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## Subject Area - Sociology

### Sociological Imagination

Diet is increasingly being viewed as a key component of health, and food and related topics have become of great interest to health professionals and sociologists. Investigate using a “sociological imagination”.

#### Introduction

What C. Wright Mills called the ‘sociological imagination’ is the recognition that what happens in an individual’s life and may appear purely personal has social consequences that actually reflect much wider public issues. Human behaviour and biography shapes society, and vice-versa and one cannot be properly understood without the other. If a sociologist was trying to understand two friends having coffee for example then they would examine it as social interaction, as acceptable drug taking, and as part of a complex mix of social and economic processes. They might also assess the fact that coffee is produced by the poor but drunk mainly by the better off, they would examine the history of coffee drinking. (Giddens, 2001).

This paper will examine why it may be the case that diet is increasingly being viewed as a key component of health, and food and related topics have become of great interest to health professionals and sociologists. It will begin with a brief explanation of sociology’s interests and will then examine why diet, food and related topics have generated such interest. Finally, the paper will investigate this question through the use of the sociological imagination.

The study of society became an important feature of academic life in the nineteenth century. It is generally acknowledged that the founding fathers of sociology are Marx, Durkheim, and Weber. Auguste Comte was also an important figure and actually coined the term ‘sociology.’ Sociologists study people’s lives and try to understand the nature of reality through people’s Hi,

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Cheers i.e. what people do in their everyday lives. One of the reasons that diet has become of increasing significance within social science discourse is due to the fact that sociologists regard the ways in which people eat, and also what they eat, as a social practice. Giddens (2001) argues that in all societies eating and drinking are most often accompanied by social interaction, celebrations and rituals and this makes them of interest to sociologists. Recognisable changes in eating habits are also of interest to sociologists because these changes signify other changes in the social structure. Choosing to eat a particular food can play a part in shaping the market for that kind of food. This then affects the lives of those who produce it, some of whom may live on the other side of the world.

Sociologists have long argued that the medical establishment operates on a bio-medical model of health which holds that disease is located in the person and health can be restored through appropriate medical treatment. Sociologists on the other hand argue that health and illness are socially and culturally defined and they, along with many health professionals, believe that human beings make choices which affect their health and well-being. Improvements in health during the late nineteenth and early twentieth centuries were the result of higher standards of public hygiene. Clean drinking water and the effective disposal of sewage helped reduce the number of deaths from infectious diseases, the

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infant mortality rate also dropped (Bilton et al, 1996).

The gap between rich and poor, or the connections between social class and other factors such as health have been of sociological concern since Marx's work on capitalism. Those people who belong to higher social classes tend to have better life chances, be more healthy, and live longer than those lower down the social scale. The better off people are, the more inclined they are to eat well and healthily (Giddens, 2001). In the Third World, vaccination programmes are not as effective as they should be because people do not have enough to eat. Being well fed is the best way of preventing disease that there is and this is one reason why diet is of concern to health professionals and sociologists. Increasingly it has also become a factor in government policy making. The Black Report of 1980 was commissioned by the Conservative Government to investigate class inequalities in health (Townsend et al 1988).. Margaret Thatcher was unhappy with the findings which carried an enormous cost factor for the government (Giddens, 2001). Her Government introduced marketisation into the health service thus producing a model of providers and purchasers of care. During the past twenty years there have been significant changes in policy making because of concerns over the costs of public health. Governments have tended to focus on public health campaigns such as healthy eating programmes in an attempt to get people to take more responsibility for their health and to save public money. Thus some of the focus that health practitioners and sociologists place on diet and food is as a result of, or in response to, changing Government policies and the production of Government White Papers such as the 1992 Health of the Nation paper.

In the nineteenth century a large number of deaths were a result of what has been called 'the disease of poverty' (Browne, 1998:443) because most of those who died were poor and badly nourished. In the twentieth century the diseases of poverty have been replaced by what have been called the diseases of affluence, where people eat too much of the wrong things, for example foods that are high in fat and cholesterol, and smoke and drink too much (Browne, 1998). It is linked to over-consumption in other areas because as people earn more money they are able to afford more but these consumption patterns are not only detrimental to individuals but also to our environment. More than two thirds of the world are starving and have a shortfall in their crop supplies and an increasing population. Yet in the Western world where population growth is much slower there are often huge surpluses of grain (Giddens, 2001). Some large companies have seen a market here for genetically modified foods. They say that the introduction of gm foods could transform the world's food supplies.

Lifestyle choices like exercise and diet are regarded as a key factor in whether a person is ill or healthy. In modern industrialised societies the problem is not caused by too little food, but too much food that is not good for us. So we have new forms of illness such as obesity, stomach ulcers, diabetes and heart disease where more people suffer from chronic illness than they may have done in the past. These diseases are largely preventable but in recent years there has been increased public concern over the food supply. Scares such as CJD and BSE in beef along with a number of outbreaks of food poisoning have caused considerable concern and some health professionals have blamed asthma on poor diet. Cancer has also been linked in a government report (1997) to the type of food that people eat. The branding and marketing of 'junk' food has been highly successful. Huge multi-national companies such as MacDonaldis are not just selling fast food, they are selling a life-style that is attractive to many young people. Sociologically it's interesting if only for the resulting standardisation, the recognisable brand. You can find a MacDonaldis in almost every country in the world and know, at least to some extent, what you are going to get. In Britain we eat a much more processed diet where food often has colourings flavourings and preservatives that are harmful to health, and produce what has become a medicalised condition of hyperactivity in children. Although some health professionals recommend a change in diet the

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medical establishment has tried to 'cure' it with a drug called Ritalin rather than drawing attention to the social causes (Giddens, 2001).

Why do we eat unhealthy foods? The foods that are good for us, such as organic fruit and vegetables and wholemeal bread are more expensive than mass produced processed food. Multi-national firms control the food market and they are more concerned with making a profit than anything else. Healthy foods are also a money spinner and the health food industry makes a huge profit on vitamins and food supplements. As Browne (1998) argues health itself has become big business, companies sell it and at the same time they continue to produce the types of food that contribute to health problems, disease, and death.

### Conclusion

Through the use of the sociological imagination this paper has investigated why sociologists and health professionals have taken such an interest in diet as a key component of health and in food and related subjects. There appear to be a number of explanations, not least the increasing inequalities in healthcare provision and the continuing differences in life chances between rich and poor. The marketisation of health has also generated a number of government policies that focus on personal responsibility, personal choice, and healthy eating programmes. Sociologists have always been interested in the power differentials at work in society. Bilton et al (1996) contend that the medical profession have had considerable power in controlling definitions of health and illness. Public concern with health, diet, and debates about food will continue to be of interest to sociologists because they argue that these things are socially and culturally produced and it is becoming increasingly more evident that these discourses are closely allied with major economic and political interests.

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