How We Eat

Appetite, Culture, and the Psychology of Food

LEON RAPPOPORT, PH.D.

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CHAPTER 2

You Are What You Eat

LIKE IT OR NOT, the way we eat is closely related to who we are or want to become: In effect, it is the personal and public presentation of self through food because, when it comes to personality, the uses of food are ubiquitous and often paradoxical, in the sense of being both inner and outer directed. That is, we may eat in ways aimed at the satisfaction of inner, personal needs, or in order to impress others. Our food behavior can therefore be personal and covert (some people eat only as they truly wish to when no one is looking) or, like our clothing, part of our contrived public image. In the latter category is a perennial item of folk wisdom widely circulated among young women in North America: never order spaghetti on a dinner date. I first heard this from my older sister more than fifty years ago, and since then it has been confirmed many times over by young women in my college classes who know that it's hard to look attractive while eating spaghetti. However, there is no consensus on which foods can make women seem more attractive. My wife claims that the best rule is no drippy items, and only small bites of everything else.

Another variation on this theme involves casual and calculated efforts to explore the character of others by observing their

eating behaviors. Hence the invitation to dine with your potential boss when being considered for a responsible position, or the invitation to dinner from concerned parents who think you might be seriously interested in their marriageable daughter or son. Then, too, there is the use of food in fiction. Novelists and filmmakers frequently amplify the characters they create by dramatizing their food habits. James Bond is portrayed as a gourmet, ordering his martinis shaken, not stirred, whereas Dirty Harry has a hot dog for lunch. In the film *Pulp Fiction*, two of the main characters are hired killers who are "humanized" for the audience when they discuss the quality of hamburgers sold by McDonald's in Amsterdam. And feminist writers have noted that "good women" in films such as *Babette's Feast* and *Like Water for Chocolate* are defined by the painstaking preparation of foods they serve to others but hardly eat themselves. "Bad women," on the other hand, tend to be shown as careless consumers.

The point is that one of the most common and relatively subtle but important ways we get to know others, gaining impressions of their personalities, is through their eating habits. Social psychology studies have demonstrated that people will make fairly consistent judgments of others based on their grocery shopping lists. Equally important is that people come to judge *themselves* through their eating habits. Consider the insult added to injury when people with weight problems yield to the temptation of an extra helping of pizza or a high-calorie dessert and then indict themselves, feeling depressed about their lack of willpower. Paradoxically, people can become depressed when they violate their diets, but they are most likely to violate their diets when they feel depressed. There are also those people

who keep their special, usually fattening, goodies hidden away for private binges—binges after which they feel guilty. But paradoxically again, such guilt can have its bright side when friends or lovers discover the delicious intimacy of shared guilt from bingeing together on "forbidden" foods. My own experience of the link between eating behavior and self-esteem has been along a very different tangent. I found that, as a young soldier, I could more or less enjoy eating almost anything at any time and under any conditions. On field exercises in freezing weather, for example, when the hash in our mess tins was congealing together with the fruit cocktail and mashed potatoes, I could scoff it all up quite greedily, while many around me were dumping it in the mud. The result was that, although some might take this as evidence of piggishness, I gained a spurious sense of superiority based on the premise of owning a cast-iron stomach.

Along with table manners, food preferences can play a substantial role in how people judge the social class status of themselves and others. It has been noted by culture critics such as Roland Barthes and Paul Fussell that poorly educated, low-income people generally prefer sweet foods. This theme was elaborated by Fussell, who suggested that one can identify a person's social class by his or her drinking habits. According to Fussell, if you like sweet drinks—rum and Coke, whiskey and 7-up—you are definitely "prole," particularly if you serve these drinks in juice glasses decorated with cute animal pictures. He further stipulates that the upper-class drinks are white wine, vodka, and scotch and water, and, if drinking before three in the afternoon, Bloody Marys.

There are at least three plausible psychological explanations

of why strong preferences for sweet foods and drinks are associated with low social status. First, sweets are the most immediate gratification treats for children. Adults with a sweet tooth may appear childish, whereas restraining their desire for sweets may point to mature self-discipline, the ability to control vulgar appetite. Moreover, if the masses are like children in their food preferences, it behooves the elite to demonstrate their superiority by rejecting those preferences. There is also the Marxist interpretation suggesting that cheap sweets serve as a type of pacifier for workers condemned to a life of alienated labor. The harsher the conditions of one's life, the more one may crave any sort of immediate visceral pleasure.

Food is also often seen as an indicator of gender identity. Systematic marketing studies conducted in the 1950s and '60s by the psychoanalyst Ernst Dichter showed that meats, potatoes, and coffee were considered strongly masculine by consumers, whereas rice, cake, and tea were seen as feminine. These and other, more recent, studies have shown a relatively clear pattern of traditional sexism associated with many foods. Most "light" foods—salads, yogurt, fruit—have a feminine image, while heavy, smelly foods—herring, pot roast, corned beef, and cabbage—are seen as masculine. The linkage between these food stereotypes and those relating to typical male and female body images hardly requires elaboration. Some foods, however, such as chicken and oranges, were found by Dichter to be "bisexual," or gender neutral.

The imagery associated with a food can carry emotional significance for many people. Eating masculine or feminine foods, for example, can be important for teenagers struggling with gender identity. And there were probably many children

like me who acquired an appetite for spinach from watching Popeye cartoons, which showed the green as a source of strength and power. There is also probably a fair number of adults who were first moved to try drinking a dry martini after seeing one of the James Bond films. Dichter concluded that people develop preferences for foods that represent the type of person they admire or identify with. And conversely, people may develop aversions to foods that are associated with characters they dislike. Dichter's findings are clearly relevant to the discussion of magical thinking introduced in the previous chapter.

Anthropological research indicates that the process at work here is fundamentally primitive. It can be traced back to our hunter ancestors, who apparently admired powerful animals and believed that they could gain some of that strength by eating parts of the animals' bodies—the heart of a lion, perhaps, or even something from the dead body of a powerful enemy warrior. A contemporary variation on this theme harks back to the social class implications of food. People trying to move into a higher social class are likely to modify their food habits—abandoning McDonald's and Pizza Hut in favor of more upscale restaurants. They may also start buying their groceries at specialty shops instead of at supermarkets. (It is noteworthy that many supermarkets now have expensive gourmet-food departments.)

But food behaviors are not only a means by which people attempt to improve their social position or take on admired qualities of a celebrity. They are also, often more profoundly, a reflection of deep-seated personality qualities that are resistant to change. Although one might shift from hamburgers to filets

mignons, from sardines to caviar, and from instant coffee to rare blends, the way the food is approached and consumed may remain the same. It's not necessary to study psychoanalytic theory to recognize the obsessive-compulsive tendencies shown by people who insist on arranging the food on their plates in a certain pattern; having their bread toasted lightly, darkly, or in-between; or having their coffee not too hot and not too cold and with just the right amount of sugar and cream. All forms of obsessive behavior—and it is no mere coincidence that, in addition to food habits, it often shows up in toilet behaviors—can be understood as defenses against anxiety. People who show obsessive food behaviors are evidently attempting to cope with anxieties that probably can be traced to harsh or traumatic childhood experiences with eating.

At the other extreme are those who seem indifferent to their food: indiscriminate hearty eaters like the men—and they are most often men, not women—described by friends or family as garbage disposals because they clean everyone else's plate as well as their own. Having acted similarly myself as a soldier, I may be somewhat biased about the psychological sources of such behavior, but two plausible interpretations can be made. The benign view is that such robust food behavior reflects a relatively unconflicted, confident personality, based on a pattern of satisfying, pleasurable food experiences during childhood. In short, the happy, hearty eater may be just that—someone who enjoys food. Recall the famous remark of Sigmund Freud, who, when asked about the psychological significance of his cigar smoking (an oral fixation?), is supposed to have replied "Sometimes a cigar is just a cigar."

A less benign view of garbage disposal eating is that people

unable to express their anxieties about food—because those anxieties are so threatening to their self-esteem—attempt to cope by denying them. In this view, the excessively fast, indiscriminate eater is like the male who adopts a hypermacho style as a way of dealing with his anxieties about homoerotic feelings. Heavy, rapid eating may be a habitual adult defense against the childhood fear of not getting enough or of food not being available the next time he or she is hungry.

Another, quite different, social psychological use of food can be seen in people who exploit it as a form of sublimation. A good example of this is self-styled gourmets who cultivate an elaborate sensual-aesthetic interest in eating and take every opportunity to show this off in public by cross-examining waiters, discoursing on recipes, or criticizing the uneducated tastes of the masses. On Monday mornings, these people will often talk about a great meal they had over the weekend the way others talk about a great film or football game they saw. Because such gourmet pretensions are increasingly accepted in our society as evidence of sophisticated cultural values, they provide convenient compensation for people who have failed to realize their cultural aspirations more directly through intellectual or artistic accomplishments. And preoccupation with cooking gourmet meals for oneself or others may be the expression of unfulfilled sexual desires. The psychoanalytic view of sublimation suggests that stimulation or manipulation of another person's taste sensations can be a sensual experience analogous to seduction, whereas preparing elaborate special dishes to be eaten alone implies sensual self-gratification.

None of these patterns of consumption need be considered seriously pathological unless it is carried to an extreme, yet each

can speak volumes about individual personality dynamics—namely, the various ways individuals have learned to use food consumption as a means of managing and expressing their emotions. But given the inevitable disappointments we all occasionally experience in everyday life, it is probably fortunate that occasional brief periods of self-indulgent eating allow us to realize the all-purpose remedy reflected in the saying "Living well is the best revenge." This principle is acted on by many people who have learned to deal with emotional depressions by treating themselves to comfort foods. In her novel *Heartburn*, Nora Ephron's protagonist recuperates from failed love affairs by taking to her bed to eat large bowls of creamy mashed potatoes. According to students in my classes, other popular comfort foods include chicken soup, and cocoa and cookies, items they were given as children to eat during an illness or while recovering from an injury. A perfect example of the comfort phenomenon appeared in a 1994 news story during Bill Clinton's first term as U.S. president. Apparently, one evening the Clintons' daughter, Chelsea, was not feeling well. Her mother wanted to make Chelsea her favorite scrambled eggs; the White House staff wanted to prepare an omelette. Hillary Clinton had to insist that only she knew how to make the appropriate comfort food for her daughter.

As parents, one of the first things we learn is that, apart from the emotional attachments children may develop to certain foods, their general emotional state is often directly evident from the way they eat. Any serious emotional or physical problem is nearly always signaled by an apparent loss of appetite. Of course, common experience suggests that this is also true for many adults. Studies have shown that, for many normal adults, food

consumption is lowest when they are experiencing serious pain, stress, or anger. (This is discussed in more detail later in the chapter.) It is much easier, however, to see this effect of emotional distress in children. The comfort-food phenomenon ties in directly here because it generally grows out of parental efforts to encourage children to eat by offering them something they particularly enjoy. Also interesting is that the more comforting items are usually starches rather than sweets such as ice cream or candy. Parents may not know this except through trial and error, but, according to dietary experts, it is based on a physiological fact: starchy carbohydrates such as potatoes, macaroni, and rice are metabolized much more slowly than sugars and have a calming effect on the emotions—just what we want for kids when they are upset. Sweets, on the other hand, are quickly assimilated in the body and elevate the emotions.

It should be apparent now why it is that what we eat, how we eat it, and the idiosyncratic ways in which these behaviors may serve our social and emotional needs can all be seen as manifestations of our personal style of being in the world. In short, our anxieties, aspirations, and modes of relating to others are embodied in our food habits. These habits are as unique as our fingerprints and much more revealing of who we are. But how did we get this way? How do our food habits emerge, develop, and become a firmly embedded quality of our personality? Fortunately, there is substantial research bearing on this topic.

According to some of the newest findings, our taste preferences start developing well before birth. Research has shown that the fetus begins to occasionally swallow amniotic fluid at about the twelfth week of its development. When sweet and

bitter solutions are injected into the amniotic fluid, there is more swallowing of the sweet fluid. Another study has shown that premature babies prefer a sweet solution to plain water. Depending on her diet, the mother's amniotic fluid may have a distinctive odor. Researchers report that, when pregnant women swallowed garlic capsules, their amniotic fluid later smelled of garlic. These studies, as well as related work done with prenatal and postnatal animals, strongly suggest that food preferences emerge before and immediately after birth. Young sheep, pigs, and rodents have been found to prefer, after weaning, flavors they experienced earlier in their mother's milk.

Additional evidence that taste preferences develop early on has come from research with mothers nursing healthy infants. Two hours after nursing mothers swallowed either garlic or vanilla capsules, these flavors showed up strongly in their breast milk. In both cases, the infants responded favorably by sucking more of the flavored milk, as compared with prior sucking of the unflavored milk. It appears that an infant's appetite, like that of most adults, is stimulated by novel flavors, although, as with adults, the novelty wears off after repeated experience with the new flavors, and infants return to their usual sucking pattern. (An interesting offshoot of these studies is that a number of hospitals in North America, and parts of Europe as well, now provide new mothers with vanilla-flavored pacifiers for their babies.) Infants do not, however, respond favorably to all novel flavors; alcohol in breast milk resulted in less sucking. It has also been suggested that infants fed with only standard baby formulas are deprived of many early sensory experiences with food. This causes them to miss out on experiences that would prepare them for the diverse flavors available

in their environment, making them likely to be more resistant to novel foods later on.

A wide range of genetic factors can also influence food preferences. Just as we inherit our body characteristics, such as eye color, hair color, and body type, we also inherit particular digestive systems. The range of differences between normal individuals can be quite large. For example, postmortem studies indicate that stomach-lining tissue may vary in its thickness by a factor of over 100 percent in normal populations. If it is true that a thick stomach lining tends to protect against gastric distress, the thickness of a child's stomach lining is probably one of the factors explaining a child's eating habits—habits which lead to that child being labeled as a good, picky, or poor eater.

Some of the latest research on physiological differences between individuals also concerns taste sensitivities. There are apparently large differences between individuals in our inherited taste traits, based on the number of taste receptors in our tongues. Those of us with more receptors—usually women—have been categorized by researchers as "supertasters" and are estimated to make up about 25 percent of the North American population, whereas another 25 percent with substantially fewer receptors are considered "nontasters." Supertasters are particularly sensitive to the flavors of ginger, alcohol, and chili peppers and tend to reject bitter-tasting items such as coffee, spinach, brussels sprouts, and cabbage. These findings go a long way toward explaining the biological basis of individual food preferences and suggest that there may be more than simple sexism underlying cultural stereotypes about masculine and feminine foods.

It is clear that, beyond the genetic, prenatal, and neonatal considerations that provide the foundation for many of our basic food behaviors, subsequent food experiences—from early childhood to the end of adolescence—can profoundly modify our early predispositions. This is one area where the common experiences most of us have growing up and the conclusions reached by leading authorities on individual food preferences are in near-perfect agreement. The preferences and aversions we acquire throughout our formative years of development are the products of associations that occur between particular foods and particular social, psychological, and biological states. In fact, it's fair to say that the closest thing we have to a general principle underlying food preferences that is applicable across the board—from individuals to families, groups, and whole societies—is the "law of association." In practice, this means that all of us learn, through simple conditioning mechanisms, to associate certain foods with positive or negative feelings.

During infancy, for example, even the act of nursing at the mother's breast is susceptible to conditioning. Like Pavlov's dogs, which learned to associate feeding with the sound of a bell, human infants quickly learn to anticipate feeding (indicated by their reflexive sucking response) from the sights and sounds of their mothers preparing to nurse. In one controlled experiment, each mother wore a red bib each time she nursed. After a number of repetitions, the infants would begin reflexive sucking when shown the red bib—a fine example of classical conditioning. Associations between the satisfaction of hunger and the mother's presence are apparently pleasurable if the mother is a consistently good provider and the circumstances

are relaxed. But if she is not, and if the feeding experience is often disturbed or upsetting, such associations may induce anxiety. In extreme cases, the association with anxiety can continue into adulthood, becoming the basis for either habitual tense behavior in food situations or obsessive eating rituals that serve as a defense against the anxiety.

During childhood, food aversions are quite common and can arise from a variety of experiences that can create intense negative associations with specific items. For instance, children often have a spontaneously aversive reaction to the sight, smell, and taste of oatmeal and other hot mushy cereals. Well-meaning parents frequently make matters worse by attempting to cajole or force their child to eat the cereal because "it's good for you." In some of my own research where college students were asked to give free associations to various common foods, many of their responses to oatmeal were viscerally negative: "Ugh!" "Library paste!" "Forced to eat it as a child!" But a few were positive, recalling cold winter mornings and the pleasure of hot oatmeal smothered with brown sugar. Presumably, enough sugar makes anything go down. Threats and cajolery, however, won't work. When parents employ contingency strategies—the promise of rewards or punishments—to get their children to try new foods, they usually fail. And if such efforts are accompanied by a high level of tension so that the food becomes a focus of parent–child conflict, the result can simply be to strengthen the child's aversion.

A dramatic illustration of how specific food aversions can result from a single, traumatically conditioned association is described in the book *Our Own Worst Enemy* by the British

psychologist Norman Dixon. The incident occurred while Dixon was a child at a boarding school, where the daily breakfast was lumpy porridge. One morning, the boy next to him was having a hard time breaking apart a large lump in his bowl. He finally succeeded, and, to Dixon's horror, the lump contained a dead mouse. Since then, Dixon has never been able to eat porridge. Less dramatic but similarly powerful are the often-accidental experiences that can produce an aversion. An item may be too hot to swallow and burn the tongue; it may be too highly spiced; the child may be ill and throw up; or there may be an intense family quarrel at the table. All these situations can create negative associations with food items that may persist into adulthood and even through one's entire life.

Positive associations, such as those with comfort foods, are also quite frequent. One of the typical variations on this theme, which can be either positive or negative, is the association we often make between people and their distinctive eating habits. To this day, whenever I encounter Gruyère, I am reminded of a college girlfriend who always brought a little package of *vache qui rit* Gruyère to nibble on when we went to the movies. In addition to the associations unique to individuals, we all share many culturally defined associations between foods and special occasions or holidays, such as turkey and Thanksgiving. This is because they are so prevalent. In one of my studies with college students, popular free associations to hot dogs were family picnics and baseball games. And among former soldiers of my generation, Spam and creamed chipped beef (the famous SOS: "shit on a shingle") invariably evoke the military.

Different types of music are also consistently linked with different cuisines, apparently on the basis of shared cultural

stereotypes. Some of my research shows that most undergraduates associated country and western with barbecue and fried chicken; rock and roll with pizza and hamburgers; and classical music with lobster and filet mignon. Such simple food associations can occur and persist at any age. But as we move into adolescence and adulthood, they are likely to become more complex and much more a result of higher cognitive processes, processes that can override those associations that have been reflexively conditioned. In effect, through acts of will—by deliberately conditioning themselves—people may drastically alter their food preferences. This occurs frequently: many people decide as a matter of moral conviction or personal health to follow a vegetarian diet and then find that after a while they no longer have any desire for meat.

Less dramatic but no less significant are many of the other ways in which conceptual thinking begins to alter teenagers' preexisting food preferences. The proverbial peer pressure may influence not only their hair and clothing styles but also their eating habits. This conformity to group norms can be especially conspicuous among first- or second-generation American teenagers, who tend to reject the traditional ethnic foods of their families in favor of popular "American" cuisine. An example of this involving Mexican-American adolescents in the 1930s and '40s is described in Harvey Levenstein's 1993 history of changing American food habits. Ashamed of the tacos packed for their school lunches, these teenagers would throw them away or try to trade them for peanut butter and jelly sandwiches. Ironically, fifty years later, "Americanized" tacos and burritos became favorite items among almost all teenagers.

Developmental research suggests that, in addition to peer-

group conformity, changes in teenagers' food habits stem from a drive to explore novel experiences, which may include everything from drinking beer to smoking cigarettes to putting ketchup on pizza. And when exposure to American films, TV shows, music videos, and advertising is ciphered into the mix, it is no wonder that, throughout Europe, Asia, and Latin America, teenagers are usually the best customers when a McDonald's or Pizza Hut arrives in town. A further impetus for change may simply come from new information. Adolescents in athletic programs may begin to follow the dietary recommendations of their coaches, while other teenagers exposed to nutrition science or material extolling the virtues of vegetarianism may also be motivated to change their diet.

Among teenagers, girls typically go through the most dramatic dietary changes because of concerns about their appearance. Innumerable studies have shown weight-reduction dieting of one sort or another to be virtually epidemic among young women and girls, and for many it begins as early as preadolescence. In the more extreme instances, which are by no means uncommon, food bingeing and purging (bulimia), self-starvation (anorexia), and heavy use of appetite-suppressing drugs such as amphetamines can create serious health problems. This issue of dieting, and how it can shade into one or another serious eating disorder, will be discussed in detail in chapter 3 but deserves emphasis here too because it demonstrates the power of cognitive factors—images and ideals about physical attractiveness—to override established eating habits and hunger.

When viewed across the entire life span, food habits stand out as most likely to be changeable, unstable, and potentially

a threat to health during both adolescence and old age. The reasons for this are quite obvious and in some ways very similar. These are the two periods in life when the most radical changes occur in both our physiology and our social environments. Our food habits are pushed toward change from both the inside (biology) and the outside (society). Although the impacts of these changes are typically more intense and take place in a shorter time frame during adolescence, gradual changes among the elderly can also be profound. With advanced age there is a decline in taste sensitivity, which at least partially explains why so many older people complain that the bread (or other foods) these days just doesn't taste as good as it did when they were young. Chewing can also become more difficult because of dental or jaw muscle problems, and so dietary preferences shift toward softer items. Changes among the elderly also can occur quite suddenly. Older adults are notoriously subject to injuries or other acute health problems that may radically alter their lifestyles and eating behaviors. A seventy or eighty year old who falls and breaks an ankle or hip may become depressed and lose his or her appetite; an older person taking certain medications may feel nauseated.

Another similarity between adolescents and the elderly is their susceptibility to unhealthy food habits brought on by social factors: peer pressure among teenagers, and the loss of social support and stimulation often experienced by the elderly. The effects these conditions have on the food habits of the two groups can vary a great deal, but they generally push teenagers toward eating junk foods, impulse-driven "grazing," and fad dieting. The effect of social isolation on older adults is depression, loss of interest in eating, and a relatively impoverished

diet, which in extreme cases can amount to slow starvation. This last effect is most likely to occur among those elderly who may also suffer from chronic illnesses or physical impairments limiting their ability to shop for groceries and prepare meals. (Food and aging are discussed further in chapter 4.)

During the long march through the middle years that separate the end of adolescence from old age, food habits generally remain stable except for variations associated with new convenience items and new technologies, such as microwave cooking. Two exceptions to this generalization concern gender and life crises. The gender "effect" reported in many studies, including one of mine in 1993, is simply that women are typically much more aware of the health aspects of food than men are. This distinction begins to show up in survey data from young, newly married women, who frequently say they feel responsible for the health of their husbands and try to encourage them to adopt healthier diets. This is particularly prominent among women who become pregnant and have their first child. Nutrition knowledge and concern remain higher for women than men all the way through old age. In surveys of retired people, we consistently found that women generally knew more about the nutritional values of foods and attached greater importance to this when describing their eating habits.

Life crises of one sort or another also affect food habits. Profound changes in diet almost always accompany any event that seriously alters a person's lifestyle. Marriage, divorce, the birth of a child, major financial loss or gain, illness, or injury—in short, any event that can be seen as a crisis or turning point in one's life, and some that are less intense—will, for better or worse, have its effect on eating behavior. The settling-down

influence of marriage and child rearing usually leads to greater concern with healthy food choices, as does any experience with serious illness. But appetites and preferences can vary immensely and change rapidly among people dealing with life crises. Some may respond by eating less, paying close attention to weight-loss diets, and adopting ascetic cuisines or vegetarianism. Others eat more, try elaborate new recipes, and fall back into the impulsive habits of their adolescence. These alternatives are not mutually exclusive; I have known people in crisis situations who shifted from one to the other and back again within the space of a week. Few things influence adult food behaviors as much as a major life crisis, and it is no exaggeration to suggest that, in many cases, people respond with a manic-depressive pattern of eating, up one day and down the next.

Eating is also a conspicuous indicator of temporary emotional states, particularly all the variations from sadness to happiness. For some people, eating is like smoking or drinking; they do more of it at either emotional extreme, using food to celebrate when happy and to comfort themselves when depressed. But for most of us, appetite varies up or down depending on our position on the happy–sad scale. And then there are those occasional states we call "moody," when we may feel hungry for something without knowing just what that something is. Freudian theory would interpret this as a sign of free-floating anxiety, probably related to some sort of repressed hostility or desire concerning relationships associated with food. The repressed emotion is experienced as wanting something that cannot be consciously acknowledged. Projecting the emotion onto food provides a relatively acceptable way for it to be expressed.

One further dimension of food habits demanding attention here concerns the morality of food—the moral values associated with eating behaviors. Gluttony, for instance, is considered a venial sin among Catholics; obedience to the laws defining kosher foods is an imperative for Orthodox Jews; Muslims are forbidden pork; and in all religions it is considered immoral to waste food. We begin to acquire a sense of the morality of food virtually at our mother's breast, because this is where our eating behavior starts to generate good-bad moral judgments. Without any deliberation or conscious thought, virtually every mother will perceive the robust, uncomplaining eater to be the good infant or child, and the fussy, picky eater to be the bad, or at least not so good, child. These maternal reactions are conveyed to children in innumerable ways, so that already in early childhood a sense of moral worth is attached to eating. This might be represented by the commonsense reasoning that "to eat good is to make mother happy, to make mother happy is to *be* good." And, lest there be any doubt, a mother's pride in her good eater is invariably confirmed by the praise and approval she and her child receive from others. But, in contemporary North America, where obesity is often viewed as a kind of secular sin, such praise can evaporate, replaced by disapproval if by the age of five or six the child has become conspicuously overweight.

A strong theoretical case can be made for the claim that eating behavior stands as a major foundation for the development of the Freudian superego, or moral conscience. But we need not accept Freud's theory of morality in order to recognize that ideas about right and wrong, good and bad, begin to take shape very early in life. Indeed, most authorities on child development agree that newborns are sensitive to, and tend to

internalize, the positive or negative feelings of their mothers when nursing. And as babies mature, these internalized feelings become the rudimentary basis for their emerging sense of self. What begins to be established here is the emotional distinction between what psychiatrist Harry Stack Sullivan called the "good me" and the "bad me." General notions of good and bad, and right and wrong, quickly and unmistakably emerge when young children begin to be present at the family table, when they are praised or scolded depending on their consumption—how much they eat—and their manners—how much of a mess they make.

Any parent will know that teaching young children to handle a spoon or a cup and refrain from playfully or angrily throwing food is no small thing. And most parents also discover, sometimes to their chagrin, that they themselves will frequently be judged by others based on their child's table manners. It is a truism that the ways people conduct themselves at the table—including the whole range of behaviors comprising the etiquette of eating in every human society—frequently serve as a basis for moral value judgments: to eat like a pig is to be unworthy of respect and is seen as ignorant, greedy, or immoral. Judgments of social class status follow suit: the worse the manners, the lower the social class.

In his masterwork on the history of table manners first published in 1939, sociologist Norbert Elias traces the rise of Western civilization by tracking the evolution of manners from the Middle Ages to the modern era. He describes the increasing complexity of table manners across time and how they trickled down from the aristocracy to the masses. Elias further emphasizes that, through the centuries, the civilizing process

can be seen as increasingly suppressing instinctive responses (grabbing, gobbling, spitting, slurping) in favor of artificially acquired skills and restraints. There is an obvious parallel here between the history of manners, including its moral implications, and the life experiences of children, who typically start out in their highchairs grabbing, gobbling, and spitting.

The moral dimension of food also embraces cuisine—the items deemed suitable to eat and the manner in which they are prepared. We learn quite early in childhood that, in addition to right and wrong ways of eating, there are also right and wrong cuisines. "Ours" is right and superior and smells good; "theirs" is wrong and inferior and smells bad, no matter whom "they" are. Our cuisine is whatever we have become familiar with in our family and ethnic in-group (the group to which we belong); their cuisine is whatever the out-group consumes. Ethnocentric food preferences are easily converted into food prejudices. These may then be used as moralistic justifications for social stereotyping and egocentric pretensions to superiority, the commonsense reasoning being that only inferior people would consume inferior foods. This explains why food has traditionally been a prominent feature of ethnic slurs. Probably because of North America's multiethnic population, American English provides a rich vocabulary of examples; we have "krauts" for Germans, "beaners" for Mexicans, "mackerel snappers" for Catholics, to name just a few.

Food also plays a prominent role in ethnic humor aimed at ridiculing various groups. The 1990 encyclopedic study of ethnic humor around the world by anthropologist Christie Davies contains an entire chapter devoted to insult jokes based on food

and cuisine stereotypes. Some of these are quite mild, such as the one about the Norwegian and the Dane:

Norwegian: "Did you ever eat *ludefisk*?"

Dane: "No, but I think I stepped in some once."

Another is a French put-down of the British. After listening to a Frenchman talk about the superiority of French cuisine, the Englishman responds by saying, "Yes, but what about your dreadful lavatories?" To which the Frenchman replies, "*Alors*, in France one eats well, in England one shits well, it's all a question of priorities."

The idea that the food consumed by the out-group is garbage comes up frequently in various forms: "How do you know that a Texas Aggie is a galloping gourmet? You'll see him running after a garbage truck." Or this easily reversible item: "How do they dispose of garbage in Italian (or Polish) restaurants? They put it on the menu in Polish (or Italian) restaurants." Then there are the uglier ones, such as "Why do the Mexicans eat refried beans? Because they can never get things right the first time." And "How do you solve the Puerto Rican (or Mexican, or Asian) immigration problem? Convince the blacks that they taste like fried chicken." All these jokes are bad, and I've not mentioned many others that are even worse—less humorous and more offensive. But I do have a personal favorite. It's a *New Yorker* cartoon showing a frog seated at a table in an upscale restaurant, with a napkin tucked in its shirt. The frog expostulates: "Waiter! There's no fly in my soup!"

Apart from the bad jokes, ethnocentric attitudes about food extend beyond simple stereotypes to the acceptance or rejection of specific items in different cultures and religions. Beef rates

high in America and low in India; puppy dogs are a treat in parts of Asia, as are raw-fish dishes and whale meat in Japan. Most Americans reject kidneys, frog legs, and snails; Orthodox Jews and Muslims reject pork. Regional and subcultural distinctions exist as well. Prairie oysters (bulls' testicles) and rattlesnake meat are acceptable in parts of the western U.S. but not elsewhere. All these preferences, whether pro or con, carry either implicit or explicit moral implications based on the principle "You are what you eat." Cultural norms and religious traditions are such that our food habits are an important element of the moral values intrinsic to our self-concepts, as well as to how we judge others. Nor is there much rationality or objectivity in all this; the moral implications are experienced as a gut reaction. You might be able to love someone who once swallowed a live goldfish, but it would be much more difficult to care for someone who dines regularly on roast puppy dogs or fried worms.

There is no convenient way to summarize the various direct and indirect connections between food and personality discussed in this chapter because they exist at so many different levels of human experience. The moment we look beyond its biological functions, eating can be seen as relevant to nearly every aspect of personality. As an expressive behavior, how we eat (fast or slow, our manners), what we eat (our preferences), and how much we eat (our quantities) can be linked directly to many personality traits. Tendencies toward conformity, creativity, rigidity, aggressiveness, self-confidence, and anxiety are all in one way or another likely to reveal themselves at the table. In this sense, one can "read" a person's habitual food behaviors

for cues to his or her personality the way one reads the results of a projective personality test.

It is at this point that the general range of normal, commonly experienced connections between food and personality begins to shade into the domain of uncommon connections, namely psychopathology. And it is precisely this, the psychopathology of food, which is taken up in the following chapter.