what would have been available in the beginning, before we started manipulating things”. Similarly, Shelagh, a stay-at-home mom in her 40’s who was about to begin a certification program in holistic nutrition, explained:

Our bodies evolve to eat a certain way and the way that we evolved to eat is to eat food in its most natural form, so meat, and vegetables, and fruit, food that comes from nature. So if you eat as close to how nature provides the food, then that’s the healthiest way to eat, based on how we have evolved over time.

Additional qualities that adopters mentioned included “seasonal”, “local”, “simple”, and “unadjusted”; however, qualities like seasonality and locality were not mentioned as often and appeared to be less central compared to the importance of eating “real” food.

Another shared understanding of Paleo was expressed in identifications of what the diet is not. Many adopters compared Paleo to other popular or fad diets, such as Shelagh and her husband, Drew, a corporate executive in his 40’s, who said:

Shelagh: I think at the outset when you follow a Paleo diet it probably looks a lot like an Atkins diet because you try and go low carb. [...] For me, it started out with Paleo or Primal as “focus on going low carb” but it’s evolved into something more. [...] It’s more about eating the healthiest food that our bodies want in order for us to be the healthiest we can be. [...]

Drew: [Atkins] is a big industry whereas with this – and certainly some of the voices in Paleo sell supplements and things like that so there are certainly profit opportunities but – you don’t see one big corporation or one big profit maker behind this.

In another example, drawing dissimilarities between Paleo and other approaches, Gavin, a Paleo advocate, husband and father in his 60's, noted how Paleo is different from diets that he feels overcomplicate eating for health, such that "Paleo [has been] powerful to a certain extent, for its short existence so far, because the picture [leaders] propose makes so much sense."

The notion that, unlike other diets, Paleo is "simple" was echoed by other adopters, including Rose, a wife, mother, Crossfit athlete and career counselor in her 50's, who said, "There's something appealing about the simplicity of it. You know? It wasn't fancy or too detailed or arduous, it was something fairly easy to undertake". Brian, a hypnotherapist and ex-Crossfitter in his 20's, also stated simply that Paleo is "pretty straightforward". From adopters' shared perspectives, Paleo belongs to the expanding group of popular or fad diets, yet unlike other diets, Paleo is "simple" because it promotes eating "real" food and it "makes sense", which is a "powerful" feature of an approach that is uncomplicated by profit motives and is not just a matter of "going low carb".

One other shared understanding held by adopters was that despite theoretical claims and marketing gimmicks that connect Paleo with prehistoric ancestors, the Paleo Diet must be interpreted in a modern context. Most adopters regarded the ancestral component as an "ideology", a "philosophy" or a "guideline", like Hannah, a Goodlife Fitness trainer in her 20's, who cited the website [CivilizedCaveman.com](http://CivilizedCaveman.com) and talked about the need to interpret the approach in the context of modern farming practices. She said:

If you're really going to get picky then yeah, peppers were something that evolved in terms of how we grow crops, but, does it still come from the ground? And what's the alternative? That we cut all those things out and just eat crackers? We gotta kinda find the line, [...] a happy medium where we're not saying, "that

nightshade is something that, you know, wasn't available back in the day" and yeah, you might be right - and that's where I'm not so Paleo that it's ridiculous because if I was I'd be out fishing right now to catch my dinner – but it's more-or-less the ideology of it [that matters]. It's [doing] what we did when we were cavemen or Paleolithic or whatever, but in modern day.

Sharing Hannah's perspective, most adopters agreed that despite Paleo's evolutionary discourse, the diet was generally considered a modern practice with modern limitations. Crops may be genetically modified but the alternatives, i.e. processed foods, are considered to be far less nutritious. It is also unrealistic to spend time hunting for food. Importantly, adopters expressed the notion that because Paleo promotes consuming foods that are available and "as close to how nature provides the food" (Shelagh) as possible, the necessity to consume technologically modified foods is rendered unproblematic.

Some participants, however, were more explicitly skeptical about Paleo's evolutionary discourse, like Meg, a wife, grandmother and avid quilter in her 60's, who, in regards to Paleo being called an ancestral approach to health asked "Who's ancestors?" In another example, Kathryn, a nurse, farmer and mother in her 50's, said:

[Paleo is supposedly] a reconstructive history of cavemen, [...] [but] looking at what they really did eat, we're just guessing. It's quite ridiculous. And to say that that demographic was so healthy, my God! The average lifespan was 18 years old and most of the time they got picked off by other animals! So I don't have any romantic fantasies about cavemen being at the peak of their health. [...] They certainly didn't have 7/11 back then, but you can eat real food, non-processed food today. We've also been eating breads and grains for thousands of years before we had mono-sodium glutamate and all the additives that can get put into food.

The impossibility of recreating prehistorical lifeways today and unresolvable questions about the lives of prehistoric humans were especially salient points that raised adopters' skepticism toward the diets' evolutionary claims. Most adopters agreed that avoiding

modern dietary conveniences, like processed and prepared foods, remains a central principle to eating a healthy, nutritious diet, and that the Paleo diet, ultimately, avoids the health pitfalls of industrialized food.

Talk about the Paleo Diet reveals the various meanings that individual adopters bring to their diet and their dietary practices. Adopters' shared definitions demonstrate that the Paleo Diet is fundamentally concerned with eating 'real', 'whole', 'natural' food. These qualities mirror definitions of healthy eating found in other studies (Lupton & Chapman, 1995; Niva, 2007; Von Essen and Englander, 2013); however, what is unique to Paleo is its basis in theory and anthropological evidence of evolutionary discordance and adopters went back and forth in the extent to which they use an evolution narrative to support their definitions. This seems to be due to an understanding that eating a healthy diet of whole food does not require evolutionary theory; eating fruits, vegetables and lean meats, in general, mirrors healthy eating messages that were in the public realm for most of the 20<sup>th</sup> century. Some Paleo adopters also drew on ideas of "going back to basics" in their attempts to demonstrate the diet's place in popular understandings of healthy eating. In general, however, Paleo's evolutionary discourse was both a way to explain why the diet may be considered healthy, and was considered to be an unnecessary frame, since its components could also be framed within accepted, modern and established understandings of what constitutes healthy eating.

Health scholars interested in food choice have explored the ways in which meanings established around eating practices are reflected in the language or discourses used to define them (Beagan, Ristovski-Slijepcevic & Chapman, 2010; Jauho, 2016;

Knight, 2011, 2015; Ristovski-Slijepcevic, Chapman & Beagan, 2008). Ristovski-Slijepcevic, Chapman and Beagan (2008) describe how talk about healthy eating contains three distinct discourses: cultural/traditional discourse relating to family food practices, complementary/ethical discourse relating to aspects of food production and consumption, and mainstream discourse relating to ideas of healthy eating advanced by nutrition science, such as “low-fat”, “high-fiber”, “fruits and vegetables” and eating from “food groups”. Focusing on the later, we can observe how Paleo adopters’ shared definitions point to an evolution in thought regarding healthy eating since their work was established.

Concepts from nutrition science largely informed adopters’ talk of eating a Paleo diet as healthy, which was reflected in adopters’ talk of eating “nutrient dense” and “low-carb” foods. However, in addition to promoting food groups and eating high quantities of grains, during the 1990’s and early 2000’s, nutrition science also supported the notion that foods can be made to be healthy and processed foods, like margarine or low-fat yogurt, should be consumed in order to combat common ailments like heart disease and obesity. This ideal, in particular, is now being largely rejected in favour of natural foods, that is, eating “real” and “whole” foods. Included in some Paleo adopters’ talk of the diet were comments about the need to balance their “gut flora” and attend to the “microbiota” of their body, which are relatively new ideas emerging out of the field of nutrition science.

At the same time, and similar to Knight’s (2015) analysis of common constructions of healthy eating among low-carbohydrate dieters, adopters in this study demonstrated a range in the ways and extent to which they accepted the evolutionary



claims promoted in Paleo literature. Most adopters were skeptical if not explicitly critical of ‘nutritional primitivism’ expressed by diet proponents, instead they aligned their understanding of Paleo with a combination of scientific knowledge and their own experience (Jauho, 2016). Ultimately, as mainstream discourses surrounding healthy eating evolve, information becomes available that reflects an interest in going “back to basics” in terms of nutrition, as opposed to “enhanced” or “unnatural” foods. The findings demonstrate that even among advocates of alternative diets like Paleo, nutrition science continues to inform much of the mainstream discourse surrounding what constitutes healthy food practices, but this is also evolving along with understandings of the role of food in health. Finally, adopters of diets like Paleo do not whole-heartedly buy claims about the inherent healthfulness of diets based in evolutionary or anthropological evidence.

Moving on from shared understandings of Paleo, adopters’ descriptions of the diet also revealed the unique perspectives that they took toward the diet. Three general interpretations of Paleo emerged, *Personal*, *Complementary* and *Ethical*, which are described in the next three subsections.

### *Personal*

Approximately half of the adopters emphasized the impact of eating a Paleo diet on their personal health, which they considered to be the most important reason for adopting the diet. For example, Kathryn explains:

I started to do the 17-Day Diet which is along the same lines, about 2 years ago to help lose weight and I discovered that I didn’t get headaches anymore. I lost my

everyday headache and when you're looking online for recipes, Paleo comes up. We try not to eat sugar and processed foods simply because it's not good for you, it's not a political thing, it's just not good for you. So I stumbled across Paleo while looking for recipes that didn't include simple carbohydrates, then I realized that I felt a lot better not eating the simple carbs.

Though Kathryn began with an interest in losing weight and reducing her consumption of simple carbs, she noticed her migraines were reduced and so continued to follow a Paleo diet, though she states she never did so “for political reasons”.

Similarly, Brock, a husband, father and technologist in his 40's, explained that he learned about Paleo from a friend at the gym. Brock has diabetes and described Paleo in terms of its usefulness to him, particularly in that it enables him to reach his fitness and performance goals, manage his diabetes, and stay on track with his nutrition, which he admits can be “pretty bad”. In conversation about the evolutionary claims of the approach, Brock said:

I don't think about it that way because for me it's a means to an end, to help me get healthy from the perspective of – I know if I just fly-by-wire, I eat bread and peanut butter and sardines and yogurt and I know it's not complete. And because of my diabetes, I want to get as little of the bad carbs as possible, and one route to get there from there is to be Paleo.

For Brock, Paleo is a plan and a tool which helps to ensure his diet is “complete” and does not include “bad carbs”, which are not helpful for either his training and his diabetes. In another example, Meg explains that recent weight gain prompted her to start the diet:

It was working for my daughter and I figured if it works for her, she lost 30 pounds and she's feeling better and if it worked for her... I had been resisting giving up dairy for so long so I figured okay. I came back from my trip and thought 'this is the opportunity for me to try something new'. So April 1 I did a 24-hour fast and I started the Paleo Diet and I've lost 9 pounds in a month.

For Meg, Brock and Kathryn, Paleo is a means to an end, a diet that allows them to fulfil their goals of managing their weight and other health concerns.

Taking a personal health perspective toward Paleo was especially evident in the language some adopters used to describe the approach. Recall that for Kathryn, Paleo was not a “political” activity and she regarded the theory behind the model “ridiculous”, likewise, Allison, a spa owner in her 40’s with a history of digestive and skin ailments, stated:

I actually don't consider Paleo, Paleo. I consider it a nutritional plan, like a healing plan. I think it supports the microbiota in the body, which I think is like the most important, the friendly flora - balancing that, feeding it correctly. I think our mainstream diets that [include] grain and vegetable oils are a huge downfall, those are not in Paleo. So for me it's - it's not so much a cultural reason as to why I choose a Paleo-like diet – because I'm not strictly Paleo, I'm Paleo-like, actually, I am but I don't think you have to be. So it's not a philosophy, it's actually a healing plan, a health healing plan and I have directly benefited from that, incredibly.

Describing the approach as Paleo yet not Paleo, as a “healing plan” having to do with “balancing” and “feeding” her gut, and her practice of the diet as “Paleo-like”, Allison frames the diet as a tool of necessity, something that can be used to address a personal health problem.

This sentiment was also echoed by Kelly, a stay-at-home mom in her 40’s for whom focusing on her personal health is a matter of necessity, at least in the short term. She described her routine of spending weekends preparing meals for her husband and teenage children, as well as keeping up a regular exercise regimen, grocery shopping, organizing her children’s schedules, and monitoring her husband’s health throughout the week. Kelly stated that she adopted Paleo in order to “feel better”, which included losing weight but also quelling anxiety attributed to the stress of caring for her family. She said:

I would have to say, where my life is right now is more so on the diet than on the bigger picture, but as this progresses – like this is a work in progress, you know I find a little area that I can delve off into and go try adding, go try that, it is a work in progress – I just keep building on and building on it and getting better at it. Just trying to get myself feeling better.

It may be noted that those who framed Paleo as means of addressing personal health did not necessarily have medical issues that were immediately concerning, rather, personal health was the primary frame through which they engaged in interpreting and implementing the diet in ways that aligned with their health goals. In general, Paleo adopters most commonly understood and framed the diet as a tool for achieving personal health goals.

### *Complementary*

Differently from those who regarded Paleo as a tool for achieving personal health was smaller group of adopters who emphasized how Paleo fit into activities they felt comprised their already healthy lifestyle. In their descriptions of the Paleo diet, these adopters noted a number of non-food related activities that they deemed beneficial to their health that, while these activities were not necessarily part of the “Paleo” model promoted by advocates, adopters felt they complimented eating a Paleo diet. Activities included limiting exposure to media and technology (Nami, Kristine, Brian), getting regular exercise (Kristine, Hannah, Rose, Patrick), practicing meditation (Brian, Hannah, Rose), spending time outside (Patrick, Rose, Brian) and generally taking time to do the things that they enjoyed.

Among this group, the label of Paleo was also, at times, used to characterize how they were already living, and in some cases, already eating. For example, Rose explained how Paleo fit into her efforts to engage as a mindful consumer:

The fastest, easiest food is processed and packaged and, unfortunately, it's not nutritionally good for you, and it takes time and effort to plan and prepare healthy food. [...] There's a whole movement attached to that, the whole 'mindfulness movement' of thinking about where the ingredients come from; are they locally supplied? And thinking about the people whose hands touched that and harvested that and helped to supply that. It makes you part of a chain, a healthy chain, and you're willing to pay for that a little bit more too because you know that it's good quality, and loving care and attention has been put into it, and that makes you want to. You don't want to just rush through a meal, but savor it, take your time, and remember the nourishment part. You are nourishing your spirit as well as your body.

For Rose, the Paleo Diet engenders a style of eating that complements her desire to engage in mindfulness and to be a mindful consumer, which she regards as an important part of her spiritual health. In another example, Brian explained how Paleo fits with his worldview in which he constantly questions taken-for-granted aspects of modern life:

The whole thing of looking at human evolution is a big part of my life, not just diet, it makes the most sense to me. [...] My favourite expression is a "Blissniny" – the people who just go "Everything's OK", I go, "Why?" If I could get somebody into this [critical, reflective place] – and it's a wonderful place to be – then any argument they could think of would be completely disqualified because the very basis, for me, is "Why?"

For Brian, the Paleo Diet complements his interest in questioning taken-for-granted understandings of human existence, including what humans ought to eat, and in taking into consideration the social and cultural sources of health and illness. While personal health was as important to this group of participants as for others, they did not frame the diet according to its ability to meet this need alone. Rather, the Paleo Diet was framed as

a complementary approach to their pre-existing understandings of health and illness, their lifestyles and their general worldviews.

### *Ethical*

The smallest group of adopters was comprised of those who expressed what may be regarded as an ethical understanding of Paleo. This group emphasized how the diet aligns with their efforts to think about and act upon concerns about human and environmental health and sustainability. For example, Stella, a registered-dietician-turned-holistic-nutritionist in her 30's, connected Paleo's emphasis on whole foods with a need for greater consumer awareness and sources for grass-fed, pastured, locally butchered cows, because as she stated, "happy healthy cows [...] make healthy food". In another example, Gavin described Paleo as an approach informed by aboriginal foodways that promote sustainable food systems, and he explained:

As far as land, well we're losing about 25 million acres of land per year because of the ways we're dealing with the crops that, you know, the world population has to eat but most of the things that we're doing don't take into account that we're going further and further away from natural laws. [...] Why are we fighting nature at every step? And so it has led to food being inferior – especially in the past hundred years – and it has led to disease. Now, can we mimic the health of pre-agriculture? All we're saying is we have to try, we have to try and mimic it. We have to see – we know that nature has its own laws and we don't respect them anymore.

According to both Gavin and Stella, food systems have become disconnected from nature and cannot sustain a healthy population.

Adopters who understood Paleo from within a frame of ethical, and in some cases political, concern were especially interested in the role that consumers play in changing

food systems to improve health, such that change must inevitably be driven by consumer choice. For example, Stella explained:

[Individually] we feel like we can't make a difference but I feel like we vote with our dollar every time we go to the grocery store, so where we put our money influences the demand and supply and all that basic law of economy and the market.

In another example, Shelagh described how her interest in buying organic food has changed along with her families' adoption of Paleo and exposure to farming practices:

[Eating pastured raised meat] is almost probably more important for me, not only because of the quality of the food, the health quality, but the humane ways that the animals are raised so that's really important to me as well. I have no problem eating meat, but it's important to me to see that they are raised humanely and treated with respect. Visiting a farm last year was important; we went up to [a local farm] to visit [the cows] and it was great for the kids to see how animals are treated.

While the notion of “voting with your dollar” was mentioned by many adopters, some of whom were not explicitly concerned about ethics, choice and the effect of choice on systems of food production were central to the activity of these adopters, such that eating a Paleo diet as a conscious choice toward ethical consumption. Again, this group also regarded the Paleo Diet as a way to achieve personal health; however, their understanding of the diet was more strongly connected to consumption and future population and environmental health, such that, as Gavin, who stated, “We have to reassign our values, and again, as we – like the Paleo movement – demand change from the bottom up.” Thus, an emphasis on personal health coupled with a concern about food production and consumption in a broader sense, made practicing a Paleo diet a political activity for some adopters.

To summarize, for most adopters in this study, eating a Paleo diet is fundamentally about health; the diet was created and is most commonly adopted as a way to address health and illness concerns and to help individuals achieve and maintain quality of life, that is, a life free from food-related sickness and disease. Within this broad perspective, however, there are variations. For some, eating a Paleo diet is a health-directed activity without a specific purpose beyond the desire to engage in a healthy lifestyle, that is, to engage with activities that will hopefully sustain their health in the long term. Meanwhile, other adopters had more specific health issues they were trying to address and Paleo was the tool with which to do so. Whether it was managing weight or cholesterol or reducing symptoms of inflammation associated with auto-immune conditions or metabolic disease, the Paleo Diet was, for some, a solution. For others, some of whom had equally salient health concerns and a desire to maintain long term health, Paleo was framed as part of their understanding and action related to the ethical implications of food choice, such that eating a Paleo diet was also a political act.

In the literature on vegetarian diets, researchers typically describe populations sharing similar and dissimilar eating behaviours in binary terms, such as vegetarian/non-vegetarian (e.g. Allen et al., 2000; Beardsworth & Keil, 1991a; Jabs, Devine & Sobal, 1998) and ethical vegetarian/health vegetarian (e.g. Lindeman & Sirelius, 2001; Rozin, Markwith & Stoess, 1997). Binary classifications generally reflect observable differences in eating behaviours and perspectives, enabling researchers to draw conclusions about the qualities and characteristics of individuals within each category (Hoek et al., 2004). However, researchers have also demonstrated that binary distinctions do not necessarily



reflect individuals' actual dietary activities and perspectives (Barr & Chapman, 2002). In Barr and Chapman's 2002 study, over half of their sample of self-identified vegetarians consumed meat and other animal products from time to time, and Fox and Ward (2008b) similarly established that while vegetarians themselves use binary categories, an ethics vs. health binary does not capture the extent to which individuals in each group express and share overlapping concerns and perspectives.

On the one hand, the differences in understandings of Paleo revealed in this study do lend support to the literature on vegetarianism that claims world views and political values promote differential understandings of food and eating (Allen et al., 2000; Beardsworth & Keil, 1991a). And, at a glance, Paleo adopters could be similarly divided based on ethics vs. health distinctions; those expressing concern about the ethics of food production, including animal welfare and sustainable farming practices, see eating a Paleo diet is a conscious, political act. For these "ethical" adopters, Paleo enables their participation in a broader conversation regarding the future of food and health in light of technological change.

On the other hand, the larger group of "health" adopters who did not explicitly connect their practice of Paleo to ethical concerns and political activity – some even disparaged engagement with Paleo for any reason beyond health – could be further subdivided into two perspectives. These emergent perspectives reflected differences in reasons for adopting Paleo. Notably, "complementary" adopters expressed concerns similar to those of ethical adopters, mainly engaging in conscious consumption. It can also be noted that two "health" adopters, Allison and Rose, were former vegetarians who

experienced poor health as a result of following a vegetarian diet. When asked how she reconciles meat eating, Allison said, “I was born a carnivore, I understand that now, so the best I can do is pray over my food and, at least, have gratitude for whatever animal has been slaughtered.” These findings lend greater support to works demonstrating that binary categories traditionally used in diet-related research do not necessarily reflect the complexity of individuals’ actual dietary practices (Barr & Chapman, 2002; Fox & Ward, 2008a, 2008b). Specifically, they show that within the broader category of health-related dietary practice, like eating a Paleo diet, understanding distinctions and similarities among health and ethical perspectives may be aided with the inclusion of additional emergent categories, such as the one labelled here “complementary” in order to further establish how dietary practices and perspectives can be both distinctive and overlapping.

### **Shifting understandings and the role of experience**

The previous section described how Paleo was understood and defined by adopters in similar and different ways; however, the data also revealed that regardless of the ways that adopters framed Paleo – whether as a tool for achieving personal health, as a complement to a healthy lifestyle, or as a means to engage ethically in food systems – understandings of the relationship between food and health that Paleo fosters evolve over time. Experience, mainly drawing auto-biographical connections between past and present food experiences and observing bodily changes, strongly influenced adopters’ understanding of the food-health relationship and strengthened their commitment to eating a Paleo diet.

*Connecting to and building on the past*

For most adopters, “the past” was described as any time prior to the present moment and associated with vibrant health. Especially common among participants over 40 years of age were expressions of melancholy and nostalgia when talking about food, eating and health recalled from the past. Memories of flourishing health were commonly attributed to the type and quality of foods consumed in childhood which were compared to foods available to today. For example, Nami explained:

Cavemen ate what they could get to eat while he was wondering around because they were hunter-gatherers, [...] so if you eat like they did, it’s actually more natural for your body, but I cannot eat salmon, it makes me sick. I used to eat it as a kid, but I think the salmon is so badly contaminated now, that’s what my body can’t handle.

Accounts of past healthy eating practices included: growing up in farming communities and learning to sow, harvest and prepare food that they helped produce (Nami, Nick); growing up eating kelp straight from the Atlantic Ocean (Nick); family food traditions like sitting down to meals (Katheryn, Kelly); memories of mothers or grandmothers cooking family meals; and eating foods of ethnic ancestry (Patrick, Stella, Meg, Claude). Interestingly, all of these elements were regarded as generally fitting the Paleo model. For example, Claude, a retired teacher and Quebec-born francophone in his 60’s, said:

They say it’s my generation that remembers bread to taste like bread, in the 50’s, European bakers, no preservatives. Nah, there were no preservatives then. You didn’t freeze bread you ate it the same day. They do that still in small villages where there’s one baker, and yeah, where people traditionally live into their 90’s and 100’s, [...] which they do, routinely, with a bit of wine every day and natural foods. Homemade.

Contrasting the quality of food between the past and present and between different systems of food production, i.e. North America and Europe or urban and rural, was a common way that adopters situated Paleo as both a timely approach within the broader “healthy eating” arena, but also an approach that makes sense according to their experience and their understanding of food, health and their personal histories.

That talk of food often involves talk of the past has been discussed elsewhere, such as in relation to eating habits and life stages (Devine & Olson, 1991; Devine et al., 1998; Falk, Bisogni & Sobal, 1996; Jabs, Devine & Sobal, 1998), and in terms of the symbolic functions of food<sup>17</sup> (Fischler, 1988; Douglas, 1966; Lupton, 1996; Peel et al., 2005). How food and eating practices relate to the past practices and “traditions” is a topic that has been raised in studies aiming to improve health promotion campaigns. For example, Ristovski-Slijepcevic, Chapman and Beagan (2008) describe a “cultural/traditional discourse” that emerges in talk of healthy eating that demonstrates how meaning is established around food in relation to familiar others and rituals. Building on this, we can consider how discursive frameworks related to the past are related to processes of subjective sense-making.

Interactionist scholars assert that health-seeking activities provide an opportunity to witness the negotiation and construction of a coherent biography (Bury, 1982, 2000; Charmaz, 1983; Strauss, 1993). Further, in confronting new opportunities or challenges, like a change in diet, individuals bring forward understandings and constructions from their past that may be revised or strengthened (Strauss, 1993; Williams, 2000). In this

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<sup>17</sup> The social-symbolic function of food and eating is taken up in Chapter 7 in the discussion of identity.

study, descriptions of the Paleo Diet appear to reinforce adopters' existing understandings of food and eating that they associate with health, such that the Paleo Diet fits into their remembered positive food experiences of childhood, as well as their understanding of processes of change in the quality of industrialized food. Paleo adopters use "the past" in order to compare, evaluate, integrate and legitimate their present-day decisions and actions, which is part of the process of negotiating change and their own biographies.

Paleo's historicized view of health – that humans spent far more evolutionary time as hunter-gathers in a pre-industrial world – is used as a frame for making sense of personal past food and health experiences. Food production and eating habits, in particular, have changed over the course of human history, but, more importantly, they have changed over the course of Paleo adopters' own lives and they relate these changes to their own experiences. Thus, adopters constructed and communicated their understanding of Paleo as a healthy diet by weaving their diet into positive self-stories involving food, eating and health, such that "it's my generation that remembers bread to taste like bread", "I used to eat [salmon] as a kid" and "kelp, straight from the ocean", and good food was "homemade".

Overall, talk about past food practices and experience connect the Paleo Diet, in a meaningful way, to adopters' understanding of who they are. Applying this finding to health promotion suggests there is value in attending to the stories that individuals construct about themselves, particularly in relation to their past and childhood food experiences which reveal how food and health become meaningfully connected for them, and available for taking action.

*Vibrant physicality*

Adopters also described a multitude of health-related outcomes that they attributed to eating a Paleo diet. Specific health improvements included healing severe eczema (Allison), healing polycystic ovarian syndrome (Stella), reducing the frequency of migraines (Kathryn), managing diabetes symptoms (Brock, Gavin, Drew), managing cholesterol and blood pressure (Nick, Drew, Kristine), managing digestive problems (Kristine, Hannah), enhancing mental clarity (Brian, Nick), and prolonging life and vitality (Nami, Rose). Additionally, almost all participants said that they “felt better” as a result of following the diet, and with common experiences included getting better sleep (Drew, Shelagh, Kristine, Hannah), and having more energy throughout the day (Kelly, Patrick, Nick, Brian).

Instances in which participants experienced unexpected improvements to their bodies were especially noteworthy in terms of their effect on adopters’ understandings of the food-health relationship. For example, although Meg intended to follow the diet to lose weight, she noticed a marked improvement to the arthritis in her hands and she said:

I have not been doing any hand-quilting. I marked this \*holds up a piece of fabric with a pattern drawn on it\*, [...] it will be a christening quilt for my new granddaughter, which I couldn't work on for four years because of my hands. [...] Now I can do things by hand again, which is the way that I really like doing it. I find it much more relaxing to do it by hand and much more satisfying because to me, things are more beautiful when they're done by hand [...]. It's healthy, being able to do the things I want to do.

In another example, Nick described his journey toward practicing Paleo as follows:

[I used to eat] greasy, meaty [foods] with fats, not breads [...], and I felt great, lots of strength, but then I learned about health from the Heart and Stroke Foundation,

[...] started eating pastas, breads, grains, tons of fruit and, in retrospect, I went into a fog. I didn't have the endurance. I wasn't as sharp and I hadn't really noticed because I was less aware. [...] Recently I went back to hardcore Paleo, [...] [it was] a whole different world. I'm not hungry! Before I was hungry all the time, [...] and I have no craving for bread, all the cravings are gone.

Noticing how food made them feel was powerful for Meg and Nick because it demonstrated what could be achieved if one pays attention, not only to their food but also to their body. For Nick, it was the shift away from typical “low-fat” dieting promoted through organizations like the Heart and Stroke Foundation and toward eating a Paleo diet that increased his awareness of how food makes him feel. Hannah described a similar transition to Paleo as Nick as she began noticing the ways her body responds to food:

Before I became a trainer, I wasn't eating Paleo, you know, I was eating what I like to call “Women's Health Magazine” healthy – yogurt with fruit and granola, [...] whole wheat bread and whole wheat pastas, fat free, that kinda stuff. [...] Your stomach bloats, you have diarrhea, you have a head-ache, you have foginess, you're tired, [...] [but eating Paleo] you become aware of what's going on. [...] I feel like, now that I eat clean and my body is functioning, when there is a disturbance, it's like, “OK, what are you trying to say to me?” Whereas before there were so many disturbances because I was eating things that my body was intolerant to.

Meg, Nick and Hannah's experiences offer important glimpses into how embodied experiences connecting food and health arise and generate a sense of control over the body. By eating a Paleo diet, Hannah learned how her body “functions”, Nick no longer experiences foginess and cravings, and Meg can quilt by hand. In comparing physical sensations and outcomes associated with eating Paleo and non-Paleo foods, adopters establish an understanding of a body that speaks.

While not all adopters had profound experiences of bodily change related to eating a Paleo diet, some described smaller changes in their own or others' bodies or in clinical

markers of health and illness. These changes were regarded as evidence of the diets' ability to bring about healthy body states. For example, Patrick described going to his doctor for routine blood work and noted how it reinforced his appreciation of Paleo:

I had never had blood work done, [...] so [the doctor's] talking about cholesterol. [...] He asked about my diet. I said, "Yeah, I eat a fair bit of meat, and I eat a fair bit of [fruits and vegetables]". [...] I got the test results back and [...] we started having conversations once a year, and he's always like, "Your numbers are great. Your triglycerides are great. Cholesterol is great". [...] So my awareness and paying attention to health has increased through this process and my appreciating and learning what's important to monitor.

For Patrick, finding out that eating a Paleo diet is bolstering his health rather than hindering it served to reinforce his interest in attending to what he is eating as well as clinical markers of health, like cholesterol. In another case, Brock was surprised to find how much eating a Paleo diet benefits him in terms of managing his diabetes, as he said of testing his blood sugar:

The numbers go up and down, I get some 9's. Until Monday, [when I went back to a strict Paleo diet], I hadn't seen a 7 for a while because I went through a stint at work [where I didn't eat Paleo]. [...] Just on 2 days, I'm in low 7's and very stable, and I can only attribute that to the diet because the [athletic] training has not changed. [...] I suppose I could go on insulin and Metformin, but there's no doubt that had I been eating Paleo all along, I wouldn't be diabetic. There is no doubt that it's food as opposed to a lack of exercise.

For Brock, seeing blood sugar counts within a reasonable range after only 2 days of eating a Paleo diet after a hectic work schedule was surprising; however, central to his realization is that what he eats has both an immediate and long-term impact. In another example, noting some of the changes that they have observed, Shelagh and Drew said:

Drew: [Before eating a Paleo diet, Shelagh] would fall asleep at 8 o'clock and be able to sleep until 8 o'clock the next morning. Now she's got energy.  
 Shelagh: My mood is much better.



Drew:           \*whispers\* Oh yeah! \*laughs\* A much more constant mood and weight level, and then, obviously, I started to see these things in myself. [...] I'm able to keep myself around 200 lbs and I've got more energy as well.

The couple then went on to explain changes that they have observed in their son:

Shelagh:       [Our son, Derek,] would eat carbohydrates all day if he was allowed to but he's the one who has trouble with his tummy. [...]  
 Drew:           And the pediatrician prescribed him a pretty powerful drug.  
 Shelagh:       I think it was for acid reflux.  
 Drew:           But once we started eating differently, he didn't need that drug anymore.  
 Shelagh:       Yeah, the 3 of us had significant changes to our health in very different ways. So, it's like, there was only one common denominator to all of that, it was how we were eating.

In describing their experiences of felt and observed bodily changes, adopters show how their understanding of the food-health relationship is, first and foremost, based in the body and embodied outcomes reinforce the importance of their diet for maintaining their health in the future.

Thus, embodied relations connected to eating a Paleo diet emerged in terms of talk of experiences of vibrant physicality. Adopters' pointed to specific and unexpected improvements in their health, which informed their more *multi-layered understandings* of the diet in relation to their bodies. Similar to research in embodied learning in the context of exercise (Crossley, 2001, 2006; Monaghan, 2001), vibrant physicality experienced by Paleo adopters transformed their role in having and being a body that speaks and that is "functioning" well. According to adopters, practicing a Paleo diet presented an opportunity to learn and to become "aware of what's going on" (Hannah); that is, to observe, feel and monitor health, and as well as to evaluate models of healthy eating in terms of their efficacy. Thus, Paleo also became a frame (Crossley, 2006) through which

adopters interpreted their embodied sensations, including sensations that occurred in the past that could then be connected to previously “unhealthy” diets, such as low-fat or whole-grain diets. In noticing how the body feels and acting upon feelings, adopters could be said to have gained a sense of mastery over their health that is based in their practice of Paleo.

Despite the established significance of embodied aspects of eating or “incorporation” in the anthropological literature (Fischler, 1988, p. 277), discussion of the somatic elements of eating have been relatively sparse in investigations of food choice in the healthy eating literature. Two examples include Keane’s (1997) study of Londoners’ use of government sponsored healthy eating advice, and Von Essen and Englander’s (2013) study of Swiss teens’ experiences of eating an organic diet. In both studies, what constitutes healthy eating was strongly informed by individuals’ embodied experiences with food, wherein individuals draw on embodied experience, e.g. listening to “body signals” (Von Essen & Englander, 2013, p. 4), to discern the healthfulness of dietary choices, since the body is regarded as the most reliable source of information (Keane, 1997). The findings presented here support this work in that Paleo adopters, too, identify a central role of embodied knowledge informing their understanding and evaluation of the healthiness of their diet, and experiences of vibrant physicality are regarded as clear evidence of the diet’s efficacy. Overall, an embodied understanding of the food-health relationship strongly underpins Paleo adopters’ understandings of what constitutes a healthy diet.

## **Conclusion**

The purpose of this chapter was to describe adopters' own definitions and descriptions of the Paleo Diet, to gain insight into the meanings they ascribe to and the ways they establish meaning around, their dietary practice. The findings reveal that there is no single definition or understanding of what constitutes a Paleo diet. This is because beyond some basic principles that are largely reflective of mainstream ideals of what constitutes healthy eating in general, i.e. eating “real”, “natural” and “whole” food, adopters' interpretations of the approach, including its purpose, are based in their own understanding of the relationship between food and health, and the role that food plays in their lives.

First, adopters ascribed meaning to the diet by establishing how Paleo fits in with their efforts to achieve health, i.e. whether health is understood as a personal goal or a lifestyle, and the extent to which food choice is regarded as a means of ethical-political participation. Second, the food-health relationship was deeply rooted in and connected to personal experience. Connecting the diet to experiences of the past and vibrant physicality resulted in adopters' holding multi-layered understandings of Paleo as a valuable approach to achieving health. Importantly, this chapter supports scholarship emphasizing a sociality of food choice in place of behavioural approaches, beginning with an appreciation of the range of meanings that individuals bring to what they eat, and reveals the ways that subjective experience and interpretation are implicated in healthy eating practices.

This chapter also makes specific contributions to scholarship in food choice and healthy eating which considers the roles of language, culture, forms of knowledge and embodied learning for informing and shaping dietary practices. As noted in studies of lay understands and uses of functional foods (Niva, 2007), food labels (Neuman et al., 2014), diet claims and constructs (Knight, 2011, 2015; Juaho, 2016), and of consuming organic (Von Essen & Englander, 2013) or ethical (Beagan, Ristovski-Slijepcevic, & Chapman, 2010) foods, Paleo adopters think about and practice their diet based in their situated and subjective interpretations of the healthfulness of food. Shared understandings of Paleo suggest that while mainstream discourse of what constitutes healthy eating is apparent in the talk of adopters (Ristovski-Slijepcevic, Chapman & Beagan, 2008), this knowledge is evolving as insights from nutrition science are taken up by individuals who oppose common food messaging from late 20<sup>th</sup> and early 21<sup>st</sup> century, such as eating “low-fat” foods.

Beyond shared interpretations, three perspectives taken toward the Paleo Diet described in this chapter contribute to discussions surrounding the construction and use of analytic categories relating to diets and dieting (Barr & Chapman, 2002; Fox & Ward, 2008a, 2008b). Emergent categories reveal nuances within the primary category of a health-oriented diet, and suggest the persistence of binary categories like ethics vs. health vegetarians, are untenable. Further, talk of past food and health experiences reveal cultural and familiar understandings of healthy eating; however, they also reveal the ways that individuals negotiate change and establish an understanding of themselves by connecting the past to current food practices (Strauss, 1993; Williams, 2000). Experiences

of vibrant physicality informed adopters' multi-layered understandings of the Paleo Diet in relation to the body (Keane, 1997; Monaghan, 2001; Von Essen & Englander, 2013) through which adopters established a sense of mastery over the body and health, strengthening their commitment to the approach (Crossley, 2001, 2006).

Overall, the findings demonstrate that the health practice of eating a Paleo diet involves agents' efforts to ascribe and establish meaning to and around their activity and its outcomes. Understandings of the relationship between food and health are subjective and evolve through processes of interpretation and sense-making that connect current healthy eating understandings and practices to experience. The body is central to adopters' establishment of a view of the diet as a legitimate and worthwhile approach to healthy eating. With these insights established, the next chapter explores the everyday activities, challenges and creative strategies Paleo adopters described in their efforts to achieve a Paleo diet. Focusing on the ways that adopters went about putting Paleo into action reveals key elements of the social and material relations involved in practicing Paleo in everyday life.

## **Chapter 6**

### **Doing Paleo**

The previous chapter explored the ways that adopters understood and framed the Paleo Diet as a healthy way to eat, and highlighted the processes through which they ascribed and established meaning to and around their practice. Building on those insights, the present chapter explores how adopters went about putting Paleo into practice in everyday life, such that it turns attention to accounts of the day-to-day activities, objects and events related to the achievement of a Paleo diet. The social and material relations surrounding food and eating for health are complex. Scholars working to understand and promote healthy eating have sought to identify and address conditions of life that operate as “barriers” to individuals achieving a healthy diet. Common barriers include time, taste, (Kearney & McElhone, 1999; Lappalainen et al., 1997), cost, inaccurate perceptions of dietary health and a lack of social pressure to eat healthy (Cox et al., 1998). However, others have shown that just because conditions are apt for doing does not mean action will occur (Bandura, 2004), nor will activities unfold in determined ways as a result of the removal of barriers (Nettleton & Green, 2014). The latter points suggest a need to look deeper into the contextual factors informing eating practices at a given moment in time.

From the perspective that food choice is situated, personal and involves reflexive negotiation based in meaning (Beagan, Ristovski-Slijepcevic & Chapman, 2010; Von Essen & Englander, 2013), some healthy eating scholars have brought attention to the ways that actors shape the social and material relations surrounding their activities (e.g. Bouwman et al., 2009; Von Essen & Englander, 2013; Nettleton & Green, 2014; Neuman

et al., 2014; Will & Weiner, 2014). For example, Will and Weiner (2014) described how individuals pursuing a low-cholesterol diet regularly deviated from their diet in order to engage in pleasurable and social food events. Paleo adopters were encouraged to describe how they “do Paleo” day-to-day, including what they eat or avoid eating, as well as how they plan meals, shop and cook. By exploring how adopters put Paleo into practice, moments are brought to light in which the social and material elements of food and eating meet reflexive assessments of what is reasonable and practical within the unique circumstances of everyday life, and in the pursuit of health.

This chapter is organized according to the dominant themes that arose in adopters’ talk of their Paleo-related activities. This talk generally centred on the challenges they experienced while trying to achieve a Paleo diet, which were most commonly related to *the costs of eating a Paleo diet, food preparation* and the *strictness* of the diet. Adopters’ talk also revealed the ways in which doing Paleo is related to *gendered roles* in the family. The following subsections also identify specific and relevant literatures to which the findings offer support or nuance in relation to these themes. Overall, this chapter highlights the ways that adopters, as agents, creatively negotiated perceived constraints on their activity, and seized upon or generated opportunities that made eating a Paleo diet possible and sustainable.

### **The costs of eating a Paleo diet**

Eating a Paleo diet can be expensive since it encourages eating a diet largely comprised of organically produced fruits and vegetables, and free-range lean meats, while

being devoid of traditionally cheap foods, like grains. Unsurprisingly, food sourcing and cost emerged as an activity that many adopters found challenging. For example, Meg explained:

I don't buy organic food very much because the costs are much more. I had started to buy grass-fed beef for my daughter because she was told she could have grass-fed beef. I would buy organic food for medical reasons only because of the cost.

For Meg, only “medical reasons” justify the cost of higher quality foods for her household, meanwhile, Shelagh, who’s household can afford to regularly purchase more expensive foods, noted that she simply does not want to spend more and buying the best foods is not always possible:

We put in a garden this year [...] and we do the CSA for the vegetables and meat because I'm cheap, I don't like to spend a lot of money. We have the means to do it so it's fantastic but there are ways to make it work. [...] You have to feel that [health] is a priority. [...] If you can't get the grass-fed and the wild-caught Salmon, that doesn't mean you just go back to eating Dominos [pizza]. You can at least make your best efforts to do what you can.

In Shelagh’s case, financial cost was related to accessibility; from her perspective, prioritizing health could be as simple as not consuming processed foods when the costs of food is high. This perspective was shared by Hannah, who said:

Is this a more expensive diet than eating the other way? It depends on how you were eating before because I know how much chips cost and I know how much cheese costs, Tropicana, that kinda stuff is expensive... [but] meat is more expensive than Kraft Dinner.

Many adopters shared the perspective that, unfortunately, there is a higher price to pay to consume foods that are assumed to have greater nutritional value. Still, they all make clear that the potentially negative effects on health, outweigh the cost benefit of cheaper foods, as Allison explained:



When I struggle financially, those are the times that I "pick my poison". So I'm gonna have chicken instead of red meat, or I'm going to shop at [a higher end grocery chain] but I'm not going to buy steak. I'm going to buy a pot roast because a pot roast is going to feed me for four days for \$14. That's not a lot of money.

Allison's "poison" analogy is a compelling example of how Paleo adopters think about food quality and how they try to reconcile their understanding of the relationship between food and health with material constraints. For Allison as for others, sacrificing quality for lower cost items did not mean they had given up on the diet, since the least healthy foods, like pizza and sugary fruit drinks, could still be avoided. Here, food sourcing was framed through the lens of adopters' understandings of health, as Brian stated:

Nothing comes before how I feel. So if I'm [thinking] "Oh, I can save money by eating Kraft Dinner all month," and then I go, "Well, how am I supposed to make money if I don't feel good?" I will spend any money on the right food, even if I can't afford it because if I'm not functioning, I won't be able to dig myself out of not functioning. [...] You're giving up your life to save dollars.

In general, the added expense of foods that adopters perceived as being higher quality, i.e. healthier and closest to an ideal Paleo diet as possible, was considered justifiable, especially when finances allowed.

Beyond the financial cost of Paleo foods were costs related to the time adopters spent acquiring food. Adopters who were responsible for grocery shopping for their households were especially conscious of the amount of time it takes to acquire items that are less common in the food landscape. For example, Meg explained why she continues to source food from a low-cost grocery chain that only carries non-organic produce and factory farmed meats, and she said:

The alternatives are too expensive in time and money. [...] If getting my food becomes my major activity, then that's not a great life either. Then we really are

back to a “paleo” approach, where getting my food is what I spend my whole day doing, I'm not willing to go back to that.

Similarly, Brock said of food sourcing:

I shop at the 24 hour grocery store – the whole key is convenience. I don't want to go to the farmers market because it's only open Saturday morning and everybody else goes, so something I can get at [the grocery store] in 15 minutes turns out to be 2 or 3 hours because you're dealing with all the line ups and everything else.

In another example, Shelagh explained:

It is more than just cost, it's time. [...] We're also practical about it, [...] I don't wanna be going to 10 different grocery stores to get all my different things. [...] We do the best we can without devoting 100% of our time to it.

Once again, opting to purchase cheaper items from convenient locations was framed in terms of the potential cost to their health, but the amount of time adopters were willing to spend achieving an ideal Paleo diet had strict limits. Being able to purchase all of their food from one location was considered the ideal scenario, and most felt that eating lower-quality foods that could be purchased in less time was still sufficient for achieving a Paleo diet, again, assuming the unhealthiest foods, such as processed foods, could be avoided.

To summarize, given the current food landscape, a diet high in “quality” items like organic produce and lean meats is expensive and tends to require sourcing foods from multiple locations. According to Paleo adopters, the costs of dieting are three-fold and are related to money, time and the health cost of eating non-Paleo food. Further, when food is understood as a source of health, the health costs of eating unhealthy foods are weighed against the material costs that challenge efforts to achieve a fully Paleo diet. Adopters generally felt that acknowledging the relationship between food and health is an essential element in their food sourcing practices, such that you can eat a version of the Paleo Diet

that is close enough to the ideal, so long as you “make your best efforts to do what you can” (Shelagh) for health.

These findings mirror commonly cited “barriers” to healthy eating that have been identified by scholars in the field of health promotion, mainly time (Kearney & McElhone, 1999; Lappalainen et al., 1997) and money (Cox et al., 1998; Furst et al., 1996). As a food secure group, the challenges that Paleo adopters described were related to managing budgets and sourcing Paleo-specific foods, as opposed to struggling to meet basic nutritional needs (Power, 2005). Adopters were also generally willing and able to allocate time and money towards acquiring food that they considered to have the greatest benefit for health (Murcott, 2002; Marmot, 2005; Navarro, 2009). That they understood their dietary choices through a reflexive, predominantly health-oriented frame, and considered the future or long-term implications of their choices suggests that they exhibit qualities consistent with middle-class food practices and beliefs (Greenhalgh & Wessely, 2004; Wills et al., 2011).

Despite their relative affluence; however, Paleo adopters experienced challenges related to the costs of eating a Paleo diet and negotiations of food sourcing unfolded at the intersection of the material, the personal and the symbolic (Furst et al., 1996; Horrocks & Johnson, 2014; Nettle and Green, 2014). Adopters’ understandings of what constitutes a healthy diet operated as a point of reference and comparison by which they evaluated their food sourcing decisions on a case-by-case basis (Furst et al., 1996). Adopters asserted that by doing “the best” they could, practical strategies, such as choosing one kind of meat over another, or non-organic produce over organic produce, allowed them to

achieve a lower-cost version of Paleo while still maintaining a healthy diet overall. The notions of making “health a priority” and “doing your best” were central to their negotiation of costs, which had two outcomes: adopters’ either allocated more resources toward acquiring healthier items carrying a higher financial or temporal cost; or, when this allocation was not possible or was deemed unreasonable, they opted to acquire foods that were both convenient and as close to the ideal as possible. Getting beyond a ‘barriers’ perspective, then, we see that by situating their food sourcing practices as being in service to achieving a healthy diet, adopters, as agents, *mobilize health as a frame* to justify their decisions. Their versions of the diet may then be better aligned with assessments of what is reasonable and what is practical according to adopters’ resources and preferences.

### **Food preparation**

Food preparation was another challenge that emerged in descriptions of doing Paleo. The diet generally encourages meal planning and preparation in the home to ensure that non-Paleo foods are consistently avoided. As a result, eating a consistent Paleo diet can require adopters to embrace a kind and amount of food work that they may not be familiar with. Adopters’ described food preparation in both positive and negative terms. For example, a few participants described the work of food preparation as a pleasurable, positive experience, such as Patrick who explained:

[My wife and I] like to cook together so it made it a little easier [to go Paleo]. [...] We sort’ve established a bit of a repertoire of a few go-to things that we liked to cook and make together that it became more of a routine. [...] I am prepping things and doing whatever and it kinda becomes a habit, and it’s fun.

Rose also described her experience with food preparation positively when she said:

[Paleo] has opened my eyes to new combinations of foods, trying new foods. I never was as interested before. You just buy something, [...] you don't really think about the ingredients so much. Using more spices, ethnic foods, has been a real benefit for me.

Allison also has a positive perspective on food preparation, mainly because her cooking practices make doing Paleo easier:

[I spend] less time [cooking] now because I use my slow-cooker. If I'm rushed, it's a fish day so I take my fish out the night before, I'm having a shower, it's literally 4 minutes each side in my cast-iron pan and I throw it into my thermos and might throw some raw vegetables into my lunch bag and away I go.

Similarly, Drew described meal preparation strategies that he found made doing Paleo easier:

[I make] Bullet Proof Coffee. [...] It's like a latte. [...] [It] helps me because I drive into the city and now there's construction on the [highway], so I get up and come downstairs at 5:30, [...] I can make this in 2 minutes.

While food preparation was an aspect of food work that adopters acknowledged they had to do, some felt they were able to make this aspect of the diet a manageable or even enjoyable part of their daily lives.

For others, food preparation was a more significant challenge. Indeed, nutritionist Stella said of her clients: "I think that's another big barrier for most people because cooking is a skill and people see it as something overwhelming and time consuming".

This was the case for Nick who was going through the process of changing his eating habits to a fully Paleo diet, and he explained:

I have the protein at breakfast, then vegetables, then at night I'll have my milk and cereal – I don't care if I'm foggy at night – I'm working my way through the cereal and stuff I have left in my house. [...] But that's another thing that scares

me, the amount of effort required to do the cooking, the preparation etc. etc., I'm not a natural cook.

Brock too did not see himself as a “natural cook” and struggled with doing Paleo consistently despite his knowledge of the diet and his health concerns. He said: “I'm very poor at cooking and organizing food. [...] My wife does the cooking, [...] I'm not creative enough. [...] I'm working on that. Baby steps.” Quite the opposite of Nick and Brock, Kelly regularly plans and cooks meals for her family, but she shared Brock's feeling that switching to a Paleo diet was a process of taking “baby steps” when she said:

I started off with baby steps. [...] It's been a work in progress for two years. [...] I do a lot of preparation, I do a lot of research into trying to find the best choices and, yes, I prep all weekend long. My fridge is full of fresh cut [produce] and boiled eggs. [...] There is a lot of work involved in keeping up this lifestyle but I am into a routine. [...] It's easy now.

These comments show that while some adopters had adapted to the food preparation requirements of the diet, they had to first figure out how to make the diet manageable in daily life. Those who were earlier in the process of practicing a Paleo diet, or who were attempting to practice the diet more consistently, had not yet identified and put into place effective strategies and, so, tended to see food preparation as a challenge.

That adopters struggled or had to work toward being proficient in food preparation is an unsurprising finding given that trends in food and eating over the past half-century point to an increase in the consumption of foods out of the home and prepared by others (Mintz & Du Bois, 2002). The effort that adopters described in terms of preparation is part of their engagement in what theorists refer to as food work (DeVault, 1991), which encompasses the various forms of labour individuals inevitably confront once they get beyond the aesthetic properties and imageries of a novel culinary activity (Collins, 2009).

While a lack of experience with and knowledge of how to prepare Paleo-approved meals could be regarded as a barrier to achieving the diet, adopters' talk reveals that a shift in food and eating practices to a diet like Paleo involves a subjective learning process where skills and knowledge are developed over time. The work associated with the diet eventually becomes routine practice and, in some cases, a pleasurable activity. As suggested in analyses of the embodied learning processes associated with exercise (Crossley, 2006), the concept of "mastery" finds support here, such that the more experience individuals had engaging in activities of food preparation, the less these activities were experienced as negative challenges.

Further, what emerged in talk of this aspect of food work were the specific and personal strategies that adopters employed to make eating a Paleo diet easier. Similar to research on the health practices related to mobility, Paleo adopters appear to have been aided by social (e.g. family), material (e.g. resources) and environmental (e.g. space) conditions allowing them to engage in the diet more consistently (Nettleton & Green, 2014). However, the findings also suggest that adopters themselves were fundamental in *generating the conditions* that facilitated their efforts and made Paleo manageable for them, including sharing cooking, creating go-to meals, using different meal preparation tools, creating or finding easy-to-follow recipes, and preparing foods ahead of time. These seemingly small adaptations in activity are important since adopters identified them as beneficial to their own food experiences and culinary prowess, and to their ability to achieve a consistent diet, i.e. to achieve the health outcomes they strive for. Overall, talk of food preparation and its challenges demonstrates the importance of experience and

learning in the process of adopting a diet that requires considerable work, and reveals that important ways that adopters, as agents, went about making the diet manageable in their day-to-day life.

### **Strictness**

Talk of doing Paleo also revealed the varied, unique and personalized versions of the diet that adopters engaged in. Just as there was no single definition of Paleo, there was also no single model for what to eat while on Paleo diet. For example, Drew used the language of Paleo advocate Mark Sisson by explaining that he is “doing it 80/20”, meaning that he only sticks to the diet 80 percent of the time. Brian, too, stated, “I’m now, probably 80% I guess, 80-20 kind of thing”. Accounting for their deviations from the diet, most adopters explained that they do tend to consume non-Paleo foods that they find pleasurable from time-to-time. For example, Kristine explained:

I don’t buy [cheese] anymore. [...] I don’t eat any grains, [...] but I can’t give up my milk in my tea. I’ve tried. [...] I wish there was something fast and snacky I could eat. [...] It’s not that hard for me, I just find it’s a bit boring.

Like Kristine, Meg lamented the strictness of Paleo and explained that she continues to consume milk, cheese and chocolate, which she notes she enjoys as a result of her Scandinavian ancestry, and she said, “So I’m not strictly adhering to the Paleo diet but I’m doing pretty damn good I think! [...] I follow this I’d say, 95%.” For many, specific pleasurable foods were difficult to remove entirely from their diet, and they reported eating modified versions of Paleo that allowed for pleasure.



In addition to finding it difficult to remove pleasurable food from their diet, adopters noted how context influenced how strict they were about their diet. For example, Brian, who claimed to eat “a ridiculous amount” of milk chocolate, explained, “If I’m out and they bring bread and butter, pre-meal, I’ll eat 1 or 2. You know, I’m not anal-retentive about it, but I don’t eat burgers on buns, that kind of thing.” Similarly, Jill said:

Wine, chocolate sometimes. [...] Sometimes I have canola oil. When I eat out, I try to have a steak but I’ll have sweet potato fries, trying to make [Paleo] more liveable. [...] I won’t deprive myself of things that I still like, but, to be honest, I feel sick if I have a beer.

According to adopters, eating out and wanting to experience pleasure were acceptable cases in which modifications to the diet could be made, even when illness was the likely outcome. A particularly poignant example arose in my interaction with Nick who suggested we hold our interview at a pub. After we found a quiet corner, Nick proceeded to order a pint of beer and plate of cheese-covered nachos for us to share. Nick enjoyed telling detailed personal stories about his food and health experiences, and about the people he had met in his life who had helped inspire his change to a Paleo diet. Nick’s stories were interrupted only by my comments and questions and his own ardent chewing and swallowing of the tasty and entirely non-Paleo foods. In the moment, it was clear that engaging in conversation with a stranger about food and health while eating “unhealthy” food was not problematic for Nick, rather, it was important to establish a shared, comfortable and pleasurable food and, perhaps, research experience.

To summarize, all Paleo adopters made modifications that suited the contexts in which they ate to some extent, while also understanding their practice in relation to their health. A desire for pleasurable food experiences was related to eating a Paleo diet most

of the time, with some using the language of advocates who support a flexible, 80-20 approach to Paleo. Eating out was one context in particular that adopters' felt modifications could be made with little disruption to their overall eating practices or health. From adopters' perspectives, modification make what is a strict diet "liveable", such that they were getting the most benefit from the diet while not depriving themselves of foods they enjoy.

What is clear from talk related to the strictness of the diet is that adopters were aware of differences in their eating habits when they were following Paleo more strictly, i.e. eating for health, and when they were not, i.e. eating for pleasure (Will & Weiner, 2014). This lends some support to research exploring the routine ways individuals manage conflicts between health, moral ideals and pleasure (Barr & Chapman, 2002; Will & Weiner, 2014). In this case, health and pleasure are entwined in talk about food and eating in relation to doing Paleo and Paleo adopters considered consuming non-Paleo foods as generally acceptable in some cases and contexts. Somewhat differently from previous research, however, is the finding that consuming non-Paleo foods was not only considered acceptable, it was deemed necessary in order to continue eating a Paleo diet in the long term. Pleasurable food experiences were framed as helpful for maintaining positive relationships with food and with others, and, therefore, tremendously important for ones' overall health. Deviation from an ideal Paleo diet was more the norm and was normalized in adopters' talk of their dietary modifications, but by *symbolically reframing pleasure within the frame of health*, adopters effectively dismissed any conflict that might arise between the ideals of eating a healthy diet and their desire for pleasure. This aspect

of doing Paleo effectively demonstrates the ways that adopters, as agents, manage the strictness of the diet by framing pleasure as a necessary component of their broader health practice.

### **Gendered roles**

The findings thus far have shown that food and eating practices unfold in relation to contexts involving resources, knowledge, reflexive assessments, events and others. Like Patrick who described sharing cooking with his wife, many participants noted how their Paleo-related activities were entwined with their relationships with others, particularly within their family<sup>18</sup>. Importantly, women and men talked differently about how they do Paleo. Describing their activity as situated in the context of their lives at home, they identified challenges related to doing Paleo that were associated with gendered expectations and performances.

First, women with spouses and children often talked about the ways that their practice of Paleo was influenced by and unfolded in light of their consideration of the wants and needs of family members. For example, Kathryn explained, “One of the reasons I do Paleo as opposed to something else is that my husband would revolt if he went 4 days without meat in his diet.” Meanwhile Jill, the only one in her household who eats a Paleo diet, said:

My [kids] are young, [...] cutting out entire food groups, dairy, it makes me nervous. [...] I'd rather just experiment with me for now. [...] I don't think [my

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<sup>18</sup> Five of the 18 participants in the study were single at the time of the interview. Since their practice of Paleo did not typically involve having to take others into account, they are not included in the following discussion, with the exception of Brian who talked about his mother. It should also be noted that all of the adopters in relationships discussed in the next section were in heterosexual relationships.

husband] will ever make that decision; [...] he'll eat whatever I make for dinner [...]. [He eats a] lot of the processed stuff. [...] He doesn't eat a lot of fruits and vegetables. [...] We're a family of routine, like, they had chicken fingers and fries for dinner.

While Paleo is a good fit for Kathryn's household because it includes the meat her husband prefers, Jill practices Paleo on her own and prepares separate meals, yet both associate their practices in terms of the preferences and needs of others. In another example, Kelly, who was also responsible for the majority of food work in her home, described practicing Paleo in her home as follows:

My biggest problem is that I have three kids who don't want to do [Paleo], a husband whose modified – he eats whatever I put in front of him – but it's really hard sometimes to keep everybody happy. That's why I'm [currently] making things in the oven for my children that I can't eat and my husband can't either [...] – he's dealing with some health issues.

That conflict can arise between ones' desire to eat a Paleo diet and the wants and needs of others, particularly children, was also raised by Shelagh, who said:

As a parent there's two roles: one is to get them to eat healthy and the other is to have a healthy relationship with food because I don't want them to feel deprived or that they can't have something. [...] So it's trickier from that perspective.

Similarly, Meg described her experience preparing and eating Paleo foods for her family as follows:

[At one point], we were eating a lot of broccoli and beans, [...] I couldn't find anything else that [my husband] would eat. Now we are starting to dredge up stuff that he remembers, [like] Kohlrabi, which his mother steamed and he hated it, but my daughter said "Roast it, it's lovely!"

Meg went on to describe her experience of preparing foods for her highly food-sensitive daughter and said:

[My daughter] came at Easter, and in order to see the whole family and have something that she can eat, we spent half the afternoon shopping. [...] [Before],

she wouldn't come for holidays, [...] I got very upset so I said, "Just tell me what to make!"

Finally, Allison too described doing Paleo in terms of her wanting to help her partner, stating, "[My partner] has developed little eczema patches. [...] May 1, he will be starting my diet. [...] He'll start with me and then I'll get him on probiotics." Consideration for others cut across women's roles as spouses, mothers and food providers, and meant that their own practice of Paleo was framed according to managing conflicts surrounding others' wants and needs.

One other common aspect of women's experiences of doing Paleo included making trade-offs with their time that allowed them to engage in the diet more fully. For example, Jill explained:

I decided to allow myself to do [the diet] and not have to exercise; [...] to give myself permission to be just normal active, like, I have 2 kids [...], I didn't have to go to the gym, and that time I was going to use to prepare food because that now would take longer. So I would trade that off, [...] cause that's my hardest thing with exercise, to take myself from the home.

Jill's comments show that unlike exercise, doing Paleo was aligned with her priority to spend more time at home and with her children. Shelagh also described how she has prioritized her role as a mother and her health, and how, by leaving her job, she helped her entire family's switch to a Paleo diet:

Shelagh: I wasn't loving my work, so as a mom, it's like, would you rather be home with your kids or working? [...] I was tired a lot. [...] [I worried that] I wouldn't have enough energy to stay home with [my kids]. [...] When we started eating better, I felt much better. [...] [I had to] learn to cook and prepare foods and to eat and shop differently. [...] [M]y learning curve has been much quicker, my adherence has been much better, because I've been able to be at home \*turns to Drew\* Your adherence is better because I'm at home.

Drew: Oh yeah.  
Shelagh: Because I can make his lunch and go shopping and get all of the stuff but it sure as heck takes a lot more time and effort to eat this way.

These comments suggest that for some women, particularly mothers, having Paleo be part of their lives involved making trade-offs related to the time they spent away from the home and caring for children. It may be noted that Jill had a full-time job that meant she had less time for food work compared to Shelagh who was in the process of applying for school, and who reflected that she was not sure how she was going to manage this work and the health of her family once she was back in school. Overall, for women, practices of food and health are strongly connected to their lives at home and the others occupying that space.

Men, too, described doing Paleo in connection to their relationships with spouses and children; however, in general, men described far fewer challenges related to doing Paleo associated with their roles in the family. Further, none described making trade-offs with their time in order do food work associated with the diet. The concern most commonly raised by men was related to their need to gain the support of their spouses in doing Paleo. For example, Brock explained:

I'm so poor at preparing food and I don't know anything about that sort of stuff, so I'm trying to get my wife to be on [Paleo] and my son too, because if we make the right food, [and] it tastes good enough that he'll eat it, it's good for him.

Given that his wife is responsible for food preparation in their home, Brock notes that having her support would be beneficial both for his practice of Paleo and for his son's health, which concerns him. In a different example, Patrick described his wife's reaction

to his adoption of the Paleo Diet and her need for evidence that it was working, and he said:

She had been skeptical [...]. She had noticed a shift in what I was eating and wasn't eating and we would talk about [it]. I'd said, "You know, I'm going to try and see how this feels and I feel pretty good about it". [...] [She said], "you've been doing this for a couple of years and I'm worried [about your health], what if your cholesterol is crazy". [...] I had a second year of blood work and it was even better [...] [and] she said "Oh, maybe I should learn a little or pay attention to some of these things."

In Patrick's case, having clinical evidence that his diet was helping rather than harming him was the most effective way to gain his wife's acceptance of the diet, which also affected her perspective of food and health. Gavin too described his experience coping with his wife's skepticism toward the diet when he said:

My wife has been a practicing registered nurse for 43 years. She's been in that industry, promoting the drugs, [...] pushing the policies and methodologies of medicine for 43 years. So for me to take on something like the Paleo Diet with a spouse who's so engrained is difficult because it resurfaces in every discussion. [...] Although, she's sympathetic to what I say.

While women mentioned spousal support as influential to their practice of Paleo, it appeared to played a more central role in men's description of their practice, mainly because gaining the support of their spouses generally made doing Paleo easier for them.

Like women, men expressed concern about the health of their loved ones. For example, Drew described his son Derek's stomach problems and how he and Shelagh try to limited his consumption of problem foods rather than having him take pharmaceuticals. Brock too described his concern about the abundance of refined foods in his son's diet, stating:

In today's world, everything is refined and the kids are overweight and diabetic because of the processing. *[Is that a concern for you, being a father, what your*

*son eats?]* Yes. I would like – now knowing what I know – to change what we eat. But let's face it, [even supposedly healthy cereals like] GO Lean, and I would try to get my son to eat that and they're not even close to a sugar-coated sugar balls, now I know all [cereals are] bad since they turn into sugar in your body.

Gavin too talked about sharing his knowledge about food and helping his wife and son overcome their health challenges. For example, he explained that by eliminating high sugar foods and refined grain from their home, his wife has had had fewer heart problems and her eyesight had improved, meanwhile, his son, who is now eating a gluten-free diet, experiences fewer seizures and has better intestinal health. In another example, Brian noted his concern for his mother's health and he said:

I was raised a vegetarian, [...] [because of] my mother morals [...]. She's die-hard. [*What does she think about you doing Paleo? Do you tell her to eat meat?*] No, just "crackers is probably not the ultimate diet for you, Mother." I joke with her. She does not eat very much. She's like an old skinny vegetarian right? And I'm like, "How do I say this nicely... you look like you're withering." I don't say that but it is the case.

These comments show men were equally as concerned as women about the health of their loved ones, yet they tended to regard themselves as role models of healthy eating who are prepared to help others achieve a Paleo diet. Further, and unlike women, their concern about the health of loved ones had relatively little impact on their own day-to-day practice of Paleo.

That women with spouses and children described doing Paleo in light of the wants and needs of others (Fagerli & Wandel, 1999) is unsurprising given that women continue to take on the majority of household work, including providing food and caring for others (Beagan et al., 2008; Cairns, Johnston & Baumann, 2010; Charles & Kerr, 1988; DeVault, 1991). In this case, making others happy meant preparing different meals for



themselves and their family members, or changing the whole family over to a Paleo diet and dealing with the conflicts that arise. Women's time conducting research, shopping or preparing food also required making trade-offs in time spent away from the home. Still, women in this study generally regarded these activities as positive since Paleo is, after all, a healthy way to eat, a finding which supports other studies of food and gender (Cairns, Johnston & Baumann, 2010; Cairns & Johnston, 2015). Men in this study were not especially concerned with the wants and needs of others, rather, their primary concern was with gaining the support of their spouses in order to make eating a Paleo diet part of their own dietary routine. While doing Paleo requires considerable time and effort was well understood by both women and men, it was the extent to and the ways in which the work of Paleo interacted with their roles in the family that these differences in the challenges and negotiations emerged.

Counter conventional wisdom that dieting is a feminized activity in Western culture (Bentley, 2004), it is noteworthy that men comprised just under half of the study sample. Indeed, researchers have observed evidence of a rise in popularity of dieting among men suggesting that it is now available for their participation in ways that do not threaten heteronormative masculinity (Bentley, 2004; Guptill, Copelton & Lucal, 2013; McCaughey, 2008; Spencer, 2014). Survey research suggests that men comprise roughly half (44%) of the online Paleo community (Schwartz & Stapell, 2013) and many of the established Paleo advocates are men. It is possible that *food and care work in relation to dieting* may be one way that men are beginning to bridge gendered divisions within the home (Aarseth & Olsen, 2008; Beagan et al., 2008; Cairns, Johnston & Baumann, 2010).

While only some men in this study described regularly engaging in food preparation, many more described being concerned about the eating habits and health of loved ones and felt that their practice was setting an example for others. It is possible that in adopting a diet like Paleo, men may, in turn, become more engaged in the food, health and care work that has traditionally been part of women's domestic role.

Overall, women and men geared their diet-related activities toward what they considered practical in terms of their daily lives, which was related to their roles and responsibilities in the family. Doing Paleo required that adopters take others into account, which involved managing conflicts and negotiating their own plans and strategies for achieving a Paleo diet.

## **Conclusion**

The purpose of this chapter was to gain an understanding of how Paleo adopters went about putting the diet into practice in their daily lives. There was considerable variation in terms of what adopters did or did not do when it came to their diet. Still, what emerged were the commonly experienced challenges associated with trying to achieve a Paleo diet. Doing Paleo required resources and efforts that, at times, went beyond what adopters were able or willing to do.

In general, the findings point to the limitations of a barriers approach to understanding health-related activity, instead providing strong evidence of the role of agency in processes of adapting to and sustaining healthy eating practices. While Paleo adopters' food and eating activities were shaped by the material and social relations

organizing their lives, talk of challenges and the strategies employed to dismiss or overcome them demonstrates adopters' active engagement in negotiating and managing these relations, such that they worked to generate the conditions that would support their practice of Paleo in the long term.

The four subsections described in this chapter make specific contributions to literatures found in both food and health scholarship. While food beliefs and practices are shaped, in part, by social class relations including access to resources (Wills et al., 2011), talk of food sourcing reveals the ways adopters negotiate costs (i.e. time, money and health) and points to a strong role of practical reasoning based in personal understandings of the food-health relationship (Furst et al., 1996; Horrocks & Johnson, 2014; Nettle and Green, 2014). Further, in an effort to “prioritize health”, adopters were able to achieve a version of the diet they deemed healthy that was best aligned with their available resources.

The findings related to food sourcing activities support literatures that situate healthy food and eating activities as part subjective learning processes (Crossley, 2006). The strategies described by experienced Paleo adopters demonstrate the ways that adopters, as agents, work to generate conditions that make their activity more likely (Nettleton & Green, 2014).

In relation to literature on food and eating behaviours (Will & Weiner, 2014; Barr & Chapman, 2002), the strictness of the Paleo Diet was considered a challenge, yet it appeared to be more easily overcome than other challenges. This was because strictness and pleasure were framed in relation to health through which adopters dismissed conflict

between ideals of eating for health versus eating for pleasure. Here, modifications or “doing it 80/20” were deemed acceptable and “healthy” in their own right, because they enabled adopters to continue the diet in the long term.

The final subsection shows that women and men experience challenges related to doing Paleo that reflect their roles and responsibilities in their families, which generally coincide with established understandings of gender relations of food and care work in the home (Beagan et al., 2008; Cairns, Johnston & Baumann, 2010; DeVault, 1991).

However, the findings also suggest that diets like Paleo may present opportunities for men to engage in this work differently (Bentley, 2004; Guptill, Copelton & Lucal, 2013; McCaughey, 2008). In so far as men are increasingly coming to engage with diets in order to improve their own health, they may take on new activities and come to form new relations with food and care work, and with others in their lives.

This chapter demonstrates that the health practice of eating a Paleo diet involves individual assessments of what is practical and reasonable in the context of daily life, and negotiations of meaning and activity in light of social and material relations that shape context. To this point, I have established an understanding of 1) the ways Paleo adopters understand and frame the diet, and 2) how Paleo-related activities are carried out and negotiated within a set of complex personal, social and material relations. In the next and final chapter of the analysis, I will build on these ideas by exploring the ways in which adopters’ practice of Paleo was implicated in their constructions of identity.

## **Chapter 7**

### **Constructing a Paleo Identity**

The previous chapters describe the ways that Paleo adopters establish meaning around their healthy eating practice and how practice unfolds and is negotiated within the context of their daily lives. The findings of these chapters support and offer nuance to numerous literatures aiming to advance scholarly understanding of healthy eating beyond linear, overly-simplified explanations of individuals and outcomes offered by a health behaviours approach. The findings so far emphasize the interpretive, embodied and social-material nature of food choice and eating in the pursuit of health. The present chapter now turns attention to constructive processes of identity that are implicated in the subjective and culturally situated health practice of eating a Paleo diet.

It is well established in the literature that people generate an understanding of and express who, what and where they are through their food and eating practices. Social anthropologists assert that food's primary symbolic function is to connect the individual to the collective and, thus, to culture (Fischler, 1988, 2011; Messer, 1984). Relatedly, sociologists regard practices of food and eating as essential for establishing and enacting identities related to our culturally situated understandings of self and health (Beagan & Chapman, 2012; Douglas, 1966; Lupton, 1996; Martin, 2011; Peel et al., 2005). Food and health are entwined in talk about eating and eating practices reflect commitments to identities associated with health-related values and ideals (Bisogni et al., 2002). Further, identities are not static and are continually negotiated in interaction (Vryan, Alder & Adler, 2003), such that individuals work to establish, reinforce and protect their identities

(Beagan & Chapman, 2012; Ristovski-Slijepcevic et al., 2010). This chapter has two aims: 1) to describe the kind of identities that Paleo Diet adopters constructed surrounding their practice, and, 2) using the concept of *identity work*, to identify the ways that Paleo Diet adopters went about maintaining and protecting their identities related to their dietary practice.

The first section, *Choosing to “do something”*, highlights the types of and ways that adopters constructed identities in relation to their diet. The first subsection, *“Food is the best line of defense”*, shows that adopters typically connected eating a Paleo diet to a desire to take control of their health, such that Paleo identities are, fundamentally, health identities. The second subsection, *“Are you Paleo?”* describes differences that emerged in the ways and extent to which adopters’ associated their identities with the Paleo brand. Together, they show that Paleo identities reflect adopters’ understandings of health-related values and ideals of Western culture (Johnston, 2008; Petersen & Lupton, 1996; Sassatelli, 2006), as well as their commitment to achieving health that is based in their subjective understandings of the relationship between food and health (Bisogni et al., 2002; Fox & Ward, 2008b).

The second section, *Who I’m not*, describes that ways that adopters reinforced their identities by positioning themselves and their practice in relation to others. The first subsection, *“It’s the people who want a quick fix...”*, describes how adopters situate eating a Paleo diet as a conscious choice that sets them apart from mainstream values and lifestyles associated with convenience. In the second subsection, *“I’m not drinking the Kool-Aid”*, adopters’ confront and respond to the conception that by eating a diet that is

divergent from the mainstream, they are doing something “extreme” and potentially unhealthy. These findings show how Paleo identities are reinforced through processes of othering, and offer insight regarding the ways individuals manage conflict in cultural expectations of what constitutes healthy eating (Bouwman et al., 2009).

The third section, *What is best for me*, further highlights adopters’ efforts to maintain and protect their identities against discrediting ideas and others. Three subsections, *“If it was a fad, it’d be gone by now”*, *Food “can heal”* and *“Ultimately, it’s their choice”*, highlight the specific strategies that adopters’ employed in order to cope with challenges to their practice of Paleo and their valued health identities.

### **Choosing to “do something”**

This section describes the type of identities that Paleo adopters constructed around their practice and how they went about doing so. It shows that by connecting their dietary choices to a desire to bring about health, i.e. to “do something”, adopters communicate an understanding of who they are, their commitments, values and the attributes they associate with their activity and themselves.

#### *“Food is the best line of defense”*

A common concern shared among Paleo adopters in this study surrounded the confusion and anxiety about the healthfulness of food, and choosing what to eat in light of conflicting information when it comes to healthy eating. Many adopters expressed a strong connection between eating a Paleo diet and mitigating, if not completely

addressing, the risks inherent to the modern food landscape. For example, not knowing the origins of what of what one is eating, was a concern raised by Jill who exclaimed:

[Food] scares the crap out of me! [...] It's getting better with [healthier] options but I think it's going to be a long process to get a whole section [at the grocery store] that you're really confident with and can go to that section and say "This" [is healthy].

That food choice raises feelings of fear of not knowing the origin of food was also expressed by Kelly who said:

[Our food chain] is absolutely dreadful. The pesticides, the antibiotics, the food sources, it scares me sometimes that I don't know where my food is coming from. Then I read a horror story, or something is exposed, and I think "NO! I'VE BEEN EATING THAT! I'VE BEEN DRINKING THAT!" Like I, honestly, I look at everything and wonder "Where exactly did you come from and what are you sprayed with and what am I eating?" [...] I'm so afraid. [...] You think you're doing well and providing good food for your family and then you read something that says you're not. [...] I want to provide the best.

In a somewhat different example, Claude expressed his skepticism of the healthfulness of foods with labels meant to indicate healthiness, and said:

[You're telling me] 18 chemicals that I don't even know in a product that's "Low Cal" [is healthy?] [...] Now I'm thinking, gee, maybe anything in a carton or bag is [bad for me], no matter what it says. [...] I really believe that all these things, [chemicals, toxins], together – with [a lack of] exercise – can lower the immune system.

Indeed, confusing and conflicting information about foods and risks were commonly raised as good reasons to adopt a Paleo diet. Adopters noted that Paleo encourages shopping at specialized grocery stores and markets (e.g. Patrick, Nick), buying organic food (e.g. Kristine, Hannah), reading labels (e.g. Jill, Claude), growing ones' own food or participating in CSAs (e.g. Nami, Shelagh and Drew), such that by eating a Paleo diet, the fears and confusion occupying their attention could be somewhat mitigated. Still, from



adopters' perspectives, eating a Paleo diet helps to ensure they are “doing well”; that is, doing something to avoid the worst risks to health that food can bring.

In line with this connection between eating a Paleo diet and mitigating the health risks of food, eating a Paleo diet was also described as a conscious effort to establish control over health and the body. For example, Drew and Shelagh discussed his struggle to improve his cholesterol and explained:

- Drew: [I]t's at the point of thinking before, “Oh, that's a death sentence, my cholesterol is a little high” to “OK, if I'm comfortable that I'm eating healthy and I'm OK with that”.
- Shelagh: From [his] first cholesterol test to [his] second, it had improved, it hadn't improved enough for the doctor to be happy but it had definitely improved. [...] [For us] the barometer now is more, “How well you're eating and how well you're feeling”.

In Drew's case, food choices have resulted in changes to clinical markers of cholesterol that he feels demonstrate the improvements he has made by choosing to eat a Paleo diet. Further, he and Shelagh describe a non-clinical metric of healthiness; that is, health is based on a combination of what they eat and how they feel. In another example, Nami described how the diet<sup>19</sup> has been essential for her maintaining her own health:

[The doctor is] going, “It really stumps me on why your liver is still functioning as well as it is” [...] You know why? [...] I've learned what I can eat and what I can't eat. [...] It's because of what I eat and the way I eat that I'm still healthy. [...] I do a lot of research on [the health properties of food] and I've always controlled [my illness] with diet.

Like Drew, Nami's sees her adoption and implementation of Paleo as serving her health needs on her own, non-clinical, terms. Expressing similar sentiments regarding a sense of

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<sup>19</sup> Nami regards her past food and health practices as essentially Paleo, although she had recently sought guidance from a local nutritionist to do Paleo more strictly. Past activities she warrants fit the Paleo model include moving “North” (i.e. getting away from polluted urban centres), eating food she grew herself and taking homeopathic remedies.

power and control over their health and their body were Allison and Kathryn who had reduced symptoms of eczema and migraines, respectively, and Kristine and Meg who described eating Paleo in order to “fight” weight gain they attributed to their aging bodies. While establishing control over health looked differently for each adopter, it was central to their constructions of a valued Paleo Identity, such that, to use Allison’s words, “There is something going on in my body that is not right and I have to figure that out.”

Further, adopters considered food as an aspect of daily life that they felt they had control over, and, therefore, it was necessary that they pursue a healthy diet, if nothing else. For example, Hannah who said:

There’s certain things that we can change and certain things that we really can’t. [...] There’s so many things that we need to look at in someone’s lifestyle, [...] [but] my go-to with any issue is, “What is your diet?” because that is something that you can control.

Similarly, Kelly said, “Right now I’m preventing. Right now I am doing everything in my power to make sure I don’t get sick, that I don’t get cancer. Can we prevent that? I don’t know, but I’m doing something”. Finally, Shelagh explained:

Food is the best line of defense. First, it’s something we have complete control over, for me it’s more empowering to think of food as something to make us healthier because I can control it. It’s like when you talk about cancer or heart disease, [...] it’s like, I might roll the dice and I might get cancer or roll the dice and I might have heart disease. But thinking of food as a way to help you, gives you more control over – or a perception of control – over your life.

Thus, according to adopters, establishing control over health and the body through eating a Paleo diet is a positive and highly valuable activity, particularly when it occurred on one’s own terms. Most importantly, adopters felt their dietary choice is to consume foods

that are “good” and “right” for their bodies, and thus, help to resolve and defend against illness.

*“Are you Paleo?”*

While adopters regarded their dietary practice as a demonstration of their commitment to defending against illness and establishing control over health, adopters differed in terms of whether and how they identified with the “Paleo” brand; that is, they differed in their use of the Paleo label as a way to communicate who they are in relation to their practice. For most adopters, “Paleo” was not central to their identity and they often engaged in talk that served to limit and refine the boundaries of their personal association with the Paleo brand. For example, Kristine stated, “I haven’t really said to people, ‘Are you Paleo?’ because I don’t think about it as, I’m Paleo. I’m just eating Paleo”. Similarly, talking about his association to the Paleo label, Drew quipped, “It’s not like I’m Paleo Man”. Hannah too explained that while Paleo is her chosen diet and one she recommends to her clients, she does not feel a strong personal connection to the approach, such that:

To me it’s just the way I eat, like there’s certain things that I don’t eat that I won’t touch [...]. It’s kinda been a more trial and error thing and I’ve come, at the end, to looking back and saying, “I eat Paleo.”

These comments suggest that eating Paleo does not necessarily imply being Paleo, or said differently, eating a Paleo diet does not necessarily mean that adopters see or hold an understanding of themselves in terms the diet.

Interestingly, those who ate a Paleo diet for personal health tended to associate themselves with the Paleo brand the least and rather than express an understanding of themselves as someone who eats a Paleo diet, as in the examples above, they focused on how their food choices translate into experiences of health. For example, Kathryn explained:

Paleo is one dietary approach, but if you wanted to eat wholesome food, we can probably look at the Hutterites or somebody like that that doesn't go to the grocery store to buy their food. [...] You can make your own or read the labels, and buy fresh, and buy wholesome, and not get your chemicals that way, but for me, the Paleo without the potatoes, and without the bread, works for me. [...] It's just the type of eating that makes me feel the best.

While Paleo was a recognizable label that all adopters used to specify and communicate how and what they eat, identities connected to their healthy eating practices were more strongly connected to a valued commitment to achieving health, where Paleo is just one possible way to do so.

Interestingly, a small subset of adopters stood apart in that they embraced their personal association with the “Paleo” brand. Eating a Paleo diet was a more central component of the identities constructed by adopters who had an ethical understanding of the diet and was especially the case for those who considered themselves advocates for dietary change and sustainable production practices. For example, at the time of our interview, Gavin was mobilizing a community to advocate for Paleo-friendly farming practices and for resources to support others in making the change to a Paleo diet. In addition to adopting the Paleo label for his advocacy and outreach initiative, he also said:

I want to feel part of a community and going to the grocery store doesn't allow me to do that. Growing a Paleo community, I feel, because it's so versatile, so full of potential, [...] we can really achieve a lot with this movement.

Stella also embraced the Paleo label in her work as a nutritionist, which she noted posed some challenges:

As a registered dietician, I was afraid of coming out of the closet [as Paleo], but at the same time, I wanted the feeling of belonging to a community. [...] [In the end,] my website was the Paleo Dietician. I was really labelling myself this way and targeting people who were already eating Paleo and wanted to fine-tune the way they were eating to address specific conditions.

In another example, Shelagh stated her intent to practice clinical nutrition using the Paleo Diet as a lens, she said “I’m going back to school so I can help propel this movement forward, I feel that strongly about it”. According to these adopters, associating themselves with the Paleo brand allowed these adopters to communicate their relationship and commitment to their diet, and to establish their membership in a community of like-minded others. Thus, for this small group of adopters, eating a Paleo diet implied being Paleo, such that their identities associated with their healthy eating practices reflect their understanding of themselves as advocates for alternative food and health practices that are aligned with the Paleo model.

The findings described here and in the previous subsection contribute and offer support to scholarship which asserts that talk of food and eating practices reveal and affirm cultural identity (Fischler, 1988). Western understandings of food are said to include a requirement of self-regulation and monitoring of risk (Montelius & Nygren, 2014), which some have argued is the result of decades of health promotion efforts aimed at changing individual food behaviours (Conrad, 1994; Coveney, 1999; Guthman, 2011). The identities that Paleo adopters constructed centered on their conscious and purposeful choice to eat a diet that will benefit their health and defend against illness. Consuming a

Paleo diet ensured that adopters were attempting to mitigate health risks associated with food as well as their anxiety related to conflicting health information. Judgements of eating a Paleo diet included that they were eating “well” and eating foods that are “good” and “right”. According to some scholars, these comments point adopters’ awareness of and participation in culturally valued modes for evaluating ones’ food choice, i.e. that by eating a Paleo diet, they are engaged in virtuous critical consumption and self-regulation (Conrad, 1994; Montelius & Nygren, 2014; Petersen & Lupton, 1996; Sassatelli, 2006) When viewed through the lens that health-related activities may be understood as moral performances, Paleo adopters relatedly express an understanding of their activities of consuming Paleo food, and of themselves, as morally “good” (Crawford, 1994; Klein, 2010; Metzler, 2010; Polzer & Power, 2016; Williams, 1998), such that to eat a Paleo diet is to be a “good person” (Johnston, Szabo & Rodney, 2011). Additionally, the findings also lend support to claims that in contemporary food and eating contexts, where the individual is removed from the process of production, food takes on new meanings and provide a basis for relationships between food and the self (Fischler, 1988). Thus, Paleo identities appear to be, first and foremost, health identities with qualities consistent with the values of Western healthy eating practices, and arising as a response to contemporary food and health anxieties.

As the findings suggest, eating-related identities are not only constructed, they are also enacted in talk of food and health practices (Bisogni et al., 2002; Fox & Ward, 2008a, 2008b). While adopters’ identities reveal their commitment to values and ideals associated with the moral self-management of health risk (Montelius & Nygren, 2014),

adopters also brought in examples of personal experience and descriptions of “how food makes you feel” to buttress the value they placed on their commitment to Paleo (Keane, 1997) and, unsurprisingly, adopters went about constructing their identities in different ways.

More specifically, adopters’ whose understandings of Paleo related to personal health or as complementary to a healthy lifestyle tended to dismiss or downplay their personal association with the “Paleo” label. For them, the diet enables them to “do something” “good” in light of concern or confusion about the healthfulness of food, in light of personal health concerns, or in light of a disconnect between clinical and personal understandings of health. Conversely, those who regarded Paleo as an ethical approach embraced the “Paleo” label to establish membership with like-minded others. For them, consuming a Paleo diet was more central to their identities related to their practice, which included advocating for others to adopt the approach and supporting change in food systems. Thus, Paleo adopters construct and enact identities that affirm cultural identity and establish cultural group membership to which their experience and values are aligned, such that *food-health identities differ according to the meanings individuals ascribe to their activity*.

### **Who I’m not**

In addition to constructing identities by communicating values and attributes they associate with eating a Paleo diet and with themselves – i.e. choosing to do something “good” and “right” for their health – adopters also worked to maintain and reinforce their

identities. One way this was achieved was by explaining how their approach to health differs from others, where others included people who do not eat a Paleo diet, people who know little about Paleo, or people who practice Paleo or another alternative diet in ways that are inconsistent with adopters' own practices.

*“It's the people who want a quick fix...”*

Adopters commonly described themselves and their practice of a Paleo diet in opposition to others whose choices and actions are aligned with a cultural preference for convenience. For example, Meg stated:

Let's pop a pill and see if that works, then we don't have to stop running on the treadmill. [...] It's so convenient to pop a pill, much more convenient. [...] It's the people who want a quick fix. While maybe you need to get more exercise and adjust your diet not just pop a pill.

Similarly, Kelly said:

People want the pill. [...] It is so much more work to do it yourself and to eat better [...] than to take this pill and say “Oh, I feel better now.” But I don't believe in – I don't want the medication - [...] it's made things easier, but at the same time we are killing ourselves.

Rose also explained, “People want quick fixes to things, a quick fix for whatever is wrong, a headache, to lose weight or zits or whatever.” From adopters' perspectives, a cultural desire for and acceptance of convenience in all things was also related to being and staying busy and remaining unaware of bodily needs when it comes to health. For example, Hannah explained:

The nature of where our culture, and everything is going, like, “the busier you are, the more successful, the better you are” kinda thing. [...] We don't have body awareness and body-consciousness. [...] In terms of seeing a sign or symptom of disease – if we're numb, we don't feel things.



In another example, Claude explained what he perceived to be a joint problem of a culture of convenience and lack of education:

People, I'll tell ya, it's this instant fix. It started with instant coffee and instant food in the 50's. Convenience. Instant. [...] How about [teaching] nutrition? Anatomy? "Know your body", 3 days a week, but definitely nutrition. [...] Information is habit forming [...] [and] packaging is deceiving, attractive.

Kathryn similarly felt that people lack knowledge about nutrition that would go a long way to changing a health-damaging culture of convenience, "You can't take responsibility if you don't have the knowledge. They don't know what they don't know."

Brian, too, said of nutritional education:

I think that it would be really awesome if alternatives were taught in school, [...] like highschool level. [...] Just have one class and be like, "You get the choice and if you want to make a choice, choose to be healthy."

According to adopters, practicing a Paleo diet sets them apart from others who are engaged in contemporary culture, particularly those with a desire for convenience, being "busy", "quick fixes", who lack of education about nutrition, and, ultimately, do not share their values.

Most adopters regard their dietary choice as conscious and related to their desire to "do something", thus others who do not do attempt to improve their health in similar ways were described as not trying hard enough. For example, Nami said:

They're just so frickin' lazy, "gimme gimme gimme gimme." [...] If you're in the "go-go-get-em" world and you get home, you want something that can be on the table in 20 minutes. They don't want to be bothered cooking or preparing. [...] To dream up something every day is too hard [for them].

Similarly, Allison expressed why, from her perspective, more people do not adopt a Paleo diet:

I think it's laziness. [...] They just don't want to give up their prizes, their sugar, their addiction. [...] They're not ill-enough that they're willing to make the changes. I think all the resources are there. I don't think that people want to do it because it's effort. [...] They don't want it bad enough, to do it the right way, because we are also very much a Band-Aid society.

In line with their own experiences and perspectives, Paleo adopters strongly felt that eating a healthy diet is a choice based in establishing health a “priority”. In a few more examples, Rose stated, “[Eating a healthy diet] is not a priority for [other people],” Hannah said, “I know a lot of people [have] different priorities but for me, [eating healthy] is a top priority and I think it always will be,” and Shelagh explained, “You have to feel that [health] is a priority.” Overall, adopters felt that despite their participation in a culture that values both self-responsibility for health and convenience, their choice to prioritize health by adopting a Paleo diet sets them apart from others who are unable or unwilling to do the same and, most importantly, reinforces the values that are central to their identities.

*“I’m not drinking the Kool-Aid”*

Another way that adopters went about maintaining and reinforcing their identities was by identifying what they considered to be others’ inappropriate understandings, motivations and ways of achieving health. Within this talk, adopters sought to make clear that a healthy diet is achievable only if one maintains an open mind and engages with diets in a rational and informed way. For example, describing an apparent rigidity in others’ understandings of food, Shelagh said, “Food is almost like religion to people. They have their beliefs and you’re not going to change their mind. [...] People [must be]

willing to [learn] and we need to have the science to support it.” In a similar comment, Patrick uses the example of his sister whose dietary practices contrast his more “skeptical” approach, and he said:

I’m naturally maybe a little bit skeptical [...] [but] I’ve seen it in my sister who is maybe a little bit more to an extreme, [...] she’s ended up having to get the senior’s pill container, not for pharmaceuticals but for supplements. [...] I’m not that concerned if I’m out for dinner with friends and you have a piece of birthday cake, I’m going to enjoy it.

Like Shelagh, Patrick sees his practice as rational, separating himself from “extreme” others, and he went on to say:

I’m not, like, fanatical or religious. [...] I’ll recommend some places people might want to find some information, [...] [but] not to say, “Read this because this is the gospel.” [...] I’m not drinking the Kool-Aid.

While eating a Paleo diet involves engaging with food and health in ways that fall outside of conventional dietary wisdom, from adopters’ perspectives, this does not mean their approach is “extreme”. Rather, examples of extreme food practices including being dogmatic about food and health stand in contrast to adopters’ own understandings and practices.

Many more adopters noted that the Paleo diet, in particular, is associated with images that are out of line with how they prefer to think about themselves and their practice. For example, Jill explained:

[Paleo has] been a bit of a buzz word. Some people don’t understand it, and then you see the extreme ones, like the binge-feasts ones. Some people imagine it that way and people call me a “Cavegirl” [...] [but] I am open-minded and try new things and experiment.

Quite the opposite of single-minded fanaticism, Jill sees herself as “open-minded” and willing to “experiment”. Similarly seeking to separate himself from those who take Paleo

too far, Brian said, “Paleo-preachy-people get really excited about something and you’re like, OK...?” Allison too explained, “I think any kind of extreme, whether healthy or unhealthy extreme, there has to be a happy middle in there.” By regarding themselves as individuals who find “a happy middle” or who are not “preachy” in their approach to Paleo, adopters reinforce their practice of Paleo as rational and based in a self-motivated interest in health, which includes not taking their efforts to extremes.

These findings contribute to discussions highlighting the complexities at the interaction of health, culture and identity (Beagan, Ristovski-Slijepcevic & Chapman, 2010; Bouwman et al., 2009; Caplan, 1997). In order to maintain and reinforce their identities associated with their healthy eating practices, Paleo adopters invoked images and attributes of others who they regard as different from them. Adopters, in general, tended to regard their own diet more positively than others (Beardsworth & Keil, 1991a; Povey, Wellens & Conner, 2001), and others who do not engage in a Paleo diet or do so in ways that are inconsistent with adopters’ own approaches, were considered to be participants in a culture that does not support health. Similarly to other findings in this section, this talk communicates adopters’ commitment to ideals and values of individual responsibility over health (Lupton, 1996; Petersen & Lupton, 1996). However, adopters’ maintenance of their valued identities, or identity work, also reveals their efforts to *manage conflict surrounding others’ expectations* of what constitutes healthy eating.

Similar to Bouwman and colleagues’ (2009) study of Dutch consumers, Paleo adopters sought to distance themselves from notions that they were taking their healthy eating practices too seriously, or in their words, that they were doing something

“extreme”. In the Dutch study, talk emphasizing moderation and engaging in compensatory activities, like taking vitamins served to deflect judgements or criticism that could be aimed at unhealthy food choices, like eating treats. In line with identities associated with their dietary practice, Paleo adopters emphasized prioritizing health and approaching healthy eating from a rational position, such that they are willing to “make changes”, are “open-minded” and want to “experiment”, while also enjoying non-Paleo foods, like cake. It could be argued that comments and judgements of others as being “extreme” or “religious” serve to both acknowledge and deflect judgement or criticism that could be aimed at Paleo adopters’ own practices, and thus, could discredit their valued identities.

Overall, Paleo adopters expressed criticism of mainstream lifestyles and dietary practices out of line with their own while also deflecting judgments that their practice could be considered “extreme” and potentially unhealthy. By identifying their own approach as being “open-minded” and aimed at finding a “happy middle”; however, they reinforce the notion that one practices a Paleo diet based on a rational, self-motivated interest in health.

### **What is best for me**

Building on the previous sections’ discussion of managing others’ expectations of what constitutes healthy eating, adopters also described and employed a number of strategies to cope with discrediting images and understandings of Paleo, and who they are as someone who eats a Paleo diet. These strategies suggest that Paleo adopters strive to

protect their identities in light of others' opinions and perspectives about the diet that contradict and devalue how they understand their activity and themselves.

*“If it was a fad, it'd be gone by now”*

Paleo adopters were keenly aware of popular conceptions of Paleo as a fad diet. The fad diet status of Paleo came in and out of focus during discussions with some adopters making explicit statements, like Shelagh and Drew who said, “[Drew] The very first thing I thought was – I was previously quite skeptical of that sort of thing – so ‘caveman diet’ here’s another – [Shelagh] Fad”. This recurrent talk suggests that the practice of eating a Paleo diet may be associated with discrediting images or attributes that could be applied to adopters themselves. For example, in his description of Paleo, Nick downplayed Paleo’s image as a fad diet, stating instead:

The narrowness of [the term] “diet” doesn’t make the sense that it used to. [...] There seems to be more holistic approaches available. [...] We’re at the opening and it’ll become more and more mainstream and this isn’t concocted by one guy, it was used for millennia. [...] People don’t understand body chemistry yet [...]. It just makes. It’s common sense.

Similarly arguing against conceptions of the diet as a merely a passive trend, Rose said, “If [Paleo] was a fad, it’d be gone by now. [...] It’s usually the tried and true things that stick around and last longer than the fad”.

While Nick and Rose defended Paleo against its fad status, others regarded this status as true but irrelevant. For example, Kathryn explained:

It’s got a name, it sells books. [...] It is a diet industry fad but most of them are when you first start experimenting. [...] How else do you learn if it’s not marketed? But it does lead you down a road to more knowledge, [which] means you’re free to pick and choose. [...]. The more information you get about these

things, where people didn't die when they did it, you're like "OK, maybe that's something I could do."

Similarly, Gavin noted:

Even if it's a fad that lasts 40-50 years, what kind of an effect would it have? [...] Because things are really rapidly changing in these ideas of health and food, and sustainability, and governments and corporations aren't going to take the lead. It's us and demand, demand changes everything.

While Kathryn and Gavin both regard Paleo's fad status as essentially irrelevant, their comments reflect their unique understandings of the approach. In Kathryn's case, she understands the diet in terms of its personal health benefit and so, despite it being a fad diet, it is important because it helps her make healthier food choices. Meanwhile, Gavin understands the diet in terms of its relationship to ethical food systems and sees its benefit in terms of supporting a consumer-led movement toward sustainable practices. Sharing

Gavin's more political perspective of Paleo, Shelagh also said:

[W]e have a lot of forces working against us in terms of marketing and big business, they don't want people to be growing food in their backyard. They don't want people to be going to the farms. [...] That being said, there's a lot of people that are starting to itch for it being done differently. There's too many people that are sick out there that are starting to look for alternatives.

In a slightly different example, Stella described what she calls Paleo's "mainstream" status in positive terms, since it makes the diet more accessible to her clients:

I'll have told them [about Paleo] 3 years ago and now that it's more mainstream, they're like "Oh, yeah!" and I'm like, great, now that there's a word to it, now that there's cookbooks out there, now that there's websites, [it's OK].

In general, most adopters identified and addressed the fad diet status of the Paleo Diet and either dismissed this characteristic of the approach outright, defended Paleo for its positive impact in their lives, or challenged the notion that the diet is fleeting, and thus,

not helpful. While some conceded that Paleo may very well be a fad diet, in so far as it can have a profound effect on understandings of the food-health relationship, adopters' felt strongly that it has potential to inform and support change in the long term, whether at an individual, cultural or systemic level.

*Food “can heal”*

Talk about health often includes talk about health practitioners. In the case of Paleo adopters, the conventional biomedical model of health and illness was often raised as a point of contention related to practicing a Paleo diet. A number of adopters described experiences with medical practitioners that challenged the ways they prefer to think and do health and themselves in relation to their practice. For example, Brock explained his struggle with managing his diabetes and visiting the doctor when he said:

I'm big and have diabetes that I'm trying to control with my diet. [...] I don't want to go see [my doctor] and he measures and says “it's 14 and I'm going to have to put you on insulin” and I'm going to have to say “No” and then there'll be a small fight. [...] I take supplements but I don't want to start taking life-dependent drugs for the next 20 years.

Pharmaceuticals were especially problematic for Paleo adopters, who commonly felt that the health-damaging effects of pharmaceuticals are not fully appreciated by doctors, who also tend to ignore dietary change as a more natural option. For example, Rose explained:

Our medical system is set up to be reactive, when you have a problem is when you go to the doctor. But alternative health, massage, chiropractor, is more pro-active so it's encouraging you to make sure you keep things in check, so if there's a small problem it doesn't get bigger.

Brian similarly said, “pharmaceuticals are not the most natural thing you can do. [...] For me it's, ‘stop going to the doctor because you're sick, start going to get healthy,’ taking it



in that direction is probably the biggest difference in my relationship to traditional medicine.” Jill too expressed her desire to be proactive about her health, which runs up against a reactive medical approach, and she said:

I certainly think a proactive as opposed to a reactive [approach] is really important. I think of it that way. When I’m eating properly I don’t get sick, but when I went off I did. [...] Then all the symptoms that I feel when I eat things that are processed, I think it’s definitely sending me a message. [...] Eating can make you physically feel better, like, it can heal, cause and effect.

For most adopters, the diet counters conventional biomedical approaches in that it is a proactive approach that prevents illness and reduces ones’ reliance on medical intervention.

A few participants were especially critical of the lack of attention that health systems have paid to the role of food in health, including Shelagh who said:

We think it’s healthy that we eat this way but the doctors think it’s wrong. They’re perceived as the ones who know best how to be healthy. [...] \*points at Drew\* For your prostate, you were prescribed medication. Derek was prescribed medication [for his stomach]. I went to the doctor about my fatigue and she didn’t find a source for it. She basically said, “You’re going to have to live with it”. [...] Diet was never mentioned as a way to manage the challenges we were having.

Shelagh’s sentiment that eating a Paleo diet for health is “wrong” according to those who “know best” was also expressed by Nami who described her experience participating in clinical trials for a chronic illness. She said:

I lie to [doctors] about [what I eat]. [...] I just tell them what they want to hear because when you’re dealing with Western medicine, and you don’t do what they want, they won’t treat you. [...] They won’t take you in [medical] trials. [...] Even my GP, I tell her “Yeah, yeah, I’m on Ensure,” I don’t tell her [what I actually eat].

Nami’s case is unique since she wants to access medical treatments that require she follow a non-Paleo diet, and thus, runs counter her understanding of the importance of

diet for supporting her health. In another example, Allison too explained her experience with a lack of appreciation and understanding of diet in the medical community when she said:

I've had doctors [and] clients guffaw at me when I've said my eczema is diet related. [...] My GP kinda doesn't-listen-listens. [...] [He said], "Oh, you've had a really big prescription for cortisone cream" and I said, "Yeah, I've got 10 refills left". He just looked at me, "You're not using it?" I said, "No, I've changed my diet" He said "Oh. Well, what did you do?" I said "No grains. No dairy. My eczema is getting much better and I'll figure out the rest," and he just went \*shrugs\* "Hm, OK."

While most adopters acknowledged the respect they have for medicine and medical practitioners, they also expressed concern about prevailing ignorance surrounding the importance of diet and reliance on reactive treatments like pharmaceuticals. Medical practitioners were primarily regarded as woefully mis- or uninformed and, ultimately, incapable of addressing the health needs that adopters were trying to address – whether it was being proactive or trying to address a specific concern like fatigue or eczema.

Conversely, eating a Paleo diet was regarded as a way to avoid a reliance on pharmaceuticals and to achieve a level of health that adopters felt is unachievable with a medical approach alone. Talk situating the practice of eating a Paleo diet as a way to “heal” and medical practitioners as uninformed, signifies the ways that adopters identify with and orient themselves and their practice while protecting their valued identities.

*“Ultimately, it’s their choice”*

As the previous subsection shows, one way that Paleo adopters worked to protect their identities was to categorize others who challenge the healthfulness of their practice

as mis- or uninformed. This categorization was also expanded to others including family members, friends and colleagues who held different opinions about food and eating and the Paleo diet. For example, Shelagh said:

I am more than happy to sit down and talk to them and help them do it, but people who want to just say “That’s just another fad, that’s just a big scam” or whatever, I don’t even want to engage with that because they’re not ready to learn. [...] I want to help the people that have an open mind and who want to try to do it.

Nami too expressed impatience with people who she feels lack an “open mind” and said of others who criticize Paleo, “You don’t know what you’re talking about. Go home and do your homework. They obviously don’t know anything about diet and what we need and what our bodies require.” In a similar statement, Brian said, “I don’t get in conversations, cause I go ‘OK’ \*shrugs\* ‘sure’ because the feedback I’ve been getting from myself is ‘this is how I feel best.’” Dismissing others or choosing not to engage in conversations in which the diet was criticized or challenged was a common protective strategy expressed by adopters, such that others were merely regarded as not having the same knowledge that Paleo adopters themselves had.

Additionally, some adopters felt that it was not their place or responsibility to justify their practice to other people, and who also tended to underscore that it was not their intention to “push” Paleo onto anyone else. For example, describing her experience facing criticism from her family, Kelly said:

Easter came and my mother-in-law was slopping out the lasagna and I said “None of that for me thanks,” and she said, “Why not? You can have a little bit,” [...] but I said, “You know that I’m changing the way that I’ve been eating.” [...] Everybody at the table criticized. [...] There is a lot of criticism but I don’t give into it [and] I don’t push it on anybody else. If you want to know what I’m doing then [I’ll tell you]. I just do what I think is best for me. [...] I don’t really care what anybody thinks because I know what I feel like.

Similarly, Brian went on to say:

Ultimately, it's their choice. I love seeing people happy and healthy. That's how I'd like to see things go but it's not my call. So if somebody's eating just crackers, I go, "That's sad", and I'll usually go, "If you want an alternative or would like to feel better, ask me, but I'm not going to force it on you."

These comments, coupled with dismissiveness in interactions with critical others, reflects an element of adopters' identities, primarily that individuals must choose to eat a Paleo diet as a way to achieve health for themselves and on their own terms.

In contrast to this relative passivity expressed by many adopters were a small group of adopters who were more defensive when it came to criticism and they described how they typically counter challenges raised by others. For example, Rose said:

My husband calls it, "The flavor of the month." He feels that I jump on these bandwagons and these fads and, you know, I should "just stick with what works," and I said "Well, I'm changing and evolving. How can I stick with something that doesn't work for me anymore? I need to find something that works better for me now."

In Hannah's case, given that she regularly recommends Paleo to her clients, responding to critics took the following form:

Don't knock it until you try it. Everyone and anyone that I've preached it to has found something positive, whether it's the weight loss, the feeling, the energy, whatever. So, um, call it a fad if you want, but try it and see if you can stop it. It's like "I bet you can't just have one chip", it's "I bet you can't do Paleo for 3 months and then resort back to what you were doing".

Like Hannah, Allison too challenged Paleo critics, primarily because the diet has been so successful for her:

"Do you have any health concerns?" And if they said no, then I'd say "Your diet is perfect. Continue the way you are on your merry little happy way." But if they answer is yes, I like to challenge them and say "Do it for 6 months". One month

isn't going to do it, you're going to see a change, but when you have severe issues as I have had, [...] three months may not do it.

Still, whether adopters opted to dismiss or engage with others who criticize their practice, they regarded others as lacking in at least two key qualities: personal knowledge of the health needs of ones' body, and curiosity in the relationship between food and health.

It is clear that the identities that Paleo adopters' construct reflect idealized understandings of their practice and who they are in relation to their achievement of a healthy diet (Goffman, 1959, 1963; Park, 1926), i.e. that they are doing “something” “good” and “right”. However, the findings also suggest that the impressions adopters have of themselves are not necessarily aligned with the impressions that others have of them or their diet. Unlike vegetarians whose identification with a dietary label tends to communicate positive associations with ideals of sustainable, healthy lifestyle practices (Fox & Ward, 2008b), Paleo identities appear to be discredited or *spoiled* (Goffman, 1963). Paleo adopters engaged in a number of protective strategies to maintain their positive healthy eating identities in their interactions with others. While it could be said that adopting a vegetarian identity communicates concern for the welfare of other species and a personal commitment to ethical consumption, which can carry a high social value (Fox & Ward, 2008b), being “Paleo” does not, so personal associations require careful management.

Strategies to mitigate negative associations and protect identity included controlling information in ways that reduce conflict and save face (Goffman, 1963; Park, 1926). More specifically, adopters described withholding information from health authorities, avoiding conversation with those who are critical of the diet, dismissing

others as uninformed, and lacking knowledge and understanding about the food-health relationship and the benefits of eating a Paleo diet. Defensive responses included “don’t knock it until you try it”, yet passivity in the face of challenges was more common and most adopters asserted that their food choice is what they consider to be “best for me”. Further, a few noted that, unlike what others may think, they are not trying to “push” Paleo and most believed strongly in the notion that it is up to the individual to choose to adopt the diet or not.

These compelling patterns that emerged in relation to identity and identity management highlights the importance of meaning for informing identities and shaping interactions with others. It can also be noted that adopters who understood Paleo from an ethical perspective, and many who engaged with Paleo as a compliment to their healthy lifestyle, tended to engage less in protective strategies when compared to those with a stronger interest in personal health. Researchers continue to investigate diets and those ascribe to them in binary terms, i.e. vegetarian/non-vegetarian, health vegetarian/ethical vegetarian (e.g. Jabs, Devine & Sobal, 1998; Rozin, Markwith & Stoess, 1997), and while these categories may be used by individuals themselves (Fox & Ward, 2008b), overlapping concerns and practices among supposedly divergent groups is common (Barr & Chapman, 2002). In this study, variation in the degree of identity work related to healthy eating practices further demonstrates the importance of taking note of diversity in the emergent categories. In this case, the stronger ones’ association with being “Paleo”, the less one concerned themselves with managing others’ impressions and expectations, and similarly, the stronger ones’ association to ideals of “healthy eating”, the more

“Paleo” became a problematic mechanism for expressing desirable values and commitments.

While these distinctions may appear to tell of a “health” vs. “ethics” binary, the lines between these are not straightforward as some adopters, especially those with a complementary perspective, tended to exhibit qualities of each. Given the findings described in Chapter 5 related to the ways in which meanings about the food-health relationship and Paleo evolve over time, there may be utility in identifying the mechanisms and circumstances surrounding the point at which ‘eating Paleo’ becomes ‘being Paleo’ among its adopters in future diet-related investigations.

Whether adopters were confronting Paleo’s fad diet status, perspectives from the biomedical community or others in their lives who challenge their dietary choice, they worked to reinforce and protect the values and attributes of the identities they deemed positive and meaningful. As health identities, Paleo identities were strongly rooted in the notion that eating a particular diet in the pursuit of health is an individual, conscious choice with the aim of establishing control over the body on ones’ own terms.

## **Conclusion**

This chapter set out to describe the kind of identities that Paleo adopters construct in relation to their dietary practice, and how they went about maintaining and protecting them. The findings reveal that Paleo identities are complex and unfold through a reflexive process involving anxiety surrounding food risk and the need for achieving control, and

the management of others' expectations and impressions of who adopters are as people who eat a Paleo diet. Strategies for protecting and maintaining valued identities reinforce adopters' commitment to the diet, as well as to the value they place on achieving health in ways that are informed by personal experience (Keane, 1997).

Ultimately, Paleo identities are health identities that reflect adopters' understandings of the relationship between food and health, their commitment to achieving health on their own terms, and, too, their understanding of and participation in health-related values and ideals of Western culture. Mainly, Paleo adopters' identities engage many of the qualities described by cultural theorists emphasizing the neo-liberal imperative to bring about health for oneself through carefully, morally fraught activities of consumption. Yet, as agents, adopters do not merely reproduce the normative frameworks and expectations of what is appropriate when it comes to health and healthy eating, rather, they confront challenges and work to establish and maintain identities that reflect their understanding of the diet and themselves. Being Paleo does not hold the same meaning or importance to all adopters; while some participate in the activities of the diet but do not identify with the Paleo brand, others find self-expression and a source of group membership and belonging in their association with Paleo.

This chapter makes a few specific contributions to literatures on healthy eating and identity. The findings contribute to discussions related to the ways that cultural understandings of health and healthy activity are negotiated in the context of food and eating practices. Adopters' desire to establish control over health through eating practices is aligned with what scholars have identified as a cultural, moral expectations surrounding



the mitigation of risk (Conrad, 1994; Coveney, 1999; Montelius & Nygren, 2014; Polzer & Power, 2016; Williams, 1998), critical consumption (Johnston, 2008; Johnston, Szabo & Rodney, 2011; Sassatelli, 2006) and self-regulation (Crawford, 1994; Guthman & DuPuis, 2006; Klein, 2010; Metzl, 2010; Petersen & Lupton, 1996). However, Paleo identities also reflect the complexity that arises as cultural values are negotiated in light of personal experience and understandings of the relationship between food and health gained through the process of doing a particular diet. In this study, Paleo adopters express a commitment to choosing to “do something” but at the same time, what one does must be established on ones’ own terms. Adopters differed in the extent to which they associate their practice with the “Paleo” brand which was connected to the different meanings they ascribed to their dietary practice.

The identity work that Paleo adopters engaged in had to do with managing conflict surrounding others’ expectations of what constitutes healthy eating (Bouwman et al., 2009). While Paleo adopters regarded the diet as a powerful alternative to mainstream food and eating practices and a demonstration of their personal commitment to health (Beardsworth & Keil, 1991a; Povey, Wellens & Conner, 2001), they also recognized that Paleo is part of the lexicon of the fad diet industry and is associated with eating practices and images that are out of line with their own, such as “binge feasts”, “caveman” and “cavegirl”. Many adopters, therefore, sought to distance themselves from these images and from the assumption that they are doing something “extreme”, or “religious” or potentially unhealthy. Instead, adopters worked to align themselves and their practice with positive values and attributes related to healthy eating in general, and deflected

judgements and criticisms that could be aimed at their practice of a non-conventional, restrictive diet.

Overall, these findings suggest that Paleo identities could be considered *spoiled identities* (Goffman, 1963), as a result of the attributes that others' associate with the Paleo diet. Spoiled identities require careful negotiation in order that the individual maintain a positive understanding of self and adopters described the ways that they negotiate these associations in their interaction with others (Goffman, 1959, 1963; Vryan, Alder & Adler, 2003). They used a number of strategies to manage others' impressions of what Paleo is and who they are as someone who eats a Paleo diet. Differences in the extent and form of identity work that adopters engaged in provide further evidence of the importance of attending to the diversity of meanings that individuals ascribe to their healthy eating practices. Future research could look to the circumstances and mechanisms through which healthy eating identities evolve in relation to practice. In conclusion, the health practice of eating a Paleo diet involves the construction, maintenance and protection of healthy identities related to dietary practices, which are culturally mediated and negotiated in interaction.

## **Chapter 8**

### **Conclusion**

This study examined how the health concerns of people who adopt a Paleo diet are taken up in their everyday eating practices. It considered how scholars have approached analysis of health-related activities to date, identifying perspectives that emphasize the situated and contextual nature of healthy eating as a social practice. In a case study of the lived experiences of those who have adopted a Paleo diet, I applied the *health practices* concept while aiming to locate and explore the role of the agent in contexts in which healthy eating unfolds. Drawing on theory and methods informed by the symbolic interactionist tradition, this dissertation expands on and deepens understanding of health practices by grounding the concept in the experiences of social actors.

In this final chapter, I review the main findings and contributions of the dissertation and discuss directions for future research. I begin with a summary of the empirical chapters, noting their contributions to specific topics and discussions in the sociology of healthy eating. I then elucidate the conceptual contributions of the dissertation as a whole to understandings of health practices. Next, I discuss some directions for future research related to healthy eating and other forms of practice, and conclude the chapter with a brief discussion of the implications of this study for health practitioners, promoters and systems.

### **Summary of findings and substantive contributions**

The findings of this investigation give insight into the lived experiences of Paleo Diet adopters. It expands on scholarship explicating the sociality of food choice and explores the ways that Paleo adopters establish and express understandings of what constitutes health through their engagements with food and in relation with others and society. Part of a shift spanning four decades of food-health research, this study moves beyond strictly psychological or social-determinants explanations of healthy behaviour and focuses instead on the subjective sense-making and interpretive processes of socially and culturally embedded agents. My investigation found that the practice of eating a Paleo diet for health is comprised of three main elements: 1) defining the diet, that is, attaching meaning to food and food-related activities, and developing experience-based understandings of the relationship between food and health; b) doing the diet, that is, putting the diet into practice and negotiating that challenges that arise while trying to achieve an alternative and restrictive diet; and c) constructing a Paleo identity, which involves efforts to establish and protect valued identities related to one's dietary practices.

*Multilayered understandings of 'healthy eating'*

Paleo adopters bring a range of meanings to their food practices and the findings reveal how understandings of what constitutes healthy eating are developed in situated and personal contexts involving subjective interpretation. Adopters expressed a shared understanding of Paleo's basic components which include eating "real", "whole", "natural", "nutrient dense" foods that humans evolved to eat. Adopters also agreed, however, that the "Paleo" component of the diet is primarily an ideology, one that guides

food practices with modern limitations. I suggest that the shared language adopters used to convey the healthfulness of Paleo demonstrates the strong, continued role of nutrition science for informing understandings of what constitutes healthy eating (Ristovski-Slijepcevic, Chapman & Beagan, 2008). Further, the Paleo diet appears to be one avenue through which new health discourses related to food – for example, eating for gut health – are gaining mainstream attention.

Beyond shared descriptions, adopters typically framed the Paleo Diet in one of three ways: 1) as a means to achieve personal health, 2) as a complement to a healthy lifestyle, or 3) as an approach with implications for ethical and sustainable food production practices. I suggest that these frames demonstrate the ineffectiveness of binaries traditionally used in diet research (i.e. vegetarian/non-vegetarian, ethical vegetarian/health vegetarian). While personal health was an important concern for all Paleo adopters, ethical concerns emerged out of and in line with personal health concerns, and “complementary” and “ethical” adopters shared overlapping concerns on some issues, such as environmental sustainability. Importantly, these findings point to the complexity in the meanings individuals ascribe to objects and activity, and that come to influence dietary practices.

Adopters also described the diet in relation to food practices of childhood and embodied experiences of vibrant physicality. Embodied relations of food and health comprise only a small subset of investigations in works comprising a sociology of healthy eating (e.g. Von Essen & Englander, 2013). I suggest that the past was a lens through which adopters compared, evaluated, integrated and legitimated their present-day food-

health decisions (Bury, 1982, 2000; Charmaz, 1983; Strauss, 1993; Williams, 2000), whereas embodied experiences most strongly informed their understandings of the relationship between food, health and the body (Keane, 1997). Embodied experiences of vibrant physicality were reified as proof of the diets' efficacy and were strongly related to adopters' understandings of their role in fostering their own health through their food choices (Crossley, 2006). By connecting past and recent experience through the frame of the Paleo Diet, adopters fostered *multi-layered understandings of what constitutes healthy eating*.

As the literature suggests, there are many forms of knowledge available to agents with which they construct meaningful understandings of food in relation to their health (Caplan, 1997). In the case of practicing Paleo, nutrition science discourses and personal, embodied experience combined to form complex understandings of what Paleo is and what can be achieved by practicing the diet. Importantly, subjective interpretations of the diet in light of experience strengthened adopters' commitment to the diet and fostered their understanding of the approach as legitimate and worthwhile way to achieve health for themselves.

#### *Creating a “doable” and “livable” healthy diet*

Eating a Paleo diet unfolds in the context of everyday social and material life, which was exemplified in the challenges that adopters faced while trying to achieve the diet. Scholars argue that understanding food choice through the frame of health is characteristic of middle-class food beliefs and practices (Greenhalgh & Wessely, 2004;

Wills et al., 2011). While the findings generally support this assertion, I suggest that Paleo adopters, as agents, *mobilized health as a frame* to rationalize choices that were better aligned with their available resources and preferences. Achieving a strict Paleo diet was typically regarded as expensive in time, money or both, and adopters often purchased non-ideal versions of Paleo foods. Understandings of what constitutes a healthy diet were the points of reference and comparison by which adopters evaluated their sourcing decisions (Furst et al., 1996); however, adopters' judgements of their practice as "doing the best" they can to "make health a priority" enabled their achievement of lower-cost versions of Paleo without feeling that they were sacrificing health. Rather than concessions implying failure, a more generalized avoidance of unhealthy foods like processed foods and grains meant that health was their still their main priority. With this perspective, adopters rendered constraints of time and money, and perceived costs to health as a result of constraints, unproblematic. Thus, individuals engaged in both material and symbolic efforts to render their unique versions of Paleo acceptable and based in their assessments of what is practical and reasonable for daily existence.

Preparation was a central aspect of the food work associated with achieving a Paleo diet (DeVault, 1991). A lack of skill or knowledge in preparing food may be regarded as a barrier to achieving a healthy diet and scholars have considered how social (e.g. supportive spouse), material (e.g. food, cook books, equipment) and environmental (e.g. space, time) "conditions of possibility" combine to aid or thwart this achievement (Nettleton & Green, 2014). I suggest, however, that differences in the extent to which food preparation was deemed a challenge reveal the fundamental role that adopters played

in *generating the conditions* that make the diet possible and manageable day-to-day. Building on discussions of embodied learning (Crossley, 2006), I argue that Paleo adopters reflected on the strategies they employed that made their food work easier and more manageable over time, such that it became part of their routine activity. Newer adopters who were still developing strategies for achieving the diet expressed concern about not being a “natural cook” and being unsure how they would sustain the diet moving forward. The findings demonstrate how subjective processes of embodied learning are born out in and influence the achievement of a healthy diet, particularly in relation to the work of preparing healthy food.

Paleo also challenged adopters to reorient their eating practices away from foods they might find pleasurable, shedding light on how they think about and negotiate the conflict between health and pleasure (Barr & Chapman, 2002; Will & Weiner, 2014). Similar to findings in other studies, adopters modified their diet when it suited them, and eating out was one context where modifications were made with seemingly little disruption to their overall practice (Will & Weiner, 2014). However, I show how adopters overcame the challenge of restrictions on pleasurable food by *symbolically reframing pleasure within the frame of health*. Similar to their negotiations of time and money, adopters’ modifications to the strict diet were made in order to make the diet “liveable”, noting that positive relationships with food and others are essential for wellbeing. This perspective, coupled with the assertion that a diet must be pleasurable in order to be healthy, Paleo adopters effectively dismissed conflict between ideals of health and pleasure. Thus, while health and pleasure are entwined in talk of eating (Will & Weiner,



2014), it involved framing food choice within particular understandings of health to make eating a Paleo diet possible and sustainable.

Findings related to putting Paleo into practice were generally consistent with scholarship articulating a gendered division of food and care work (Beagan et al., 2008; DeVault, 1991; Fagerli & Wandel, 1999), such that men and women described different experiences of doing Paleo in relation to gendered roles in the family. However, the findings also speak to scholarship pointing to a recent rise in men's participation in diets (McCaughey, 2008) and domestic labour (Aarseth & Olsen, 2008; Beagan et al., 2008; Cairns, Johnston & Baumann, 2010). I suggest that *food and care work related to dieting* may be one mechanism behind men's increased domestic participation. For example, men described preparing meals for themselves and others, and sharing food sourcing and preparation with their spouses. They also expressed concern for the health of others, particularly children, and tended to see themselves as role models. Thus, it may be in practicing a Paleo diet, that is, their personal efforts to achieve a healthy diet for themselves, men experience and take note of food and care work in the household in ways that disrupt traditional gender divisions.

Overall, talk of the challenges associated with achieving a Paleo diet highlight the social and materials relations that confront and influence dietary activities in adopters' day-to-day lives. Adopters mobilized health as a frame with which to rationalize food choices that were aligned with available resources, preferences and tastes, and they negotiated food work in the context of their daily activities. They described learning new skills, gaining the support of spouses, and making trade-offs in their time from other

activities as part of their experiences of achieving the diet. The finding suggests that scholarship on dieting and diets benefits from analyses highlighting the generative role of individuals in contexts, mainly, the material and symbolic work that goes into making a particular diet possible and sustainable over time.

*Being someone who eats a Paleo diet*

This study provides insight into the processes of identity construction and maintenance related to healthy eating. Talk of food and eating activities is said to reveal and affirm cultural identity (Fischler, 1988). I suggest that at their core, Paleo identities are health identities with qualities consistent with the values of Western culture (Conrad, 1994; Coveney, 1999; Guthman, 2011; Guthman & DuPuis, 2006;), i.e. taking responsibility for ones' own health, or using the words of Paleo adopters, to “do something” “good” and “right” for ones' health (Conrad, 1994; Johnston, 2008; Petersen & Lupton, 1996; Sassatelli, 2006;). However, the Paleo label was not necessarily central to the identities that adopters constructed in relation to their dietary practice, which I suggest provides evidence that *food-health identities differ according to the meanings individuals ascribe to their activity* (Beagan & Chapman, 2012; Bouwman et al., 2009; Fox & Ward, 2008a, 2008b; Ristovski-Slijepcevic, Chapman & Beagan, 2008).

Unlike other diet studies (e.g. Barr & Chapman's, 2002; Beardsworth & Keil, 1991a; Fox & Ward, 2008a, 2008b; Jabs, Devine & Sobal, 1998; Niva, 2007; Von Essen & Englander, 2013), few adopters embraced the “Paleo” label as a means for communicating their values and commitments, or to establish membership with

likeminded others. Adopters who regarded the diet as means to achieve personal health especially tended to focus on how their own conscious and purposeful choice to eat a Paleo diet translated into experiences of vibrant physicality. In contrast, ethically-minded adopters tended to focus on how eating a Paleo diet connects them to communities advocating for alternative health approaches and food production practices. This finding points to the complexity in types and ways of constructing identities around practices of healthy eating, which are aligned personal meanings as well as cultural values.

Scholars note that identities are continually negotiated in interaction (Vryan, Alder & Adler, 2003) and individuals work to establish, reinforce and protect identities that are a means of expressing who they are (Beagan & Chapman, 2012; Ristovski-Slijepcevic et al., 2010). Similar to research involving vegetarians, Paleo adopters held stronger positive opinions about their own food choices compared to those of others (Beardsworth & Keil, 1991a; Povey, Wellens & Conner, 2001). Comparisons adopters made between themselves and others served to reinforce their dominant understanding of health, and eating a healthy diet, as an individual choice and responsibility (Lupton, 1996; Petersen & Lupton, 1996). However, statements in which others were regarded as “extreme” or “religious” in their food practices revealed an important aspect of the identity work practiced by Paleo adopters (Bourdieu, 1984; Cerulo, 1997; Goffman, 1963; Snow & Anderson, 1987). Notably, adopters distanced themselves from images of extreme dieting behaviours while evoking images of a rational and informed eater. In doing so, they sought to deflect negative associations that others may ascribe to them as people who eat a Paleo diet. I suggest that efforts to reinforce valued health identities

primarily involved *managing conflict surrounding others' expectations* of what constitutes a healthy eating (Bouwman et al., 2009), as well as images of who they are as people committed to the diet.

Managing conflicting expectations of healthy eating and who eats a Paleo diet were prominent components of adopters' experiences. Accounts of interacting with others revealed the specific strategies that adopters employed to protect their identities from discrediting images and others (Goffman, 1963; Park, 1926). More specifically, others were deemed to be uninformed, lacking knowledge about the food-health relationship, or generally holding incorrect understandings of Paleo and health, and thus, not worthy of time or attention. I suggest that these strategies are evidence that Paleo identities are *spoiled identities* (Goffman, 1963) owing to popular conceptions of Paleo as a fad diet and that adopters are potentially engaging in a mis-guided and unhealthy approach to eating. Spoiled identities require work to ensure positive values and commitments are affirmed by others, which was clear in how most adopters' talk about their practice. Diversity in the extent of identity work that some adopters engaged shows that meanings are, once again, strong indicators of the form that Paleo identities will take.

Thus, Paleo identities are health identities that communicate values and attributes consistent with Western cultural ideals; however, differences in the types and ways that adopters constructed identities provide further evidence that food-health identities differ according to the meanings individuals ascribe to their activity. Eating a Paleo diet did not necessarily imply being Paleo as most adopters worked to reinforce and protect positive attributes they associated with their activity and themselves. The identity work revealed

in talk of doing Paleo is unlike other diet studies and suggests that managing others expectations of what constitutes a healthy diet, and understandings of who someone is that eats a particular diet, is a considerable part of the practice of eating a Paleo diet for health.

**Conceptual contribution: A grounded understanding of the health practice of eating**

In contribution to a sociological understanding of health-related activities as situated and contextual social practices, this thesis attended to the subjective and interactional elements of the health practice of eating a Paleo diet. This work, I argue, fills a gap resulting from the theoretical perspectives used to inform investigations and analytic insights involving health practices to date. Health practices scholars affirm a view of health-related activity as contextual and seek to reveal what people actually do when it comes to their health, yet none have taken on a perspective of human activity as processural, emergent and ongoing. Using an interpretive, qualitative methodology informed by pragmatism, explicit attention was paid to the agent of practice and their lived experiences of eating an alternative, Paleo, diet. The following describes four ways in this study expands upon current knowledge and a sociological health practices approach.

First, the basis of understanding health-related activities as health practices is a dynamic appreciation of human behaviour, such that activity may be deemed healthy by authorities, lay persons or both (Cohn, 2014b). Much the empirical analyses engaging health practices to date has been relegated to topics relevant to clinicians and those

working in health promotion, such as compliance to low-cholesterol diets (Will & Weiner, 2014), yet, eating a Paleo diet is one way that individuals may go about achieving health on their own terms. Paleo offers an unconventional perspective on the healthfulness of food compounds, such as saturated fat and cholesterol (Cordain, 2011). While it is recognized as part of a self-help industry and often grouped with other so-called fad diets (Nestle, 2006; Zuk, 2013), it is gaining notoriety among medical experts and has been linked to a broader food-health perspective emphasizing whole food diets to resolve chronic diseases (e.g. Mannheimer et al., 2015; Stetka, 2014). It is for these reasons that Paleo is a good case with which to apply a health practices lens because it engenders the ways in which health and healthy eating are taken up by individuals outside of a clinical context. Importantly, the findings of this study demonstrate the applicability of health practices to investigations of activity that are self-directed and unfold in the personal realm.

Second, using health practices as a lens involves ascertaining the specific and detailed qualities of a particular activity to unravel the complex social context in which activity unfolds. Despite acknowledging the role of “actions and interactions of individuals in a specific context” (Cohn, 2014b, p. 4), applications of the concept to date tend toward an abstract determinism. Owing to the concepts’ critical sociological roots (Bourdieu, 1984, 1986; Giddens, 1984, 1990, 1991), greater emphasis is placed on the ways health practices unfold in light of structuring cultural, social and material relations, with the agent subsumed under or within those relations. What is lost is an appreciation of human social life as processual and constructed according to individuals acting in concert

with one another, and in dynamic response to an objective world infused with meaning. Since individuals act towards the world on the basis of meaning (Blumer, 1969; Mead, 1934), meaning and interpretation must be the primary point of analysis if we are to understand anything about human activity, and in this case, about healthy eating.

Applying the interactionist paradigm (Blumer, 1969; Reynolds, 2003), I have shown how the health practice of eating a Paleo diet involves subjective processes of ascribing and establishing meaning to and around food, eating, and health outcomes. The meanings Paleo adopters ascribed to their practice included a mix of mainstream cultural discourse and subjective understandings of the food-health relationship derived from experience. While the diet meant different things to different people, embodied experiences of health and observations of changes in others' bodies were the primary means through which adopters established an understanding of Paleo as a worthwhile and effective approach to healthy eating. Meanings were also not static and evolved over time as new experiences emerged and were combined with existing knowledges. Mainly, food-health experiences from childhood combined with present-day embodied feedback and strengthened the legitimacy of and their commitment to Paleo. This all suggests that the Paleo diet, as yet one more diet in a growing list, carried little meaning for adopters until it was interpreted within and brought into alignment with personal, embodied experiences of health.

Third, one limitation of the health behaviour model that health practices aims to resolve is the assumption that individuals make choices in isolation from external influences, such as resource constraints (Nettleton & Green, 2014). Health practices

scholars argue that we can better understand why healthy behaviours do or do not occur by examining activities in their structured contexts (Cohn, 2014a). An interactionist paradigm asserts, however, that while social structures are implicated in individuals' symbolic thought processes (Strauss, 1993), the extent to which circumstances are constraining or enabling depends upon their acknowledgment and interpretation as such, which is the work of thinking, creative agents. Situating the agent in contexts of practice, then, leads to a deeper understanding about the relations that shape activity.

Talk of putting Paleo into practice highlights the complex social and materials relations that have bearing upon adopters' achievement of a healthy diet, but more importantly, the ways adopters negotiate these relations in their everyday activities. Paleo adopters negotiated and overcame challenges related to achieving the diet by learning new skills and finding ways to modify the diet. These modifications reflect adopters' assessments of what is practical and reasonable according to their available resources and preferences, and in the pursuit of health. Adopters also engaged in symbolic management of their food choices, wherein they used health as a frame to make and justify modifications while maintaining a healthy diet overall. It was through practical assessment, modification and symbolic management that Paleo adopters, as agents, generated the conditions that made the diet possible and sustainable in the social and material reality of their everyday lives. While an understanding the external influences affecting behaviour in time and place is important, circumstances are not merely thrust upon people, rather, they are negotiated, evaluated, overcome or resisted, which all form the creative activities of human agents.



Fourth, despite identity having a strong place in food and health studies, there has been little discussion of identity in the literature to date that aims to cement the place of the ‘health practices’ concept in health studies once and for all. Identities are sets of qualities and characteristics that situate an individual within their social environment, are the primary means with which individuals come to think and act in ways that are predictable to others in a given culture and communicate self-values (Vryan, Alder & Adler, 2003). Exploring the types and ways that individuals construct identities around their health-related activities is, therefore, essential for understanding health practices.

The findings related to the construction of Paleo identities demonstrate the ways adopters made sense of who they are in relation to their diet, and how they worked to reinforce the values and commitments underpinning their food choices. Eating a Paleo diet was a mechanism for social participation and communication about understandings of health and Paleo adopters associated their practice with a desire to respond to modern food anxieties by taking control, that is, to “do something” good (Douglas, 1966; Fischler, 1988; Messer, 1984; Mintz, 1994; Mintz & Du Bois, 2002; Lupton, 1996; Peel et al., 2005). However, adopters also faced conflict in others’ expectations of how one ought to approach food and health as everyday concerns, and of who they are people who eat a Paleo diet. For many, this meant managing conflict in order to affirm the positive values and attributes they associate with their practice and themselves. Adopters employed a number of strategies that enabled them to reinforce and maintain their commitment to a diet that they regarded as a worthwhile and meaningful, even if others did not agree. By exploring identity and identity work in relation to health practice, then,

we witness the interactions of cultural, authoritative and personal health values, and the ways agents negotiate conflict among values, in order to maintain and protect positive understandings of self.

The health practice of eating a Paleo diet involves complex processes of interpretation and sense-making based in knowledge drawn from embodied experience, practical assessments, internalized social roles, as well as cultural and self-values. The agent of practice transforms and translates food and eating into everyday healthy activity by mobilizing health as a frame through which to interpret food and justify choices that are better aligned with resources and preferences. Yet, such efforts do not occur in isolation; beyond the social and material relations that shape contexts in which action unfolds, health practices are processual, unfolding in the communicative efforts of individuals aiming to establish what they are doing and why, and to negotiate what their practice says about them as social participants.

### **Suggestions for future research**

There are a few possible directions for future research that would expand specific discussions in the sociology of healthy eating, and could be insightful for applying the health practices concept in other contexts. First, emergent categories that arise out of descriptions of healthy eating practices better capture the variety and complexity in the meanings individuals ascribe to objects and activity. Diet research continues to use binaries as short hands for categorizing individuals and to make sense of their activity; however, the findings of this investigation add to existing evidence that such distinctions

may unnecessarily limit rather than enhance understanding (Barr & Chapman, 2002; Fox & Ward, 2008a, 2008b). Future research should attend to the subjectively derived meanings that are the basis for establishing dietary categories, and in so doing, strengthen existing or identify new categories that better reflect individuals' everyday practices.

Embodied relations of food and health comprise only a small subset of investigations in works comprising a sociology of healthy eating (e.g. Keane, 1997; Von Essen & Englander, 2013), yet somatic feedback has been shown to be highly influential for informing the ways individuals think and do health (Crossley, 2006; Keane, 1997; Monaghan, 2001; Nettleton & Green, 2014; Von Essen & Englander, 2013). Embodied knowledge, in particular, has been implicated in resistance to behavioural change and to authoritative advice (Keane, 1997; Nettleton & Green, 2014), yet it is the ways that feedback alters and informs cultural performances and understandings of self in relation to practice that embodiment scholars are particularly concerned with (e.g. Monaghan, 2001). Paleo adopters described a range of experiences of vibrant physicality related to their dietary practice, including reductions in intensity and frequency of pain and changes in clinical markers. I argue that these outcomes, which were the result of self-directed activity (as opposed to medically-directed), were the basis of adopters' sense of mastery over their body and its needs (Crossley, 2006), as well as the basis of their resistance to medical perspectives about food. Future research could further explore the concept of *mastery* in relation to health practices in other contexts, such as engaging in meditation or receiving medical treatments for chronic disease. These studies could more deeply

explore the ways in which embodied knowing is implicated in health practices and shapes performances of health and self in different contexts.

I have also suggested that the findings related to the gendered nature of dietary practice points to a possible connection between adopting a diet and men's increased engagement in domestic labour (Bentley, 2004). Future research into this phenomenon could begin by examining the essential claim that more men are engaging in diets like Paleo because they confirm and support heteronormative masculinity (Guptill, Copelton & Lucal, 2013; McCaughey, 2008). Such an analysis could explore the extent to which actual daily activities of healthy eating may reproduce or transform norms of masculinity and femininity. This could then also examine whether and how diets and dieting are implicated in and may influence understandings of and participation in food and care work particularly among men. The findings of this study suggest that it is the *experience* of achieving a healthy diet for oneself that may be the main mechanism through which gendered relations of food-health labour are changing.

Scholarship on food, health and identity could be expanded with a deeper exploration of the mechanisms and circumstances surrounding the point at which 'doing' becomes 'being'. The relationship between meanings ascribed to food practices and self-indications has been the focus of some research involving vegetarians; however, self-indications related to diet are typically considered unproblematic, since identifying oneself as, for example, a vegetarian, communicates positive values (Fox & Ward, 2008a, 2008b). The opposite is found to be true among Paleo adopters and I have suggested that the identity work they engage in is related to commonly held understandings of Paleo as a

fad diet. Since Paleo adopters may be regarded as engaging in an activity that is extreme and potentially unhealthy, they tend to describe themselves as ‘eating Paleo’ rather than ‘being Paleo’. Still, “Paleo” was central to the identities of some adopters, especially those who understood Paleo as an ethical approach for engaging with food and health. Future research could, therefore, explore the diversity of meanings underpinning differences in identities related to healthy eating, paying particular attention to identity work and efforts to manage others’ expectations of what constitutes appropriate food practices in the interest of health.

Finally, future research could look to extend the insights drawn from this investigation into other case studies of situated, personal healthy activities. In order to avoid the abstract determinism that tends to permeate discussions of health practices, researchers should maintain an interest in the processual and emergent nature of activity where the subject of investigation is not isolated from social environments, nor subsumed under conditions or forces. Attending to the role of agency within the individual-societal relations that give practice its form, new contexts may be explored that seek to further ground health practices in the empirical realities of agents. Such an approach would also help to ensure that future health practices scholarship involving food and eating practices is better aligned with, and offers valuable contributions to, scholarship in the sociology of healthy eating.

### **Implications for health promotion, practitioners, and systems**

Health promotion continues to be largely organized around an apparent gap in what people ought to do in order to be healthy (e.g. to reduce their risk of heart disease, metabolic disease and cancer) and what they actually do. While strides have been made toward understanding the complex influences on individual activity, efforts toward behavioural change typically frame individuals as choice-makers while minimally acknowledging the social, material and cultural world in which individuals act. Ironically, it is the individualistic nature of health promotion under health consumerism – and, too, the clinical encounter (i.e. that individuals as patient-clients choose) – that appears to invite the complexity observed in individual health pursuits today. In line with the sociological tradition that appreciates the socially constructed and contextual nature of health-related activity, this study provides further evidence of the ways health is understood, achieved and performed by social actors (Cohn, 2014b). This tradition can help to shed light both on the persistence of the advice-reality gap, including the problems inherent to a perspective that pits health authorities against laypersons, and on the shortcomings of current health models and systems that are designed to support and improve public health.

In reference to a persistent gap between health advice and individual behaviour, recall that the scholarship on the sociality of food choice suggests that bringing about dietary change at a societal level is likely only achievable if communication is built upon an understanding of 1) the information that individuals draw upon to understand the relationship between health and food, and 2) how that information is interpreted within the context of meanings, identities, and everyday experiences (e.g. Bisogni et al., 2002;

Furst et al., 1996; Keane, 1997; Ristovski-Slijepcevic, Chapman & Beagan, 2008). The present study showed that what individuals deem to be healthy is negotiated in the moment and both symbolic and material adjustments are made, on a subjective level, to ensure that individuals meet their unique needs and preferences (Strauss, 1993).

Individual health pursuits resulting in embodied experiences of health, in particular, lead people to think differently about their health and the role they play in bringing about health for themselves (Crossley, 2006). This is not to say that the advice given by practitioners or promoters is always ignored; rather, advice is always interpreted within the frame of personal experience. What individuals consider to be healthy will, inevitably, have a far broader definition than what may be conveyed in promotional campaigns or included in universal guidelines.

The findings of this study also bring into question the value of viewing health authorities and knowledges as being in conflict with lay perspectives and practices. According to Paleo adopters, observing health in oneself and others reinforces behaviour and confirms the legitimacy of a particular course of action. Health practices that reflect deeply valued ideals of self-responsibility over health, then, seem to stand in stark contrast to and undermine the value of the advice of health authorities. Paleo adopters described feelings of alienation in their interactions with medical practitioners, particularly when the role of nutrition and gut health in their experiences of health was denied. This suggests that so long as embodied, personal experiences of health remain out of line with authoritative health knowledge, practitioners cannot connect meaningfully with care recipients on matters of health, and promoters' messages will not have the

desired impact. Health practitioners and promoters would benefit from establishing greater respect and understanding for individual health practices and the meanings they hold, since the public may view their practices as far more tangibly health-bringing when compared to impersonal advice.

An example of this disconnect in official versus lay understandings of healthy eating can be seen in a brief review of Canada's Food Guide (2015). The guide bases its recommendations on clinical evidence of pathological processes, which are primarily designed to reduce the risk of developing cardiovascular disease, Type 2 diabetes, and cancer. The guide does not, however, account for individuals who experience digestive upset or other forms of illness that result from eating recommended foods, like grain, dairy, and soy. Nor does it account for individuals who develop metabolic disorders despite following the guide. Emerging research in the healthfulness of saturated fats and the impact of refined sugar on the body is also not well reflected in the guide, which is updated roughly every 7 years. Beyond these limitations, the guide offers individualistic advice that does not take into account the cultural, social and economic diversity of its audiences.

We are in a phase of rapid learning about the environmental influences of disease and there is far more to uncover about the nature of autoimmunity and how diet factors into autoimmune response and chronic disorders. The Paleo Diet is working for people and we need to know why, both from a biological perspective and from a social-cultural perspective. Integrating emerging information into public resource materials and clinical guidelines will be essential in order to ensure that our understanding of the food-health



connection speaks to individuals' actual experiences and understandings of and values they associate with health and healthy eating.

Further, and in addition to undermining public confidence in health care providers and institutions, the persistence of an allopathic health model that omits a deep understanding of the impact of food on the body generally, and the relationship between gut health and autoimmune conditions specifically, may have considerable consequences for the economic sustainability of health systems. For example, Type 2 diabetes continues to be a significant economic burden in both the U.S. (USD\$327 billion in 2017) (American Diabetes Association) and Canada (estimated to rise to CAD\$17 billion by 2020) (Diabetes Canada) despite decades-long national health promotion campaigns targeting at-risk populations in both countries. It has been estimated that roughly 23.5 million Americans (National Institutes of Health) and 2 million Canadians (Law, 2018) now suffer from an auto-immune disease, and American data have revealed a troubling pattern of rising rates of Type 1 diabetes, a form of diabetes not related to obesity (American Diabetes Association). Researchers maintain that due to the complexity in presentation of autoimmune disease in the clinical encounter, and since autoimmunity is relatively under-studied area in epidemiology, prevalence rates for autoimmune conditions are likely underestimated (Jacobson et al., 1997). In the absence of acceptance and understanding how food affects health, rates of diet-related disease and disorders, and their associated costs to health systems, will likely continue to increase.

If we are to take food more seriously, greater integration of food systems, health systems, research institutions and industrial regulatory bodies will be required. A

nutrition-centric health model would involve enforcing evidence-based restrictions on the use of known problematic food compounds used in ready-made and packaged meals sold in grocery, convenience and fast-food establishments. Further, health messaging and clinical guidelines would reflect and evolve alongside emerging knowledge about diet, gut health and chronic, autoimmune disease processes. Integrated systems would also need to ensure that the consumer environment provides the best chance for eating a diet that supports long term health. It cannot be understated that the success of this model and the development of a healthy foodscape would be strongly dependent on our continued expansion in understanding of what healthy eating means to people and why. This knowledge ought to be thoughtfully applied toward informing and shaping the work of researchers, clinical practitioners and those working in the field of health promotion, moving forward.

## **Conclusion**

Health practices is a valuable concept that can be usefully applied in studies of health-related activity and is available to a broad scholarly audience. Health is a highly personalized and individualized construct which challenges long-held assumptions about the mechanisms and relations that result in health or illness in a population. Given current heightened awareness of the possibly damaging nature of modern foods, dietary practices, like eating a Paleo diet, offer compelling examples of the ways that health is taken up and performed in everyday life. The concept, *health practices*, enables exploration into activities of food and eating in the pursuit of health that reveal their social nature. I have

demonstrated that theory and methods from the symbolic interactionist tradition can be usefully brought in to locate the agent of practice and to help expand and deepen our understanding of health practices by grounding practice in lived experience.

Like in previous investigations of health practice, complex personal, social and material relations emerged in talk of doing a Paleo diet; however, the agent too emerged as important and consequential element in shaping contexts of practice. In addition to its contributions to topics and discussions in the sociology of healthy eating, this study marks a path for future research in the sociology of health and offers considerations for institutions and actors aiming to improve public health through dietary change. Based on the findings and arguments that I have presented, future scholars may better attend to the subjective, intersubjective and processual processes through which health practices unfold in everyday life.

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### **Appendix A: What is the Paleo Diet?**

The story of the Paleo Diet begins with the work of anthropologists, archeologist and medical scientists aiming to understand how hominin diets have changed over several million years of evolution, and what this change means for population health today. Researchers generally agree that modern humans, a.k.a. *Homo sapiens sapiens*, evolved around 150,000-200,000 years ago (Cordain et al., 2005) and like their predecessors, survived by eating foods collected through hunting and gathering, mainly fish, uncultivated plant matter, wild game and sometimes honey, with some geographic variation (Eaton & Eaton, 2000). This “Stone age” diet had implications for the way that human ancestors lived which affected their genetic material.

During most of our evolutionary history, humans lived in relatively small, nomadic populations and engaged in a particular mix of daily physical exertion and calorie intake and expenditure (Eaton & Eaton, 2003). This was the case until roughly 12,000 years ago, or only about 400-500 generations, when the Neolithic Revolution took place and included the advent of agriculture (i.e. crop farming and animal domestication), a decline in nomadism, and an increase in human populations. The next most dramatic evolution that affected every aspect of human life, and especially what people ate, was the Industrial Revolution of the 19th Century. To put this history into perspective, for about 10 percent of the span of time that modern humans have been in existence, they have consumed food acquired through the purposive cultivation of plants and animals, and for only 0.1 percent of that time they have consumed industrial foods, including dairy, grain, food stabilizers, preservatives, highly sugared and salted foods, and a range of processed

and packaged foods that comprise a so-called Standard American Diet today (Eaton & Konnor, 1985; Eaton, Shostak & Konnor, 1988; Cordain, 2011; Winson, 2013).

Based on this historical picture, Paleo diet advocates assert that modern food production includes very little of the same processes and outputs that sustained humans during the majority of our evolution, and it is making us sick. Herein lies the problem of *evolutionary discordance*; the human genome has evolved to thrive on specific combinations of naturally occurring chemical compounds, combinations which are generally lacking in industrialized food (Eaton, Cordain & Lindeberg, 2002; Cordain et al., 2005). Indeed, historical changes in diet and disease prevalence have occurred in step with human technological and cultural evolution (Winson, 2013). The modern industrial agrifood system is a rational, productivist system (Scott, 1998) that views science as the arbiter of progress based on maximizing yield, cost and efficiency (Lang & Heasman, 2004). Farmers and food manufacturers specialize in producing large quantities of a limited number of items, which are promoted as dietary staples through mass marketing.

An example of the effect of industrial farming can be found in the story of the North American corn industry. In the mid-20<sup>th</sup> century, farmers saw a sharp increase in government subsidies that enticed increases in yield which quickly grew beyond use capacity. As of 2002, the US produced upwards of 10 billion bushels of corn. Today, nearly 10 percent of the calories consumed by American adults come from corn sweeteners and that number doubles to nearly 20 percent of the calories consumed by children (Pollan, 2002). In addition to sweeteners, corn is also used as in fillers, flavourings, and stabilizers. It is used in food preservation processes and is a staple

ingredient in animal feed. Most strikingly, however, is the now well understood relationship between high rates of consumption of corn and corn by-products, and a sharp rise in Type 2 Diabetes and obesity in the United States.

In response, Paleo advocates note that such chronic degenerative and inflammatory conditions that are prevalent today are simply not present in the remains of early hominin populations (Eaton, Eaton & Konner, 1997; Eaton, Cordain & Lindeberg, 2002). Archeological evidence combined with anthropological studies of remote hunter-gatherer and agrarian populations from the 19th and 20th centuries suggest that prior generations of humans practicing non-industrialized food production were physically stronger, fitter, leaner and generally healthier (Eaton & Eaton, 2003). Today, metabolic disorders including elevated blood pressure, blood glucose, triglycerides, and low high-density cholesterol levels, known precursors to serious and life threatening illnesses, continue to be leading causes of death in North America. Evidence also suggests that early human populations had far more diverse combinations of microbes in their guts, which are thought to protect against disease by aiding digestion and mineral absorption (Sonnenberg & Sonnenberg, 2014). Today, research into metabolic processes related to obesity continues to expand our understanding of the effects that industrial foods, like vegetable oils and refined sugars, have on the body's ability to hormonally regulate calorie consumption and expenditure (Guyenet, 2012; Hinkle et al., 2013).

Thus, according to Paleo advocates, relatively recent changes in human health have a great deal to do with food as a result of evolutionary discordance (Eaton, Cordain & Lindeberg, 2002; Eaton & Eaton, 2000), and a better understanding of the current state

of human health may be achieved by considering the impact of the intensified production of a limited range of foods, like corn (Cordain et al., 2005). Yet, it remains largely impossible to know exactly what humans ate over the span of time described by Paleo advocates. It is also impossible to recreate pre-modern food practices and establish similar food quality given present-day technological, economic, cultural and geographic contexts (Nestle, 2007; Pollan in Graber, 2014; Zuk, 2013). These observations have formed to basis of a considerable backlash against the Paleo Diet, its advocate and adopters, coming primarily from within academic communities.

For example, in her book, *Paleofantasy*, anthropologist Marlene Zuk (2013) rebuts advocates' claims about pre-modern diets and health, and presents counter-evidence of evolutionary discordance. She explains how the recent evolution of lactose tolerance demonstrates that evolution is a continuous process and discordance an unlikely condition to explain the prevalence of lifestyle diseases – human populations evolved to eat cultivated foods like dairy relatively recently, approximately 7500 years ago (Tishkoff et al., 2007). Further, according to fossil records, medical advancements have significantly improved and prolonged human health by reducing infant death rates and increasing life expectancy (Gurven & Kaplan, 2007) which have nothing to do with diet. Critics express a strong resistance toward promoting Paleo, which they see as a fad diet involving a misinformed, inappropriate and potentially dangerous use of anthropological research.

Despite these debates, however, attention to the relationship between food and health has been mounting in biomedical science communities. Clinical researchers are

investigating whether the Paleo Diet is an effective tool for treating some metabolic and immune diseases (see Klonoff, 2009, Kowalski & Bujko, 2011, Spreadbury, 2012 and Mannheimer et al., 2015, for evaluative reviews). Recent studies from gastroenterology, pharmacology and neurology point to the importance of approaching health and illness by focusing on what is going on in the gut, a.k.a. the microbiome (Stetka, 2014). Using randomized controlled trials, researchers have demonstrated the potential for some common food compounds to disrupt digestion leading to irritable bowel disease (Gibson & Sheppard, 2010; Rao, Yu & Fedewa, 2015; Böhn et al., 2015; Halmos et al., 2015), multiple sclerosis (Tremlett et al., 2015) and anxiety and depression (Foster & Neufeld, 2013). In light of these studies and nascent evidence for the utility of a Paleo diet for treating Type-2 diabetes (Masharani et al., 2015) and obesity (Spreadbury, 2012), some argue that our current understanding of the relationship between bacteria, the gut, food, autoimmune conditions and nutrient deficiency is woefully lacking and ought to occupy clinical investigations moving forward (Ballantyne, 2013; Wahls, Ward & Adamson, 2014).

Currently, the most commonly agreed upon problematic food compounds identified in studies involving the microbiome are FODMAPs. FODMAPs comprise a group of sugar molecules which include: fructans and galacto-oligosaccharides or oligosaccharides, which are mainly found in wheat; disaccharides such as lactose, mainly found in dairy; monosaccharides, such as fructose which is typically manufactured from corn and used in many processed food items; and polyols, such as sorbitol, xylitol, and mannitol, which are slow-acting sugar compounds found in sugar-free processed foods.

FODMAPs are generally found in low quantities in the typical Paleo model promoted by diet leaders (Wolf, n.d., 2010) and their complete removal is the cornerstone of the *Autoimmune Protocol*, a variation of Paleo that specifically targets gut dysbiosis leading to autoimmune symptoms (Ballantyne, 2013; Wahls, Ward & Adamson, 2014). As researchers begin to understand how food affects the body, and how microbes aid digestion and regulate metabolic processes, Paleo advocates increasingly see support for the diet's essential evolutionary principles.

Still, resistance toward the Paleo diet on the basis of its claims continues to challenge the legitimacy of the approach and has limited its impact on population health. As mentioned earlier in this introduction, the diet entered public awareness through the publication of Loren Cordain's, *The Paleo Diet* in 2002 (revised in 2011). At the time, Cordain, a professor in health and exercise science at Colorado State University, was one of a team of researchers that had been publishing for over 30 years about ancestral diets and possible pathological outcomes stemming from industrial food consumption. Due to its emphasis on evolution; however, their research had largely fallen on deaf ears in the academe, and so 30 years on, Cordain created a simplified version of their findings and sold "Paleo" to the masses.

Cordain released his first book as an easy-to-read, self-help guide that explains empirical evidence supporting the main dietary principles, and includes meal plans, recipes and suggestions for exercise. In it he explains in lay-terms how anthropological records, health studies of living hunter-gather societies, and contemporary research in metabolic processes demonstrate the connection between human genetic make-up and



nutritional requirements, which, he argues, are out of step with modern food systems. He writes:

When you put into practice the nutritional guidelines of the Paleo Diet, you will be getting the same protection from heart disease that the Eskimos had. You will also become lean and fit, like your ancient ancestors. This is your birthright. By going backward in time with your diet, you will actually be moving forward. You'll be combining the ancient dietary wisdom with all of the health advantages that modern medicine has to offer. You will reap the best of both worlds. (Cordain, 2011, p. 7)

He goes on to explain how Paleo is “not just another low-carb diet” (p. 9) as its macronutrient breakdown combines protein (19-35%), carbohydrates (22-40%) and fat (28-47%), including saturated fat (p. 24)<sup>20</sup>. The book also explains the potential for the diet to eliminate autoimmune disease by removing elements of the Standard American Diet (Last & Wilson, 2006). Cordain’s diet includes eating lean meats and wild caught fish, fruits, non-starchy vegetables and healthy fats (i.e. fats from nuts, avocados, coconut, and olives) and restricting the consumption of all processed foods, dairy, wheat, legumes, white potatoes and rice. He also reminds readers that hunting for wild game is not necessary in order to follow the diet, “unless you want to”, because Paleo only requires eating “just the foods you can hunt and gather at your supermarket” (p. 25). Thus, Cordain constructed a Paleo diet as the key to rectifying the sickness generated by our industrialized food system.

Over the next few years, Cordain continued to publish on the diet, producing *The Paleo Diet Cookbook* (Stephenson & Cordain, 2010), *The Paleo Answer: 7 Days to Lose*

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<sup>20</sup> Counter to conventional wisdom, Cordain explains why saturated fats are good for health, and why types and sources of dietary fat matter. These relatively early claims, in a time when fat was considered the enemy, foreshadowed the more recent, public and scientific recognition of the health benefits of saturated fats, marking a significant advancement in molecular and nutrition science (Walsh, 2014).

*Weight, Feel Great, Stay Young* (Cordain, 2012) – which included an updated overview of the principles of the diet presented as *Paleo 2.0* – and *The Paleo Diet for Athletes: The Ancient Nutritional Formula for Peak Athletic Performance* (Cordain & Friel, 2005).

Today, Cordain is considered a guru of the diet and has been joined by a number of others who have offered various viewpoints and build on his original ideas, while promoting and advancing research and practice in functional medicine under the Paleo label.

A now well-established group of Paleo advocates and authors includes: Cordain's student Robb Wolf, a research biochemist and author of *The Paleo Solution: The Original Human Diet* (2010); Mark Sisson, an independent researcher, athlete, popular blogger and author of *The Primal Blueprint: Reprogram Your Genes for Effortless Weight Loss, Vibrant Health and Boundless Energy* (2009); Sarah Ballantyne, a.k.a. The Paleo Mom, a PhD in medical biophysics, popular blogger and author of *The Paleo Approach: Reverse Autoimmune Disease and Heal Your Body* (2013); Terry Wahls MD, a clinical professor at the University of Iowa who famously healed her multiple sclerosis using a Paleo-like diet and is author of *The Wahls Protocol* (Wahls, Ward & Adamson, 2014); Chris Kresser, a functional health practitioner and author of *Your Personal Paleo Code: The 3-Step Plan to Lose Weight, Reverse Disease and Stay Fit and Healthy for Life* (2013); Diane Sanfilippo, a holistic nutrition consultant and author of *Practical Paleo: A Customized Approach to Health and Whole-Foods Lifestyle* (2012) and *The 21 Day Sugar Detox* (2013); and Michelle Tam, creator of the infamous line of recipes and cookbooks under the title, *Nom Nom Paleo* (Tam & Fong, 2013), and featured on [Nomnompaleo.com](http://Nomnompaleo.com).

In addition to these popular writers and publications are countless others who have flooded the diet marketplace with Paleo cookbooks, diet guides, shopping plans, podcasts, menus for beginners, Paleo guides for pregnancy, and even Paleo guides for vegans. There are also annual conferences and other gatherings that feature leaders and advocates, researchers, alternative health practitioners, and functional medicine professionals who discuss the latest information from scientific and clinical communities about the relationship between food and health. From its first branding by Cordain in 2002, the Paleo Diet has brought evolutionary nutrition and the health science of diet into the mainstream and its popularity has only grown.

It should be noted that Paleo's dietary recommendations significantly diverge from official government sponsored dietary guidelines and can be considered an alternative approach to eating. If the diet industry is criticized for its profit-driven motives, government-sponsored food guides are criticized for their collusion with industry and a lack of sincere regard for public health (Nestle, 2007; Sims, 1998; Cordain, 2005). Still, while food and its associated production practices may well be a significant catalyst for the public health crises of the 21st century, approaches like Paleo are controversial. This is because the commercial diet industry in North America has grown in step with concerns surrounding the diseases of modernity, particularly obesity.

Commercial or fad diets typically target weight loss and take one of two forms: meal replacement, which restricts the quantity of food one eats, and food restriction diets, which restricts the type of food one eats (Nestle, 2006). The Paleo Diet appears to fall into the latter category in that it generally involves restricting consumption to a limited set

of foods, even more true in the case of following the Autoimmune Protocol. Research suggests that fad diets only result in weight-loss in the short term, as those who replace meals wind up limiting their overall calories (Nestle, 2006), and those who restrict food become bored and also tend to eat less (Wansink, 2007). Such diets are also thought to encourage diet cycling rather than providing a sustainable, long term solution to healthy eating. Diet cycling is particularly helpful for the commercial diet industry, as new approaches mean more sales of up-to-date diet and recipe books, supplements, and food items. This industry banks on individuals' eventual diversion from diet plans and so seeks out and provides information about the newest, best and healthiest approach, which is always changing.

Today, Paleo branding is pervasive among the various products lining the shelves in many health-conscious grocery chains. In a strange, though perhaps unsurprising twist, packaged food producers and retailers have benefited from labeling products with the Paleo brand. The popular tropes of Paleo branding include cartoon or silhouetted cavemen and cliché stone-age tools, weapons (e.g. rocks and spears) and foods (e.g. animal legs). By drawing on tropes like that of the caveman to hit home the evolutionary principles of the diet, the Paleo Diet is made palatable for mass consumption, while also making possible the branding of processed food items that in some ways contradict those very principles.

One example of the marketing behind the Paleo diet is the story of the Grok family, created by Mark Sisson (2009) and used to draw distinctions between early and contemporary human lifestyles for a reader-base that demands entertainment along with

their health advice. Sisson (2009) describes the character Grok, the “ultimate human”, a prototype for “preagricultural human beings” and he and his family, euphemisms for primal ancestors. He then explains that “because our DNA is virtually identical to Grok’s, we can adapt his evolutionary-based lifestyle behaviors into our 21<sup>st</sup> Century lifestyle to pursue optimum health” (p. 34), “we simply have to ask ourselves, what would Grok do?” (p. 17). The Grok family is contrasted with the Krog family, that is, the modern-day gas-guzzling-SUV driving, Standard American Diet eating, family. The Krog family of four, awash in stress hormones from daily commutes, work and scheduling, and relying on sugar, calorie counting and prescription blood pressure drugs to get through the day, struggle to understand why they wake up tired and experience mood swings and attention problems. The Grok family, however, could not be more different and the book reveals all the ways in which the Grok family’s daily activities, including rising with the sun and birdsong in their rural Central Valley California environment, differ from the Krogs and result in their better health. In summary, Sisson describes how by being like Grok, one can become a “happy, energetic, lean, strong, bright, productive modern human” (Sisson, 2009, p. 34).

Due to its commonalities with other fad diets, including the pitfalls of food restriction and its use of entertainment to promote its message, the Paleo Diet continues to hold a controversial place in the nutrition and population health arena. In response, Paleo advocates continually point to and rebut claims regarding the approach’s fad diet qualities. Regarding one heated controversy surrounding the elimination of legumes on the basis that they contain “anti-nutrients”, Chris Kresser (2014) stated the following:

Recent analysis of Neanderthal tooth plaque revealed that they consumed wild varieties of peas and fava beans [...] This research suggests that legumes are, in fact, “Paleo”. But even if Paleolithic people didn’t eat legumes, is that reason enough to avoid them? If it is, then shouldn’t we also strictly avoid dark chocolate, coffee, green tea, and alcohol? What about the glut of breads, muffins, packaged snacks, desserts, and even candy (no, I’m not kidding) claiming to be “Paleo” that have recently become so popular? It should be obvious that our ancestors were not baking with nut flour, chowing down on truffles or drinking “Paleo” cocktails. Yet even the most die-hard, self-identified Paleo purists typically consume at least some of these foods and beverages, and don’t seem to see a contradiction in that. Why should legumes be any different? As I’ve argued before, Paleo is best viewed as a template or a starting place,—not an inflexible, unchanging system based on (sometimes mistaken) beliefs about what our ancestors ate. [...] A more important question to ask than whether a food is “Paleo” is how it impacts human health.

Kresser is not alone among Paleo leaders when it comes to attempting to rectify inappropriate constructions and practices associated with the diet. From their perspective, evolutionary and clinical science have led to the development of an optimal dietary “template” that must be tested in order to be soundly judged. Still, as academic interest in the microbiome and pathology has grown, so too has the legitimacy of the claims of evolutionary scientists and leaders within the Paleo community.

It is also notable that a number of Paleo leaders describe the community as one deeply concerned about the quality of food, as well as promoting ethical and sustainable farming practices and, thus, as advocating a “Paleo Movement”. This sentiment is illustrated in an interview statement given by Paul Grieve, a grassfed beef farmer and owner of the company, Paleo Pastures, who said:

The Paleo movement is incredibly passionate group that has a vested interest in grassfed meats. The best thing you can do is find a local farm doing things the right way in your area. [...] Get out to the farm, see it for yourself, and spread the word! I always reiterate that our food crisis was not caused and will not be fixed by the government. The vote that REALLY matters is the one that comes from your wallet and your fork three times per day. (Paleo Movement Magazine, 2013)

Paleo advocates like Grieve encourage consumers to think about their food differently; to attend to its quality, and thus, its origin and the extent to which it exhibits the qualities of industrial foods. Indeed, seasonal, local and whole (i.e. unprocessed) are benchmarks of the Paleo approach which in many ways echo the concerns of others looking to food for answers to present day health and environmental dilemmas, like vegetarians who are said to emphasize selecting foods that optimize health for oneself, ones' community and the environment (Fox & Ward, 2008a). Further, advocates' utilization of the language of a "Paleo movement" situates the diet as a mechanism for broader population health change, even if it begins with individual consumers (Wolf, 2013).

Regardless, and despite the intentions of advocates, producers and adopters, the Paleo Diet is and may perhaps forever be connected to the "Lose Weight, Feel Great" discourse of the diet industry. Intended or not, the diet has gained a foothold in the North American diet marketplace. Given Paleo's history and the avenues through which it rose to popularity, it is easy to understand its colloquial appreciation as a fad diet. Still, Paleo is another voice that has been added to the recently rising din surrounding the health implications of modern industrial food practices. Paleo's advocates, leaders and adopters are, therefore, complicit in what appears to be an ongoing effort to politicize food and eating on the basis of a concern for population health in the West.

Finally, in the only social science investigation specifically involving the Paleo Diet and its adopters, Schwartz and Stapell (2013) sought to identify the demographics of and common motivations and practices circulating within the Paleo community. The authors argue that media representations typically convey Paleo diet adopters as young,

vain, single, athletic, meat-eating, white and male. Further, given ambiguity surrounding the use and meaning of the term Paleo and its variants, including “Primal, Darwinian, Stone Age, Cave Man,” (p. 3), they propose a single definition: Paleo is a lifestyle that involves an “effort to optimize human health today by examining our evolutionary or ancestral past” (p. 3), with a specific emphasis on dietary change, increased exercise and adequate sleep.

Seeking a more nuanced understanding of who practices a Paleo lifestyle then, the researchers distributed a multiple-choice questionnaire through email and social media. Of the 3967 respondents, over two thirds were from the US (70%) with the remainder representing 60 different countries (7% from Canada), just over half were women (56%), ages ranged from 18 to 85 (mean age = 38), over two-thirds were married or with a life partner (68%), and almost half had children (43%). Respondents reported education and household income at almost two and half times the national average for the US (74% had an undergrad degree or higher compared to 30.4% nationally; 41% reported earning \$100,000 or more per year compared to 15.9% nationally), and almost the entire sample was Caucasian (92%). The authors state that despite the racial similarity to media representations, those who practice Paleo are “much closer to the image of settled, middle-aged men and women” (p. 4) who are more likely to be dealing with declining health and modern diseases.

The researchers also gathered data on reasons why people do Paleo and the kinds of activities that are included in it. They found that the majority had adopted Paleo within the past three years (85%) primarily for weight loss (31%), followed by recovery from



illness (21%), followed by a desire to live more naturally (17%). The authors argue that since weight may be perceived as illness, it is unsurprising that it motivates adopting Paleo. Respondents identified obstacles to doing Paleo including giving up foods, family conflict and social pressure, and while some felt Paleo was easy to maintain (66%), others felt it was difficult (20%). Respondents tended to avoid grain (98%) and legumes (88%) more, as compared to dairy (39%) and alcohol (43%), suggesting that it is difficult to adhere to the restrictions on the latter items. Participants also reported engaging in strength training (82%) or aerobic exercise (73%) at least once per week and getting 7.6 hours of sleep on average. Finally, they reported improvements in body composition (85%), athletic performance (70%) and mental performance (74%), and about half reported improved blood chemistry and a reduction in medication use.

Schwartz and Stapell (2013) offer valuable insights into the practice of doing Paleo and their work presents some important considerations for the present study. First, they suggest that investigating Paleo requires attending to how Paleo is defined. They defined Paleo as a lifestyle encompassing diet, exercise and sleep patterns and informed by evolutionary theory and science, which most of their respondents' practice seems to fit. Second, their study suggests that Paleo is primarily practiced by white, affluent, well-educated, middle-aged adults who are likely struggling with common ailments. This is unsurprising in light of research in the social determinants of health which shows that diseases like heart disease and diabetes tend to become more prevalent as wealth increases (Siegrist, 2000), and that upper classes with higher education and more resources tend to engage in alternative health approaches more frequently (Fries, 2014).

While their survey is a glimpse into the activity going on in the Paleo community, it is limited in at least one important way; by employing an online survey their data are confined to categories based on assumptions about possible motivations, actions and outcomes. The authors themselves acknowledge that for questions concerning motivations and perceptions, respondents relied heavily on the category “Other” and typed responses demonstrated a high degree of variability. Arguably, to get beyond mere description and to understand what Paleo adopters are doing as they engage in the diet requires an approach that better captures the context of their activity from the source. Their work, therefore, presents an opportunity to conduct a study that attends to the subjective and intersubjective nature of doing Paleo and to expand our understanding of who does Paleo, how and why.



To conclude, as clinical research expands investigation into the relationship between diet and health, particularly the relationship between the microbiome and metabolic disorders, Paleo continues to gain credibility. Considerable efforts are being made by Paleo advocates to refine the approach, including presenting the diet as a “guide” rather than a strict model for eating. Though backlash against its fad diet status appears to relegate Paleo to the realm of mis-guided, self-help nonsense, social scientists have begun documenting the demographics of the Paleo community to better understand its nature and impact among its adopters. Still, little attention has been afforded to the experiences and perspectives of those who consider themselves to be Paleo adopters. What it means to eat a Paleo diet for health remains unknown, and there is an opportunity to investigate the health practice of Paleo by drawing on the lived experiences of adopters

and to expand our understanding of how the diet fits into broader personal and cultural processes related to the relationship between food and health.

**Appendix B: Ethics Certificate**

MREB Clearance Certificate

[https://ethics.mcmaster.ca/mrcb/print\\_approval\\_catherine.cfm?ID=3262](https://ethics.mcmaster.ca/mrcb/print_approval_catherine.cfm?ID=3262)

		<p><b>McMaster University Research Ethics Board (MREB)</b>                  c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: <a href="mailto:ethicsoffice@mcmaster.ca">ethicsoffice@mcmaster.ca</a></p>	
<p><b>CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</b></p>			
<p>Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/> Project Number: <input type="text" value="2014 034"/></p>			
<p><b>TITLE OF RESEARCH PROJECT:</b></p>			
<p>A Study of Paleo Living: Exploring experiences and perspectives related to Paleo culture, food and health</p>			
<b>Faculty Investigator(s)/ Supervisor(s)</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
J. Gillett	Health Aging & Society	27424	gillett@mcmaster.ca
<b>Student Investigator(s)</b>	<b>Dept./Address</b>	<b>Phone</b>	<b>E-Mail</b>
A. Peters	Sociology	905-929-897	petera8@mcmaster.ca
<p>The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:</p> <p><input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.  <input checked="" type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.  <input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:</p>			
<p><b>COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.</b></p>			
<p>Reporting Frequency:</p>		<p>Annual: <input type="text" value="Apr-12-2015"/></p>	<p>Other:</p>
<p>Date: <input type="text" value="Apr-12-2014"/></p>		<p>Vice Chair, C. Anderson: </p>	

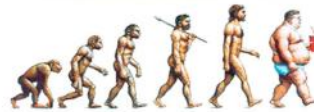
## Appendix C: Recruitment Materials

### SEEKING RESEARCH PARTICIPANTS

I'm looking for folks with current, recent or past experience with the



approach to health and eating.



**More info:** Hi, I'm Amanda. I'm a graduate student at McMaster University and I'd like to talk to you about your experience with and perspectives on the Paleo Diet and, more generally, the Ancestral Health approach. If you are a cross-fitter who practices Paleo or a variation of it, I'd like to talk to you too! **I am currently looking for participants to take part in Interviews.** Meet with me for approximately 1 hour to answer questions related to your experience and perspective, at an agreed upon date and time, at a convenient and comfortable location. Participation is voluntary. This study has been reviewed by and received ethics clearance by the McMaster Research Ethics Board.

#### Contact me to get involved!

<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>	<p><b>Paleo Study</b> Amanda Peters Email: <a href="mailto:petera8@mcmaster.ca">petera8@mcmaster.ca</a> Phone: 905-929-8978</p>
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## About the Researcher

I grew up in a small town North of Toronto, the younger sister of person with a blood disorder. I later came to pursue studies in the sociology of health, illness and medicine, and my attention turned to understanding how our health is connected to our engagement with our physical and social environments. More specifically, I became interested in understanding: how individuals proactively organize their lives to achieve the best health outcomes for them and others in an often unhealthy world; and what impact this activity has on local and global communities. I have a BA in Psychology & Sociology from Wilfrid Laurier University, and an MA in Sociology from the University of Guelph.

### Contact Information

If you have any questions about this study or would like to participate, please contact me, Amanda Peters, by phone at:

**905-929-8978 (Hamilton Local)**

Or by email at:

[petera8@mcmaster.ca](mailto:petera8@mcmaster.ca)

The results of this study will be available in 2015. You can contact me by email if you would like to receive a copy.

This study has been reviewed and cleared by the McMaster Research Ethics Board.

If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact the McMaster Research Ethics Board Secretariat.

Phone: (905) 525-9140 Ext. 23142

Email: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Mail:

c/o Research Office for Administrative Development and Support

McMaster University

1280 Main St West

Hamilton, ON L8S 4L8

My faculty supervisor, Dr. James Gillett, can be reached at (905) 525-9140 ext 27424 or

[gillett@mcmaster.ca](mailto:gillett@mcmaster.ca)

McMaster University

## A Study of



## Living and the

## Ancestral Health

## Approach



Research Investigator  
Amanda Peters

Doctoral Student  
Department of Sociology  
McMaster University  
Hamilton, ON

McMaster University



About this Project	Participant's Role	Confidentiality
<p>Over the spring and summer months of 2014, I will be holding a series of meetings designed to explore how individuals construct and practice novel approaches to achieving health in everyday life. More specifically, I aim to engage supporters of the Paleo approach to food and eating, and more generally, the Ancestral Health perspective, in a study about novel, alternative health approaches. I am interested in the origins of the perspective; how it has changed over time; what you think about it; what activities you do that you consider part of paleo living in a modern world; and how it is integrated into your life in general.</p> <p>My research is qualitative, meaning that I am interested in learning about people's thoughts and activities, seeing their voice as a valuable source of information about the social world. I am doing this research in completion of my doctoral thesis. I look forward to hearing about your experiences and perspective on the ancestral health approach.</p>	<p>Individuals are invited to share their experiences with and perspective on Ancestral Health and Paleo Living, such as following a paleo diet. Participants will be asked to share how they learned about the approach, how they integrate it into their lives, and the challenges and opportunities that the approach has brought about for them. I plan to conduct a series of focus groups in Hamilton and Guelph. Focus group participants will be given the option of also participating in a one-on-one interview at a later point in time. Questioning will follow a general structure but will be open-ended in order to follow topics as they arise during the course of conversation.</p>	<p>All records of contact (including emails), as well as voice recordings of individual interviews and focus groups, will be kept private and will only be available to myself, the researcher. The raw data, with all identifying information removed, will be available to my supervisor and supervisory committee. Background information will be used only for research purposes and will be kept in secure storage. All digital-form data will be stored on a password protected computer to which only I have access. I will use a code to identify all participants in the data set, and pseudonyms in all publications; no one will be identified by name in this study. For focus groups, every effort will be made to maintain confidentiality, but because of the nature of the group discussion, this cannot be guaranteed. If there are any questions that participants feel uncomfortable answering or that they would prefer not to answer they may skip over that section or stop the interview. Participation in this research is completely voluntary and participants can decide to withdraw from this study at any time.</p>
	<p><b>Focus Groups</b></p> <ul style="list-style-type: none"> <li>• Locations: The ARCH, 1429 Main St E., Hamilton <b>AND</b> 10 Carden Street, Guelph</li> <li>• 6-8 participants</li> <li>• Approximately 1.5 hours</li> <li>• Light refreshments will be served</li> <li>• A voice recorder will be used</li> <li>• Participants will be asked if they would be willing to participate in a follow-up interview (see details below)</li> <li>• <b>DATES WILL BE DECIDED BASED ON RESPONSE.</b></li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Locations: A mutually agreed upon quiet and comfortable location.</li> <li>• Approximately 1 hour</li> <li>• With the permission of the participant, a voice recorder will be used</li> </ul>	

## **E-mail Script**

**Subject line:** McMaster Study - Paleo Living: Exploring Paleo Culture, Food and Health

My name is Amanda Peters and I am a graduate student at McMaster University in Hamilton, Ontario, Canada. I am conducting a study on alternative health approaches and am looking to speak with supporters of the Paleo Diet, and more generally, the ‘ancestral’ health perspective. I am interested in learning about: the origins of the perspective; how it has changed over time; what you think about it; what activities you do that could be considered part of ‘Paleo Living’; and how it is integrated into your life in general. I am doing this research for my doctoral thesis.

I obtained your email address from [insert name of website/source].

*[If person lives near the study centre]* I am currently seeking participants to take part in interviews in and around the Cities of Guelph and Hamilton, Ontario, Canada.

Interviews will be held at an agreed upon date, time and location, will take approximately 1 hour to complete and will be digitally voice recorded. I invite you to take part in either of both of these meetings.

*[If person does not live near study centre]* I invite you to participate in this study through an over-the-phone or internet facilitated interview (such as using Skype). The interview would take place at an agreed upon date and time, and would take approximately 1 hour to complete.

There will be minimal to no risks to you in taking part in this study. You can stop participating (withdraw) at any time, and you can skip questions you do not feel comfortable answering. I have attached a copy of a Letter of Information about the study that gives you full details. This study has been reviewed and cleared by the McMaster Research Ethics Board. If you any have concerns or questions about your rights as a participant or about the way the study is being conducted you can contact:

The McMaster Research Ethics Board Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Research Office for Administration, Development and Support (ROADS)  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

Thank you in advance for your time and consideration. After a week, I will send you a one-time follow-up reminder.

All the best,

Amanda Peters, MA, PhD Candidate



Department of Sociology  
McMaster University, Hamilton Ontario  
Department Tel: 905-525-9140 ext. 24481  
Personal Tel: 905-929-8978  
[petera8@mcmaster.ca](mailto:petera8@mcmaster.ca)

**Telephone Script:** If calling or returning calls from potential participants

Hello, may I please speak to [insert name].

...Hi, my name is Amanda Peters and I am a graduate student at McMaster University. I'm conducting a study on alternative health approaches and would like to talk to supporters of the Paleo Diet, and more broadly, the 'ancestral' health perspective. I got your telephone number from [insert website/source] / I am returning your call from [insert date/time]. I thought you might be interested in participating in my study / Do you have any questions about the study? Do you think you would you like to participate?

...Wonderful. I am currently seeking participants to [take part in an interview]. [The interview will take approximately 1 hour to complete and will be held at an agreed upon date and time, and a convenient and comfortable location]. Also, your participation in this study would be voluntary and there would be minimal to no risk to you.

\*\*\*

Are you interested in participating in the study?

) If yes,

Great! Thank you! [continue to arrange time for focus group / interview - obtain email address for sending materials ahead the meeting]

) If no,

OK. Thank you for your time and consideration. May I give you my contact information in case you change your mind?

) If yes,

Great! My phone number is 905-929-8978, and my email is [petera8@mcmaster.ca](mailto:petera8@mcmaster.ca). I will be looking for participants until approximately the end of the summer so please feel free to contact me at any time.

) If no,

OK. No problem.

\*\*\*

Have a wonderful (day, afternoon, evening).

### **Snowball Sample Script**

[*Spoken at end of interview*] I plan to continue this research over the next few months and I'm looking for more participants. Do you happen to know anyone that might be interested in participating in this study? If so, would you be able pass on some material to them so they can get in contact with me?

...Thank you.

## Appendix D: Informed Consent

DATE: \_\_\_\_\_  
PARTICIPANT CODE: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
TIME BEGIN: \_\_\_\_\_  
TIME END: \_\_\_\_\_



### LETTER OF INFORMATION / CONSENT (INTERVIEWS)

#### **A Study of Paleo Living: Experiences and perspectives about Paleo culture, food and health**

**Investigator: Amanda Peters, MA, PhD Candidate**

**Student Investigator:**

Amanda Peters  
Department of Sociology  
McMaster University  
Hamilton, Ontario, Canada  
(905) 525-9140 ext. 24484 (Administrator)  
Cell phone: 905-929-8978  
E-mail: [petera8@mcmaster.ca](mailto:petera8@mcmaster.ca)

**Faculty Supervisor:**

Dr. James Gillett  
Department of Health, Aging and Society  
McMaster University  
Hamilton, Ontario, Canada  
(905) 525-9140 ext. 27035 (Administrator)  
[gillett@mcmaster.ca](mailto:gillett@mcmaster.ca)

**What does the researcher hope to discover and why?** This study aims to engage supporters of the Paleo Diet, and more generally, the ‘ancestral’ health perspective, in study about novel, alternative health approaches. I am interested in learning about: the origins of the perspective; how it has changed over time; what you think about it; what activities you do that could be considered part of ‘Paleo Living’; and how it is integrated into your life in general. I am doing this research for my doctoral thesis. You are invited to take part in this study by being involved in an Interview.

**What will happen during the study?**

The interview will begin by reviewing and signing this form, the Informed and Consent document. You may then choose whether a voice recorder will be used during the interview. I will begin by asking you for some background information, such as your age and education. I will then ask you a series of questions such as, “When did you first learn about the ancestral health perspective?” and “Day-to-day, how does the ancestral health perspective factor into your life?” I may also ask you to elaborate on things that you say, or I may base my questions on something you’ve already said. There are no right or wrong answers; I am interested in hearing about your experiences and what you think. The interview will last approximately 1 hour.

**Are there any risks to doing this study?**

The risks involved in participating in this study are minimal. You may feel uncomfortable talking about your past, particularly if you have experienced a traumatic health-related event that might have led you to exploring or practicing Paleo Living. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. Also, you can choose to withdraw (stop taking part) at any time of the study.

**Are there any benefits to doing this study?**

The research will not benefit you directly. I hope to learn more about your experiences with and perspectives on the Paleo Diet and more generally, the ancestral health perspective. I hope that what is learned as a result of this study will help us to better understand how novel, alternative approaches to health come about, how they are put into practice by social actors, and what this means for our local and global communities.

**Who will know what I said or did in the study?**

You are participating in this study confidentially, which means that I will not use your name or any information that would allow you to be identified. Please note that we are often identifiable through the stories that we tell; however, where verbatim quotations are used in the final thesis or in publications, an effort will be made to ensure there is not enough detail with which you could be identified. Once the study is complete, an archive of the data, without identifying information, will be maintained indefinitely on a password protected computer that only I will have access to. This is to allow me, the researcher, to build on past projects in the future. No one else will know that you have participated in this study unless you tell them.

*What else will the researcher do to protect confidentiality?*

At the top of this form, you will notice that I have indicated a code with which I will associate all of your data. Your name will be removed from all data, which will be stored

electronically on a locked laptop to which only I have the password. Your signature on this form, as well as any contact information that I have collected from you, will be kept in a locked cabinet and seen by no one else but myself. Any contact information that I have collected from you through email will be stored in a folder marked 'Confidential' in my McMaster email account to which only I have the password. I will not distribute your contact information.

**What if I change my mind about being in the study?**

Your participation in this study is voluntary. If you decide to be part of the study, you can stop (withdraw) for whatever reason at any time, even after signing the consent form or part-way through the interview. If you decide to withdraw, there will be no consequences to you. Further, If you decide to withdraw, you must contact me by email at [petera8@mcmaster.ca](mailto:petera8@mcmaster.ca), and I will delete all record of your participation, including destroying the signed copy of this letter, and deleting any electronic records that I have obtained in communication with you. Due to the nature of research, you will be able to withdraw data up until November, 2014 when I expect to be beginning to write my thesis. If you do not want to answer some of the questions you do not have to, but you can still be in the study.

**How do I find out what was learned in this study?**

I expect to have this study completed on or before September 2015. If you would like a brief summary of the results, please let me know how you would like it sent to you (see last page).

**Questions about the Study**

If you have questions or need more information about the study itself, please contact me by email: [petera8@mcmaster.ca](mailto:petera8@mcmaster.ca); phone: 905-929-8978; or mail: Amanda Peters, Department of Sociology, KTH 6<sup>th</sup> Floor, McMaster University, 1280 Main Street West, Hamilton, ON L8S 4L8 Canada

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.

If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat  
Telephone: (905) 525-9140 ext. 23142  
c/o Research Office for Administrative Development and Support  
E-mail: [ethicsoffice@mcmaster.ca](mailto:ethicsoffice@mcmaster.ca)

### CONSENT

- ) I have read the information presented in the information letter about a study being conducted by Amanda Peters of McMaster University.
- ) I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- ) I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until approximately November 2014.
- ) I have been given a copy of this form.
- ) I agree to participate in the study.

Signature: \_\_\_\_\_

Name of Participant (Printed) \_\_\_\_\_

#### **Recording and Follow-up**

1. I agree that the interview can be audio recorded.

... Yes.

... No.

2. ... Yes, I would like to receive a summary of the study's results.  
Please send them to this email address

\_\_\_\_\_  
Or to this mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

... No, I do not want to receive a summary of the study's results.

3. I agree to be contacted about a follow-up interview and understand that I can always decline the request.

... Yes. Please contact me at:

\_\_\_\_\_  
... No.

## Appendix E: Interview Guide

### Interview Guide

A Study of Paleo Living: Exploring experiences and perspectives related to Paleo culture,  
food and health

Amanda Peters (Doctoral Student)

Department of Sociology, McMaster University

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**Overview of the Interview:** This interview is designed to give me insight into your experience with and perspectives on a novel, alternative health approach, the Paleo Diet (and relatedly, the Ancestral Health perspective). Interviews will be one-to-one and open-ended, meaning I will not just ask “yes or no” questions. The exact wording I use during the interview may change a little from this script. Sometimes I will use short questions in addition to the ones shown here. For example, I may say “*So, you are saying that ... ?*” to ensure I am understanding correctly or “*Tell me more about that*” to get more information about something. I may also ask “*Why do you think that is... ?*” to learn what you think or feel about something.

**We’ll start with some information about you:** [*Background Survey*]

If you could sum up the philosophy behind ‘Ancestral Health’ (of which the Paleo Diet is one part), what would be the highlights?

When did you first learn about the perspective?

) Tell me about what was going on in your life when you first heard about it, and then when you started taking it more seriously.

Are there any particular books, studies or other materials that you go to for information?

Are you currently following the Paleo Diet?

) If yes: Tell me about your experiences since starting.

) If no/no longer: Why did you stop? Do you plan to do it again in the future?

Why is/was the Paleo Diet important to you?

\*\*\*

[If applicable] You have indicated that you are/have been part of a CSA. When did you start? Why did you get involved?

\*\*\*

Day-to-day, how does the ancestral health perspective factor into your life?

- ) Do you think about it often?
- ) Do you have any special relationships with other people or organizations that are part of your engagement with the perspective?

Some supporters of the perspective are involved in things like anti-GMO rallies, where they see the diet as a means to be politically engaged in issues surrounding things like food production. Where would you say you fit within that kind of perspective on why the Paleo Diet is important?

Do you see the perspective as related to or inline any other strong beliefs, values or concerns that you have?

Why do you think Ancestral Health so appealing to people?

What, if any, would be some common barriers to people either learning about or practicing a Paleo Lifestyle?

What would your response be to someone who says the Paleo Diet is a fad diet?

What do you think the future holds for the diet/ancestral health approach?



### Appendix F: Background Survey

DATE: \_\_\_\_\_ PARTICIPANT CODE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

\*\*\*\*\*

#### Background Information (10 Questions)

1. Where did you hear about this study?

\_\_\_\_\_

2. How long have you known about the Paleo/Ancestral Health Approach?

\_\_\_\_\_

3. Please check all that describe you today:

- At this point, I have only been making plans to start following a Paleo Approach.
- I'm currently practicing the Paleo Diet or a very close variation.
- I'm currently participating in Crossfit or interval training program.
- I'm taking a break from the Paleo Diet but I hope to do it again in the future.
- I'm no longer practicing the Diet and am trying something else.

What are you trying? \_\_\_\_\_

I'm no longer practicing the Diet and I'm not really practicing any other kind of diet specifically.

Why did you stop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe where you live, circle one: Downtown / Suburbs / On or around City Limits / Rural

5. Which of the following best describe you? Please check all that apply:

#### Relationship Status

- Married
- Common-Law/Cohabiting
- Non-Cohabiting Long Term Partner
- Single

**Education**

- less than Highschool education
- Highschool
- College
- Undergraduate
- Graduate Degree
- Other Certificate \_\_\_\_\_

6. Please list any occupational titles:

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7. How old are you? \_\_\_\_\_

8. Do you have children? Circle one: Yes / No

If *yes*, how many, how old are they and do they live at home? (e.g. 3: age 4, lives at home; age 7, lives at home; age 17, lives away from home)

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9. Do you participate in Community Supported Agriculture (CSA), circle one: Yes / No

I'm not sure what this is.

If *yes*, how recently did you participate?

- Currently participating
- less than 6 months ago
- 6-12 months ago
- more than 1 year ago.

Why did you stop?

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10. List any community organizations that you are involved with, even if in a casual/part-time or 'client' role. For example, regular shopper at local Farmer's Markets or volunteering for a community group or organization.

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**Appendix G: Participant Characteristics***Participant Characteristics*

Characteristic	Frequency (N=18)	Participant (Pseudonym)
<i>Gender</i>		
Male	7	Brian, Brock, Nick, Claude, Gavin, Drew, Patrick
Female	11	Allison, Meg, Kelly, Stella, Kristine, Nami, Hannah, Jill, Shelagh, Rose, Kathryn
<i>Age</i>		
18-30	2	Brian, Hannah
31-45	7	Kelly, Stella, Brock, Jill, Shelagh, Drew, Patrick
46-60	5	Allison, Nami, Nick, Rose, Kathryn
60-70	4	Meg, Kristine, Claude, Gavin
<i>Ethnicity (self-identified*)</i>		
French Canadian*	4	Claude, Gavin, Stella, Nick
English Canadian	14	Brian, Brock, Drew, Patrick, Allison, Meg, Kelly, Kristine, Nami, Hannah, Jill, Shelagh, Rose, Kathryn
<i>Marital Status</i>		
Married	10	Meg, Kelly, Brock, Jill, Gavin, Shelagh, Drew, Rose, Patrick, Stella
Common-Law/Cohabiting	1	Kathryn
Non-Cohabiting Long Term	1	Allison
Single	6	Brian, Nami, Hannah, Nick, Kristine, Claude
<i>Highest Education</i>		
College Diploma	4	Kelly, Nami, Gavin, Stella
Undergraduate Degree	8	Hannah, Nick, Shelagh, Rose, Kathryn, Patrick, Brian, Allison
Post-Grad Diploma /Certificate	3	Claude, Jill, Drew
Graduate Degree	2	Meg, Brock

Other (Certificate)	1	Kristine
<i>Occupation</i>		
Executive	1	Drew
Professional	5	Nick, Jill, Rose, Kathryn, Patrick
Semi-Professional	2	Kelly, Hannah
Technical	2	Brock, Gavin
Entrepreneur	4	Allison, Kristine, Stella, Brian
Retired	3	Meg, Nami, Claude
Stay-at-Home Parent	1	Shelagh
<i>Residence</i>		
City Downtown	2	Claude, Brian
Suburb	14	Allison, Kelly, Kristine, Nami, Hannah, Nick, Jill, Gavin, Shelagh, Drew, Rose, Patrick, Stella, Brock
On/Near City Limits	1	Meg
Rural	1	Kathryn
<i>Parental Status</i>		
No Children	7	Allison, Brian, Kristine, Hannah, Nick, Claude, Patrick
1+ Children at home	6	Kelly, Brock, Jill, Gavin, Shelagh, Drew
1+ Children out of home	5	Meg, Nami, Gavin, Rose, Kathryn
<i>Knowledge of Paleo/AH</i>		
1-2 months	2	Kelly, Claude
3-4 months	1	Meg
5 months-1 year	1	Brock
1-2 years	5	Allison, Kristine, Hannah, Jill, Kathryn
2.5-3 years	3	Shelagh, Drew, Brian
4 years +	6	Rose, Nami, Nick, Gavin, Patrick, Stella
<i>Paleo Adoption Status (time)</i>		
<6 months	5	Meg, Kelly, Kristine, Nick, Claude
<1 year	5	Allison, Brock, Jill, Shelagh, Drew
1-2 years	2	Kathryn, Brian
3 or more	6	Rose, Nami, Hannah, Gavin, Patrick, Stella
<i>Paleo Adoption Status (degree)</i>		

Strict (90% of the time or more)	8	Kelly, Kristine, Gavin, Shelagh, Patrick, Stella, Allison, Hannah
Moderate (70-89% of the time)	8	Meg, Brock, Rose, Nami, Jill, Drew, Kathryn, Brian
Light (60% of the time or less)	2	Nick, Claude

*Reported Reason(s) to Adopt (could be more than one)*

Weight	1	Kelly
Weight changed into Overall Health	4	Kristine, Jill, Shelagh, Kathryn
Athletic Goals	1	Brock
Athletic Goals changed into Overall Health	4	Brian, Hannah, Rose, Patrick
Specific Diagnosis /Health issue	8	Kathryn, Allison, Brock, Stella, Drew, Nami, Gavin, Jill
Overall Health	6	Nick, Claude, Nami, Hannah, Gavin, Stella