

# Why Are Alternative Diets Such as “Low Carb High Fat” and “Super Healthy Family” So Appealing to Norwegian Food Consumers?

Annechen Bahr Bugge

<sup>1</sup> National Institute for Consumer Research, Norway

Correspondence: Annechen Bahr Bugge, National Institute for Consumer Research, Norway. Tel: 47-2204-3567.  
E-mail: annechen.bugge@sifo.no

Received: December 20, 2014 Accepted: March 11, 2015 Online Published: March 17, 2015

doi:10.5539/jfr.v4n3p89

URL: <http://dx.doi.org/10.5539/jfr.v4n3p89>

## Abstract

Aspiring for health and fitness has become increasingly important for Norwegians. This is expressed in many ways. For instance there has been a significant increase in the proportion who states that they are very interested in having a healthy diet. Furthermore, three out of ten stated that they had tried diets to achieve weight reduction over the past twelve months. One consequence of this trend is a consumption field that requires a multitude of products and services. This includes everything from food and dietary products that help you realize the dream of a sound, slim, strong, smart and sexy body, to books, blogs and TV shows that guide the individual towards making the right food choices. Through media, books and product launches, consumers are continuously exposed to different theories and beliefs about what and how to eat. A typical characteristic of the diets that have gained wide acceptance over the past few years is that they are in conflict with the national guidelines for a healthy diet. Another tendency is that traditional products in the Norwegian diet such as bread, potatoes and dairy products, in particular, have been up for debate. The purpose of this article is to explore why these alternative and rebellious diets have become so appealing to today's food consumer. Data are derived from both quantitative and qualitative materials.

**Keywords:** beauty, body, consumption, diets, health, obesity, orthorexia, self-help, therapy

## 1. Introduction

The present focus on healthy and unhealthy lifestyles and the increased pressure on the individual to take responsibility for their own bodies and well-being has resulted in a growing preoccupation with what and how one should eat (Maurer & Sobal, 1995; Caplan, 1997; Crossley, 2004; Lupton, 1996; Lupton, 2012). A characteristic feature of the health messages that are sent to consumers is the underlying assumption that the receiver is a rational actor who makes use of new knowledge to change attitudes and behavior (Crawford, 2006; Herrick, 2009; Madsen, 2010). Within this model, the food consumer is regarded as a health-conscious actor who includes and excludes ingredients and products in accordance with the dietary advice.

Diets and dieting is a theme that has received a great deal of public attention in Norway in recent years (Bugge, 2012 & 2014). The debate has shown that diets are being used as explanations of and guides to physical and mental health. Thus diets reflect the cultural acceptance of the idea that you can create your own person and that you are responsible for becoming your own ideal. However, there is no consensus about what is right and wrong. Through media, diet books and product launches consumers are continuously exposed to a number of different theories and beliefs about what and how to eat. Many of these theories are directly contradictory. Like in other Western countries, it also seems as diets that are in conflict with national dietary policies, have become more prevalent in Norway (Bentley, 2004; Bentley, 2005; Kristensen et al., 2011; Knight, 2012; Bugge, 2012).

However, the purpose of this article is not to question the value of healthy eating, but to develop a better insight into how people think about these issues. Furthermore, the purpose is not to determine whether the various dietary theories are right or wrong, but rather to look more closely at why these alternative and rebellious diets seem so appealing to today's food consumers. Consequently, we will explore how this way of thinking about food is reflected in Norwegian consumers' preferences, priorities and practices: How many have been influenced by the alternative diets that have received public attention in recent years, such as Low carb high fat (LCHF), Super Healthy Family (diet without milk, gluten and additives) or Raw Food (a diet consisting of unheated food and minimal use of meat and fish), and which values do the consumers wish to realize through this type of eating

behavior? What ingredients and products are considered wrong, and why is it so important to avoid them? What food assets do today's food consumer consider important? By using this type of research questions, we want to contribute to and extend the knowledge of the values, dilemmas and strategies that today's food consumers are concerned with. The purpose of this paper is thus to highlight the consequences of the focus on diet, body and health.

## 2. Background

Decades ago, Mennell et al. (1992) expressed that sociologists should be more concerned with how health and diet regimes can be considered as responses to social pressures on people. In recent years, several studies on eating, diet and culture have explored this approach (e.g. Bentley, 2004; Bentley, 2005; Gard & Wright, 2005; Mallyon, 2010; Kristensen, 2011; Knight, 2012).

According to Crawford (2006), health as self-control and self-validation has become increasingly prominent. The message is that you can be whoever you want to be and that you are responsible for your own health, body, etc. (Rimke, 2000; McRobbie, 2009). Food also seems to offer an increasing number of therapeutic solutions. An image search on Google on the Norwegian phrase "spis deg..." ("eat yourself...") gave almost 2 million hits. Of the 30 first hits, 12 were diet books (Note 1). By eating in a certain way, you were promised everything from good health and a slim, fit, youthful and beautiful body to harmony, happiness and even pregnancy.

Among the variety of promising diets that have appeared in the recent decade, the *LCHF* diets in particular, have received immense attention in the Norwegian public debate (Bugge, 2008; Bugge, 2012). Dr. Hexeberg's book (2010) "Frisk med lavkarbo. Nytt liv med riktig mat" («Healthy with low carb. A new life with the right food») was number one on the Booksellers Association's list of top selling books through 2010 and 2011. However, it was Dr. Lindbergh who first introduced the so-called Atkins diet in Norway (Lindbergh, 2001). There is little doubt that mediators of LCHF have had a relatively large influence on Norwegians' eating habits over the last couple of years. The sale of potatoes, white bread and products made from refined grains has declined significantly. It should also be noted that the core products of the LCHF diet - such as eggs, bacon, red meat, fatty dairy products, butter and avocado - have had a significant sales growth (Bugge, 2012). This is not exclusively a Norwegian phenomenon. Studies have shown similar trends in other Western countries (Bentley, 2004; Bentley, 2005; Knight, 2005).

Recently Norwegians have also become familiar with diets such as *Super Healthy Family* (Mauritson, 2011), *Raw Food* (Palmerantz & Lilja, 2011) and *Super Food* (Berge & Chacko, 2010). In order to have a super healthy family, it is important to stay away from dairy products, particularly cow milk (Mauritson, 2011). Studies have shown that the nutritional status of milk has become more problematic (Kristensen et al., 2011) Two out of ten food consumers say that they want to limit the intake of milk. Correspondingly, results have showed a significant decline in the consumption of milk in the last decade (Bugge, 2012).

The Raw Food diet involves an eating pattern where raw, unprocessed and organic food represents a large part of the diet. Depending on the interpretation of the rules of the diet, it is possible to include fish and meat on the condition that it is served raw (sushi, sashimi, carpaccio etc.). Most meals, however, consist mainly of raw vegetables, salads, smoothies and (detox) juices (Berge & Chacko, 2010; Palmerantz & Lilja, 2011). Consumption figures show that these types of dishes are now eaten more often than before, in particular among young, urban food cultural trendsetters. According to Andrews (2006), raw fish and seaweed have gone from being exotic to being a conspicuous symbol of a trendy and healthy lifestyle among Norwegian food consumers. In 2001, only 4% of people in Oslo ate this once a month or more. In 2011 this had increased to 40%. A product that is particularly associated with Raw Food is wheat grass. This is not sold only through specialty stores, but also in supermarkets and major bakery chains (Bugge, 2012).

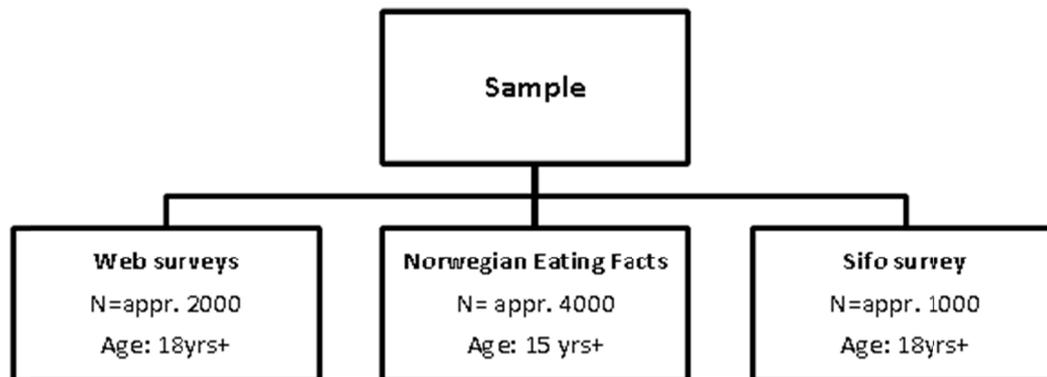
A common feature of these diets is that they recommend avoiding a number of common ingredients and foods in the Norwegian diet - such as bread, potatoes, pasta, flour, root vegetables, milk and meat. Particularly the LCHF-communicators' recommendation of a high intake of (saturated) fat has provoked many nutritional experts and Norwegian health authorities (Bugge et al., 2008). This has led to many heated debates and sensational media coverage. Another common feature of the alternative diets is that they all promise bodily and mental improvements. By committing to the LCHF diet, one can avoid everything from obesity, high blood pressure, atrial fibrillation, inflammation of the gums, migraine and fluctuating blood sugar to sugar addiction, chronic inflammations, Chronic fatigue syndrome (CFS), Bekhterev's disease, Fibromyalgia and barrenness, according to Dr. Hexeberg (2010).

In addition to the many therapeutic effects attributed to these diets, their popularity must also be seen in light of the many actors - experts, marketers, food manufacturers, publishers, program makers etc. - that continuously try

to find new and marketable products and services (Lawrence, 1999; McRobbie, 2009; Miles, 2002). An overview of the costs of advertising show that manufacturers of health foods and supplements are among those who spend most money on advertising in Norway (Note 2). There has also been a tremendous growth in sales of this type of products on the Norwegian market in recent decades (Note 3). A study of the scope and content of food commercials in Norwegian media channels showed that the prevailing message of today's commercials is that of healthiness and naturalness (Bugge & Rysst, 2013). Several theorists have discussed how advertising reflects the existing and desired knowledge and values of a society (Albers-Mills & Gelb, 1996; Schumann et al., 1991). The majority of today's food advertisements refer to health, and this can be interpreted as a reflection of society's desire for physical and mental perfection. The theme of this article is how this is expressed in food consumers' preferences, priorities and practices.

### 3. Materials and Methods

The data on which this article is based are derived from both qualitative and quantitative materials. Through the quantitative materials we wanted to answer questions such as: How many people try to achieve different physical changes and improvements through food? How many follow specific diets? The qualitative materials were intended to provide answers to questions such as: What characterizes the phenomenon of being on a diet? And why do alternative diets have such an appeal?



In order to gain better knowledge of Norwegian consumers' food preferences, priorities and practices, we carried out several surveys. The collection method was four WEB-interviews (May and November 2011, February 2012) and two telephone-interviews (SIFO-survey, 2006/2012). The WEB-surveys were conducted via E-mail. All the surveys were conducted by the data-collection agency Norstat Norway (Note 4). The material also consists of a survey conducted by the same company in 2010. The panel was a pre-recruited sample of persons aged 18 or older, about 80 000 people in total. Participants were recruited randomly. The selection consisted of approximately 2000 respondents aged 18 years and older. The results were weighted by gender, age, education and region. This means that the sample can be considered representative of the entire population. The response rate was approximately 40%. We also made use of Norwegian Eating Facts (1985-2012) which is part of Ipsos MMI Norwegian Monitor. This is a comprehensive postal questionnaire with approximately 4000 respondents. The sample is aged 15 years and older. The analysis of the quantitative materials consists of simple statistics such as frequency distributions and contingency tables using the computer program SPSS. We tested level of significance using Pearson's  $\chi^2$  ( $p < 0.05$ ).

To get a better understanding of why alternative diets have such great appeal to Norwegian food consumers, we believed it was also important to look into the popular (scientific) diet discourse: What characterizes the advice given in books and blogs about diet and health? What explanation models is this advice based on? And how is it that so many "ordinary" ingredients and products have been considered "extraordinary"? The qualitative materials consist of analyses of Norway's best-selling diet books and most visited diet-blogs. The books that were analyzed were selected on the basis of the Booksellers' Association's list of top selling books in the period 2010-2011. Most of the books referred to the LCHF diet, but there were also books on Super Healthy Family, Raw Food and Super Food. Social media have become an increasingly central part of Norwegians' daily life. Data from Statistics Norway show that 6 out of 10 Norwegians regularly use social networking sites (Note 5).

Blogging is an example of an activity that is carried out in the social media. The most popular diet blog in the period 2010-2011 was The LCHF blog (Note 6), followed by “Low Carb done easily” (Note 7). The most visited blog on the top list is Fotballfrue.no (Footballwife.no) (approx. 105 000 visitors on an average day) (Note 8). Healthy eating is a central topic in this blog, too. The author has declared herself a supporter of both LCHF and Raw Food.

In the analysis the blog posts were transcribed and coded. The data analysis program Atlas.ti was used to detect and visualize the phenomenon of “being on a diet”. In the diet books this was marked, coded and noted directly in the text. Just like a Swedish study on how families manage the everyday health puzzle (Johansson & Ossiansson, 2012), we, too, were inspired by Ehn and Løfgren’s (2011) cultural analysis. In the analysis of the texts we looked for themes and connections, and related the data to cultural contexts. This enabled us to problematize the most prominent ideas, notions and categories that emerged from the texts.

#### **4. A Brief Overview of the Survey Results**

In the following section we will give an overview of the most significant findings from the surveys. After doing so, we will analyse both the quantitative and qualitative results in light of several important theoretical contributions to the challenges associated with food, body and health.

##### *4.1 Increased Emphasis on a Healthy and Slim Body*

In order to identify consumer preferences, priorities and practices (the three P’s), we formulated various statements, and the respondents had to consider whether the statement in question matched with their own three P’s.

There has been a significant increase in the proportion who reported that they tried to get a slimmer body. In 2006 56% fully or partially agreed with the statement “I try to get a slimmer body”. This proportion had increased to 76% in 2012. From 2006 to 2012 the proportion which fully or partially agreed with the statement “I try to get a more muscular/fit body” had increased from 44% to 53% (SIFO Survey 2006/2012). The web survey (2011) revealed that 45% fully or partly agreed with the statement: “I aspire to have a nice shape (slim, fit)”. According to figures from the Norwegian Institute of Public Health, it is estimated that about half of the population are overweight or obese (Note 9). However, our survey showed that even more perceived their own body weight as too high. Sixty six percent reported that they had a few extra pounds.

##### *4.2 Increased Emphasis on Food’s Impact on Bodily and Mental Improvements and Changes*

The surveys also revealed that there is an increasing interest in healthy eating. At the beginning of the 2000s, 48% reported that they were interested in healthy eating. This proportion had increased to 58% in 2011 (Norwegian Eating Facts 2012). Similar results emerge from other surveys as well. In the web survey (2011) seven out of ten reported that they completely or partially agreed with the statement: “I am very interested in eating healthy”. Only 9% said they completely or partially disagreed. The Web survey (2011) also showed that many people had been on various diets during the last 2 years. 34% had tried to lose weight or improve their health condition using certain food or diets (33%). There were also quite a few who said they had tried to prevent health problems (24%), improve performance (23%), increase wellness (22%) and improve appearance (13%).

The surveys showed that quite a few participants were regularly on different diets, for example slimming, vegetarian, milk and meat reduced diets etc. Women were more likely to answer this than men. 37% of women and 21% of men regularly or sometimes ate diet foods in order to lose weight. It also appeared that diets that were in conflict with national nutrition policies had quite a big impact. Examples include Low Carb High Fat (LCHF), Super Healthy Family, Super Food and Raw Food. In fact, surprisingly few expressed great trust in the national guidelines. Only 10% said they totally agreed with the statement: «I have great trust in the health authorities’ national dietary advice», and 23% partially agreed. A significant proportion (20%) said they were very or quite interested in the Low Carb High Fat Diet. Moreover, 36% reported that they were somewhat (a little) interested in this diet. 42% reported that they replaced ordinary food products with Low Carb products regularly/sometimes. Two out of ten avoided milk because they believed they did not tolerate it (Norwegian Eating Facts 2012).

The surveys also showed that there was a significant decrease in the proportion who replace regular food with low-fat products in the period 2009 to 2011 (Norwegian Eating Facts 1985-2011). Although for decades Norwegian health authorities have strongly recommended that people should reduce their intake of saturated fats, our figures show that relatively many do not share this view. In the web survey (2011) only 22% reported that they regarded saturated fat as unhealthy. Almost as many (20%) said that fat dairy products were healthier than the lean ones. The answers to questions that dealt with opinions about fat had a relatively large proportion of

«neither/nor» or «do not know». There was, for example, 10-15% who responded that they did not know whether saturated fat was healthy or unhealthy. A similar proportion did not know whether they had changed their eating frequency of fat, saturated fat or unsaturated fat. This may indicate that consumers have relatively little knowledge of the various types of fat.

#### 4.3 Increasing Emphasis on Eating Raw and Fresh

Out of a total of 26 quality attributes, freshness (85%) was the one that respondents emphasized most when they were doing grocery shopping. This emphasis had also increased. 57% and 50%, respectively, said the same about attributes such as healthy and low price. More than half of the respondents (52%) claimed that they *always* or *very often* avoided buying foods that contained artificial additives. In addition, 23% said they did it *sometimes*. Women (81%) were more likely to answer this than men (70%). The proportion that answered that this was something they did always or very often increased from 17% in 2003 to 23% in 2011 (Norwegian Eating Facts 1985-2012). The popularity of Raw Food can be seen in light of the food consumer's increasing emphasis on fresh, clean and natural food. In 2011, around 15% of respondents expressed interest in this eating pattern. Young people aged 15-24 years and people living in Oslo (21%) were the most interested.

#### 4.4 Constantly New Products on the List of What You Should Avoid Eating

A typical feature of popular diets nowadays is that they often identify a type of nutrient, a product or a preparation technique that you should avoid. While the LCHF-communicators recommend avoiding carbohydrates, the communicators of the Super Healthy Family diet recommend that you leave out dairy products and gluten. If you are following a Raw Food or Super Food diet you should minimize your intake of animal products and avoid heated food. The surveys revealed that many had been influenced by these dietary guidelines.

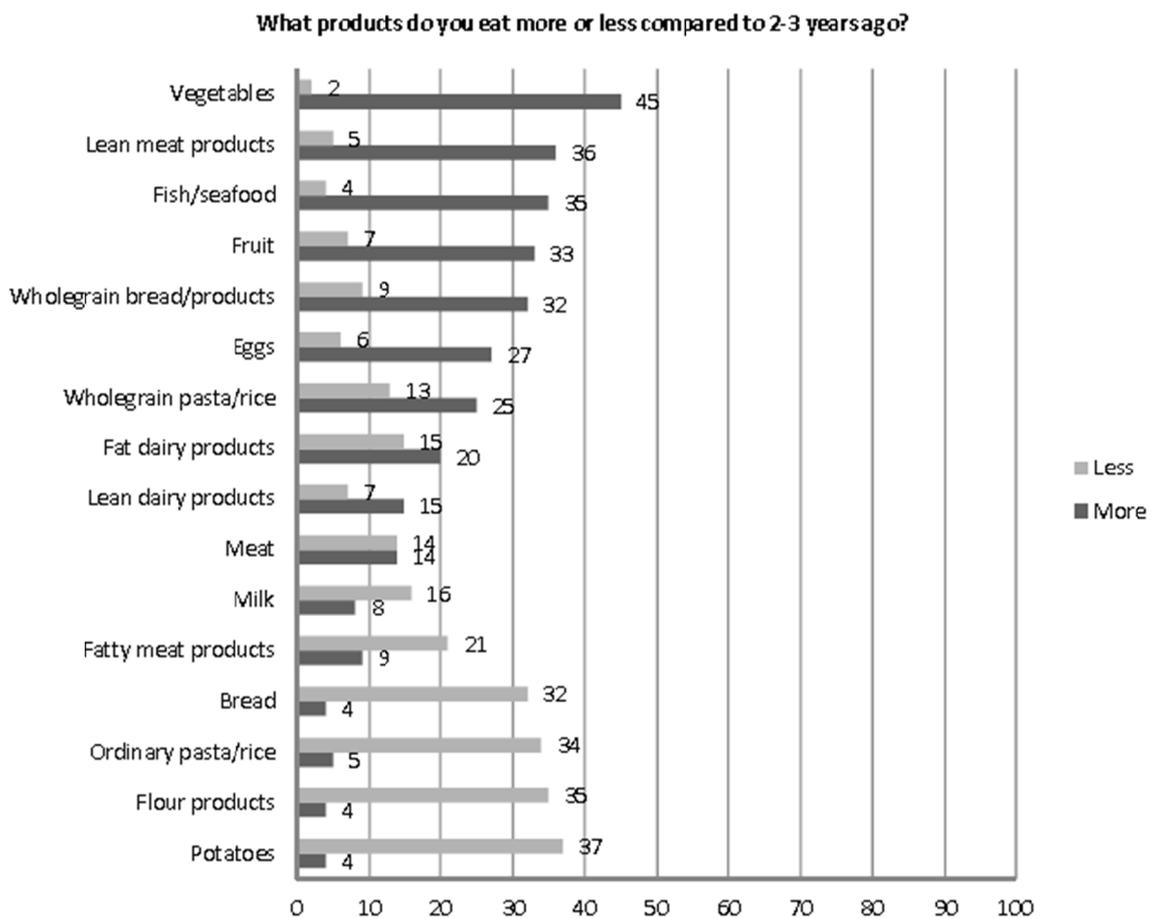


Figure 2. What products do you eat more or less compared to 2-3 years ago? N=1000.%. Web Survey 2011

As Figure 2 shows, carbohydrate rich products like potatoes, flour products, regular pasta/rice and bread top the list of foods that the respondents want to avoid. LCHF-communicators have also recommended a high intake of eggs and high-fat dairy products. 27% and 20%, respectively, said they had increased their intake of these products (Figure 2). Despite the fact that relatively few said they had reduced milk intake the past few years, our figures show that there has been a significant decline in milk consumption – about 50% (Norwegian Eating Facts 2012).

Similar results emerged when it came to changes in the intake of various nutrients. 30% said they ate fewer carbohydrates. Sugar (48%) topped the list of what respondents believed they ate less of. Fiber (33%) and proteins (25%) topped the list of what they thought they ate more of. Only 9% said they ate more fat. Figures from Norwegian Eating Facts (2012) and our WEB-survey (2011) showed that there have been significant changes in people's view on various nutrients in the period from 2009 to 2011.

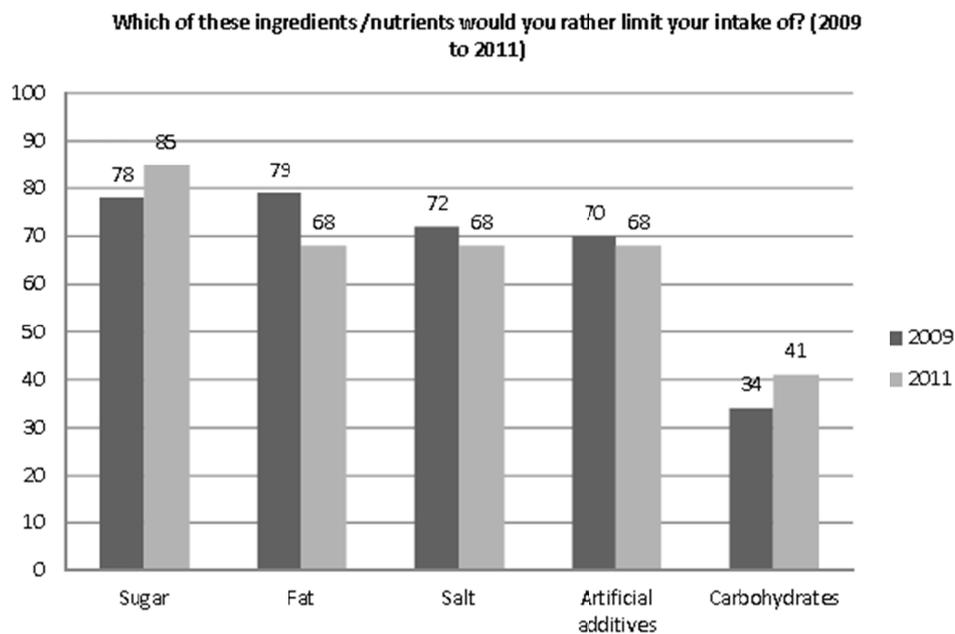


Figure 3. The Proportion of those who would rather limit their intake of the mentioned ingredients/nutrients in the period 2009\* to 2011\*\*. \* N=3887.%. Norwegian Eating Facts (2010). \*\* N=2017.%. Web Survey 2011

There has been a significant increase in the proportion who prefer to limit their intake of sugar (from 78 to 85%) in the period from 2009 to 2011. Moreover, the percentage who said the same about carbohydrates has increased from 34% to 41% in the same period. There has also been a significant decrease in the proportion who want to limit their intake of fat (from 79% to 68%) (Figure 3).

## 5. Discussion

Several theorists have discussed the influence of a therapeutic mindset on the Western world (e.g. Giddens, 1991; Lupton, 1996; Crawford, 2006; Madsen, 2010). The body is not something you can take for granted, but it has become a project of its own. As the results from the surveys showed, food also seems to play an increasingly important role as a means to achieve physical and mental perfection. In the following section, we will look more closely at the various imperatives that give meaning to contemporary Norwegian eating patterns. Such imperatives reveal a lot about the moral and social pressures that operate on people's food choices (Warde, 1997). We also believe they are important for understanding why diets such as LCHF, Super Healthy Family and Raw Food have become so appealing to Norwegian food consumers.

### 5.1 Be Responsible

A consequence of the individualistic therapeutic view is that the individual is responsible for making the correct health choices (Lupton, 2012; Crawford, 2006; Herrick, 2009; Madsen, 2010). Food and eating habits have received an increasingly central role in achieving good health. In this light, popular diets such as LCHF, Super

Healthy Family and Raw Food can be seen as a reflection of the widespread cultural acceptance of the idea that you are responsible for whether you feel good about yourself, you are healthy, you are overweight, you are fit etc. Our material showed that many had tried to achieve certain effects – prevent obesity, improve health conditions, more wellness etc. by means of food and diets. Reducing the intake of carbohydrate-rich products was a common way to achieve these goals. The blog material also showed that carbohydrate-rich products were seen as a bad choice of foods. One of the bloggers wrote: “I can promise you that once you change your carbohydrate sources, you will experience large changes in your body composition!” Another blogger wrote: «Need help to start dieting. Any good advice?» She got the following answer “First and foremost, stay away from bread, rice, pasta, potatoes and sugar. Eat eggs, fish, meat and, naturally, enough fat – butter, sour cream, cream, avocado....”

The individualization processes have not only led to the individual being responsible for healthy eating, but also a widespread belief that what is considered proper food is very individual. One of the bloggers said: “The most important thing is to find out what works best for you”. Another one wrote “I eat LCHF because it is good for MY body”.

The lists of the most popular books, television programmes, blogs and media stories show how the self-help genre has gotten a far wider appeal. From 2008 to 2009, for example, Norwegian bookstores could report an increase of 30% in sales of self-help books (Madsen, 2010:88). In recent years, it is precisely books about the LCHF diet that have topped the *Booksellers Association's* sales lists. *The Language Council of Norway* even named “lavkarbo” (“low carb”) the word of the year in 2011.

The distinction between the professional and the self-taught expert is rather vague in the self-help industry. For example, mediators of the popular diets clearly mark a distance to the official dietary guidelines: LCHF mediators describe the official dietary guidelines as unsuccessful and mistaken (Hexeberg, 2010; Eenfeldt, 2011). A similar skepticism is evident in Mauritsen's (2010) book. In the introduction she thanks all the families who have children with “autism, ADHD, 22q11, hyperactivity, schizophrenia, NLD, Tourette's syndrome, brain damage, gastrointestinal disorders, eczema, asthma or behavioral disorders”: “You are all fighting a fierce battle against skeptical doctors, teachers...” (p. 4).

Our findings also revealed that there were many conflicting and competing views on what constitutes a healthy diet. While the national guidelines recommend reduced intake of foods high in (saturated) fat, mediators of the LCHF diet recommend the reverse. Moreover, while mediators of Raw Food recommend high intake of fruit, mediators of LCHF recommend people the reverse.

The fact that so many embrace alternative diets can be interpreted as an attempt to exercise authority over oneself. This again can be seen as a consequence of the emphasis on individuality and the individual's ability to take responsibility for his/her life. It is simply irresponsible and incorrect to let others decide what you should eat. Thus, it is not surprising that Mauritsen (2010) described herself as a “housewife” in her bestselling book *Super Healthy Family*. She described a modern housewife's cooking as a combination of “common sense” and “new knowledge”. This is opposed to what is often perceived as either reactionary “experts” or eccentric and alternative beliefs about what and how to eat. If the diet – for example LCHF or Super Food - is wrong for “your body”, there are always other opportunities: “You are in charge – and you know what's best for you” (Giddens 1991:77).

### 5.2 Be Better

From the material it may seem as if the more promising products and services that are launched, the higher the demands we make of bodily and mental perfection. According to Ehrenberg (2009), the greatest paradox of the individual-therapeutic view is that it has both become an area of great satisfaction and happiness, while it also poses a risk of dissatisfaction and exhaustion.

While the consumption of products and services that promise a slimmer, healthier and more beautiful body is increasing it also seems like more and more people do not feel they live up to the ideals (Lupton, 1996; Williams & Germov, 1999). As shown, more believed that they had an overweight body than what is shown by statistics from the Norwegian Institute of Public Health (Note 10). There has been a significant increase in the proportion who had tried to get a slimmer body. There was also an increasing proportion who reported that they had spent money on slimming products.

Although many men also expressed dissatisfaction with their own body weight, our study showed that this was an issue that concerned far more women than men. There were, for example, more women than men who were dissatisfied with their own body weight and appearance. Far more women than men had tried to lose weight or improve their appearance by making changes to their diet during the last two years. Bratman (2000) suggests that

dieting is a culturally accepted norm for women to seek coveted values such as beauty and slenderness without admitting it. Thus, being on a diet is not just motivated by a desire for good health, but also for a look that lives up to the aesthetic ideals: it is the slim and fit body that is perceived as sexually attractive (Germov & Williams, 1999; Sobal, 1999; McRobbie, 2009; Brewis et al., 2011).

Like Crawford's (2006) study, our results showed that health practices – such as eating habits – have become an increasingly important means of social and personal evaluation and devaluation. Those who succeed are seen as morally superiors. It is also a field that is characterized by a lot of guilt, shame and fear (Lupton, 1996). According to Beck (1986) and Giddens (1991), a side effect of the growing number of self-realization opportunities that exist in our culture is precisely higher demands on the individual and increased dissatisfaction.

### 5.3 *Be Disciplined*

Today's foodscape is characterized by an abundance of energy-rich foods and drinks, which make great demands on the individual's capacity for self-control and self-discipline (Winson, 2004). According to Lupton (1996) self-control is a prevailing value of our time. Moreover, she believes that the body is increasingly becoming a symbol of whether one possesses this virtue or not.

The increase in dieting can be seen in light of the idea that following a set of strict eating rules is just an effective way to demonstrate that you have control over your body, mind and emotions. A common feature of the various diets that have been popular in recent years is that they all have many restrictions associated with ordinary ingredients and products in the Norwegian diet – such as bread, pasta, white flour, milk, meat, vegetables that grow under the ground, heated food, frozen foods, light foods etc. The materials revealed that many were affected by the rules and restrictions that were conveyed through the various diets. Furthermore, it emerged that following such diets both demanded both careful planning of every meal and great persistence. For some the ultimate eating pattern was to conduct regular detox cures (Berge & Chacko, 2010; Palmcrantz & Lilja, 2011).

A keyword in today's health and diet message is reduction. Everybody is encouraged to eat less fat, sugar, salt, carbohydrates, additives, meat, potatoes, bread, wheat flour, processed food, fast food. One should drink less alcohol, soft drinks, milk, coffee etc. Moreover, one should reduce body weight, blood pressure, cholesterol, stomach fat etc. This pattern has been referred to as a form of cultural anorexia: "I lack nothing, therefore I eat nothing" (Baudrillard, 1986:55). Or as a famous rap artist said to a Norwegian youth magazine: "The ultimate eating pattern is to just drink health drinks" (Bugge & Lillebø, 2009:158). Our findings show that smoothies, shakes and juices have become a core product among health-conscious consumers. In all the diet books we found many recipes for such drinks. Thus, in our affluent society reduction is described as both heroic and ideal.

As with international studies, our study also showed that the value of self-control seems to be particularly prevalent among people with higher education. For the middle classes, their relation to body and health is not a question about heritage and luck, but rather an acquired status that one constantly has to work and strive for. An example of how this is expressed is how the middle class are spending more and more of their free time on healthy cooking and keeping fit (Warde, 1997; Crotty, 1999; Crawford, 2006; Bugge, 2010). Like many other studies, our study also showed that more participants with higher education than lower education were interested in having a healthy diet. Far more people with higher education than with lower education said they aimed to be slim and fit. Education also had an impact on the amount of exercise. Furthermore, educated people ate healthier than those with low education. For example, more people with higher education ate vegetables daily than people with lower education. The same was true for fish and white meat. People with higher education also had a significantly lower consumption of sugary soft drinks than those with low education (Bugge, 2010).

### 5.4 *Be Critical*

A particular feature of the most popular diets is that they undertake a critical position to modern food production and eating habits (Knight 2005, Knight 2012). Our reading of bestselling diet books shows that they usually begin with a critique of food and nutrition science, technology advances and politics. In Hexeberg's (2010:12) book we can read: "Before the agricultural revolution our ancestors lived about two million years on a diet low in carbohydrates ...". Moreover, the author of the book *Super Healthy Family* (Mauritson, 2011:24) claimed that "dietary advice in this country reflects the fact that we are an agricultural country. More emphasis is put on economic interests of farmers and dairy giants than health reasons". The authors of the bestselling books about Raw Food and Super Food also recommend "anti-industrial" and vegetarian food. Berge and Chacko (2010:154) express it in the following way: "Natural, non-processed foods are what we are meant to eat from nature's side. Super foods are just that - pure and nutritious food that makes you feel in harmony with nature".

Food consumers are putting increasing emphasis on attributes such as fresh, natural and pure. Among other

things, this means food that is produced with the least amount of additives, medications, pesticides, i.e. the product should not change too much from its original form. The growing interest in raw food and super foods is just one of several examples of how this desire for purity and naturalness is expressed. The growing skepticism of wheat flour can also be seen in light of the criticism of modern food production. By LCHF mediators this is not only described as unhealthy and fattening, but also as unnatural (Hexeberg, 2010; Eenfeldt, 2011).

Several researchers view this valorization of the natural as a result of increased awareness of the side effects of industrialization. What many fear is that we do not know how the cultivated nature will behave (Beck, 1986; Giddens, 1991; Pollan, 2008). The materials show that many suspect that the cultivated, new food production is more unpredictable than the old. For example, four in ten reported that they were anxious about the content of (artificial) additives in products on the Norwegian market. And three in ten feared that the food we eat can cause illness. This is probably an important reason why diets that involve “detoxification” and “cleaning” - such as Raw Food and Super Food – have become so appealing.

The critical consumer has also resulted in science becoming more and more necessary, yet less and less sufficient for the definition of truth. People will constantly ask questions like “yes, but ...?”, “on the one hand, and on the other hand”, and “what if...” (Beck, 1986). It is this form of skepticism that has opened up many possible truths about what to eat - from the National Council for Nutrition advisories (Note 11) to diets such as LCHF, Raw Food and Super Food to neo-religious “earthing food” (Princess, Märtha, Louise, & Samnøy, 2009). In our study it was clearly stated that health authorities’ did not have a monopoly on the truth of what comprised a healthy diet.

### *5.5 Be Proactive*

A prominent feature of late-modern society is that risk calculations have become a more important part of how we organize our lives (Beck, 1986; Giddens, 1991). Beck (1986) described this kind of calculations as not-yet-events which stimulate action. Moreover, they appeal to our rationality and our role as calculating and active individuals (agency). What many fear is that our eating habits today can have unwanted consequences in the future, for example obesity, premature aging, diabetes, heart disease, cancer. The study showed that risk reduction was not something that concerned a small group, but rather something that occupied the majority of consumers. As shown, seven in ten stated that they were interested in eating healthy. An important motivational factor was preventing health problems. It is perhaps not surprising that diets such as LCHF and Super Healthy Family has gained such popularity, if we look closely at what the mediators claim that we can avoid by eating their diet. As already mentioned this includes everything from overweight to autism, depression and psoriasis.

It was also apparent that the LCHF message had led to changes in consumers’ perception of what is considered as “risky” ingredients and products in the last couple years. While somewhat fewer gave the impression of being skeptical of eating fat, the number of people who were skeptical of carbohydrates had increased significantly. The changing views had also led to a number of changes in consumers’ eating habits. When respondents were asked about which products or nutrients they had consumed less of during the past few years, sugar and carbohydrates topped the list. Moreover, potatoes, bread, pasta, rice and wheat flour topped the list of products they had eaten less of in the same time period.

According to Bratman (2000), the huge number of health risks that people perceive can be avoided by using food has resulted in our food choices being driven by fear rather than actual choice. Through specific diets we are seeking to eliminate as many risks as possible. The long list of health hazards due to “wrong foods” makes it relevant to refer to Beck’s (1986) assertion that there is an overproduction of risk in our time. This is due to the continuous production of knowledge about the various risks, the tendency to exaggerate risks and an insatiable desire for medical news. Crawford (2006) described this as a continuous spiral of anxiety-control-anxiety.

It is also worth commenting that many of the negative health consequences that consumers want to avoid, are not felt directly on the body, but made visible and understood through knowledge. However, when an expert’s knowledge is communicated, it is, according to Beck (1986), often confused with the expert’s own interpretations and value assessments. Thus, what constitutes a risk to human health is therefore not merely an academic concern, but also a moral issue. In particular, experts have pointed to overweight and obesity as significant risk factors in today’s eating habits. Although rising prevalence of overweight and obesity confirms the statistical risk our eating habits involve, it is important to bear in mind that the risks a society chooses to emphasize cannot only be explained by statistics. They are also an expression of a social critique that is based on shared values and common fears (Douglas & Wildavsky, 1982; Campos, 2004; Crossley, 2004; Gard & Wright, 2005).

### 5.6 *Be Harmonious*

Several theorists have described the contemporary mood as therapeutic, not religious: we are not concerned with salvation, but personal well-being and good health (Lupton, 1996; Madsen, 2010). As Giddens (1991) wrote: "When people were unhappy in the past they went to church, now they visit the nearest therapist" (p. 179). He also pointed out that therapy has not replaced earlier religious authority. Anyone who is seeking therapy is confronted with a number of different theories and practices. While some describe this as a secularization process, there are others who believe that the therapeutic orientation has contributed to a resurgence of New Age religiosity. According to Madsen (2010), it seems that the therapeutic culture encourages many forms of individual searches for meaning.

The popular books by Princess Märtha Louise and Elisabeth Samnøy (2009, 2012) are an example of how New Age religiosity has been expressed in Norway in recent years. The core of their message is unmistakably similar to a lot of self-help literature (Madsen, 2010). To gain more control of your life and to realize your dreams, they advise the reader to include angels into their life. Moreover, you have to take responsibility for your own life. The individual herself is the key to her own success and failure. Food is one of the tools for success. Unlike diet books, the Princess and her partner's advice is camouflaged in neo-religious language. To succeed with so-called earthing (Norw. "jordning") - i.e. to achieve an open dialogue with the earth from the heart - it is recommended to eat certain types of food (p. 97), for example lentils, beans and root vegetables (pp. 125-135).

The enormous preoccupation with healthy eating can thus be seen as a quest for spirituality, identity and control (Skårderud, 1991; Lupton, 1996; Bratman, 2000). Raw Food and Super Food are examples of how this is reflected in post-secular societies - both diets are characterized by a worship of nature. Moreover, they are mysterious and have their own rituals. As can be seen from Palmcrantz and Lilja's (2011) book, one of the eating rituals is detoxing the body and soul through food. Although these diets can be characterized as eating patterns for a minority of the population, many of the core ingredients and dishes have become increasingly popular in Norway in recent years, e.g. healthy juices and smoothies (Bugge, 2012).

Studies have shown that many Norwegians eat various supplements and "therapeutic products" (Bugge, 2012). The desire to provide our bodies with omega-3, proteins, vitamins, wheatgrass, detox juice, low-glycemic foods, cholesterol-reducing margarine, can also be seen as a quest for immortality - or at least a postponement of old age. One of the best-selling diet books is just about eating yourself younger by eating food that has a rejuvenating effect (Hafsteinsdottir, 2009). In order to achieve this, however, it was important to avoid sugar, dairy and gluten.

In the old days, one saw faith as a harbinger of misfortune and death. Now, on the other hand, we have a tendency to oppose a limited future (Giddens, 1991). The importance of being able to eat ones way to desired values can be seen in connection with the view of the individual's increasing ability to influence their physical and spiritual future.

### 5.7 *Be Successful*

According to Giddens (1991), the reason that eating regimes have such a great significance for the individual's identity is that they relate habits to the visible aspect of the body. On the one hand, eating habits are what he describes as a ritual display, on the other hand they also affect bodily form, indicating in this way something about the individual's personality and background as well as the kind of self the individual wants to cultivate (p. 62). Several studies have shown that being healthy, slim and fit is a central feature of modern identity (Note 12). In this health-appreciative culture, people are largely defined by how well they succeed or fail to apply the right practices.

Although people has always been concerned with health, Crawford (2006) claims that a new kind of health consciousness emerged in the 1970s. Several counter-cultural movements were established, for example movements that advocated organic and natural foods, jogging, meditating, yoga, dieting, fitness, etc. The growing health interest was especially visible among young, urban, cultural trendsetters. In 1980 Crawford introduced the term *healthism*. The aim was to describe the growing moralism over health issues in the American middle classes. When people talked about good and bad health they very often used words like self-control, self-discipline and willpower. Contrasting themes were also prominent: indulgence, overeating and of course lack of willpower, self-discipline etc.

Crawford (1980) sees this change as result of the social development in the postwar period. In the years after the 2nd World War until the 1980s emerged a consumer society that was characterized by a degree of prosperity, abundance and leisure that people never had witnessed before. This also promoted continuous upward social

mobility. For the younger generation, however, the question of how to maintain their class position became an urgent question. In Crawford's (2006) opinion the pursuit of health and fitness gave ample opportunities for the individual to maintain class position. By making the body a task, the health conscious can demonstrate both for themselves and others that they possess the core values which define their class.

Similar to other studies, our study also show that education is a variable that has a significant effect on food priorities and practices. Far more highly educated people were interested in having a healthy diet. Moreover, people with higher education were more interested in weight control and having a slim and fit body. It was also apparent that people with higher education had been more responsive to dietary advice. Examples include a higher intake of whole-grain products, fruit and vegetables among people with higher than lower education. On the contrary, people with higher education had a lower intake of sugary drinks and salty snacks than people with lower education (Bugge, 2010). People with higher education were more concerned about limiting their intake of sugars, carbohydrates and (saturated) fat than those with lower education.

### *5.8 Be Healthy, But Not Insanely Healthy*

As pointed out, there has been a significant focus on health as self-control. Our material show that placing of responsibility on the individual to eat healthy – you are what you eat, or what you don't eat – for some people lead to becoming obsessed with what they eat. An American doctor referred to this phenomenon as orthorexia (Bratman, 2000). However, it is important to underline that being on a diet or eating healthy is not the same as being orthorectic. It is the degree of obsession, which according to Bratman, determines whether it is considered an eating disorder or simply a healthy choice of lifestyle.

Although healthy eating mainly is a reasonable choice, it is, according to Bratman (2000), also important to question how important food should be in your life. A bias of modern nutritional science is precisely that its enthusiasm for diet changes – “eat more ... , eat less ...” – can result in obsessions. As already mentioned, a particular characteristic of the recent super diets is to place many restrictions on food choices. As with Bratman's (2000) study, our findings also show that the list of what you cannot eat in the name of health seems to be growing. In the book *Raw Food in Norwegian* (Palmcrantz & Lilja, 2011) the authors claim that you actually are what you do not eat. The blog material revealed that a recurring issue was discussions on how to replace ordinary ingredients and products. The products that the bloggers ate were usually described as “no” or “free from” gluten, sugar, white flour, additives, soya, milk, meat, carbohydrates etc. As shown, there was also a significant proportion who reported that they limit their intake of ordinary ingredients and products such as potatoes, bread, pasta, milk and meat.

In addition to the orthorexic's long list of “no-food”, it is also extremely important for him/ her to include specific ingredients and products in their diet. The blog material revealed that for some the meals had to be planned down to the smallest detail – everything was counted, assessed and weighed. The authors of the book *Super Food* gave the reader a list of 50 different food items your diet should consist of. The also gave information about what nutrients they contained, and what effect they had on your body (Berge & Chacko, 2010).

Several doctors have discussed the increasing tendency not to tolerate weaknesses, handicap and suffering. One example of this is the stigmatization of bodies which do not fit into the ideal, e.g. overweight and obese (Johannison, 1993; Sobal, 1999; Crossley, 2004; Crawford, 2006; Lærum, 2013). Bratman (2000) thinks there is reason to criticize our increasing demands for spiritual and bodily perfection: What is healthy enough? What is slim enough? What is so harmful about bread, potatoes, flour, milk, cooked food, etc.? Why is it so important to stay away from these products? Moreover, he believes that one can easily lose perspective when focusing to a large extent on avoiding ordinary ingredients and foods. There are many factors that contribute to good health, obesity, etc. Although eating the wrong food is seen as an important reason for poor health, there are also many other factors that should be taken into consideration.

## **6. Concluding Remarks**

Our results suggest that food and eating is an increasingly important therapeutic tool in changing and improving the body and self. New diets and products which are being marketed as especially healthy are being launched continuously. A major challenge is that the therapeutic consumption field is also characterized by a variety of theories, practices and therapies - many of them are totally contradictory. As a consequence it seems that eating habits have become an increasingly intricate and anxiety-provoking project. However, our purpose was not to question the value of healthy eating. There is no question that making the right food choices can reduce the risk of overweight, obesity, heart disease and cancer. This is a well-known and indisputable fact (Note 13). Yet, there is a need for more research on the social consequences of today's preoccupation with healthy eating. As shown in

this paper, our food choices are both a source of realizing desirable values, but also a field characterized by guilt and shame; nothing is ever good (healthy) enough. From our findings, there is much to suggest that being a picky eater now seems to be a way of expressing health awareness. All in all, our findings show that more and more have developed a strained relationship with food. As a blogger commented: "I do not know anybody who has a relaxed relationship with food!"

## References

- Albers-Mills, N. D., & Betay, D. G. (1996). Business Advertising Appears as a Mirror of Cultural Dimensions: A Study of Eleven Countries. *Journal of Advertising*, 25(4), 57-70. <http://dx.doi.org/10.1080/00913367.1996.10673512>
- Andrews, T. (2006). Hva er det med rå fisk? En sosiologisk refleksjon over en økende interessen for det japanske kjøkken. *Sosiologisk tidsskrift*, 2, 171-177.
- Baudrillard, J. (1986). *Amerika*. Oslo: Profil forlag.
- Beck, U. (1986). *Risk Society. Towards a New Modernity*. London: Sage Publications.
- Bentley, A. (2004). The Other Atkins Revolution. Atkins and the shifting culture of dieting. *Gastronomica – The Journal of Food and Culture*, 4(3), 34-45. <http://dx.doi.org/10.1525/gfc.2004.4.3.34>
- Bentley, A. (2005). Men on Atkins: Dieting, Meat, and Masculinity. In H. Lisa, K. Mommer & C. Pineo (Eds.), *The Atkins Diet and Philosophy. Chewing the Fat with Kant and Nietzsche* (pp. 185-190). Chicago: Open Court.
- Berge, T., & Sara, C. (2010). *Supermat*. Oslo: J.M. Stenersen forlag.
- Bratman, S. (2000). *Orthorexia Nervosa: Overcoming the Obsession with Healthful Eating. Health food junkies*. New York: Broadway Books.
- Brewis, A. (2011). Body norms and fat stigma in a global perspective. *Current Anthropology*, 52(2), 269-276. <http://dx.doi.org/10.1086/659309>
- Bugge, A. (2010). Eating out: A multifaceted activity in contemporary Norway. *Food, Culture & Society. An International Journal for Multidisciplinary Research*, 13(2), 215-240. <http://dx.doi.org/10.2752/175174410X12633934463150>
- Bugge, A. (2014). Kroppsrelatert matforbruk og helse. In R. Lavik & E. Borgeraas (Eds.), *Forbrukertrender 2014. SIFO Survey 2014*. Oslo: National Institute for Consumer Research (SIFO).
- Bugge, A., & Mari, R. (2013). Usunne mat- og drikkereklamer rettet mot barn. En systematisk kartlegging av omfanget i utvalgte mediekkanaler. SIFO Report no. 5-2013. Oslo: National Institute for Consumer Research (SIFO).
- Bugge, A. (2012). Spis deg sunn, sterk, slank, skjønn, smart, sexy... - finnes det en diett for alt? SIFO Report no.12-2012. Oslo: National Institute for Consumer Research (SIFO).
- Bugge, A., & Kjersti, L. (2009). «Fit, ikke fet! Forandring, forbedring og forvandlingsimperativer. In A. Kristin & E. Jacobsen (Eds). *Forbrukernes ansvar*. (pp. 145-170). Oslo: Cappelen Akademisk Forlag.
- Bugge, A., Kjersti, L., & Randi, L. (2008). Nordmenns brød- og kornvaner. I stabilitet og endring. SIFO Report no.2-2008. Oslo: National Institute for Consumer Research (SIFO).
- Campos, P. (2004). *The Obesity Myth. Why America's Obsession with Weight is Hazardous to Your Health*. New York: Gotham Books.
- Caplan, P. (1997). *Food, Health and Identity*. London: routledge.
- Crawford, R. (2006). Health as a meaningful social practice. *Health (London)*, 10, 401-420. <http://dx.doi.org/10.1177/1363459306067310>
- Crossley, N. (2004). Fat is a sociological issue: Obesity rates in late modern, "body-conscious" Societies. *Social Theory & Health*, 2, 222-253. <http://dx.doi.org/10.1057/palgrave.sth.8700030>
- Crotty, P. (1999). Food and Class. In G. John & L. Williams (Eds.), *A Sociology of Food and Nutrition. The Social Appetite* (pp. 135-148). Oxford: Oxford University Press.
- Douglas, M., & Aron, W. (1982). *Risk and Culture: An Essay on Selection of Technological and Environmental Dangers*. Berkeley: University of California Press.
- Donna, M., & Jeffery, S. (1995). *Eating Agendas: Food and Nutrition as Social Problems*. New York: Aldine de

- Gruyter.
- Eenfeldt, A. (2011). *Matrevolusjonen. Naturlig sunn med skikkelig mat*. Oslo: Lille måne.
- Ehn, B., & Orvar, L. (2012). *Kulturanalytiska verktyg*. Malmö: Gleerups.
- Ehrenberg, A. (2009). *The Weariness of the Welf: Diagnosing the History of Depression in the Contemporary Age*. Montreal: McGill-Queen's University Press.
- Gard, M., & Jan, W. (2005). *The Obesity Epidemic. Science, Morality and Ideology*. London: Routledge.
- Giddens, A. (1991). *Modernity and Self-identity. Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Hafsteinsdottir, T. (2009). *Spis deg yngre. 96 oppskrifter som smaker himmelsk og gir deg energi og vitalitet*. Oslo: Aschehoug.
- Herrick, C. (2009). Shifting blame/selling health: corporate social responsibility in the age of obesity. *Sociology of Health & Illness*, 31(1), 51-65. <http://dx.doi.org/10.1111/j.1467-9566.2008.01121.x>
- Hexeberg, S. (2010). *Frisk med lavkarbo. Nytt liv med riktig mat*. Oslo: Cappelen Damm.
- Johannison, K. (1993). Vårt behov for sjukdom. *Nordisk Medici*, 108, 92-93.
- Johansson, B., & Eva, O. (2012). Managing the everyday health puzzle in Swedish families with children. *Food & Foodways*, 20(2), 123-146. <http://dx.doi.org/10.1080/07409710.2012.680358>
- Knight, C. (2005). "The Food Nature. Intended You to Eat": Low-Carbohydrate Diets and Primitivist Philosophy. In H. Lisa, K. Mommer & C. Pineo (Eds.), *The Atkins Diet and Philosophy. Chewing the Fat wit Kant and Nietzsche* (pp. 43-56). Chicago: Open Court. <http://dx.doi.org/10.1038/433797a>
- Knight, C. (2012). "An alliance with mother nature": Natural food, health and morality in low-carbohydrate diet books. *Food & Foodways*, 20(2), 102-123. <http://dx.doi.org/10.1080/07409710.2012.680352>
- Kristensen, D., Heidi, B., & Søren, A. (2011). Leaving the milky way! The formation of a consumer counter mythology. *Journal of Consumer Culture*, 11(2), 195-214. <http://dx.doi.org/10.1177/1469540511402449>
- Lawrence, M., & John, G. (1999). Future food: The politics of functional foods and health claims. In G. John & L. Williams (Eds.), *A Sociology of Food and Nutrition. The Social Appetite*. Oxford: Oxford University Press.
- Lupton, D. (1996). *Food, the Body and the Self*. London: Sage Publications.
- Lupton, D. (2012). *Medicine as Culture. Illness, Disease and the Body in Western Societies*. London: Sage Publication. <http://dx.doi.org/10.4135/9781446254530>
- Lærum, O. D. (2013). Hvem er syk og hvem er frisk? Sykdommer behøver oss, uten oss kan de ikke leve. Behøver vi sykdommene for å vise at vi vantrives i kulturen? *Tidsskrift for den norske legeforening*, 15(133), 634-637.
- Madsen, O. J. (2010). *Den terapeutiske kultur*. Oslo: Universitetsforlaget.
- Mallyon, A., Mary, H., John, C., & Maria, Z. (2010). I'm not dieting, «I'm doing it for science»: Masculinities and the experience of dieting. *Health Sociology Review*, 19(3), 330-342. <http://dx.doi.org/10.5172/hesr.2010.19.3.330>
- Mauritson, N., & Thorbjörg, H. (2011). *Kjernesunn mat. Forvandler familien på få uker*. Oslo: Cappelen Damm.
- Mennell, S., Anne, M., & Anneke, H. (1992). *The Sociology of Food. Eating, Diet and Culture*. London: Sage Publications.
- McRobbie, A. (2009). *The Aftermath of Feminism. Gender, Cultures and Social Change*. London: Sage Publications.
- Miles, S. (2002). *The Changing Consumer: Markets and Meaning*. London: Taylor & Francis Ltd.
- Palmcrantz, E., & Imerla, L. (2011). *Raw food på norsk. De beste oppskriftene på naturlig mat*. Cappelen Damm.
- Pollan, M. (2008). *In Defence of Food: An Eater's Manifesto*. Waterville: Thorndike Press.
- Princess, M. L., & Elisabeth, S. (2009). *Møt din skytsengel. En innføring i å møte din unike kraft*. Oslo: Cappelen Damm.

- Rimke, H. M. (2000). Governing Citizens through Self-help Literature. *Cultural Studies*, 14(1), 61-78. <http://dx.doi.org/10.1080/095023800334986>
- Skårderud, F. (1991). *Sultekunsnere. Kultur, kropp og kontroll*. Oslo: Aschehoug.
- Sobal, J. (1999). Sociological analysis of the stigmatisation of obesity. In J. Germov & L. Williams (Eds.), *A Sociology of Food and Nutrition. The social appetite*. Oxford: Oxford University Press.
- Warde, A. (1997). *Consumption, food and taste. Culinary antinomies and commodity culture*. London: Sage Publications.
- Williams, L., & John, G. (1999). The thin ideal: Women, food, and dieting. In G. John & L. Williams (Eds.), *A sociology of food and nutrition. The social appetite*. (pp. 205-228). Oxford: Oxford University Press.
- Winson, A. (2004). Bringing political economy into the debate on the obesity epidemic. *Agriculture and Human Values*, 21, 299-312. <http://dx.doi.org/10.1007/s10460-003-1206-6>

## Notes

### Note 1.

[http://www.google.no/search?hl=no&site=imghp&tbm=isch&source=hp&biw=1920&bih=980&q=%22spis+deg%22&oq=%22spis+deg%22&gs\\_l=img.3..0j0i2419.14483.19539.0.20093.18.13.4.1.0.0.141.1085.12j1.13.0...0.0..1ac.1.17.img.OPV57FqAgwc](http://www.google.no/search?hl=no&site=imghp&tbm=isch&source=hp&biw=1920&bih=980&q=%22spis+deg%22&oq=%22spis+deg%22&gs_l=img.3..0j0i2419.14483.19539.0.20093.18.13.4.1.0.0.141.1085.12j1.13.0...0.0..1ac.1.17.img.OPV57FqAgwc) (20.06.13)

Note 2. AC Nielsen 1995-2011

Note 3. <http://brn.no/brn.no/brnno/Bransjen/Markedsdata/> (02.01.13)

Note 4. <http://www.norstatgroup.com/> (25.06.13)

Note 5. Norwegian Statistics (2012) *IKT-bruk i husholdningene. 2. kvartal 2012*. [http://www.ssb.no/english/subjects/10/03/ikthus\\_en/](http://www.ssb.no/english/subjects/10/03/ikthus_en/) (September 20th 2012)

Note 6. <http://lchf-bloggen.blogspot.no/> (September 20th 2012)

Note 7. <http://www.lavkarbogjortenfelt.net/> (September 20th 2012)

Note 8. <http://fotballfrue.no/> (September 20th 2012)

Note 9. FHI (2011) Overweight and obesity in Norway – fact sheet. [http://www.fhi.no/eway/default.aspx?pid=238&trg=Area\\_5954&MainArea\\_5811=5895:0:15,4988:1:0:0:::0:0&MainLeft\\_5895=5954:0:15,4988:1:0:0:::0:0&Area\\_5954=5825:74991::1:5955:1:::0:0](http://www.fhi.no/eway/default.aspx?pid=238&trg=Area_5954&MainArea_5811=5895:0:15,4988:1:0:0:::0:0&MainLeft_5895=5954:0:15,4988:1:0:0:::0:0&Area_5954=5825:74991::1:5955:1:::0:0) (02.01.13)

Note 10. Norwegian Institute of Public Health (2011) Overweight and obesity in Norway – fact sheet.

[http://www.fhi.no/eway/default.aspx?pid=238&trg=Area\\_5954&MainArea\\_5811=5895:0:15,4988:1:0:0:::0:0&MainLeft\\_5895=5954:0:15,4988:1:0:0:::0:0&Area\\_5954=5825:74991::1:5955:1:::0:0](http://www.fhi.no/eway/default.aspx?pid=238&trg=Area_5954&MainArea_5811=5895:0:15,4988:1:0:0:::0:0&MainLeft_5895=5954:0:15,4988:1:0:0:::0:0&Area_5954=5825:74991::1:5955:1:::0:0) (Search date: 10.10.12)

Note 11.

<http://helsedirektoratet.no/publikasjoner/kostrad-for-a-fremme-folkehelsen-og-forebygge-kroniske-sykdommer/Publikasjoner/kostrad-for-a-fremme-folkehelsen-2011.pdf> (29.08.13)

Note 12. E.g. Maurer & Sobal 1995, Sobal 1999, Williams and Germov 1999, McRobbie 2000, Crawford 2006.

Note 13.

<http://helsedirektoratet.no/publikasjoner/kostrad-for-a-fremme-folkehelsen-og-forebygge-kroniske-sykdommer/Publikasjoner/kostrad-for-a-fremme-folkehelsen-2011.pdf> (29.08.13)

## Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/3.0/>).