

IUNS-AGEV-BFE-Workshop:

Impact of changing food choice and habits on nutritional status in European Countries

Freising - Munich, 21.-22.10.1995

Joachim Westenhoefer

Fachhochschule Hamburg, Fachbereich Ernährung und Hauswirtschaft

*Food choices to promote healthy body weight and to prevent obesity and eating disorders*

Many consumers have strong motivations to change their diets and food choice. However, such motivations are most often not directly related to an improvement of health. In the German public the concern about body weight and the fear of contaminants in food are two prominent motivations.

The fear of contaminants in food results on the one hand in temporal patterns of avoidance, when the consumption of those foods which are the target of food scandals sharply declines, but returns to regular levels, usually within one year. On the other hand, such fear is part of a more general pattern of food choice which favours the use of „organic food“. The ideology of this motivation often includes scepticism about industrialisation or even Enlightenment and rationalism and the wish to return to more natural and primitive circumstances of live. Unfortunately, we do not know very much about the distribution of such motivations, their relation to other cultural phenomena, and last, not least their impact on eating behaviour and nutritional status.

The concern about body weight is primarily driven by the cultural ideal of slenderness and youth, and does not necessarily aim at the achievement of a healthy body weight. This cultural ideal is reflected in fashion and mass media, and is settled at the border between normalweight and underweight.

This cultural ideal of slenderness may be counterproductive from a health perspective, because it leads many people to adopt problematic eating patterns. During the 1970s, such eating patterns, called „restrained eating“ or „latent obesity“, have been intensively described and investigated. The occurrence of the then „new“ clinical eating disorder bulimia nervosa during the end of the 1970s and beginning of the 1980s drew the attention at the relationship between restrained eating and this eating disorder, suggesting that dietary restraint may contribute in a causal way to bulimia and binge eating.

On the other hand, the intention to restrict food intake in order to promote weight loss or to prevent weight gain, i.e. restrained eating, is practised by many overweight and obese people without the desired result, and indeed, the results of obesity treatment are still desperately far from what could be considered as sufficient. During the last years we learned to distinguish two forms of restrained eating, one called rigid control of eating behaviour, the other flexible control of eating behaviour. Evidence has accumulated that rigid control contributes to the development of eating disorders and is not helpful in long-term weight control while flexible control helps in long-term weight control and seem to have some protective effect regarding the development of disturbed eating patterns. Unfortunately, many overweight individuals choose spontaneously rigid patterns of control and many if not most treatment programmes consist of elements of rigid control, whereby possibly aggravating the problems of the patients.

From this perspective we urgently need to learn, how people who successfully reduce their body weight over a longer period of time manage to do so. As a matter of fact, we do know almost nothing about successful weight reducers. We do not know about their motivations, their behaviours, and how they are different from people who try but are not successful. We do not even know, how many people - if any at all - manage to achieve such long-term weight reduction.

Since treatment of overweight or obesity seems to be desperately ineffective at the present time, there is an urgent need for effective measures of prevention. Unfortunately again, little is known about effective measures. Data from Germany show, that current attempts of nutritional education or nutritional information have led to the feeling of being misinformed: information is judged to be contradictory, partial, difficult to understand, and not enough. On the other hand, people learned the nutrition has something to do the health. They learned to distinguish between healthy and unhealthy food, but obviously this distinction has not changed actual food choice very much: people eat the same food as before, but now they do it with feelings of guilt. Therefore, research that aims at the development of measures of obesity and eating disorder prevention and the behavioural validation of such measures should be a priority area in the future.