

THE MEANING OF FOOD FOR OBESE MEN: A QUALITATIVE STUDY

Esther H van der Spuy*, Helena M de Klerk, Dalena M Vogel & Friede AM Wenhold

OPSOMMING

Vetsugtigheid is wêreldwyd 'n wesenlike probleem en Suid-Afrika is geen uitsondering nie. Wanneer mans van die verskillende Suid-Afrikaanse bevolkingsgroepe in oënskou geneem word, toon wit mans die hoogste voorkoms van vetsugtigheid. Intervensie strategieë vir vetsugtigheid het nog nie bevredigende resultate gelewer nie en een van die redes mag wees dat die strategieë nie die sosiale konteks, emosionele faktore en 'n persoon se verhouding met voedsel in berekening bring nie. Alhoewel baie navorsing oor die oorsake van vetsugtigheid en die verwante gevolge daarvan gedoen is, is daar min navorsing beskikbaar oor hoe hierdie gedrag ontstaan en hoe dit kan verander. Voedselkeuse is 'n dinamiese proses wat ingebed is in sosiale verhoudinge en kort- en langtermyn gevolge vir 'n persoon se gesondheid inhou. Komplekse menslike gedrag moet op mikrovlak bestudeer word vir beter begrip van die vetsugtigheidsprobleem. Die invloed van sosiale- en gesinsnetwerke op die ontwikkeling van vetsugtigheid moet ook in ag geneem word.

Die navorsingstrategie vir hierdie studie is 'n kwalitatiewe en fenomenologiese benadering. 'n Lewensverloop- en simboliese interaksionistiese perspektief is as geskik beskou vir 'n studie waar ontwikkelingsfases ter sprake kom en die ontwikkeling van voedsel- en gewigslewensbane in interaksie met ander geskied. Die steekproef is saamgestel uit veertien mans met 'n BMI groter as 30kg/m². Drie in-diepte onderhoude is met elk van die deelnemers gevoer: 'n aanvanklike ontmoeting, 'n in-diepte ongestruktureerde onderhoud en 'n opvolg-onderhoud. Verbatim transkripsies van die onderhoude sowel as bekrywings van die onderhoudsituasies is gebruik vir die bespreking en interpretasie van die resultate. Die rekenaarprogram ATLAS.ti is vir data-analise gebruik met inagneming van die breë navorsingsvrae wat die studie gerig het.

Die doel van hierdie artikel is om die rol van voedsel gedurende die lewensverloop van die vetsugtige man kwalitatief te bestudeer, met die primêre doel om die betekenis wat hy aan voedsel koppel en die rol wat hierdie beteke-

nisse in sy eetgewoontes speel, beter te verstaan.

Die bevindinge van hierdie studie toon dat voedsel addisionele betekenis en waarde vir die deelnemers gehad het. Met betrekking tot hul ervaring met voedsel het 2 hoofemas uit die data na vore gekom naamlik: "vir die liefde van voedsel" en "spesiale betekenis van voedsel". Die vetsugtige man se eetgewoontes en die betekenis wat voedsel vir hom het, is deur betekenisvolle ander soos sy gesinslede gedurende kinderjare en adolessensie, sy vrou en kollegas gedurende vroeë volwasse jare asook vriende wat 'n betekenisvolle rol gespeel gedurende die volwasse stadium, beïnvloed. Die deelnemers eet vir die plesier wat voedsel aan hul verskaf en die betekenis wat voedsel vir hul het. Voedselvoorbereiding het gepaardgegaan met vreugdevolle afwagting. Veskeie faktore soos die huwelik, vriende en hul beroep beïnvloed hul voedsellewensbane. Voedsel is nie net ter wille van die sensoriese plesier geëet nie; dit het ook sosiale betekenis gehad en is beskou as 'n simbool van liefde, versorging en vertroosting. Gedurende vroeë volwassenheid is dit as 'n simbool van korporatiewe aanvaarding deur kollegas gesien. Voedsel is ook gebruik om vriende te beïndruk en om soos 'n "man" te eet. Kognitiewe beoordeling is elke keer gebruik in situasies waar die deelnemer 'n besluit in terme van sy eetgedrag moes neem. Voedsel kan nie van die simboliese betekenis wat daaraan geheg word, geskei word nie. Die vetsugtige man se voedsellewensbaan beïnvloed sy gewigslewensbaan wat gevolglik 'n negatiewe invloed op sy belewenis van die self het.

— *Dr HH van der Spuy*

Department Consumer Science

University of Pretoria

Tel: +27 (12) 420 2975

Fax: +27 (12) 420 2855

Email: esther.vanderspuy@up.ac.za

* Corresponding author

— **Prof HM de Klerk**

Department Consumer Science
University of Pretoria
Tel: +27 (12) 420 2853
Fax: +27 (12) 420 2855
Email: helena.deklerk@up.ac.za

— **Prof HM Vogel**

Department of Psychology of Education
University of South Africa (UNISA)
Email: vogelhm@unisa.ac.za

— **Dr FAM Wenhold**

Department of Human Nutrition
University of Pretoria
Tel: +27 (12) 354 1234
Email: friede.wenhold@up.ac.za

INTRODUCTION

Human obesity represents a complex disorder of multiple causes that include genetic disposition, diverse health behaviours, dietary factors as well as features of a social context (Glass & McAtee, 2006; Kim & Popkin, 2006; Da Silva & Da Costa Maia, 2012).

Overweight and obesity rates in South Africa are alarmingly high (Macintyre *et al*, 2012; Kirsten & Marais, 2013). Four major ethnic groups are recognised in South Africa: black African (blacks), mixed-race (coloureds), Indian and Caucasian (whites) (Van der Merwe & Pepper, 2006). Figures obtained from the South African Medical Research Council indicate that 18% of all white men are obese, followed by 9% of Indian men, 8% of coloured men and 6% of African men (South African Institute of Race Relations, 2013).

Many influences from different environments shape human food practices (Bryant *et al*, 2007; Story *et al*, 2008). At the root of this phenomenon lies complex human behaviour that should, according to Glass and McAtee (2006), be studied on a micro-level to capture the influence that social and family networks have on the development of obesity. Making food choices is an involved, multi-faceted and dynamic process embedded in social relationships that have short- and long-term health consequences (Bove *et al*, 2003; Christiansen *et al*, 2012). However, these influences do tend to vary over place and time.

Although behavioural research regarding overweight and obesity has been done for decades

(Wardle & Cooke, 2005; Desmet & Schifferstein, 2008), and several large-scale intervention trials have given some satisfactory results, they have still not had a marked effect on the obese epidemic (Muller *et al*, 2001; Flynn *et al*, 2006). One of the reasons for this might be that these intervention strategies were separated from the social context, thus emotional factors and specific relationships with food were not considered (Locher *et al*, 2005; Glass & McAtee, 2006; Da Silva & Da Costa Maia, 2012). Although a great deal is known about behaviour leading to obesity, and all the related consequences, much less is known about how these behaviours arise, how they are maintained and, more importantly, how they can be changed. According to Glass and McAtee (2006), the processes that give rise to the social patterning of risks remain poorly described and understood. Although a few qualitative studies have been done on eating behaviour and reasons for weight gain in men, a gap in the literature still remains (Smith & Holm, 2011; Newcomb *et al*, 2012). There appears to be a need for better theory, and better data, to understand how social factors adjust behaviours and how the associated risk factors come to influence health negatively (Glass & McAtee, 2006; Groven *et al*, 2010; Christiansen *et al*, 2012).

This article aims to qualitatively explore the role of food in the life course of the obese man, the meanings attached to food and the role that these meanings play in his eating behaviour, with the primary emphasis on attempting to understand the obese man's eating behaviour. A better understanding of why obese men eat as they do may be useful in planning a holistic approach for preventative and therapeutic interventions for obesity in order to promote better health and well-being.

THEORETICAL FRAMEWORK

To shed light on this phenomenon this qualitative study used the theoretical perspectives of symbolic interactionism and a life course approach in an attempt to explore, understand and describe life course stages and transitions that could be associated with excessive weight gain in men as a high-risk factor. These theories provide conceptual tools and models for constructing a suitable research framework, and for collecting and analysing data appropriately (Willis *et al*, 2007).

Symbolic Interactionism focuses on micro-phenomena of social interaction. In doing so, it

creates a participatory, active image of the human being and rejects the image of a human being as a passive organism (Charon, 1998:23; Willis *et al*, 2007). It implies that human beings act in relation to each other and are responsible for their own behaviour (Charon, 1998:23; Dennis & Martin, 2005). This contribution is premised on the assumption that suggests that the obese man is responsible for his own eating behaviour because he is accountable for his own decisions pertaining to food intake and lifestyle practices.

Action is based on decisions that are largely shaped by the actual and anticipated responses of others. Thus, eating behaviour of an obese man may therefore be influenced by the response of others and the manner in which he interprets them. Meaning is a dynamic part of any action and is constructed and reaffirmed in social interaction (Blumer, 1969:81). During the interaction process people use symbols that have meaning for them. In interaction with others, food, as a social object, would therefore take on a specific meaning. The meaning of a thing for a person therefore grows out of the ways in which other people act towards the person about it (Blumer, 1969:3). The source of this influence lies in other people who are significant others, such as family and friends, reference group others, such as colleagues, as well as coming from other generalised sources, such as the mass media and stereotypes as accepted by society.

Symbolic interactionism can also be applied to the analysis of stigma, a concept of particular interest to health researchers who study obesity (Goffman, 1963:2). People with an obvious physical deformity (like obesity) are made to feel ashamed and experience a spoiled social identity.

In focusing on the self that individuals develop, interactions also highlight the gender dimension. They recognise that, in acquiring a self, people develop a gender identity, or a conception of the self as male or female. Individuals learn to value their gender identities by seeking to confirm them through gender displays that elicit a need to validate responses from significant others (Sandstrom *et al*, 2006:42). The obese man prefers to eat "like a man" to justify his unhealthy food practices.

The life course of individuals is, however, embedded and shaped by the historical times and places they experience throughout their

lifetime (Elder, 1998; Heinz & Marshall, 2003:9). A life course perspective can be used to understand how people construct their food and eating choices (Devine, 2005). Transitions and trajectories are key concepts in life course research. Transitions are always part of trajectories and they are embedded in it. Transitions have meaning for individuals as they pass through their various life stages. A trajectory is a stable pattern of behaviour across time (Moen *et al*, 1995; Wethington, 2005). A food trajectory has been defined as "a person's persistent thoughts, feelings, strategies, and actions with food and eating, developed over the life course in a social and historical context" (Devine, 2005:122).

METHOD

Research design

This phenomenological study seeks to explore, understand and interpret the meanings that the obese man retrospectively attaches to food with the expressed purpose of giving a rich description of the person's lived experience and to discover common meanings attached to the phenomenon. It also contributes to a deeper understanding of the phenomenon of obesity (Goulding, 2004; Starks & Trinidad, 2007).

Setting and participants

The study took place in Pretoria, the metropolitan capital city of South Africa. To access the required information men who had experienced being obese were recruited using recognised purposive sampling methods (Goulding, 2004; Starks & Trinidad, 2007). The unit of analysis was an obese, white South African man. White men in South Africa have the highest incidence of obesity of all cultural groups (Kruger *et al*, 2005; South African Institute of Race Relations, press release, 2013). To be eligible he had to be older than 21 years, with a self-reported BMI exceeding 30kg/m², having the ability to provide a detailed account of his experiences of being obese, and willing to share deeply about his feelings and encounters in the context of this condition. In line with the thinking of the study paradigm participants represented different life stages. Fourteen participants, whose ages ranged from 21 to 65 years, formed the study sample. Professional and non-professional men at different stages of their lives participated. The degree of obesity of the participants varied between a BMI of 30kg/m² and 55.6kg/m². Seven of the participants had been obese since childhood while the other seven

had become obese at a later stage in their lives. With the exception of one, all were married. They had different educational levels and their occupations varied as they were either a salesman, IT consultant, a jeweller, engineer, an owner of a fast food outlet, a law student, a retired rector of a college or a motor mechanic and one participant was in the insurance business. Participants were allocated an *R* number from 1 to 14.

Data collection

Lengthy (45-60 minutes), individual in-depth interviews were conducted to gather data. From the literature reviewed, this appeared to be common practice (Goulding, 2004; Starks & Trinidad, 2007). Three interviews were conducted with each participant, namely, an initial meeting to explain the aim of the study, to build trust and to verify the inclusion criteria; a core interview; and a follow-up. This enabled the researcher to get an impression of the participants' emotions, thoughts and knowledge, a procedure also recognised in research practice (Kvale, 1996:84; Henning *et al*, 2005:79) and known to contribute to data credibility. The first author conducted all the interviews as she is an experienced interviewer and familiar with qualitative research practice (Van der Spuy *et al*, 2003). For referential adequacy, field notes about gestures, emotions expressed and a description of the meeting venue were documented immediately after each interview. Interviews were conducted in various settings that were convenient, private and acceptable to the participants to ensure the protection of their identity. Most of the participants felt more relaxed and less exposed in informal settings such as coffee shops. When participants started to share their emotions and feelings about the lived experience of being obese spontaneously without any prompting, the information was used during the next interview as a point of departure.

During the second meeting, the interview questions were broad and open-ended. The interview began with an invitation to address the issue directly: *"Tell me something about your experience of being overweight. Where did it all start?"* Where necessary, reflective remarks were made to clarify and enhance understanding. As the interview continued participants were asked different questions in line with the way their story was unfolding.

The follow-up interview was conducted to clarify

or expand on points raised during the previous interview. Member checks gave participants an opportunity to confirm responses, correct misconceptions and provide additional information. This was done to enhance interpretation credibility. Although the researcher primarily used semi-structured questions (based on the core interview), new topics that emerged were accommodated. The follow-up interviews yielded more data and enriched the overall picture. The participants were more relaxed, adding information after having reflected on the previous interview. The duration of the follow-up interview was between 30 and 45 minutes.

Data analysis

Each interview was transcribed and the data were imported into the computer software program ATLAS.ti for the first author to analyse. The program facilitated the organisation and management of the textual data by attaching codes to certain text passages. The naming of the codes was based on the theory. In ATLAS.ti a code can be selected and the exact position of the specific code in the data will then be indicated. Double clicking any code brings up all quotations connected with it.

Initially all the interview transcripts were read through in full several times so that the researcher was familiar with the content. Doing this also gave a sense of the whole picture and sensitised the researcher to the participants' ideas (Svenningsson *et al*, 2011). The next step was to identify key words (for choice of codes) and sentences relating to the codes. Data was compared and similar incidents were grouped together and given the same conceptual label or code. This procedure is common in qualitative research (Smit, 2002; Jeon, 2004; Henning *et al*, 2005:131; Willis *et al*, 2007). The codes were selected inductively from the data by the first author and checked by the co-authors. The analysis thus took place on two levels, namely, the actual words used by the participants, and the conceptualisation of these words and construction of meaning by four independent researchers. This method is described in the literature (Henning *et al*, 2005:132; Bove & Sobal, 2011). This process was repeated across the 14 participants' stories.

The next step was to select a core category and relate it to the sub-categories. This helped to refine and integrate categories and identify definite themes from the research (Creswell, 1998:57; Henning *et al*, 2005:132). When codes are meaningfully clustered and given a de-

scriptive name, the groupings are known as themes. In ATLAS.ti categories are known as families (Archer, 2002:39). Relationships between the categories (families) can be graphically represented using network views to “create a picture of their inner world of meaning” (Travis *et al*, 2004:408). By creating families and networks in ATLAS.ti, complex interactions can be clarified to enhance the researchers’ understanding of the situation. This enabled the researchers to identify a storyline and identify definite themes in order to give rich thematic descriptions that provided insight into the lived experience of obese men.

Three themes emerged from the data collected for this study, namely, the meanings of food, the sadness of obesity and the issue of coping with obesity. In this article only the meanings of food will be addressed.

Ethical considerations

The Ethics Committee of the Faculty of Natural and Agricultural Sciences, University of Pretoria approved the undertaking of this study. During the first meeting, informed consent was obtained from the participants and permission granted to use an unobtrusive voice recorder during the subsequent sessions. At all times the participants’ privacy and identity were protected.

RESEARCH FINDINGS

The findings only pertain to the participants of the study and cannot be generalised as applicable to other situations. It became clear from the findings that food, as a social object, and eating it, had always played a central role in the lives of the participants. Their motivation to eat was affected by variables not necessarily directly related to their physiological needs like satisfying hunger. Food had additional value and meaning for them. With regard to their experiences with food, two main themes emerged from the data, namely: eating “*for the love of food*” and that “*special meanings*” were attached to food.

For the love of food

For the participants food was not only there just to be eaten. They ate for the anticipated pleasure it brought. Food was associated with strong pleasant feelings. Eating-related pleasure was an essential part of life for them. ¹“*I could*

go on and on eating for days at a time! I am not shy to admit that I love food” (R4). “*Food is a passion in my life*” (R6). “*I love food. I am crazy about it*” (R3).

The findings revealed that the participants’ food preferences and love for food developed in interaction with others during childhood and early adolescence. Participants reported that the family, and especially the mother, played an important role in their love for food. “*It manifests itself in your home environment. The other theory I have is that my mother plays an important role*” (R8). “*So it is always a competition in your house as to who can cook the best food or use new products? Yes, it was always a competition, so the food was always good*” (R10).

Participants further indicated that their love for food affected their eating habits that were shaped during childhood, and they could recall specific circumstances at home that played a role in the way these developed. In many cases, entrenched eating habits often continued into adulthood and married life. “*The eating patterns that you learned as child in your home, you transferred into your marriage. These childhood eating habits are part of your homely environment*” (R8). “*We were taught some eating habits from a young age*” (R4).

It seems that, especially in the case of the participants who were obese as a child, food was seen as something precious – not to be wasted. Food was always accentuated. This value was acquired in early childhood. “*...it was stressed that you do not waste food. That which is on your plate, you must eat. In addition, unfortunately they didn’t dish up small portions. They dished up big portions as if serving adults*” (R9). “*...there was no chance for me leaving food on my plate*” (R13).

During early adulthood, the participants’ food intake was primarily influenced by their growing independence, and food preparation became their personal responsibility. Deterioration of dietary quality became obvious too. It seems as if health and nutrition were not part of their concerns. They just wanted to enjoy all kinds of their favourite food. “*Yes it did go well. It was the good life. You smoked. You did not worry. You are young and you go out with friends. Yes, you only eat cafe food like hamburgers, chips, pies with chips. It is still my favourite*” (R11).

¹ Insertions in italics are an exact but free translation (by the author) of the interviewee’s exact words as recorded in the interview, which was conducted in Afrikaans, the home language of the participant.

Marriage was a life course transition in the lives of these participants during which period the development of obesity was exceptionally important. Food seemed to be a central part of their marital relationship. Participants reported that, in many cases, they had to adapt to new food practices in married life, and that it was indeed a time of dietary change. However, some previous eating habits seem to have been reinstated and drawn into this newly adopted lifestyle with the participants pretending not to care about health issues and their physical appearance. They felt they did not need to care about how they looked any longer, nor did they have a need to impress anyone any more. *"Since I am married, why do I have to go to the gym? Why do I have to lose weight? I have a wife and that is the truth" [and that is all that is there to it] (R7). "I found myself being inclined to put on weight when I got married as my life no longer centred around myself only, but my family too" (R2).*

Most of the wives accepted their obese husbands unconditionally, even if they were obese. They constantly spoil them with good food, felt sorry for them, and did not care about their husband's overweight condition. *"My wife supports me and gives me the right food and so forth, but she feels sorry for me if she sees that I am in the mood for food and I cannot eat it. Then she gives in again" (R14).*

It also seems as if in many cases the wives, as the significant other, had replaced the role of the participant's mother. The men often compared the way their wives prepared food with the way their mothers did, and frequently commented on their own mother's culinary skills. Although the participants did not blame their wives for their obesity, they constantly referred to their wives who spoil them by giving them specially prepared, and often sumptuous, meals. *"My eating habits became worse when we got married" (R2). "... and my wife can cook very well, that I must say and I started gaining weight badly after we got married" (R9). "My wife cooks. Okay, but I do not want to blame her, but she comes from a farm where cooking was done in excess" (R14).*

It seems as if the participants used socialising with friends as an opportunity to increase food intake and for the hedonic experience of food. Cooking for friends was a desirable experience because their friends appreciated their love and passion for food, and had pleasure in watching them preparing the food. This was a meaningful sign for the participants, and they assumed that

their friends accepted them unconditionally. While they were socialising with friends they felt safe and the pleasure of eating with them was a significant priority in their social lives. *"I like making food and when I see people taking a second helping, I know it's a compliment (R1). "Preparing food gave me a sense of feeling secure ... yes, feeling satisfied with myself. In fact as time goes by you become almost addicted, because if you have not eaten well, then you feel down in the dumps". (R3).*

From this evidence there is no doubt that the centrality of food in the lives of the interviewed obese men is quite clear.

The special meanings of food

In applying a symbolic interactionist orientation to explore the obese man's experiences with food, the theme named *the special meanings of food*, came to the fore very strongly. It became clear that, as stated by Rozin (1996:110), "food progresses from being a source of nutrition and sensory pleasure to being a social marker, an aesthetic experience, a source of meaning and metaphor, and often a moral entity". The participants who had been overweight and obese since childhood were the ones who were particularly inclined to attach considerable meaning to food during adulthood. The data revealed that most of the participants' mothers, as a significant other in their lives, played a major role with regard to the meanings that they learned to attach to food. and the fact that food was, in many cases, food was not only used as a social object in the family situation, but it also became a symbol with specific meanings or messages that were communicated to others in the home. It seems as if the participants' mothers specifically used food as a symbol of nurturing, love, care and comfort. *"And ever since childhood when I did well, then she said, "Here, have a chocolate". Then she would say, "Do not cry, have something to eat". One's toe is sore, and you eat. So you were always eating" (R1). "No, that was only mother's instinct: my son got hurt and now he needs to be comforted [by food]. It seems that it is a mother's problem, the nurturing thing. In your later life you still seek it for yourself ... But it [nurturing] puts you sometimes under pressure, you also want to spoil yourself and how do you spoil yourself? You buy yourself something nice to eat" (R8).*

Although some of the wives were concerned about their husbands' weight and really tried to serve healthy food, they also uses the provision

of food as a symbol of love as a means of maintaining a relationship, and in some cases, a manipulating tool in the marriage relationship. "...My wife supports me in a healthy eating pattern. If she is home before me, then she will prepare food which is healthy" (R12). "I can wake my wife at two in the morning and say I want chops and eggs and then she will do it. My wife spoils me constantly and I enjoy it" (R8).

The participants learned during childhood that food served by their mothers was associated with love, comfort and good memories. In their adult lives, these associations, in many cases, still affected their eating behaviour. "If you feel that you are just a bit lazy and want to sit in a heap, you go and quickly get yourself something to eat. At the time you think it is going to make you feel better" (R12). "In times of unhappiness food is a comfort to me. In times of happiness it is a reward" (R4). As a hedonic experience, the obese men seek to repeat in the future, what they have liked or enjoyed in the past. "...I like food that my wife cooks like my mom did ... especially when my mom was still alive we had ...the 'old Auntie' could sure cook! We really enjoyed eating. My mother was a good cook, especially the puddings. She could cook (R11).

It became very clear from the data that, when the participants interacted with reference group others, such as colleagues and friends, food was again used as a symbol to represent their individual selves and an aid in the production of interpersonal relationships. Whether at work or with their friends, food became part of their personal identity as a symbol of the stereotypical manly man and a "jolly good friend". The participants' remarks tended to reflect traditional and stereotypical viewpoints of masculinity that placed food and health promoting behaviours as being of little interest to men. Meat, especially red meat, alcohol and large portion sizes were associated with masculinity. "A man wants a pocket-knife and biltong [dried cured meat]. When you are unhappy, you want biltong with fat on. Yes, it is comfort food. ...but do not tell me to eat white meat without the chicken's skin and boiled vegetables. I am not interested" (R8). "It is great to be seen as a fun guy who joins in and enjoys the eating and drinking. You do it for the sake of belonging. You feel safe for a while. It is your comfort zone. Yes, food is a big factor. For some or another reason, you feel free when you eat with people or other guys. (R3).

The participants are confronted with significant others like their wives who have good intentions

to help them eat in a healthy way. In order to justify their specific food preferences they referred to foods associated with slimming as food men do not want to eat. They also referred to the food prepared by their wives as health food, although only those who had wives who are more health-conscious. The obese men preferred food that men liked. Within this sample of male obese men, an additional meaning to food as a symbol of masculinity emerged. Actually, the motive behind mentioning this was to justify their less healthy food choices in order to protect themselves:... she [my wife] does not want to eat take-aways [fast foods]. Any sign of greasiness makes her nauseous. So we eat less meat and more vegetables. (R12). If my wife cooks, it is the healthy way: vegetables in the oven. No fat, just a little bit of olive oil over it. If it is my turn, I bring take-aways. Then it is pasta or pizza. (R12).

When men interact with others, their remarks tend to reflect traditional aspects of masculinity that place food and health promoting behaviours as being of little interest to men in general, including the participants in this study. They used the food that they eat as a symbol of their masculinity. Meat, especially red meat, alcohol and large portion sizes are associated with masculinity. "...I like a braai. What I do when I braai, I always braai too much meat so that if you want to eat in the evening, there is always a chop left. (R7). ...All my pals usually sit nearby round the kitchen table from the start. They drink wine and so forth. I like making the food and I see people taking a second helping. They do not need to say anything because I know it [they are clearly enjoying the food I prepared] is a compliment. (R1).

Food and eating became a symbolic and emotional object with specific and sometimes subjective meanings. Unfortunately, the participants' experiences of love for food, of good memories, positive emotions and special meanings, also had a sad side – an uncontrollability of the situation, eventually obesity and a feeling of helplessness. "You know it is wrong, you know it is not good for you, but you think what the hell, there's nothing I can do about it! I can't walk any way. Do not give me a chicken breast and broccoli. Give me a piece of red meat with fat on - it's so much tastier" (R1). "You overate again. You do not feel good. You know what you did was wrong. You feel bad about yourself" (R3). "The doughnut you had in-between meals becomes broccoli when you add the calories later the day. I think one can draw a

line between alcoholism and overeating; they are basically the same type of thing" (R1).

DISCUSSION

From a symbolic interactionist point of view food can be seen as a social object, as it is isolated, can be pointed out, categorised, interpreted and given meaning through social interaction. Through interaction with others (significant, generalised and reference group others) people learn what things are (in this case food), what it is good for, how it is used and what it means in life (Charon, 1998:67). The obese man's eating habits and the meaning that food, as a social object, has for him cannot be separated from interaction with others such as his nuclear family during childhood and adolescence, his married partner and work colleagues and friends in adulthood.

The obese man's eating-related pleasure is an essential part of life for him (Gearhardt, *et al*, 2012) The effort he puts into food preparation reminds one of what Macht *et al* (2005:147) said about food preparation: "it should be remembered that hedonic eating is preceded by anticipating cognitions and preparatory behaviours that are associated with the joy of anticipation".

The development and establishment of food habits that could influence health negatively, takes place during childhood and early adolescence (Wardle, 1995; Holsten *et al*, 2012). However, the obese man's life course food trajectory includes not only food choices and experiences, but also thoughts (the meanings attached to food), feelings and strategies associated with those choices, and the change in social circumstances that takes place (Devine, 2005). In many cases, these eating habits continue into adulthood and married life (Bandura, 1998; Wardle, 1995). The mother can be seen as the primary caretaker and provider of food (Campbell *et al*, 2007; Carnell *et al*, 2011). The meaning she attaches to food can therefore be transferred to the children. It seems that, especially in the case of the obese man who was obese as a child, food was seen as something precious and that should not be wasted.

The obese man learned during childhood that food served by his mother was associated with unconditional love, comfort and good memories. If people learn something in a given mood or emotional state, they will remember it later if

they are in a similar mood (Eich *et al*, 2000:93). Thus, it seems as if feelings and emotions may influence a person's memories, thoughts, judgments and actions (Eich *et al*, 2000:87). People's past and on-going sentimental experiences like emotions, moods and other subjective states like pleasure and pain, liking and disliking, guide their decisions in their everyday life. In terms of hedonic experiences, the obese man seeks to repeat in the future, what he has liked or enjoyed in the past and he extracts meaning from it to give direction to his current food activities. He does this by evaluating (appraising) certain past sentimental experiences and even try harder to repeat experiences that include high-meaning and positive effects, (Frederickson, 2000). Sensory pleasures and experiences of love are both positive emotional states although experiences with love will be valued more. When past experiences include both love and sensory pleasures, they will be remembered in a positive way (Frederickson, 2000).

An important component of marital food choice is food differences based on gender. There are numerous stereotypes associated with food and eating that are usually culture-based, and this attribute immediately gives food a different meaning. One of the most consistently observed is the gender stereotype. According to this view, femininity and masculinity are primarily associated with specific foods (Bove *et al*, 2003; Mooney & Lorenz in Kimura *et al*, 2009). In the association of femininity and masculinity with specific foods, health value, as well as fat and kilojoules content, are important. The individuals who are described as consuming feminine foods are evaluated as being more feminine (they lack masculinity) than those described as consuming masculine foods. The food choice of the obese man will say something of his self in terms of healthy/unhealthy eating (Nemeroff & Rozin in Kimura *et al*, 2009). It is apparent that, on entering marriage, the health value of a man's diet is either improved or degraded by including more female foods or adapting wrong eating habits as coming from the wife as significant other (Bove *et al*, 2003). At the same time, the obese man wants confirmation for his gender identity, and eating "masculine" foods with his friends gives him the feedback he needs for his vulnerable self with negative implications for his health.

Against such a viewpoint, it is therefore clear that how the individual thinks about food could lead to specific eating behaviour, or a change of behaviour.

From a symbolic interactionist point of view, emotions are seen as embedded in, and arising out of, social behaviour processes and relationships. Emotions emerge and are expressed through interaction with others when a special situation or stimulus is defined or interpreted. It also shapes the self-understanding experience (Charon, 1998:66; Sandstrom *et al*, 2006:48). Emotions can therefore not be separated from cognition or from actions. An emotion has the properties of a reaction and often has a particular cause (Eich *et al*, 2000:87). Sandstrom *et al* (2006:218) note that emotions such as joy, passion and love (including love of food) are tied to social behaviour, social position and interaction, but have to be interpreted in terms of symbols and social categories. The emotions that food evokes in the obese man can therefore not be separated from the meanings that he attaches to food.

Symbols are meaningful and the user understands what they signify (Charon, 1998:67). In the case of the obese man, the mother used food to convey certain messages to the child. Food now becomes even more important because now it has specific meaning. When using food as a symbol the obese man does so intentionally and tries to communicate to others what he feels, what he is and what he thinks. (Sandstrom *et al*, 2006:30). He also communicates with himself in terms of the meaning of food (Sandstrom *et al*, 2006:48).

Due to the fact that the obese man has learned to use food as a symbol of love, caring and comfort, food will provide those needs. Locher *et al* (2005) postulate that, on the micro-level, food may enable people to manage difficult circumstances and distressing emotions, by recalling past experiences of affection and closeness with others. For the obese man there is a strong interrelationship between his food-related behaviours, the emotions that food evokes in him and the messages that he attaches to food. It almost reminds one of the viewpoints of the father of symbolic interactionism, Herbert Mead: "Man is body, soul and mind" (Mead, 1934:136). In the case of the obese man, this interplay unfortunately leads to (as it seems) an uncontrollable end – obesity!

CONCLUSIONS AND IMPLICATIONS

This article has highlighted the complexity of the obese man's experiences with food. It specifically explored the social and emotional role of

food in the life course of the obese man, the meanings that he attaches to food during the various life stages, and the role that these meanings play in his present eating behaviour. Symbolic interactionism and life course perspectives were combined to shed light on the phenomenon. This approach revealed a dynamic interplay between the obese man's food-related behaviours, the emotions that food evokes in him and the messages that he attaches to food. Food means different things for the obese man in the different life stages. Symbols attached to food in childhood, like using food as a reward or comfort, may continue into adulthood. When food is emphasised too much in the home environment as a means of sending messages, it can become a self-incentive reward and coping tool. Care should be taken to ensure that food has its rightful place in a person's life and not be an emotive crutch. The findings have revealed evidence of this in the lives of obese men and pointed out the possible negative effects.

During adulthood, food symbolises acceptance and success in the market place. Office parties and business lunches put his weight trajectory in a negative direction. His passion for food is reflected in his socialising and food preparation for friends who acknowledge and accept him for who he is. He uses gender food stereotyping to justify his unhealthy food choice. Unfortunately, this has a negative impact on his weight and as his overweight problem deteriorates. It has a negative impact on his health and well-being.

LIMITATIONS AND RECOMMENDATIONS

Even though the participants were in different life course stages, the distribution of participants in each stage was not even. Participants were all white males. Men from other culture groups may experience obesity in a different way due to varying cultural expectations and values. Further research should be encouraged and expanded to other groups – considering ethnic, gender, age and socio-economic status attributes. A better understanding of the obese man's experience with food can help with a more holistic approach for preventative and therapeutic interventions and a deeper understanding of obesity.

REFERENCES

- ARCHER, E. 2002. Introduction to ATLAS.ti. 2nd Edition. Pretoria. Photostat.

- BANDURA, A. 1998. Health promotion from the perspective of social cognitive theory. *Psychology and Health* 13:623-649.
- BLUMER, H. 1969. *Symbolic interactionism: perspective and method*. Englewood Cliffs, New Jersey. Prentice Hall.
- BOVE, CF & SOBAL, J. 2011. Weight relationships in early marriage: weight salience, weight comparisons, and weight talk. *Appetite* 57: 729-742.
- BOVE, CF, SOBAL, J & RAUSCHENBACH, BS. 2003. Food choices among newly married couples: convergence, conflict, individualism, and projects. *Appetite* 40:25-41.
- BRYANT, EJ, KING, NA & BLUNDELL, JE. 2007. Disinhibition: its effects on appetite and weight regulation. *Obesity Reviews* 9:409-419.
- CAMPBELL, KJ, CRAWFORD, DA, SALMON, J, CARVER, A, GARNETT, SP & BAUR, LA. 2007. Associations between the home food environment and obesity-promoting eating behaviours in adolescence. *Obesity* 153:719-730.
- CARNELL, S, COOKE, L, CHENG, R, ROBBINS, A & WARDLE, J. 2011. Parental feeding behaviours and motivations. A qualitative study in mothers of UK pre-schoolers. *Appetite* 57 3:573-844.
- CHARON, JH. 1998. *Symbolic interactionism: an introduction, an interpretation, and integration*. 6th Edition. Englewood Cliffs, New Jersey. Prentice Hall.
- CHRISTIANSEN, B, BORGE, L & FAGERMOEN, SF. 2012. Understanding everyday life of morbidly adult-habits and body image. *International Journal of Qualitative Studies in health and Well-being* 7:17255-17264.
- CRESWELL, JW. 1998. *Qualitative inquiry and research design. Choosing among five traditions*. London. Thousand Oaks Sage.
- DENNIS, A & MARTIN, PJ. 2005. Symbolic interactionism and the concept of power. *The British Journal of Sociology* 562:191-213.
- Da SILVA, SS & Da COSTA MAIA, A. 2012. Obesity and treatment meanings in bariatric surgery candidates: a qualitative study. *Obesity Surgery* 1007s: 11695-012.
- DESMET, PMA & SCHIFFERSTEIN, HNJ. 2008. Sources of positive and negative emotions in food experience. *Appetite* 50:290-301.
- DEVINE, MD. 2005. A life course perspective: understanding food choices in time, social location, and history. *Journal of Nutrition Education and Behaviour* 373:121-128.
- EICH, E, KIHSTROM, JF, BOWER, GH, FORGAS, JP, & NIEDENTHAL, PM. 2000. *Cognition and emotion*. New York. Oxford University Press.
- ELDER, JR, GH. 1998. The life course as developmental theory. *Child Development* 691:1-12.
- FLYNN, MAT, MCNELL, DA, MARLOFF, B, MUTASINGWA, D, WU, M, FORD, C & TOUGH, SC. 2006. Reducing obesity and related chronic disease risk in children and youth: a synthesis of evidence with "best practice" recommendations. *Obesity Reviews Supplement* s1:7- 66.
- FREDERICKSON, BL. 2000. Extracting meaning from past affective experience: the importance of peaks, ends, and specific emotions. *Cognition and Emotions* 144:577-606.
- GEARHARDT, AN, WHITE, MA, MASHEB, RM, MORGAN, PT, CROSBY, RD & GRILO, CM. 2012. An examination of the food addiction construct in obese patients with binge eating disorder. *International Journal of Eating Disorders* 45: 657-663.
- GLASS, TA & MCATEE, MJ. 2006. Behavioural science at the crossroads in public health: extending horizons, envisioning the future. *Social Science and Medicine* 627:1650-1671.
- GOFFMAN, E. 1963. *Stigma: notes on the management of spoiled identity*. New York. Prentice Hall.
- GOULDING, C. 2004. Grounded theory, ethnography and phenomenology. A comparative analyses of three qualitative strategies for marketing research. *European Journal of Marketing* 393/4:294-30.
- GROVEN, KS, RAHEIM, M, & ENGELSRUD, G. 2010. "My quality of life is worse compared to my earlier life". *International Journal of Qualitative Studies in health and Well-being* 5:5553-5568.
- HEINZ, WR & MARSHALL, VW. 2003. *Social dynamics of the life course. Transitions, institutions and interrelations*. New York. Aldine de Gruyter.
- HENNING, E, VAN RENSBURG, W & SMIT, B. 2005. *Finding your way in qualitative research*. 1st Edition. Pretoria. Van Schaik.
- HOLSTEN, JE, DEATRICK, JA, KUMANYIKA, S, PINTO-MARTIN, J & COMPER, CW. 2012. Children's food choice process in the home environment. A qualitative descriptive study. *Appetite* 581:64-73.
- JEON, Y-H. 2004. The application of grounded theory and symbolic interactionism. *Scandinavian Journal of Caring Sciences* 183:249-256.
- KIM, S & POPKIN, BM. 2006. Commentary: understanding the epidemiology of overweight and obesity – a real global public health concern. *International Journal of Epidemiology* 35:60-67.
- KIMURA, A, WADA, Y, GOTO, S, TSUZUKI, D,

- CAI, D, OKA, T & DAN, I. 2009. Implicit gender-based food stereotypes. Semantic priming experiments on young Japanese. *Appetite* 52 (2): 521-524.
- KIRSTEN, AP & MARAIS, D. 2013. The influence of socio-demographic factors on the nutritional status of children in the Stellenbosch area, Western Cape. *South African Journal of Clinical Nutrition* 6(3): 124-131.
- KRUGER, HS, PUOANE, T, SENEKAL, M & VAN DER MERWE, MT. 2005. Obesity in South Africa: challenges for government and health professions. *Public Health Nutrition* 85:49-500.
- KVALE, S. 1996. *Interviews: an introduction to qualitative research interviewing*. London. Sage.
- LOCHER, JL, YOELS, WC, MAURER, D & VAN ELLS, J. 2005. Comfort foods: an exploratory journey into the social and significance of food. *Food and Foodways* 134:273-297.
- MACHT, M, MEININGER, J & ROTH, J. 2005. The pleasures of eating: a qualitative analysis. *Journal of Happiness* 6:137-160.
- MACINTYRE, UE, VENTER, CS, KRUGER, A & SERFONTEIN, M. 2012. Measuring micro-nutrient intakes at different levels of sugar consumption: the transition and health during urbanisation in South Africa THUSA study. *South African Journal of Clinical Nutrition* 253:122-130.
- MEAD, GH. 1934. *Mind, self, and society*. Chicago. University of Chicago Press.
- MOEN, P, ELDER JR, GH & LUSCHNER, K. 1995. *Examining lives in context: perspectives on the ecology of human development*. Washington DC. American Psychological Association.
- MULLER, MJ, ASBECK, I, MAST, M, LANGNASE, K & GRUND, A. 2001. Prevention of obesity – more than an intention. Concept and first results of the Kiel obesity prevention study KOPS. *International Journal of Obese Related Metabolic Disorders* 25Supplement 1:S66-74.
- NEWCOMB, E, MCCARTHY, MB, CRONIN, JM & MCCARTHY, SN. 2012. "Eat like a man". A social constructionist analysis of the role of food in men's lives. *Appetite* 59:391-398.
- ROZIN, P. 1996. Towards a psychology of food and eating: from motivation to module to model to marker, morality, meaning, and metaphor. *Current Directions in Psychological Science* 51:18-24.
- SANDSTROM, KL, MARTIN, DD & FINE, GA. 2006. *Symbols, selves and social reality: a symbolic interactionist approach to social psychology and sociology*. 2nd Edition. Los Angeles. Roxbury.
- SMIT, B. 2002. ATLAS.ti for qualitative data analysis. *Perspectives in Education* 203:65-76.
- SMITH, LH & HOLM, L. 2011. Obesity in a life-course perspective: An exploration of lay explanations of weight gain. *Scandinavian Journal of Public Health* 39:396-402.
- SOUTH AFRICAN INSTITUTE OF RACE RELATIONS. 2013. Press Release. February 2013. Sunday Times 6 February 2013.
- STARKS, H & TRINIDAD, SB. 2007. Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research* 1710:1372-1380.
- STORY, M, KAPHINGST, KM, ROBINSON-O'BRIEN, R & GLANZ, K. 2008. Creating healthy food and eating environments. Policy and environmental approaches. *Annual Review of Public Health* 291:253-272.
- SVENNINGSSON, I, HALLBERG, LR-M & GEDDA, B. 2011. Health care professionals meeting with individuals with type 2 diabetes and obesity: balancing coaching and caution. *International Journal of Qualitative Studies for Health and Well-being* 6:7129-DOI.
- TRAVIS, F, ARENANDER, A & DUBOIS, D. 2004. Psychological and physiological characteristics of a proposed object-referral/self-referral continuum of self-awareness. *Conscious and cognition* 13:401-420.
- VAN DER MERWE, M-T & PEPPER, MS, 2006. Obesity in South Africa. *Obesity Reviews* 7: 315-322.
- VAN DER SPUY, E, DE KLERK, HM, KRUGER, R. 2003. The development of a social-cognitive model for better understanding of the female adolescent suffering from anorexia nervosa. *Journal of Family Ecology and Consumer Sciences* 31: 30-39.
- WARDLE, J. 1995. Parental influences on children's diet. *Proceedings of the Nutritional Society* 54:747-758.
- WARDLE, J & COOKE, L. 2005. The impact of obesity on psychological well-being. *Best Practice & Research Clinical Endocrinology & Metabolism* 193:421-440.
- WETHINGTON, E. 2005. An overview of the life course perspective: implications for health and nutrition. *Journal of Nutrition and Education* 37:115-120.
- WILLIS, K, DALY, J, KEALY, M, SMALL, R, KOUTROULIS, G, GREEN, J, GIBBS, L, & THOMAS, S. 2007. The essential role of social theory in qualitative public health research. *Australian and New Zealand Journal of Public Health* 315:438-443.