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Defining and Defending 'Unhealthy' Practices

A Discourse Analysis of Chocolate 'Addicts' Accounts

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Abstract

Contemporary ideals of health and nutrition conspire to render the consumption of chocolate and similar snacks problematic. Individuals who self-define as 'chocoholics' therefore present an ideal opportunity to investigate how ostensibly unhealthy acts are defined, defended and maintained within a health-conscious climate. This article reports on an interview-based study with five self-professed chocoholics. A Foucauldian form of discourse analysis was applied to the interview transcripts and four main discourses identified: chocolate as dirty and dangerous; chocolate as pleasure; self-surveillance; and addiction. The function of such discourses in terms of upholding the moral status of these individuals is discussed.

Keywords

- *addiction*
- *chocolate*
- *discourse*
- *health*
- *morality*

Introduction

VARIOUS commentators have noted that current debates around health are influential in constructing definitions of moral character. In other words, to be healthy is to be a good person (Crawford, 1994; see also Crossley, 2002). To reject or transgress advice on healthy living, for example to smoke or drink alcohol to excess, is to risk a stigmatized identity. That smokers are constructed as moral outcasts is all too apparent from the sad huddles deposited outside office blocks and shopping malls upholding their habit—though the smokers themselves may well resist the stigmatized identities bestowed upon them. But smoking is not the only activity to attract attention—recent discourse and practice around healthy lifestyles also highlights the importance of nutrition (e.g. McKie, Wood, & Gregory, 1993). The recent link made between nutrition and feared, life-threatening conditions such as cardiovascular disease (van Horn & Kavey, 1997) and cancer (Wong & Lam, 1999) increases the moral pressure to conform to current norms of healthy eating. These norms are apparent in widespread campaigns designed to promote the consumption of foods that are low in fat. For example, recommendations from scientific authorities focus on increasing the portions of fruit and vegetables consumed to at least five per day (e.g. Heimendinger, van Dyn, Chapelsky, Forester, & Stables, 1996). Conversely, the avoidance or at least control of foodstuffs designated as unhealthy becomes necessary for the maintenance of a healthy lifestyle and a 'good' self.

As a result of concerted efforts from health promotion agencies, there is now arguably greater public awareness of what constitutes healthy/good and unhealthy/bad food. For example, in a fascinating study of women prisoners and their food choices, Smith (2002) notes how her sample made distinctions between good (healthy) and bad (unhealthy) products, the former comprising 'fresh food, especially fruit and vegetables' while the latter implies 'stodgy or greasy food . . . junk food' (2002, p. 201). Also listed within the bad category were various snack foods, such as crisps, ice-cream and chocolate. Research on snacking habits suggests that people increase their consumption in times of stress (Conner, Fitter, & Fletcher,

1999) and that recourse to unhealthy diet is a function of several factors, such as gender, individual differences and age (Conner et al., 1999; Germov & Williams, 1996; Smith, 2002).

Chocolate is one of the primary taboo snacks that appear on lists of what not to eat. It is an interesting foodstuff to focus on since it is also associated with sensual pleasure, relaxation and fulfilment. Historically, chocolate has even been deemed to offer health benefits, and to mimic or even stimulate erotic desire (see Hetherington, 2001). Indeed, modern advertisements inviting chocolate intake commonly draw upon metaphors and images of temptation and desire (see Bordo, 1993; James, 1990). Such was the purported power of chocolate in past times that attempts were made by religious institutions to curtail its consumption, a theme expertly exploited in *Chocolat*, the 1999 book by Joanna Harris, which was subsequently produced as a film.

In contradistinction to the vivifying qualities attributed to chocolate, current preoccupations with health construct chocolate as one of a number of bad, outlawed products. Awareness of the presence of certain substances in chocolate, such as sugar and fat, render it taboo within discourses of healthy eating. Its potentially fattening quality also renders it hazardous within gendered discourses pertaining to body shape, which clearly advocate a thin ideal (see Wolf, 1991). In this climate, and notwithstanding that modest consumption is associated with health benefits (see Hetherington, 2001), the consumption of chocolate in quantities which contravene health guidelines is regarded as problematic, and something that might need to be defended. Analysing the accounts people submit with respect to excessive chocolate consumption can further understanding of the maintenance of pleasurable but 'unhealthy' activities.

The present study then investigates the discourses used by individuals who identify as addicted to chocolate to define and defend their habit. The invention of the 'chocolate addict' is relatively recent, and attests to the growing medicalization of a range of behaviours (hence individuals can become addicted to sex, shopping, computer games, etc.), despite evidence that personal and social factors play a significant role in any 'addiction' (see Peele, 1990). Some

research suggests similarities with other more recognized addictions, such as smoking and alcoholism. For example Hetherington and MacDiarmid (1993) investigated chocolate addiction in 50, mainly female, self-identified chocolate addicts. These researchers suggest that chocolate addiction encapsulates a range of classic symptoms, such as excessive consumption, loss of control, inner conflict, salience, relapse, positive emotions associated with relief during consumption and disregard for negative consequences. Tuomisto et al. (1999) also found that 'chocoholics' felt significantly more anxious, guilty, restless, frustrated, excited, depressed and less calm than controls when exposed to chocolate cues. Benton, Greenfield and Morgan (1998) also identified three factors—'craving', 'guilt' and 'functional approach' with their questionnaire study. Women scored significantly higher on the factors 'craving' and 'guilt' than men, who more often endorsed a 'functional approach' and ate chocolate to keep energy levels up. Hill and Heaton-Brown (1994) were able to differentiate between chocolate craving and craving for other foods so that chocolate addiction emerged as a unique phenomenon not attributable to craving for a sweet taste. So, it seems then that there is some empirical support for the existence of an addiction to chocolate, especially in female samples.

However, debates continue as to whether in fact individuals can become physically addicted to foodstuffs like chocolate. For example, a review of research by Michener and Rozin (1994) concludes that there is no demonstrable biological basis for 'addiction' to chocolate. These debates about the nature and status of chocolate addiction are interesting, but in this article we deliberately step back from such issues in order to focus on the form and function of addiction discourse as applied to chocolate consumption. Given the currency of addiction discourse in both medical and lay constructions of health-related phenomena, it becomes interesting and important to examine how addiction discourse is used by self-defined 'addicts'. Qualitative research can therefore be used to complement established quantitative and clinical work on diet and addiction by offering insights into how individuals and groups manage to rationalize and maintain activities which are

socially constructed as unhealthy, harmful and even immoral. Discursive psychology (Edwards & Potter, 1992; Potter & Wetherell, 1987) highlights the variability and complexity in everyday talk, so it is likely that individuals will deploy a range of accounts—not solely a discourse of addiction—when constructing and justifying 'unhealthy' habits such as high chocolate intake. The accounts presented by individuals will inevitably be derived from wider social representations circulating within medical and health media, so it is important to situate individual accounting practices within relevant social contexts.

In qualitative studies of other 'unhealthy' activities, such as smoking, several forms of explanation and justification have been identified. For example, in their study of adolescent smokers, Johnson et al. (2002) highlight how their participants present smoking variously as a social lubricant, something pleasurable, a source of status and a form of comfort, as well as an addictive habit. Discourse analytic research by Gillies and Willig (1997), also on smoking, suggests that a discourse of addiction alone is insufficient for smokers. While there is an obvious advantage to taking up a position within this discourse (i.e. being afflicted with a condition rather than judged to be personally deficient) the lack of agency and personal responsibility implied make it difficult to present a morally sound self. For this reason the smokers in the Gillies and Willig study reverted to other discourses where they construed themselves as having more self-control—a highly socially valued attribute within discourses of morality—especially regarding their attempts to kick the habit (see also Laurier, 1999). In relation to food intake, Smith's (2002) prisoner sample re-constructed 'unhealthy' food (chocolate, biscuits, etc.) in terms of comfort, reassurance and companionship. Such meanings make sense for the sample as a form of resistance to prison authority, and may be understood as the 'rationality of irrational action' (Graham, 1984, cited in Smith, 2002). In Crossley's (2002) focus group study of health and wellbeing, the position of rebel was taken up by some of her participants as a positive counterpoint against moral exhortations to be good and healthy, wherein themes of pleasure and personal freedom are emphasized. Yet, given the co-existence of the

moral-health discourse, this position was seen to be difficult to maintain, since it required vigilance concerning charges of selfishness and irrationality.

The value of such qualitative research lies in explicating the often complex ways in which habits currently designated as unhealthy are defined, defended and maintained. In other words, we focus on how the participants construe and justify their (excessive) chocolate consumption, and how they attempt to present their practices—and themselves—as valid and ‘normal’. Our analysis will help us understand how particular accounts achieve particular goals for our chocolate ‘addicts’, and how personal constructions are informed by wider debates and representations about health and illness. The present article, then, reports on a qualitative interview-based study of self-professed women ‘chocololics’ and focuses on the principal ways in which the participants made sense of their ‘addiction’. We explicitly decided to sample women because of the gendered way in which chocolate (addiction) and sweet foods generally, are feminized in popular culture and advertising (see Bordo, 1993). Discourse analysis (see Parker, 1994; Potter & Wetherell, 1987) is used to examine the interview transcripts, an approach which is increasingly adopted to produce sophisticated understandings of health-related phenomena (see, for example, Parry, Fowkes, & Thomson, 2001; Wiggins, Potter, & Wildsmith, 2001).

Method

This study collected women’s accounts from one-to-one interviews. We used a narrative interview method based on that developed by Hollway and Jefferson (1997), whereby participants were invited to tell their stories as freely and unguided as possible. This method is designed to enable participants to provide highly contextualized accounts, which render the meaning and relevance of their stories clear. Participants were not asked ‘why’ questions as these tend to elicit abstract, rationalized answers unconnected to respondents’ experiences. Also, an attempt was made not to offer interpretations, judgements or otherwise impose on the interviewee’s account, but to function as the almost invisible, facilitating catalyst of interviewees’ stories (Hollway &

Jefferson, 1997). This involved not intervening until the interchange was handed back, as well as attentive listening on behalf of the interviewer who followed up themes in their narrated order, using respondents’ ordering and phrasing (Hollway & Jefferson, 1997). This was done by echoing back things said by respondents in a questioning fashion, thereby implicitly inviting them to continue should they wish. Other prompts involved noncommittal, interested ‘ums’ and ‘yeahs’, which signalled the interviewer’s interest in the story.

The participants in this study were female, self-identified chocolate addicts embedded in an affluent consumerist western society where specific discourses around femininity (e.g. the thin ideal) and health (e.g. optimum nutrition) are prevalent. In total, five people were recruited and interviewed by one of the authors (RB). Three of the participants were superficially known to the researcher and were approached personally. The two remaining participants were recruited by means of posters displayed at a university campus asking ‘chocololics’ to respond via email. Participants were in their early 20s (except one who was mid-30s). According to participant preferences, three interviews were conducted at participant homes, one in a university room and one in RB’s home. Participants were given both an information sheet, explaining the purpose of the study and the nature of the interview, and a consent form to sign, outlining key ethical safeguards such as anonymity, right to withdraw and confidentiality. Interviews lasted between 40 and 60 minutes and all participants claimed to have enjoyed discussing their experiences of chocolate.

The interview schedule was informed by issues raised in the literature. First, participants were asked about the consumption of food generally and chocolate in particular using the following questions: ‘Tell me about your favourite food or snack’ and ‘Please tell me about the last time you had some chocolate’. Subsequent questions were based on issues around diet and health. For example: ‘Could you tell me about any problems eating chocolate causes for you?’ and ‘Could you tell me about any concerns you might have about body shape, weight or diet?’ In order to tap the social implications of eating chocolate for the participants, the following question was posed: ‘Could you

tell me how people around you react and feel regarding your chocolate consumption, and how that makes you feel?' The next question, designed to explore the symbolic meaning of eating chocolate for participants, was 'Could you tell me of any reasons that make you want to continue eating chocolate?' Issues around the control of chocolate consumption were explored using the following questions: 'Could you tell me about any methods you have tried using to limit your chocolate consumption and how they made you feel?', 'Could you tell me about a time when you felt in control of your chocolate consumption?' and 'Could you tell me about a time when you felt particularly out of control?' The last question, 'Could you tell me how you explain your great fondness for chocolate?', was designed to tap participants' explanations and understanding of their purported addiction.

These questions were tested in a pilot interview, found to be successful and were employed in subsequent interviews. In the process of conducting the pilot interview, the importance of tone of voice when trying to elicit further narratives became apparent. It was found that the impression the interviewee sometimes received was that the researcher was simply confirming what had been said, and no further elaboration was needed. A questioning tone of voice was therefore employed in subsequent interviews, which served to invite participants to say more. In the course of conducting the subsequent interviews it also became apparent that small pauses were effectively filled by the respondent.

Our approach to analysis was mainly informed by Foucauldian versions of discourse analysis, most notably by the method described by Parker (1994). Parker (1989) emphasizes the performative role of language in his definition of discourse as 'a system of statements which construct an object' (Parker, 1992, p. 5). According to Foucault, the constitution of subjectivity through discourse is the modern form of power. The self-policing subject surveys him/herself so that today's health-conscious consumer, for example, who consistently monitors his/her food intake, mentally records the ingestion of calories, fat and sugar and notes their effects on the body. Power then resides in cultural discourses that reproduce the relationships between people in

which resistance is suppressed, although the deployment of counter-discourses remains possible (Parker, 1989).

Following Parker (1994), the interview material was at first transformed into a written text and initial ideas and associations to the text were recorded. Different ways of describing the text were tried out and initial chains of connotations were pursued. The 'objects' that appeared in the text were systematically itemized and attention was paid to the places in which they appeared, and to their possible significations. The ways of speaking that served to organize and reconstitute the objects, and the discourses that served to hold them together in various ways, were then explored. Subsequently, the 'subjects' or categories of person that appeared in the text, were itemized, and the rights to speak within discourse, as well as the responsibilities attached to each subject, were noted.

Special attention was then paid to contradiction and concordance between voices in the text, and contrasts between different ways of speaking were identified. The points at which these ways of speaking overlapped were also noted. Comparisons were then made with other relevant texts (e.g. literature cited in the introduction) to determine how the patterns of meaning found operate elsewhere. Appropriate terminology was then found to label the discourses. The text was then examined in order to determine when and where these discourses developed and how they operate to naturalize the things to which they refer. The role that these discourses play in reproducing institutions was then considered. For example, it could be argued that an addiction discourse works to uphold the status of medicine in contemporary society. Subsequently, special attention was paid to discourses that subvert these institutions. For example, emphasizing chocolate as pleasure may work to challenge constructions of femininity that position women as dutiful other-centred carers bolstering the institution of the family. Finally, it was considered how these discourses could reproduce or challenge ideas about social change with respect to gender and health.

Analysis

As anticipated, the ways in which the women talked about themselves and their chocolate consumption was complex and at times contradictory. The consumption of chocolate was universally regarded as dangerous and transgressive, and chocolate itself came to signify the 'bad' and 'sinful' within moral-religious discourse. The morally prescribed need for self-control was most clearly linked to contemporary ideals of health (e.g. the value of low-fat foods) and femininity (e.g. the thin imperative). Yet, how to explain the continued intake of chocolate within such a restrictive context? An obvious answer is to promote chocolate in terms of pleasure, for this association has been firmly established throughout history. However, partly because sensual pleasure itself has traditionally been regarded as morally problematic, and perhaps because this explanation alone does not seem convincing (many people seem immune to the appeal of chocolate), participants also present themselves as good women, striving to limit their consumption and compensate for their transgressions. None the less, instances of (excessive) chocolate consumption still require justification if moral status is to be protected. This is accomplished by recourse to the medical discourse of addiction. Participants thereby manoeuvre themselves into a position where they can be perceived by themselves and others as 'sick' rather than 'sinful'. Each of these interlocking discourses is now discussed.

Chocolate as dirty and dangerous

Chocolate consumption, and even chocolate per se, was popularly framed as unhealthy and bad. This assessment is signalled by a range of pejorative descriptors:

[after I have eaten chocolate] me stomach feels like it's just a, full of really . . . like really bad, bad, food . . . Chocolate's a dirty food essentially. (A)¹

I just feel really indulgent and sort of greedy. (B)

I know it's bad, it's just so bad to eat that much chocolate. (D)

Extreme case formulations (e.g. 'really'; 'so') are used to drive home this point (see Pomerantz, 1986). The discourse of healthy eating which constructs chocolate as bad has clearly been reproduced here. Chocolate is also contrasted with food designated as good/healthy (e.g. fruit):

As a child I could eat bread or cheese or fruit . . . I was allowed to eat as much as I wanted of that. But, er, with chocolate it was different. The good things and the bad things, you know. (C)

Here, parental restriction of chocolate intake is marked against the potentially unlimited access to the 'good' (but implicitly undesirable) items. Note the use of the three-part-list—bread—cheese—fruit—(see Jefferson, 1990) to augment the distinction between what is good and plentiful and the chocolate 'other' that is disbarred. Similar categorization of foods into 'good' and 'bad' was reported by Rozin, Ashmore and Markwith (1996) in their study examining lay American concepts of nutrition. The 'good' qualities of food were found to involve nutrient completeness and low calorie load whereas 'bad' foods were calorie-dense. These days, with the prominence of the Atkins diet, carbohydrates are more likely to attract taboo status. Katz (1997) has described this phenomenon as the emergence of a new secular morality built on concepts of 'health'. This means, for example, that compensating in some way for the 'sin' of chocolate excess is evident:

. . . and I'll exercise and I'll feel, oh well, that's [eating chocolate] not so bad 'cause I've just done some exercise. (B)

After I've eaten loads of chocolate I try and burn off as many calories as I can. I go to the gym or go jogging. (E)

By pursuing forms of physical activity post-chocolate binge, the participants attempt to ward off the negative consequences, for health (the body uses up energy) and self (a responsible self-image is restored). This concern to atone for chocolate indulgence attests to the power of normative femininity, defined around modest consumption and the pursuit and maintenance of a thin body shape (see Bordo, 1993; Wolf, 1991). Eating chocolate to excess then contravenes contemporary codes of feminine

subjectivity and as such compels 'offenders' to reclaim acceptable selves through culturally sanctioned practices such as exercise.

The taboo status of (excessive) chocolate eating is also conveyed by confessions about private consumption, away from the scrutiny of others: '... knowing it's a forbidden thing, but I still have it every day, it's kind of, I feel naughty ... I have to do it in secret' (B). There is clearly awareness of transgressing a health norm, such that the speaker positions herself as a disobedient child. When participants describe committing their 'sins' in secret, their admission takes on a more obviously 'confessional' character:

Around Christmas ... the big massive tins of chocolate you can get, we got one of those and, I was just sitting eating, and eating and eating them, over the three days and I, I started throwing them, like a lot in the bin ... I just think, that is a sin, to throw good food away ... I do throw an awful lot of it out, and give it to the birds and, and I burn it, nobody has ever seen this ... (A)

Confessing to an interviewer in this way serves to highlight the furtive, clandestine nature of chocolate indulgence—and disposal. The unwholesome quality of this activity is underlined by the formulation 'just sitting eating ...', giving the impression that more worthy tasks are being sacrificed. Moral judgements are accentuated with further recourse to 'sin' and implied guilt, this time with reference to the needless disposal of chocolate. Indeed, negative emotion states were commonly associated with perceived excess:

I just feel really guilty, really fat ... just feel guilty that I've been so greedy when I didn't need to eat it at all. (A)

After having eaten chocolate, well, I just feel guilty. (E)

I would think, that's an awful lot of calories, an awful lot of fat, it's not good for me, brings me out in spots and makes me fat. (A)

I try to reduce my weight ... eating a lot of chocolate, um, is a problem, for my figure. (C)

It's bad because it makes me fat, that's the reason, it makes me fat. (D)

For some, the feelings engendered in the aftermath of a chocolate frenzy are related to concerns about body shape ('fat') and appearance ('spots'), not so much health concerns but problems centred on a discourse of feminine beauty (see Wolf, 1991).

Clearly, participants' accounts are structured by both moral judgements ('I feel guilty') and religious terminology ('sin'; notions of confession, etc.) whereby chocolate and its consumption are presented as forbidden for women. This moral-religious discourse has been identified by other researchers. In a study of how students rated consumers of different foodstuffs, moral judgements were prevalent—modern-day 'sinners' were people identified as eating fattening, high-calorie foods (Nemeroff & Cavanaugh, 1999). Another study by Rozin, Fischler, Imada, Sarubin and Wrzesniewski (1999) investigated attitudes to food in four different countries and found that internationally, females associate food most with worry and stress and correspondingly least with pleasure. A further study by Lindeman and Stark concluded that 'participants regarded enjoyment per se as condemnable' and stated that 'the pleasure of eating is becoming a vice instead of being seen as one of life's harmless enjoyments' (1999, p. 156). So, in light of this moral discourse, the persistence of chocolate consumption must be explained by participants in order to ward off negative self-evaluations. This is attained in three main ways, as discussed in the following.

The natural allure of chocolate

The positive aspects of chocolate are accentuated by participants as a means of explaining—and mitigating—their consumption. There are three main ways in which this account is accomplished: chocolate is constructed as pleasure, comfort and reward.

Chocolate was unerringly portrayed as simply and utterly pleasurable:

I love chocolate, I can't describe it. (A)

It just makes you feel so good ... the taste is like nothing I've ever tasted, it's so lovely ... It's a real pleasure thing ... sort of a feeling you can't get just from thoughts, it's a properly physical thing. (B)

It's just the feeling, it's so nice. (D)

It's the taste, I think the taste in your mouth
... (E)

The appeal of chocolate is so transparent and all-encompassing that there is evidently some difficulty in communicating this. It is something intrinsically good, connected to bodily desire and positive sensations. In taking the association of physical pleasure further, a sexual analogy is made, so that wanting to eat chocolate is compared to the state of sexual arousal and desire and the experience of eating chocolate is compared to the actual sexual experience:

... people often say ... that they ... associate it with feelings when you're oh, in sex ... , sexual relations ... I guess it's a similar feeling ... the whole desire's probably similar ... but then being able to just enjoy it is the most amazing feeling, 'cause I guess, 'cause you've had all the build up and the temptation and then and that's the only sort of thing I think is comparable. (B)

I know, it's a, a kind of stereotype but it is true, you know, eating chocolate is a bit like having sex ... it just feels so good. (D)

The associations of eating chocolate with physical and sexual pleasure acknowledged by participants are highly reminiscent of the earliest historical associations with chocolate, when it was seen as 'provocative of lust' and ascribed aphrodisiac qualities (Hetherington, 2001). The analogy works to construct chocolate consumption as a natural endeavour, with the implicit assumption that what is natural is good. It is worth, noting, however, that the association between natural and good needs to be worked up in talk, and that the meaning of 'natural' is something that can be contested. Indeed, when drawing upon a discourse of nature to present their chocolate eating as 'addiction', nature takes on a very different, much less salutary, meaning (see section on 'addiction discourse' later).

Another way chocolate consumption is legitimated is through attributing to it therapeutic properties. Chocolate is constructed by participants as a comfort food which is eaten in response to very diverse negative feelings, ranging from hunger, boredom, upset, stress, agitation, depression and headaches. The

amount of chocolate eaten is associated with the degree of distress experienced:

I think if I'm feeling quite low, it's kind of quite a comfort food. (B)

I like eating chocolate when I don't feel so good, when the day was not so good, when there was trouble in the office ... Then I say ... it's a bad day ... then I eat chocolate. (C)

If I was ever hungry or bored, or anything, upset or whatever, I would always reach to chocolate. (A)

I usually feel I need some chocolate when I'm down, not feeling good ... (E)

Historically, one of the most important associations with chocolate was with its putative medicinal benefits as is reflected in Madame Sevigné's (1675) praise of chocolate as excellent to aid digestion and assist a fast (cited in Hetherington, 2001). Chocolate was seen as something that could cure so that 'health is preserved, sickness diverted, and cured' (Wordsworth, cited in Hetherington, 2001, p. 300). Chocolate then, as now, is therefore employed in order to remedy, to cure aches and pains. Not only has chocolate historically been regarded as a cure for physical ailments, it has also been seen as a cure for psychological problems such as irritability, weak nerves and low spirits (Brillat-Savarin, 1825; Coe & Coe, 1996). This is still the case today where participants use chocolate to treat problems of depression, upset and boredom. Bordo's (1993) examination of the symbolic meaning of sweet foods such as Häagen-Dazs' ice-cream lends support to this notion. She writes: 'For women, the emotional comfort of self-feeding is ... turned to in despair, emptiness, loneliness and desperation' (Bordo, 1993, p. 126).

Chocolate is also understood by participants as a reward, something deserved following some form of achievement:

I guess if I've done something, it's a bit like a reward as well, if I've, I feel like I've done something or achieved something. (B)

... if I'm studying, I just think, oh, I can treat myself by having chocolate if I just, do study. (A)

I sometimes say to myself, well you've worked so hard, you can have it. (D)

Well, if I've had a hard day I don't feel as bad if I have chocolate, 'cause, well, I guess I've kind of deserved it. (E)

Chocolate then is something that is pleasurable and that participants allow themselves to have when they've exerted themselves and find themselves worthy of reward. Again, the theme of morality is present whereby chocolate is something to be enjoyed only by those who have earned the right to do so. Participants therefore use chocolate just as Brillat-Savarin (1825) advised, when having been involved in an occupation requiring 'great mental exertion' (cited in Hetherington, 2001). In analysing commercials, Bordo (1993) also identifies this theme, concluding that for women 'the self-reward and solace is food' after an active day (Bordo, 1993, p. 130). In conceiving chocolate as pleasure, comfort and reward, chocolate is furnished with life-affirming, even therapeutic properties. This formulation may function partly to explain or justify (excessive) chocolate intake, alongside other formulations. We now discuss how participants emphasized their efforts at monitoring and controlling their consumption, thereby deflecting potential accusations of greed or weakness, and positioning themselves as morally sound characters.

Self-surveillance

By showing awareness of their 'problem', and by recounting stories of struggling to contain their chocolate habit, participants positioned themselves as moral characters who do not simply yield to unhealthy or immoral practices. In conveying a heightened awareness and scrutiny of chocolate consumption, themes of self-denial, self-monitoring, compensatory activities and comparisons with others were noted. Being 'good', for example, is constructed by participants as involving eating no chocolate at all:

... and sometimes I say to myself, like I'm going to have none today, try and have a good day. (A)

I shouldn't buy the chocolate ... the better decision would be to say no. (C)

I basically shouldn't eat it at all, just shouldn't eat any. (D)

And when chocolate is enjoyed, only 'moderate' amounts are acceptable:

You should really just eat moderate amounts, just a little bit. (E)

If you eat just a small amount, that's OK I suppose. (D)

I thought half the chocolate would be enough ... because I knew that in the evening there would be champagne and snacks. (C)

Participants stress the importance of paying attention to and being aware of their actions in relation to chocolate intake, and eating generally:

... and perhaps I wouldn't notice how, how much chocolate I eat and then, er, the whole bar is gone ... And I think that's not the correct way. When I eat chocolate, I should be aware of the, of the quantity I eat. (C)

I have to make sure I am conscious of what I eat, that I know, for example, what I ate that day, to know how many calories I've eaten, so that I know what I can eat later. (E)

Doing exercise is also included in the long list of requirements:

I guess exercise is probably my main motivation factor to stop [eating chocolate] ... 'cause you've put so much effort, like an hour's effort into exercise, you think well I'm not going to waste all that on a five-minute binge ... whereas if you haven't done anything ... you just don't, you're not even aware, not thinking about exercise and so you don't feel bad if it's counteracting, you don't have anything to balance your chocolate eating with. (B)

Exercise then is presented as a way of managing chocolate intake, a healthy pursuit that facilitates self-discipline.

Another method participants employ to increase self-surveillance is constant comparison with others who come to function as 'role models':

[I compare myself] all the time, yeah ... I think Kylie Minogue, she's a, because we're both kind of, short people, but then she's so nice and slim, and I, if I ever stood next to her I would just look like the Christmas pudding. (A)

As McKinley and Hyde write: 'Cultural body standards provide the ideal to which a woman compares herself when she watches her body' (1996, p. 183). Here too, empirical studies suggest that comparisons with thin models produce a negative mood in women (Groesz, Levine, & Murnen, 2002; Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999) and this, in turn, has been shown to encourage women to diet (Gordon, 2000). This careful watch kept on the self is constructed by participants as being in their own interests, for their own good. Social pressures around health and beauty are recapitulated as individual concerns, a phenomenon that invites a Foucauldian analysis of power (see Bartky, 1990). Bordo (1993), for example, discusses the reproduction of normative femininity in the context of advertising, where women are addressed within an individualist discourse that encourages notions of personal choice and control over their bodies.

Addiction discourse

Whereas self-surveillance implies efforts to exert control over chocolate consumption and present the self as morally sound and appropriately 'feminine', the use of addiction discourse is designed to position the women as ill. Within the discourse of chocolate addiction, the self is construed as a victim of forces beyond individual control—and responsibility. This form of accounting therefore represents another way in which participants seek to mitigate persistent consumption of a 'bad' and 'sinful' substance.

The addiction is described as both physical and psychological:

I'm sure it's addictive, well it is definitely. (B)

I think it's addictive, I do think that . . . (A)

. . . for me I think it's more, of an emotional thing . . . (A)

It's kind of, a physical addiction. (B)

I think it is, well, it's both an emotional and a physical addiction, I think. (D)

The distinction between physical and emotional or psychological addiction was also made by smokers in Johnson et al.'s (2002) qualitative study investigating the language used by

smokers to describe their tobacco dependence. In describing their participants' constructions Johnson et al. write: 'This form of dependence was viewed as . . . incorporat(ing) physical as well as psychological' (2002, p. 1488). These two aspects of addiction were also taken into account by the World Health Organization when it replaced the term 'addiction' with the term 'dependence' which was conceptualized as having two components: physical and psychological (Gossop, 1990).

However, participants must work to persuade others that their 'addiction' is real, since there remains much scepticism around the idea of chocolate addiction, which does not seem to be grounded as much in clinical evidence compared to other more recognized addictions (Michener & Rozin, 1994). Indeed, one discursive strategy participants utilize in order to work up the addiction account is through analogies to chemical agents and other established conditions:

Well, the effect . . . I guess it's like a drug. (E)

. . . a drug-like effect . . . Chocolate makes people happy, er, it's something, some of the ingredients in chocolate, it works on your brain and then you feel happy. (C)

I think it's on the same terms as smoking, and being an alcoholic. (A)

It's like when people smoke. They can't just stop can they? They're addicted, just like I am to chocolate. (D)

Being addicted to chocolate is therefore something that participants feel should be taken seriously in the same way that other legitimate addictions are: 'People just generally laugh and say, oh, it's all in your head . . . It really annoys me, so it does, because if somebody told me they were an alcoholic, I wouldn't laugh at them' (C). The 'reality' of chocolate addiction is also reinforced within a familiar lexicon of drug-related phenomena, including cravings, surrogate substances, dosage and withdrawal:

It just felt, yeah, out of control that I'm, these cravings are taking over. (B)

. . . and then I try to find something else and then perhaps I eat bread with jam or something . . . But it doesn't work, I need chocolate. (C)

... but again, I just generally, if I don't eat all three of them in one go ... it doesn't really work. (A)

If I can't have chocolate when I'm really needing it, I can get angry, depressed, don't know, just feel really bad. (D)

Participants' descriptions of their chocolate consumption bears all the features of addiction found by Hetherington and MacDiarmid (1993) in their study of chocolate addicts. Participants' self-diagnoses align with the necessary minimum of three criteria to be diagnosed with 'substance dependence': 'need for markedly increased amounts of a substance to achieve ... a desired effect', 'the characteristic withdrawal symptoms for a substance or use of a substance ... to avoid withdrawal symptoms', 'persistent desire or one or more unsuccessful efforts to cut down', 'continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by use' (American Psychological Association, 1987, pp. 166–168). The construction of self as addict is one powerful attempt at a discursive solution to the dilemma these women face by wanting to indulge in chocolate and experience this 'sinful' pleasure on the one hand, and wanting to appear good on the other.

Final remarks

It is clear that for the self-professed 'chocololics' featured in this study, eating chocolate is a fraught endeavour, an ambivalent experience where ecstatic consumption is disturbed by distressing thoughts and obsessive self-surveillance deriving from restrictive societal ideals about health and femininity. The self is split between a desiring, even treacherous, body and a punitive mind in a relentless Freudian drama. There is a concerted effort by the women to establish themselves as good people who do not simply yield to the temptations of chocolate but who struggle to conform to dominant constructions of femininity. The self is further exonerated within an addiction discourse, whereby the body is assailed by powerful chemical processes that ultimately curtail attempts at resistance.

Moral imperatives within health discourse have taken on an especially gendered quality

when applied to diet generally, and 'taboo' foods like chocolate in particular. Historically, female desire, sexual or otherwise, has been problematized; indeed, women have been portrayed as irrational and emotional, while men have been privileged as rational and objective (see Turner, 1984). Women have therefore been repudiated for their desires, and compelled to renounce them. Within contemporary society, regulation of female desire is powerfully located within discourses of health and beauty (Bordo, 1993; Wolf, 1991). Eating lots of chocolate places women outside of normative femininity, which our participants acknowledge in the ways in which their consumption is critiqued (e.g. themes of guilt), compensated for (e.g. through exercise) and medicalized (through addiction discourse). Recourse to self-surveillance shows that they are aware of dominant discourses of femininity and seek to inscribe themselves within these discourses through their regulatory practices. Yet, we have also seen that participants extol the virtues of chocolate, and it is possible to regard concepts of pleasure and desire in terms of resisting prevailing discourses of health and femininity. In general, we can conclude that talk about chocolate consumption underscores the complex and contradictory challenges of doing femininity for some women in contemporary UK society.

The analysis echoes the findings of other qualitative studies concerning the moral significance attached to health-related transgressions (e.g. Crossley, 2002). It is clear that participants orient to the construction of chocolate consumption as problematic, and that various efforts are made to present the self as rational and responsible. The study also highlights the complexity inherent in accounting for un/healthy activities. Gillies and Willig (1997) suggest that the variability and conflict in such accounts points to a more general societal dilemma between physical necessity and individual freedom. Indeed, discourse analysts have established that thinking and talk itself is dilemmatic, reflecting the co-existence of competing ideologies in society (Billig et al., 1988). What is important is to consider the functions of different accounts for participants, and in this case we can say that flexible accounting helps participants negotiate a subject position in which the self is presented as morally sound.

It should also be reiterated that the foregoing analysis is not concerned with the legitimacy or 'reality' of participants' claims about chocolate addiction. Discursive analyses tend to see such issues as difficult, if not impossible, to resolve, since talk is seen as constructing rather than reflecting reality (see Potter, 1996). Thus, our concern here was to consider the multiple ways in which chocolate and related objects (diet, exercise, etc.) were represented within participant accounts, and to situate these accounts where appropriate within wider discourses of gender and health as delineated within the relevant literature. Whether our sample can be classed as clinical is a task for psychologists and psychiatrists using another vocabulary.

It would none the less be interesting to develop this preliminary study with larger and more diverse samples. Future research could profitably examine similarities and differences in accounts between white, middle-class young women and women of different ages, ethnicities, cultural background and education. It would also be interesting to analyse accounts provided by women deemed by the medical profession to be suffering from chocolate addiction, and to thus examine the extent to which the patterns identified in our analysis of an ostensibly non-clinical sample transfer across. A detailed analysis of contemporary media/advertising presentations of chocolate would also prove informative. In an age where men are acquiring traditionally feminine habits (shopping, cosmetics, exercise), it would also seem pertinent to examine men's understandings of and practices around chocolate, and how these relate to current definitions of masculinity and men's health. Another suggestion is to study women's consumption of other foodstuffs and leisure activities that might be structured by discourses of health and gender, such as ice-cream, potato-based snacks, exercise and coffee. For example, recent analyses of women and alcohol consumption illuminate similar concerns about health and appearance (Day, Gough, & McFadden, 2003). In sum, discourses around chocolate consumption provide valuable insights into the social construction of health and nutrition, and we invite health researchers to extend knowledge in this and related areas.

Note

1. The five participants have been designated letters A–E.

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