Attitudes and Representations of Dietician: A Comprehensive Approach of the Contemporary Diet Logic

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Introduction

This subject matter is at the confluence of social representations of health and the image of the body. It seems to us that the notion which relates most to it is what Michel Foucault refers to as "self-preoccupation": "A reasonable existence cannot follow its normal course without 'health practice... which forms... the permanent frame of daily life, making it possible at every moment to know what to do and how to do it" (Foucault 1984: 138). Through this explanation, the author wishes to underscore the important role that the body and health played in the Old World. Such relation from self to self was brought up to date in a certain number of prescriptions relating to daily life– nutrition, sporting activities, sexuality, sleep, vomiting... (Mazzini, 1996). It was a matter of being "the skilful and careful guide of oneself" in like manner as "politics with regard to the city". Therefore, the attention given to bodily practices, far from being only purely egoistic personal worship focussed on the individual, was considered as a preparation for the role of citizen and had a cultural and political ideal as target.

It seems pertinent to construe the massive publication of a new reports on the body around the 1960s to 1970s (practice of diet, success of fitness and jogging, expansion of alternative diets and unprecedented development of cosmetics) as Foucault illustrates in respect to "self-preoccupation" in the Old World. An analysis of such new "daily health practices" affecting the management of its form(s) enables us to enlighten the socio-cultural prospects in which the latter are involved, in particular to what concept of the individual/subject they refer. If this hypothesis is right, by studying all

or part of logics circumscribing "self-preoccupation", we should succeed in rebuilding the normative environment which explains the attitude of the actor with regard to his/her body.

However, we must note the differences existing between "self-preoccupation" as described by Foucault and its interpretation today. Indeed, if we have ventured to use that notion, which in our opinion involve similar practices, we can draw three major characteristics which make it different from Michel Foucault's analysis. First of all, self-preoccupation is no longer involved in a cosmogony relating the management of one's body to the political role that we play in the city but in what Charles Taylor (1998) refers to as "self improvement". Further, "self preoccupation" does not concern only a tiny elite but is submitted to a true democratisation process (the management of the body is accessible to all or in any case claimed as such). Lastly, if in the Old World self preoccupation could not be considered as a problem depending on gender (it concerns only men), the latter structures modern relationship with the body (in particular because of the tendency to feminize bodily practices).

Here, we will not try to globally analyse such a phenomenon, as our empirical material is inadequate for that purpose; but through the study of remarks by a category of experts (dieticians), we will get a glance into an aspect of mechanisms implemented in such daily self-relationship. Although the analysed corpus is reduced, it has three characteristics which are important for us. On the one hand, resorting to professionals for the purpose of regulating one's diet is a massively female practice (if male customers exist, they are largely a minority). It is therefore not out of one's interest to study a behaviour which is in majority exhibited by one of the genders. On the other hand, in line with what Anthony Giddens (1991) wrote in respect of therapies, an actor calls for a specialist at crucial moments and may re-orient his life projections and his identity. However, the image of the corps and its relative control play an important role in our self-relationship; it is often at the end of a "weight skid" that we need to look for an expert. Lastly, our specific interest in nutrition (rather than in another bodily practice) is related to its importance in our day-to-day life. More than all others, food habits daily involve our self to self relationship, hence the need for understanding them.

Counsels by experts constitute a sort of ideal target in which our practices would be involved (in any case, it is what we wish by seeking them).[1] In addition, constituting the sample (exercising in private and in hospitals) enables one to assess the existence of a frontier (quite often evanescent and always socially defined) in the normal/pathological continuum. We can wonder, like Alain Ehrenberg (1998) in respect of depression whether we are witnessing a "medicalization" of all our small bodily problems. The analysis of differences and similarities of dieticians' remarks depending on their status gives an idea on the issue.

If we make a rapid round-up of what was written on that subject, we quickly note that we are confronted with the balance of two major types of explanations. On the one hand, we have an optimistic analysis often derived from marketing inquiries: note is taken of the plurality of patterns proposed by implementing woman's autonomy in the face of such practices, and finally it is supposed that feminising our societies entails the adoption of this pattern by both genders (arguing that men are more and more preoccupied with their body care). On the other hand, we are faced with critical remarks according to which the relationship that women have with their bodies would be permeated by male domination (Bourdieu 1998). The female ideal (otherwise femininity), "anthropologically" a subject of men's desire, would have been built in the view of men. Therefore, bodily practices (dietetics, cosmetics and sporting), far from being considered as a contribution to women's autonomy with regard to their body, would alienate women by strongly relating their identity to an image defined by another. It seems to us that both types of explanations are incomplete and do not render it possible to make a complete report on the complexity of the process under implementation. By starting with a draft analysis of "self preoccupation" by the modern woman, we hope to bring to light a more global explanatory pattern. Firstly, we shall describe the logics which structure professionals' remarks. This will enable us to have a

1. Very concretely, the empirical material on which our analysis rests is the following: we have obtained 18 semi-directed interviews with dieticians residing in the Bordeaux region; half of them exercise in private, the other half work in hospitals. We selected part of their remarks which support the normative environment of relations with the human body.

preliminary idea of the normative system involving our relationship with the body in its dietetic dimension. Secondly, we shall analyse what this pattern implies as a conception of both the individual and the relation that he maintains with himself. We will argue from two hypotheses: one dealing with the possible "medicalization" of our daily problems, and another dealing with the differentiation of self-relation depending on gender.

Logics of Remarks: A Draft Normative System

The first feature which can be drawn from professionals' remarks is the manner in which the patient is considered a complete being. The dietician does not contemplate the cause (gaining weight) and the remedy (changing food habits) as realities which are external to the patient[2] and to which would be applied a purely technical solution. On the contrary, both dimensions are understood as forming an integral part of the individual's identity.

To sum up, the dietician's job, more than simply issuing dietetic precepts, is aimed at understanding the individual in all the dimensions that make his identity (family, professional, corporal, temporal, psychological) and to involve "balanced" food habits. Such a global consideration of the subject is demonstrated in multiple ways. First of all, the fact is that a visit to the dietician is mainly a speaking moment. If technical problems are obviously examined (weighing, prescription of new food habits and non-respect for the fixed programme), more often dieticians are run over by their patient's personal stories.[3] Furthermore, we note in their remarks an almost systematic association between gaining weight and "accidents of life". Therefore, far from being considered as separate from the individual, the disturbing event is interpreted in function of the direction of the subject (started off by professional or family events). Finally, the last characteristic that contributes to a global consideration of the subject is the manner in which dietetic advice is given a

2. Contrary to a classic medical logic considering the disease as an exclusively physiological function.
3. To such an extent that some female dieticians are obliged to fix certain limits and to send the patient to an expert who appears more competent (psychologist, psychiatrist and psychoanalyst).

personal touch. Indeed, the expert goes from a certain number of peculiarities pertaining to the identity of the patient (standard of living, social position, taste and disgust, wearing down and sociability)[4] so as to adapt a diet to it. The change of food habits is not chucked up ex-nihilo but is based on a vision of the individual as a whole.

The second feature which crosses dieticians' remarks from one part to another is the refusal of a disciplinary role. The expert is out there neither to sanction the patient nor to find him guilty. He certainly points out eating "errors" and gives advice for them to be rectified but very gently and without exaggerated firmness. Denouncing too ascetic and violent diets[5] characterises this type of attitude. Another observation which illustrates our remarks is the manner in which dieticians try to un-dramatize their patient's painful relationship with their body. In that case a pattern that must be reached at any price cannot be imposed, but rather the task is of accepting one's physical identity which will certainly pass through some modification, but within the corporal reality of the subject.

The image which they want to reflect is far from "the whipping father" imposing a rigorous diet which must imperatively be respected.[6] Very often, I have witnessed the surprise of some patients with regard to the proposed food which appeared to them as more important, as far as quantity is concerned, than their own practice. In so doing, professionals wish to display the fact that they do not act in terms of deprivation.

The third characteristics which form the structure of experts' remarks derive from what we have previously demonstrated. The refusal of the dis-

4. So as to render my remarks more concrete, I shall illustrate that attitude with two examples: i) With regard to the social position, it is reflected by a process of numbering the patients and a differentiation of advice in function of the numbers given. ii) For the wearing down practice, it is the manner with which the dietician plays with the latter (by recommending more daily food consumption or by changing the food that is worn down) rather than blaming it and wishing it to be suppressed.
5. Considered liable, according to the professionals we interviewed, of a form of resistance to thinness (a recurrent practice of hyper calorie diet would cause a decline of basal metabolism).
6. Dieticians working in hospitals are objectively confronted with strict diets imposed for medical reasons which do not prevent them from making a negative connotation on that role.

ciplinary role entails a call for the subject's autonomy and initiative. The patient is called upon to completely get involved in the process of reorganisation of his food habits. First of all he must be conscious of the fact that he is preoccupied with himself, a step which is aimed at deepening the attention and relationship that he maintains with his own body.

Then the relationship dietician/patient is conceived on the Socratic meiotic mode: the expert's role is to help the subject to "deliver" himself the solution.[7] The real objective is to lead the individual step by step to a form of autonomy with regard to the regulation of his nutrition. To sum up, the dietician considers that he has succeeded when the patient can do well without him. It can be noted that in all logic with the precepts of autonomy and responsibility, the failure to follow a diet may be attributed to the very nature of the individual (indolence, unwillingness).

The last point that we wish to emphasise is the manner in which the cooking regulations are perceived. The latter is not contemplated as a temporary disruption of food habits but as a long-term re-education aimed at adopting a balanced diet. Often, the notion of diet itself is criticised by experts. In their opinion, it has a negative connotation: firstly because of its restrictive aspect, secondly because it does not involve duration. However, dieticians underscore the importance of a deep change in behaviours. Daily self-relation must be reconsidered if efforts must bear sustainable fruits (on the contrary, diets that are implemented sporadically, in disruption of the usual food practice are meant to cause the weight development of a subject a "Yo-Yo effect"). We understand better through their opinions, how experts call on their patients to conceive the dietetic approach as a global re-orientation of "self-preoccupation": in short, a soft re-education and not an ascetic disruption in their daily eating practices. Following this rapid analysis of experts' opinions, we are capable of outlining four logics involving the normative dietetic system (in any case that which is transmitted by experts). Firstly, the patient is taken globally into consideration, his weight and solution are not

7. As an example: The manner in which the patient is encouraged to consider his own cooking errors during the inquiry on nutrition; the use of a technique which requires putting separations together, such as wearing down, with the provocative event (stress, compensation and the drafting of a written note by the patient in that respect).

distinguished from his identity. Secondly, the expert refuses to assume a disciplinary role. This leads him, thirdly, to call for the individual's autonomy and initiative. Fourthly and lastly, the regulation of food habits is conceived as a "soft" re-education in the long run. We shall try to understand the consequences of such logics, in particular which conception and activity of the individual it refers to.

ETHICS OF RESPONSIBILITY AND REFLEXIVITY

Dieticians' remarks call for an ethics of responsibility where the individual's autonomy and initiative occupy a central position. Therefore, it refers to the face of the individual which is fulfilled through the change of self-relation with the body. The body is thus regarded not as an object, an external reality, but as forming an integral part of the patient's identity, it is a body subject (Le Breton 1998: 8). It is these last characteristics which give the dieticians' practice a turn that we can qualify as "psycho-analysis of daily practices". As a matter of fact, the history of weight is understood through the patient's life direction and the dietetic practices proposed respect the individual's identity. Furthermore, the notion of long-term diet re-balancing, rather than sporadic diet, refers to a sustainable work on self to self relationship. From this point of view, we can say that the role of the dietician is to succeed in causing the emergence of a distant attitude of the patient with regard to a daily bodily practice: nutrition. Experts' opinions therefore determine the face of an individual who assumes his self responsibility before engaging in a reflexive activity linking his identity to his food habits.

Such an observation induces a first hypothesis. The pattern which has been proposed to us overthrows the classical representation of the disease. Contrary to the latter, gaining weight is not related to a symptom to which a technical answer can be given; it is not a psychological malfunctioning that is external to the individual's identity but it forms an integral part of it. The foundation work of the expert is based on giving personal character advice depending on the individual's identity. "Self-preoccupation" today cannot therefore be mistaken with a "medicalization" of our daily body problems. We are even tempted to maintain a contrary hypothesis. Indeed, some of the

dieticians we interviewed exercise their function in hospitals. They are hence confronted in their daily profession with requirements closer to a "pathological" type pattern (related especially to medical prescriptions). However, while they face patients who suffer from an important category of overweight,[8] we find in their remarks the characteristics that we have described above. We can therefore assume that we are facing a process of "colonisation" of classical medical representations through a certain number of new professions that are being discharged in hospitals (psychologist, dietician, aesthetician...) and are bearers of new patterns.

The second important point relates to the distinction of genders which is involved in the dieticians' remarks. Indeed, the logics that we have detected and the conception of the individual to which they refer (in particular the importance of the reflexive activity) applies to an essentially female public. However, the male picture is mentioned[9] albeit distinguished from its female counterpart for at least three reasons. First of all, it is rapidly mentioned in the dieticians' remarks as opposed to the female picture which occupies a very large position. Secondly, men do not maintain a close relationship with the expert (many come only once). Lastly, they are reputed as being an easy public (generally it is their first attempt to follow a diet, contrary to women who develop forms of resistances to diet because of repeated practices). We can therefore say that the male gender is a specific category which cannot be included in the pattern presented above. From that point of view, we note a differentiation of "self preoccupation" depending on gender. This urges us to formulate the following hypothesis: the body relationship for women must be distinguished from that of men through the more intense reflexive activity that women carry out. We should ponder on the potential relationship between such a process and a relationship of domination.

8. This is a service of endocrinology which receives persons suffering from obesity (weight over thirty kilos as the average proposed by the body mass index). The term used (obesity) directly refers the weight to a pathological dimension.
9. If men do not form the majority of customers, they are present in both groups of dieticians (in private practice or in hospitals).

As conclusion, we would like to underscore how, by lifting the veil on part of the mechanisms governing "self-preoccupation" in our post-industrial societies, we are able to complete the two major types of analyses made on the subject of bodily usage.

Dieticians' practices as were reported to us, do not seem to be inspired by an ideal image of the female body.[10] It is therefore difficult to consider them as a disciplinary enterprise aimed at alienating the woman of her own body. The professional is not out to cause a body/object to fit in a normative yoke, but to serve as a guide to their patient in the self to self relationship. Truly speaking, they are out to cause the individual to regain a reflexive relationship with his food habits. More than the corporal inner reflection of domination, we are faced with an appeal for a greater reflexivity of the individual on himself.

However, an optimistic analysis in terms of a liberating pluralism[11] no longer holds the road. On the one hand, the transition from a normative pattern, based on discipline and guilt, to another pattern where autonomy and initiative are central, operates in a different manner depending on genders. There exists a stronger requirement of reflexivity with regard to the relationship of women with their body. On the other hand the new system comprises, in its own way, processes of domination. If the dietetic preoccupation refers to some work by an individual on his own identity and is guided by a logic of responsibility, any weight gained is necessarily experienced as a failure of the individual on his self. Therefore, he is confronted without mediation to his own painful identity of which he is the only person to blame.

10. Obviously being significantly overweight is condemned for its lack of aestheticism, but an analysis of professionals' remarks does not allow us to bring out a clear and unified image of an ideal female body.
11. The defenders of this thesis maintain that we are witnessing a burst of the normative pattern concerning the female body. The multiplication of sub-patterns would enable free choice by women and their autonomy.

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