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### Subjects of care: Living with overweight in the Netherlands

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## Chapter 4

# ENJOY YOUR FOOD!<sup>32</sup>

## *On losing weight and taking pleasure*

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### Abstract

Does healthy eating require people to control themselves and abstain from pleasure? This idea is dominant, but in our studies of dieting in The Netherlands we encountered professionals who work in other ways. They encourage their clients to enjoy their food, as only such joy provides satisfaction and the sense that one has eaten enough. Enjoying one's food is not easy. It depends on being sensitive. This does not come naturally but needs training. And while one kind of hunger may be difficult to distinguish from another, feeling pleasure may open the doors to feeling pain. What is more, sensitivity is not enough: enjoying one's food also depends on the food being enjoyable. A lot of care is required for that. But while engaging in such care is hard work, along the way clients are encouraged to no longer ask 'Am I being good?' but to wonder instead 'Is this good for me?' Both these questions are normative and focus on the person rather than on her socio-material context. However, in the situations related here the difference is worth making. For it entails a shift from externally controlling your behaviour to self-caringly enjoying your food.

**Keywords:** *behaviour, self-care, food, pleasure, sensitivity*

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*Co-authored with Annemarie Mol, first author.*

## SUBJECTS OF CARE

### Introduction

In an interview shortly after she had managed to lose 15 kilos, Isa, a 25-year-old Dutch woman, told us that she had achieved this feat with a low carbohydrate diet and a range of additional strategies:

I now drink water. It's a great trick. If I get hungry I drink a large bowl of coffee and then I am full again... I have cut a fat index out of a magazine and hung it up in my food cupboard. It says how many calories a snack contains and how many minutes you must walk to lose those calories.<sup>33</sup>

Strategies like these are widely used by people who want to lose weight. They relate to food as energy and help people to absorb less energy than they burn. But despite the ingenious character of the tricks, it is not easy to shift one's energy balance. A year after the interview Isa had regained her original weight, plus a bit more. This happens to many people who diet. All too easily the conclusion is drawn that those concerned are not strong-willed enough to give up the gratification that eating and drinking offer. That they live in an obesogenic environment does not help. Jointly, or such is the argument, weakness of will and the abundance of readily available calories cause an increase in overweight and obesity. In response to this problem public health advocates seek to address the obesogenic environment. However, it appears to be difficult to achieve a world with fewer adverts, fewer fatty foods outlets, smaller servings of soft drinks and better access to healthy food. Working towards these goals clashes with the market organisation of food production and consumption and with the interests of the food industry. What remains is the possibility of addressing consumers and urging them to make healthy food choices. Hence, the public is provided with information about food (its calories; its carbohydrate content; its fatty acids and so on) and warned that

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<sup>33</sup> The study was undertaken following local ethics committee approval. Consent was verbally obtained and to ensure anonymity the excerpts from transcripts used in this paper are not identifiable individual interviews or observations.

## ENJOY YOUR FOOD!

overweight and obesity cause health problems (diabetes, vascular disease, osteoarthritis and so on). Such campaigns target what public health research calls health behaviour. They admonish us to behave, that is, to take control over what we eat and abstain from excessive food pleasures.

It is not just nutrition scientists, government officials, healthcare professionals and diet gurus who sing this song. In the social sciences the tension between health and pleasure tends to be taken for granted as well. There are social scientists who explore how people negotiate their concern with health and their desire for pleasure in their daily lives. Some wonder how people's ability to exercise control might be strengthened (Coveney & Bunton, 2003; Jallinoja, Pajari, & Absetz, 2010; Rozin, 1999; Williams, 1997; M. Wilson, 2005). Others argue that siding with 'health' is disciplining or normalizing and go on to suggest that, instead, we would do well to give free rein to our desires (Smith, 2002). While these views are in opposition to one another, a similar scheme is at work in both: rationality and control are disentangled from, and contrasted with, desire and excess.

It was against this background that we started our ethnographic inquiries into care practices in The Netherlands for people who want to (or, as they often put it themselves, have to) lose weight. One of the present authors, AM, while wondering about possible escapes from the 'control versus excess' paradigm, was being interviewed by an online journal for dieticians. She used the occasion to ask for volunteers willing to participate in a further inquiry into weight loss in practice. Starting out from these volunteers, and then adding others through the snowball method, the other author, EV, was able to conduct twenty formal interviews (with dieticians, weight consultants, coaches, doctors, nutritionists, psychologists, physiotherapists, fitness trainers and a surgeon). In addition we did ethnographic observations. AM with a general practitioner, a dietician and a coach; EV with two different dieticians, two movement support groups, a weight loss training group and various professionals in an obesity clinic. In addition EV participated in a mindfulness training as a trainee. It turned out that in practice things are more complex than we had been led to expect. Firstly, we found that the control versus pleasure paradigm comes in strikingly different variants.

## SUBJECTS OF CARE

Secondly, some professionals appear to work with it in interestingly creative and innovative ways.<sup>34</sup> And thirdly, we came across professionals who did not fit into the control versus pleasure paradigm at all. The present article is based on the work of the latter group. Drawing their inspiration from a variety of resources, these professionals are experimentally developing practical alternatives to the control versus pleasure paradigm. Intrigued, we sought them out. They readily gave us access to their work, pleased that someone wanted to learn about it. Their clients agreed to our presence as well, either because they were generally in favour of openness or because they hoped that this would help others to get the kind of care that they were receiving themselves.

The practices analysed here do not seek to strengthen people's will-power. Instead they try to cultivate their capacity for pleasure. The ideal at their horizon is not self-control, but self-care. Self-care is not easy. In this article we draw out a few techniques for fostering it. They involve feeling pleasure and pain, sensing one's needs and crafting situations and meals that give joy. The goals of self-care are varied. They include not just health and weight loss but also joy, pleasure, satisfaction, ease and calm. As we analyse what is at stake in the practices that we studied we do not claim that they lead to paradise. They have blind spots, hit up against perplexing resistances and generate new and difficult dilemmas. But while the logic of control has been reiterated over and over again, the intricacies of self-care have so far received less attention. They deserve to be brought out into the open, discussed, amended and tinkered with. We hope that our articulations will strengthen and sharpen the theoretical creativity of our informants and help their insights to travel beyond their daily practices. As we address what public health calls health behaviour we argue that this term is not simply a label pinned to something going on out there. Instead, it

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<sup>34</sup> For our work on dieting variants and creative uses of the control/pleasure paradigm, see Mol 2012 and Vogel, 'Clinical specificities: will and drives in obesity care', submitted. Heretic professionals have made themselves heard in self-help or popular science and semi-scientific books with titles like *The Slow Down Diet* (David, 2005) *Intuitive Eating* (Tribole & Resch, 2003) and *Savor: Mindful Eating* (Nhat Hanh & Cheung, 2010).

## ENJOY YOUR FOOD!

indexes the paradigm in which control contrasts with pleasure. Self-care is better served with other words.

### **Productive practices**

As the alternative practices we present here go against the received wisdom that weight loss crucially depends on taking control over one's appetites, the first task that our informants set themselves is to spell out the fact that such control may not be all that helpful and may even be counterproductive. This is the idea: if people succeed in controlling their food intake the result is not simply that they come to absorb less energy than they burn. Their bodies are affected in other ways as well. They get hungry.

Annette is a coach and her practice is called *Liever slank*. This Dutch phrase translates as preferably slim, but also as slim in a way that is kinder. On a fine evening in autumn 12 people have gathered to learn more about this. They exchange experiences. At one point, Kees (as we call him here) says: 'If I am hungry, I immediately feel like *yes*, I am going to stay hungry for an hour, because then I will lose weight'. His hunger gives Kees a sense of achievement. Tanja adds: 'If I don't eat, I feel I'm on the right track.' The drawback, however, is that such happiness doesn't last. Annette uses a moment of silence to ask: 'But is this really a good idea, to suffer so heroically? For you won't be able to sustain this. Eventually you will eat, because your body wants it. And then you will feel bad. Angry with yourself. Or guilty.'

The tables are turned. If the hunger that follows from heroic attempts to control one's body undermines one's ability to stay in control, it may well be that the gluttony that conventional wisdom takes to precede dieting, rather follows from it. This is one of the reasons that successes tend to be

## SUBJECTS OF CARE

short lived: dieting practices produce what they seek to counter. In addition, they also produce bad feelings:

Tessa: 'Then I eat something and I think, oh, that's another 200 calories. Too bad.' Everybody nods. Annette nods, too. And then she counters: 'How can you enjoy what you eat once you start thinking 'that's another 200 calories'? While you feel bad, too bad, you do not taste'.

While Tessa-in-control counts calories, Tessa out-of-control consumes them. The 'too bad' indicates that she lives this as a failure. But where does this failing originate? The control paradigm suggests that the origin lies in Tessa's uncontrolled desire to eat. Annette, by contrast, suggests that the very attempt to take control is to blame because it drags a person into a vicious circle.<sup>35</sup> As control kills pleasure it precludes satisfaction. And as long as a person is not satisfied, she will want to eat.

What emerges here is that there is no such thing as the body. Instead, there are two ways of configuring bodies, two versions of the body and these are in tension. In the first, external control (provided by a set of rules or a mind) is needed to stop a body from absorbing more energy than it burns. In the second, bodies are taken to have an internal feedback system that keeps them in balance. Pleasure is a crucial part of this feedback system because it signals 'enough'. Thus, when there is no pleasure – as a consequence of guilt, or haste or a list of other intervening factors – the feedback system does not get its crucial feedback. Hence no balance:

Annette takes it that people who want to lose weight would do well to enjoy their food. She talks about her own experience. At one point she had put on weight and started to complain about it. A colleague advised her to not start dieting but to try to take more

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<sup>35</sup> Psychologists who study disordered eating have long since argued that restricted eating and a lack of pleasure have psychologically harmful effects. See Lindeman and Stark (2000) or Westenhofer and Pudal (1993).

## ENJOY YOUR FOOD!

pleasure from her food. And indeed, as she began to shift her attention to what she ate, things started to change. Instead of finishing a box of chocolates in one sitting, she would indulge in one or two pieces. She began to take more effort with her cooking. She sat down whenever she ate and concentrated on it. After her story, Annette challenges her clients who have just admitted to all kinds of binge eating incidents. She says: 'When you really take pleasure in eating, you can't eat an entire pack of cookies. You only ever do that when you gobble them up thoughtlessly'.

Like the body, the subject also comes in different versions. In the logic of control, the subject is a cognitive centre making decisions. It receives advice about what to eat (a diet plan) or it gathers information (for instance, about calories) that will allow it to make its own plans. In addition, it must somehow muster the motivation to act on these plans. In the self-care logic that informs Annette's way of working, the subject starts out by feeling. It feels hunger, guilt, a sense of failure. It feels like being slim or in need of comfort. It may feel a sense of achievement or of calm and satisfaction. These two subjects have different relations to their body. For the first subject the body is an object of knowledge and control. For the second the body is a locus. It is one of the sites where feelings reside and emerge. In this site so-called emotional feelings such as fear or joy encounter (hit up against or get confused with) so-called physical feelings, such as hunger or cold. Disentangling these feelings is not easy. Even feeling itself appears difficult to do.

### **Feeling pleasure**

The practices we studied share the idea that feeling, even feeling pleasure, does not come naturally. As long as people are busy counting calories, running around or reproaching themselves, they are unlikely to feel the gratifications that eating and drinking potentially provide. Feeling depends on being attentive. You better attend, is the idea, to what you taste.



## SUBJECTS OF CARE

The conference is on healthy eating; there are lectures and workshops. Guido gives one of the workshops and starts by handing out crisps and nuts. 'You might want to taste both, first one, then the other. Then, make a few notes. What did you expect and what do you experience? Is there a difference? And what happens to the flavour as you are eating, does it build up or fade away? Once you've swallowed, what do you feel then? For now don't talk, please, first concentrate'. A bit later everybody's notes are compared and they appear to be strikingly similar. The crisps are covered with salt. They mainly taste of salt and, though they are not particularly good, they induce a craving for more, perhaps due to the initial intense sensation provided by the salt. The nuts are completely different. They have been roasted but they are not salted. Their flavour increases as you chew, there is substance to them, they feel nutritious. A small handful is good; nobody wants more.

Here Guido tries to convey the fact that sensing what one eats depends not just on eating but on stopping short, turning inwards and protecting one's sensations from being overrun by the talk of others. What emerges is that if she is not attentive a person might be inclined to eat more and more crisps, not because they are particularly enjoyable but rather because they are not. This comes as a surprise to most participants and that is the point of the exercise. The moral is that you may hope to feel what is truly satisfying by tuning in on your food.<sup>36</sup> However, satisfaction depends on more than good food and attention alone. It may be tied up with endless other intricacies of life.

Maria is a dietician working in what she calls a holist way. In her consulting room Helen, one of her clients, says that things are improving. In last few weeks she no longer overate every day.

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<sup>36</sup> For the analysis that affect is not a natural phenomenon but that people may gradually learn to be affected see Hennion (2004) and Despret (2004). For an interesting note on this see Latour (2004a).

## ENJOY YOUR FOOD!

However, things still 'go wrong' three nights out of seven. Then she gets takeout food, for example, from the Chinese restaurant on the corner. She knows that home-cooked food would make her feel better and taste better, but there it is. Maria asks about cooking. If that is the problem, it might help to cook two or three meals in energetic moments and put the spare ones in the freezer. Helen says no. 'When I'm tired I am not just lazy, but also crave for salty and fat stuff. For junk food. Even after dinner I dive into the fridge for cheese or salami'. Maria nods. 'It's very good that you are at least able to notice this. That's quite a big step already. So, now, let's see. It is when you are tired that you eat more than you would like to. Is there something you are trying to keep at a distance? Something you do not want to feel?' Helen pauses to think. Then, slowly, she nods.

Since she started visiting Maria, Helen has gradually learned to recognise that feeling tired may go together with feeling the need for salty, fatty foods. Now the next step is to learn that the comfort that food provides may help to keep other feelings at bay, nasty feelings that are more difficult to face than tiredness. Maria does not explore what the feelings are that Helen might be pushing aside. She takes this to be a task for a psychologist. However, she does insist that learning to feel threatening emotions may be a crucial step towards losing some weight. Another client, Stella, has picked this up and is learning to give her unwelcome feelings a name.

Stella talks about a day at work. She was hungry and once she had eaten the food she had brought from home, she ate a few of the sandwiches that had been laid out for a lunch meeting. Even then her hunger did not go away. Her surprise about this made her stop and think. And only then did she realise that it was not exactly hunger that she felt, but rather frustration. 'And then it didn't take me long to realise why I was frustrated. And that was okay, it had to do with a situation at work that was, well, frustrating. So I

## SUBJECTS OF CARE

allowed myself that feeling. And the urge to keep on eating disappeared’.

Maria’s work is based on the experience that if eating is done out of frustration, to keep threatening feeling away, food pleasure has no chance. If, by contrast, an emotion such as frustration is simply allowed to exist it does not have to be driven away by eating. All this means that in treatment practices different kinds of feelings, emotions and bodily sensations need to be attended to together. This idea also informs the psychomotor therapy given to people with obesity as part of their follow-up treatment after bariatric surgery.

Mariette, the therapist, hands out balloons and asks all six members of the treatment group plus the ethnographer to stand up and place a balloon on the seat of their chair. ‘Push on it, go ahead, as much as you dare, go!’ There is some giggling, but not a lot. After some pushing time Mariette wants to know what we feel. She writes the answers on a whiteboard. Petra is ‘afraid the balloon will burst’. ‘Where do you feel this fear?’ ‘Well, just fear,’ Petra says, shivering a little. ‘But where do you feel it *in your body?*’ ‘Ehm ... well, in my chest, my heart rate’. Rinse suggests: ‘In your breathing?’ More sensations appear on the white board: ‘get hot’, ‘belly pain’, ‘have to pee’. Anja proclaims: ‘I do not feel anything. What should I feel?’ ‘You may have to push harder,’ says Mariette. Anja tries. She pushes the balloon into the chair as hard as she can. ‘*I feel something just by looking at you!*’ Petra sighs. Anja shakes her head and looks around. Is this a defiant look or is she excusing herself? ‘No, still nothing.’ BANG! The balloon bursts. A little startled, Anja admits that yes, finally she feels something: her heart is beating faster. At the end of the session Mariette talks about homework. She asks the members of the group to think about how they deal with tension in their everyday lives. ‘What do you do when you are put under pressure, when you are stressed, do you hide feelings away, rationalise them, look for distractions?’

## ENJOY YOUR FOOD!

A body can only hope to feel pleasure if it is able to feel in the first place. Thus Mariette creates situations in which feelings are likely to arise, and encourages her treatment group to attend to what occurs. Focusing on their bodies should help people to feel something, anything at all. Seeking words for these feelings and relating to what others say – recognising it, being surprised by it – should help them to explore their sensations further. And all this comes with the hope that in real life participants will get better attuned to their physical and emotional sensations.

### **Feeling needs**

In the control paradigm losing weight depends on abstaining from food even if one feels like eating. One's food intake should not be based on feelings, but on dieting guidelines or a proper calculation of nutritional needs. Self-care, by contrast, includes learning to feel what you need.

The workshop again. Now two kinds of orange juice are passed around. They look the same. Guido, the workshop leader, asks: 'Note down how they taste and what effects they have on you'. People take sips and make notes. Once we are allowed to talk the agreement is striking again. The first juice has hardly any taste. Someone calls out 'sugar water!' General acclaim. At the same time, most participants report that they felt the urge to keep on drinking. The second juice, by contrast, has a rich taste. There are layers in it: sweet, sour, a tinge of bitter. It is good, but a small glass is enough. Only after this has been collectively established do we learn that juice number one was the light version of an expensive brand and juice number two was freshly squeezed. Guido: 'Isn't it strange that when our bodies ask for juice, we trick them with something light? Why not give them the nourishment they need?'

## SUBJECTS OF CARE

Guido is convinced that it is not despite its rich, layered taste, but because of this, that freshly squeezed juice does not urge a person to keep on drinking. It is satisfying. Guido contends that light food is a trick, and a bad trick at that, because a body is not so easily deceived. If only people can learn to feel them properly, their desires will appear to be in line with their needs. This confidence in the body's potential to sense its needs is striking in most of the practices that we studied. It may confuse clients who in the past have been given rules (this is what you should eat) or information (this is how to calculate your needs). Things do not necessarily get easier without such handholds.

As a part of her attempts to lose weight Melanie, who is in her twenties, goes to the gym. But what to eat after the gym? Melanie: 'If I have rules, I'll be fine, I can follow rules'. But Janet, the dietician, tries to take another course: 'That is very good, that you can follow rules. But what about trying to feel what you might best eat? There is a difference between hunger and craving for something sweet, you know. Are you hungry? Then you want proper food, soup, a sandwich, something filling. Do you have a craving? Then you have some of what you crave for. The difference is important. Would you like be able to feel what you need, instead of thinking: what are the rules?' Melanie hesitates. Janet continues: 'This is hard, we have to take it step by step. Let's start from an example'. Yesterday after her gym, Melanie first had yogurt and then crackers with chocolate spread. Janet asks whether she was still hungry afterwards, but Melanie cannot tell. 'This is the kind of thing you might want to become aware of,' Janet says. 'To get there, it may help to sit down and make notes. Not about what you eat, but about what you experience. How your food becomes you'.

Feeling demands training. Time and again clients are asked to attend to such things as 'how your food becomes you'. What becomes them today may well do so again tomorrow and in this way one's past experiences may come to

## ENJOY YOUR FOOD!

inform one's future eating patterns. But patterns should not crystallise into fixed rules. Bodily needs may vary from one day to another. While rules seem to offer a stable kind of control, there is no end to the tinkering self-care that involves feeling.

Melanie says that, okay, she will try. But for now she has one last question. She often eats currant buns. Are they allowed? She looks at Janet almost apologetically, realising that she has not quite got it yet. Janet smiles and says: 'That is a good question. You know what? Next time you have a currant bun, try to feel that for yourself. Or you may want to buy a few different kinds, from different bakeries, and try to feel which one satisfies you most. What I encourage you to do, is not to ask 'am I being good?', but rather 'is it good for me?'

While rules may be stabilised and carried along between moments, sensing has to be done in the here and now. While rules that stipulate healthy behaviour are based on measurements done on a population level, sensing has to do with the effects of food or drink on a specific body. Experimenting with different but comparable kinds of food or drink may help in gradually acquiring the ability to feel these effects. In the end, this should allow people to feel and feed their own particular needs.

A mindful eating course. We learn that mindful eating distinguishes between no less than eight kinds of hunger. Joyce, the course instructor, shows a list of them in her PowerPoint presentation. The group has to think up fitting examples. In this way, we come to talk about eye hunger (seeing food makes you want it), nose hunger (walking past the bakery), ear hunger (the cracking of crisps, the sizzling of oil), mouth hunger (sweetness, taste), belly hunger (rumbling stomach, 'real' hunger), body hunger (vague feeling of distress), mind hunger ('I can't eat this, I should eat that, if I don't eat this I can eat that') and heart hunger (warmth, rest, acceptance, cosiness). Then we start an exercise. As we sit in a circle, Joyce

## SUBJECTS OF CARE

invites us to relax and then hands out coffee biscuits with mocha glazing. First we have to rate how much of each kind of hunger this biscuit makes us feel. Then we may choose whether or not to eat it. Only one out of the 12 people present actually does. Then we talk again. 'It looks like plastic, really.' 'The smell is good.' 'Is it? I think it isn't.' 'Once you start thinking about it, you realise: I don't want this cookie!' Most of us say that if the biscuit had been presented during the tea break we would have eaten it without thinking twice.

Even though only belly hunger is granted the adjective real, the point of an exercise like this is not to forbid foods that cater for what, by implication, are unreal hungers. Instead, the idea is that if you realise that, say, you are seeking comfort from a piece of cake, it becomes easier to leave it alone and look for comfort of another kind or, and this is at least as important, to actually find comfort in it. For rather than feeling bad about yourself, you may then enjoy your food. Making the different kinds of hunger explicit helps to open up different perceptions. Food may look appealing, smell lovely, have an interesting texture, a rich taste or provide a gratifying belly feel. Some people even appreciate the sugar rush that follows from their cookie. And as your needs are met and you register your satisfaction, your desires calm down as well. For at least some time all your eight hungers are quietened.

### **Crafting conditions**

The professionals whose work we present here tell people not to forgo bodily pleasures but to cultivate them. As a part of this, people are encouraged to feel their sensations and emotions, rather than to eat them away; and to attune to their various needs and desires so as to better meet them. All this is work on the self. But caring for pleasure does not stop at the boundaries of the self; it also includes care for one's surroundings.

## ENJOY YOUR FOOD!

I tell the adults about the hypothalamus, I explain that this is the satiety centre that regulates how much you eat and makes you stop eating. And then we talk about how this may become dysfunctional. And they get the assignment to give it stimuli again, to start tasting. So we discuss how to do it, this tasting. How to become an aware eater? It starts with sitting at a table, a nicely set table, with flowers, a nice table cloth. Eating with cutlery. Switching off the TV, the radio, putting away the newspaper. Just sitting and tasting. Trying to chew 15 times. Often clients will look at me, like: where's the fun in that? But it does help you to eat more consciously. For if you eat in front of the television, you tune out from your hypothalamus, you do not listen to it anymore. But it tells you exactly when to stop. (Martine, weight consultant)

Care for the self depends on care for the context in which this self is situated. The problem that is tackled here is not an obesogenic environment that induces eating but a distracting environment that shifts attention away from eating. The environment of an eater should not be distracting, but attractive. It should foster pleasures that underline and add to the pleasures provided by food – flowers, a table cloth. It should index care – hence the cutlery.<sup>37</sup> An attractive environment will not alter the flavour of the food but turns the activity of eating into a pleasure in and of itself. And as the body gets pleasure, it registers that it is eating and at some point will signal that it has had enough to eat.<sup>38</sup>

This 'enough' is not a set quantity, like the '2000 calories a day' that results from research done on groups of other people under other

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<sup>37</sup> What does and does not index care for one's surroundings is replete with class and cultural markers. In our Dutch materials the norms at work are middle class, though not those of, say, arty or academic elites, who would not care about table cloths. And while in the USA, for instance, eating with only a fork would be acceptable, in The Netherlands this signals a lack of cultivation or of attentiveness. That one might eat as well, and well, with one's fingers, is not considered here. But see (Mann, Mol, Satalkar, Savirani, Selim, Sur, and Yates-Doerr, 2011).

<sup>38</sup> In nursing homes, where people risk eating too little, caring for attractive surroundings is celebrated as it incites people to eat more. Hence, there too, pleasure is supposed to help in balancing the amounts people eat. See Mol (2010b).



## SUBJECTS OF CARE

circumstances. Instead, it is a locally relevant amount of food that suits your particular body here and now. This body is not caught in a causal chain: the food on offer does not cause your body to eat. Instead this food is, or is not, inviting.<sup>39</sup> You may either respond to this invitation, or not. Such responses are not fixed, they may change over time, they may be tinkered with.

Amanda, a dietician, encourages Johan, a man in his forties, to try new things. She explains that taste buds only get used to something after at least three weeks. Then they respond with an ‘oh, carrots.’ It takes another three weeks of tasting before the brain is able to shift to: ‘yummy, carrots!’ ‘So keep trying. Taste a little piece, again and again, and you’ll be fine.’

Here, then, pleasure is not enacted as a natural effect, but as a cultivated response. It depends on committed efforts. By attentively tasting new kinds of food one may learn to like them. But while our informants say ‘try carrots, they might be good for you’, they never say ‘you should like carrots’. Luring a body into liking carrots is worth trying, but such self-care techniques do not offer control. In the end pleasure may emerge – or not.

For children Amanda uses a form that has a long list of vegetables followed by two columns. In the first of these, a child may put a tick every time she tastes the vegetable in question. After 15 ticks she is allowed to rate the vegetable’s taste in the second column. The scores are like those of the Dutch school system: 1 for truly bad (or disgusting) and 10 for could-not-be-better-so-very-good (yummy). This form tries to turn appreciating food into a game. Once they have ‘done their best’ and tried a vegetable 15 times, children are allowed to judge for themselves and score it.

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<sup>39</sup> For the material aspects of hospitality, see also Candea and da Col (2012).

## ENJOY YOUR FOOD!

The context in which one eats may be attended to; new flavours may be tried. But caring for pleasure also depends on caring for the food itself. For food is not naturally given, it is grown and transported and sold and bought and cooked. The attention of our informants tends to focus on the last stages of this process. How to prepare food in an enticing way?

Susan works as a dietician with overweight children and their families:

It strikes me that many of my clients eat very plain food, nothing imaginative. They hardly use herbs or spices. Spicing things up a bit might make meals more appetising. And then it all has to be quick, quick, quick, easy and ready. Of course it then gets boring, especially if it also needs to be healthy, because they all think that's vile. So how to make healthy stuff more appetising? This is difficult, because in practice ... we can cook with the children, but with the parents it is difficult to organise. Because the parents ... you can present them with information, but that doesn't work. They have to experience it. Often they think that they don't like something, but if they make it in a slightly different way, they will experience a different taste. And fun cooking is not necessarily all that difficult or time consuming. (Susan)

Crafting pleasure takes effort. It depends on skills and imagination. While telling people to take control of their food intake presupposes that the food to be taken in is present already, fostering self-care includes paying attention to the work that goes into selecting, buying and preparing good food. This does not easily fit within consultation rooms and current financial regulations, if only because self-care is not a just cognitive task, but involves the entire body. It depends on developing skilled eyes, noses, tongues and hands. It is only by training in practice that a person may become capable of caring.

## SUBJECTS OF CARE

### Conclusion

In public health the concern is with what is called health behaviour. In the research that backs up this concern, 'behaviour' is configured as something observed from the outside. It is what one person (the researcher) may see another person (the research subject) do. The researcher-outsider may then seek out the explanatory variables that cause this or that behaviour and hope that interfering with these explanatory variables offers the possibility of changing the behaviour in question. But what if one is the person doing the behaving? Then such knowledge from the outside makes little sense and neither does trying to alter the causes of one's own behaviour (Despret, 2008). The professionals whose work we have presented here therefore try to go in other directions. They do not address behaviour observed from the outside but the feelings that, as a person, one may come to sense from within. They do not encourage people to put themselves under their own control but to caringly tinker with themselves, and tinker again, all the while seeking to actively and appreciatively take pleasure from their foods and drinks.

The ideas embedded in these caring practices resonate with phenomenological theory. Phenomenology, likewise, calls for attention to how a body feels from within. However, in a lot of phenomenological studies feeling one's body from within appears to be a naturally given and universally available ability. The practices we studied suggest instead that it is a demanding local achievement. It is not something that 'the' body does, but rather something that some people may learn to do under some circumstances. Hence, rather than a general truth that needs to be theoretically defended, the lived body of phenomenology here emerges as an empirical configuration that may or may not be realised in practice.<sup>40</sup> The professionals who were our informants work to realise it in, with and for their clients, in various ways.

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<sup>40</sup> See notably Csordas (1993). In parts of phenomenology the fact that conditions of possibility are precarious, is acknowledged. See Varela's note that being a lived body is not something everyone can easily do, but requires cultivation (2001). For the shift from having/being to doing also see Mol and Law (2004) and Law and Mol (2008).

## ENJOY YOUR FOOD!

Firstly, they encourage people to feel. The idea is that it is only if people attend to how their food affects them that satisfaction may ensue. One of the complications is that different bodily sensations may intertwine with each other and with a plethora of emotions. As positive and negative feelings are not easy to keep apart, avoiding all forms of feeling may sometimes seem safer. This is a problem: taking pleasure depends on also being able to experience pain. A second set of repertoires addresses the feeling, not of one's responses, but of one's needs. Rather than calling upon nutritional science to stipulate these needs whilst mistrusting one's desires because they know no bounds, in the practices we studied needs and desires are explored together. The ideal is to learn to feel the difference between needing/desiring nourishment, a treat, consolation or something different yet again. A person able to do this will find it easier to meet her needs, fulfil her desires and achieve satisfaction. But satisfaction does not just depend on being able to feel but also on organising one's food world in satisfying ways. Therefore, a third repertoire foregrounds caring for one's eating environment, attuning to different foods, acquiring diversified tastes and, crucially, learning to prepare attractive meals.

Satisfaction, then, is crucial to the practices we studied. The idea is that satisfaction serves weight loss as satisfied bodies send out the signal: 'enough'. But while weight loss is important to both professionals and clients (who, after all, seek help because they hope to lose weight) it is not the ultimate parameter of success. It may be even more important to learn to take pleasure and then being satisfied once in a while; or to be able to feel what you need and which foods and drinks are good for you at which moment.<sup>41</sup> This, then, is how we want to summarise the work of the professionals we studied. While public health messages insist that we should take control over our food intake, here the message is to attend to what we

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<sup>41</sup> Healthcare practices have to be justified by proving in clinical trials that they are able to effectively improve a given relevant parameter of success. If a practice has a range of goals, its effectiveness becomes more difficult to prove. For some of the many complications involved, see Mol (2006) and Struhkamp *et al.* (2009) and, for an alternative way of working, Moser (2010).

## SUBJECTS OF CARE

eat. Rather than repeating the admonition, 'mind your plate', these professionals give the encouragement to enjoy their food.

None of this is beyond criticism. 'Enjoy your food' resonates with the advertisement messages of food industries, which makes it easy to be misused. What is more, not all possible food pleasures are being endorsed. Calm enjoyment is being fostered, and wild ecstasy is not. Ignored are the pleasures of transgressing, forgetfulness or, say, of stuffing oneself with fast food while watching a B-movie with friends.<sup>42</sup> There is little about sharing food, feasting, or acting as a generous host or a grateful guest. In addition, the self-care being propagated is demanding. Our informants want their clients to show curiosity by seeking out new food experiences and experimenting with new habits. They risk turning a gourmet model of eating into an ideal for everyone. They hardly attend to money. They work largely through education, like almost everybody else in contemporary public health. And while they give support, once again the people who have the problems have to do most of the care work themselves.<sup>43</sup> All in all, there is a very thin line between liberating the pleasures of the body and imposing yet more obligations on the caring self. Say you find yourself trapped in the station at 5:30 in the evening after a busy day at work. You are hungry, have a long way to travel ahead and little money left. Your food choice then and there is between an expensive luxury salad and cheap, filling chips. Yes, of course, you might have anticipated this moment and brought your own food from home. But you did not. Here yet another sense of failure looms. If only you had taken better care of yourself!

As it happens, our informants know all too well that they are not in the business of creating a paradise. They also know about the socio-material circumstances of their clients. As we talk, they deplore the fact that they cannot change the marketing strategies of the food industry, school canteen policies, supermarket layouts, social inequality, the kinds of skills

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<sup>42</sup> See also the aesthetic regime of comfort, that celebrates the paralysing pleasure of fatty, high-caloric food in Christensen, 'Aesthetic regimes: how good food is crafted through connoisseurship', forthcoming.

<sup>43</sup> On possible problems that extending the care-space from the clinic to self-care can bring about, see Miewald (1997). For another discussion on self-care see also Kickbusch (1989).

## ENJOY YOUR FOOD!

children are being taught (or not) in schools and so on. Every day again they learn from working with their clients about the structural problems that interfere with eating well. But what can they do from where they stand? Taking their situatedness seriously, we suggest that it is just too easy to write in a social science journal that encouraging people to take pleasure from their food is nothing but another neoliberal disciplining strategy. Once you have heard Annette's clients tell stories of bingeing and feeling miserable; or pushed a balloon with the therapy group of Mariette; or witnessed Maria attending to the details of Helen's responses to foods and feelings; once you have transported yourself to these sites, the conviction imposes itself that paradise may have to wait. It is urgent enough to attend to the question what to do in these sites. What is better rather than worse in a situation where a person wants to (or has to) lose weight (Yates-Doerr, 2012b)? Is it obligatory to learn to control your eating behaviour while asking yourself the question: am I being good? Or might it also be possible to learn to take more pleasure from your food, while wondering: is it good for me? This is our conclusion: pointing to the difference between these two ways of working is important. It is a difference worth making. Enjoy your food.