Overeating, Edible Commodities and the Global Industrial Diet: How Somaesthetics Can Help Psychology and Nutrition

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Abstract: *The clinical disciplines of psychology and nutrition have both arguably failed to prevent or curtail widespread obesity and overeating. One reason for that may be that the bifurcation of the two disciplines as part of a broader Cartesian tradition, discouraging body consciousness and ultimately undermining personal well-being and public health. Somaesthetics has much to offer in reconciling the two disciplines into a unified philosophy and practice of body-mind awareness, in that it speaks to the biological, cognitive, and health sciences as fluently as it does to the humanities. Somaesthetics as a translational bridge between these two applied disciplines promises an approach in which body, mind, and culture are thoroughly integrated.*

Keywords: *psychology, nutrition, overeating, public health*

Psychology and nutrition have both arguably failed to prevent or curtail widespread obesity and overeating. How can this be when both disciplines have devoted vast resources and intellect to the understanding and promotion of well-being? I argue here that it is the bifurcation of the two disciplines as part of a broader Cartesian tradition that has discouraged body consciousness and ultimately undermined personal well-being and public health. Somaesthetics has much to offer in reconciling the two disciplines into a unified philosophy and practice of body-mind awareness.

From its beginnings, psychology has danced and twirled around mind-body dualism, culminating in a contemporary discipline and applied practice which elevates both brain and mind above body. Applied clinical psychology in particular has followed the Platonic tradition of devaluing the body as a negative presence and has effectively relegated somatic experience to the trash heap of psychopathology. This configuration of the self comes at a heavy price. It is both an agent and beneficiary of consumer culture, leading to a fraught and disconnected experience of the body which has ultimately invited in the Trojan horse of industrial foods or "edible commodities" (Winson, 2013), leading to widespread overeating and a vast and troubling public health crisis.

Consumption of such industrial foods creates a cycle of consumerism that reinforces mind-body dualism because the ills of overeating and overweight are then "treated" through other consumer products such as pills and diets, serving to even further distance us from an integrated mind-body experience. Big Food, Big Pharma, and the so-called "fitness industrial complex" (New Body Ethic, 2014) are all bedfellows with psychology in the disavowal of meaningful somatic experience, perpetuating both mindless consumption and the desire to control the body as an object to be viewed and tamed. Much as somaesthetics has offered philosophy an integrated model of self in which the body is a locus of sensory-aesthetic appreciation and creative self-

fashioning, it stands to offer the disciplines of psychology and nutrition a means to bridge the phenomenological disconnect between subjective mental life and the lived body.

Richard Schusterman has argued that the term body-mind ought not to speak to two different entities, but should more aptly express "their essential union, which still leaves room for pragmatically distinguishing between mental and physical aspects of behavior and also for the project of increasing their experiential unity"(2006, p. 2). Yet the fragmenting of psychology and nutrition into separate disciplines has arguably prevented such an essential union, particularly because of the widespread practice of talk therapy we see today, in which the central focus is on cultivating the introspective, highly verbalized cognitive self. Not only does somaesthetics offer a compelling paradigm in which to unify psychology and nutrition, but it is also in the spirit of the somaesthetics movement to advance an interdisciplinary, integrative research and practice which recognizes that mind, body and culture are deeply codependent.

Of course the challenge in advancing such a unified model of psychology and nutrition is that the dominant paradigms which have split mind and body are now deeply entrenched into the collective unconscious and reinforced culturally and commercially. I shall argue that psychology's complicated relationship with somatic experience has ultimately conspired with consumer culture to detach us from the body by elevating mind and brain, pathologizing somatic experience, promoting consumerism, and creating a terrain in which Big Food and edible commodities have become ubiquitous. Allow me to illustrate with a clinical case study:

For the past several years I've worked with a patient whom I'll call Sarah. Formerly a competitive athlete, Sarah slowly put on about fifty pounds after getting married, then suffered a serious bout of clinical depression, and finally discovered a treacherous infidelity that resulted in her husband leaving her for one of her friends. When Sarah first came to me she described herself as someone suffering from a serotonin imbalance. She perceives this imbalance as the cause for her depression and views her weight gain as a symptom or secondary effect of depression. In addition to meeting with me for psychotherapy, she meets with a dietitian and personal trainer weekly and she sees a psychiatrist monthly for prescription anti-depressants. Although I have made her aware that I specialize in nutrition and overeating, Sarah consistently rejects any help I offer in the domain of diet. In these rejections she usually states that it is the dietitian's role to help her with food and that she wants to allocate our time toward "understanding herself." This notion that a psychologist ought not to meddle in the domain of the body is a belief I've repeatedly encountered among my clinical patients.

A second, but related challenge is that many of the nutritional interventions I have to offer Sarah are nothing more than old-fashioned wisdoms like "eat less food", which fall flat in the consumer marketplace of flashy diets with prices and packaging that promise magic to those seeking consumer seduction. Sarah purchases countless nutritional supplements in the form of pills, drinks, bars, gummies, powdered shakes and elixirs. When she talks about these products she describes them as able to speed up her metabolism, burn fat, increase muscle mass, suppress appetite, increase energy, improve skin and even increase pheromone production (in spite of the fact that scientists have never proven that humans even have pheromones (Wysocki & Preti, 2004)). It seems that the more expensive these products are, the more likely Sarah is to buy them — likely because the price tag enhances the fantasy of change through magic. These products tell beautiful lies, but lies they are. Unsurprisingly, Sarah has not lost weight, nor has she become less depressed, nor improved her well-being. To the contrary, she is more miserable than ever. Looking at this clinical picture, we can see the problematic way in which she has assigned the body to the domain of dietitian and personal trainer and assigned mind to the domain of psychiatry and psychology, further bifurcating lived experience and neurochemistry

into mind and brain. These multiple bifurcations not only prevent her from improving, but I believe that it is this very fragmentation of her corporeal and conscious selves that has been a cause for her depression and overeating. Further reinforcing her thinking is the surrounding economic and cultural framework that has turned the practices of nutrition and psychotherapy into marketplace enterprises with regulation favoring consumerism over well-being.

I. Psychology and the Body

While a history of psychology's relationship to the body is outside the scope of this article, it is safe to say that it has been a fraught one. With the exception of the existential-phenomenological tradition influenced by Husserl, American psychology has largely promoted a highly cognitive form of introspection and treatment. This originated in Freud's model of the self characterized by unconscious pre-verbal instinctual drives in conflict with the conscious control and adaptations of the verbal ego. Freud's model was also likely influenced by what Shusterman refers to as the hypochondriacal Kantian-Jamesian rejection of somatic introspection in which somatic reflection was thought to harm both mind and body with the conclusion that it was better to ignore the physical sensations of the body (2008).

Taken together, these forces have shaped the research and practice of clinical psychology and in particular the historic relegation of hysteria and neurasthenia into lower-order "primitive" disorders, compared to the higher order ruminative disorders of the educated worried well. This split persists today in the current psychiatric diagnostic manual in which conditions like depression are defined principally as cognitive and affective experiences characterized by subjective feelings of sadness and thoughts of worthlessness and guilt; whereas accompanying somatic experiences such as sleeplessness and lack of appetite are viewed as secondary symptoms (American Psychiatriac Association, 2013). In contrast to Westerners; however, many cultures in the world experience depression more saliently through the body rather than through the verbalized subjectivities of the mind (Tseng & Streltzer, 1997; Watters, 2010).

It was during the rise of American psychology in the post-WWII period that the highly individualized, bounded masterful self became the focus of attention and treatment. In his article *Why the Self is Empty* (1990), Phillip Cushman argued that Westerners have what is a historically unprecedented notion of ourselves as individuals. It was "during the beginnings of the modern era in the 16th Century, the Western world began to shift from a religious to a scientific frame of production, from a rural to an urban setting, and from a communal to an individual subject" (p. 600). He noted that we have come to view ourselves as self-contained and highly individualized beings, characterized by free will and mastery over the environment, rather than as a small part of a collective entity with perhaps a predetermined destiny. It is quite difficult for us to see that our notion of ourselves – of what it means to be human – is so culturally and historically specific.

Our very proximity to ourselves creates a blind spot. It *feels* as though people might have always thought of themselves as having free will, as being highly individualized and unique, but this is a relatively new development in the course of human history. In just the past century or less, "….Americans have slowly changed from a Victorian people who had a deeply felt need to save money and restrict their sexual and aggressive impulses….to a people who have a deeply felt need to spend money and indulge their impulses" (p. 600). Social theorist Zygmunt Bauman further argues that the protestant work ethic which gave rise to industrialism has now been displaced by a 'consumer ethic' in which "consumption, not only expands to fill the identity vacuum left by the decline of the work ethic, but it assumes the same structural significance that

work enjoyed at the high noon of modernity" (Gabriel & Lang, 2006, p.84). We can think of the empty self then as embedded in and caused by a capitalist, consumer-driven society which encourages impulsivity and indulgence, while at the same time discouraging self-regulation, discipline, and thrift.

The emergence of the empty self coincided with two other phenomena: the rise of cognitive psychology and the emergence of the culture of narcissism (Lasch, 1980), both further elevating a highly verbalized, cognitive self characterized by consumerism, self-interest, and detachment from somatic experience. Contrary to the reigning biological explanations for overeating and obesity, if we begin with this philosophical approach in understanding the configuration of selves and how we imagine our own selves in this specific place and time, we then have a more nuanced tableau to understand our relationship with food, material culture, nature, technology, and other living beings. In other words, this historic shift in the Western self-concept to that of maximizing one's individual needs and desires was a key element in paving the way for the heightened consumption of food and material goods that typifies the age of affluence. "The post-World War II self thus yearns to acquire and consume as an unconscious way of compensating for what has been lost: It is empty" (p. 600). That we can experience these cultural ills, such as loss of community or shared meaning, as individual deficiencies, such as anxiety or depression, is one of the prerequisites for widespread overconsumption. As we increasingly have come to believe that our problems, ranging from clinical disorders to more diffuse feelings of emptiness, are housed within our bounded selves, we have turned toward the individual consumption of pills, consumer goods, and food to "treat" those ills.

This is in essence the Western, industrialized, urbanized self which is held up today as an ideal by American psychology and is increasingly becoming a globalized self exported far and wide. On the one hand, the practice of psychotherapy emerged to treat this empty self, but we could also argue that it had just as much a hand in creating it. As the empty self became the culturally codified self of the American consumer middle class, it was inevitable that several industries would emerge in response (Cushman, 1990), including the diet business, cosmetic industry, self-help gurus, and the enterprises of psychology and nutrition. In particular, it is the widespread practice and sale of psychotherapy that has further constructed a highly verbalized, disembodied self in which mental preoccupation and introspection is exalted as cathartic, therapeutic, and self-actualized.

As various forms of cognitive and cognitive-behavioral psychotherapies have elevated the verbalized self, they have meanwhile relegated so called "mind-body treatments" to the fringe, largely because they do not have a large body of supporting empirical validation and are therefore not "evidence-based" treatments reimbursable by insurance companies. While there are many good reasons to advance (and reimburse) empirically validated treatments, validation itself begets its own momentum through the system of research funding and academic tenure and promotion, such that cognitive talk therapy is now nearly the only game in town. The danger; however, in allowing cognitive psychology to prevail unchallenged as the dominant therapeutic model is that the logical corollary is that the true self must be the mind alone. As Shusterman argues, "once we accept that the true self must be the mind or soul alone, consequently that self-knowledge and self-cultivation have nothing to do with cultivating bodily knowledge and consciousness" (Shusterman, 2008). Anecdotally I can say that the vast majority of my psychotherapy patients over the years posses limited body consciousness. Most attention to the body is often organized through commercial and cosmetic messages focused on slenderness and muscularity as performative outcomes.

More recently, neuropsychology, the other reining dogma of the discipline has further elevated

brain above mind. Disavowing its humanistic roots, the American Psychological Association for example, launched a campaign promoting psychology as a science and declaring the 2000's as the decade of the brain (Fowler, 2000). Psychiatry too has jumped on this bandwagon and sought to neurologize all human suffering in its diagnostic manual. This has served to not only further disembody brain and mind, but has created the terrain for the pharmaceutical industry to promote the myth of the chemical imbalance — an explanatory model for psychopathology which places the locus of emotional regulation in neurotransmitters, leading the general public to believe that pills are the only mechanism for neurochemical alteration. Allowing Big Pharma an intellectual monopoly over neurotransmitter regulation has obscured the fact that we ourselves are incredible agents of control over our own neurotransmitter activity, through exercise, sunlight, sex, and aesthetic experience.

When Cushman first hypothesized the empty self in 1990 he surely could not have imagined the boundless emptiness awaiting us in the form of social media and technology. I might describe this "new empty self" model as one characterized by the ruminative, discursive mind engaged in speculative self-consciousness mediated by technology and digital interactions. What I mean by this is that as people increasingly define and experience themselves online and through social media, this two-dimensionalized digital self serves as a further means to disembody lived experience and create a highly ruminative inner world. In fact, over the past fifteen plus years of practicing clinical psychotherapy with a wide variety of folks presenting an equally wide variety of complaints, a single word emerges with striking frequency: rumination.

I've come to think of rumination as the ultimate prison of the mind. It is an experience that most people describe as a low grade, inescapable torment and I believe that it is the inevitable consequence of mind-body dualism and the disavowal of the body. While a tendency toward rumination is probably part of the human condition, I have a hunch that that the forces of our culture and the configuration of the self I have described have together exacerbated our tendency toward rumination. Of course the irony here is that philosophy's disavowal of the body was largely rooted in the belief that corporeality was a prison or distraction, or at the very least an unpleasant reminder of one's finitude. Yet in its disavowal of corporeality, philosophy was complicit in creating this prison of mind we now know as rumination. The ruminative mind as we currently know it is then an inevitable consequence of the self created by Western philosophy, further sustained by American psychology, and compounded by media and technology. In clinical parlance, it is rumination that fuels the highly verbalized pathologies of the DSM, namely the widely diagnosed Mood and Anxiety Disorders. Contrary to the Jamesian belief that somatic self-consciousness causes depression; however, contemporary research has shown the opposite: that cognitive rumination is a cause of anxiety and depression (Nolen-Hoeksema, 2000).

It is this configuration of the ruminative empty self residing in the culture of consumerism, knowledge work, technology, and urbanization which taken together, disconnect us from food sources, the use of tools, nature, and the use of the body for transit, aesthetic experience, and self-awareness. With that in mind, let us now turn to food.

II. Mindless Eating as Failure of Body Consciousness

The elevation of the verbalized, cognitive self and the devaluation of the body as an object to be managed and tamed together created the perfect conditions for the Trojan horse of industrial foods or "edible commodities". In fact, the rise of consumer culture and the emergence of the empty self were part of the same cultural forces that also resulted in developments in food science

which profoundly changed the composition of the American diet. Just as psychology began to promote an increasingly verbalized self focused on introspection, pleasure and happiness; food scientists began offering delicious convenience foods which divorced the labor of cooking from the enjoyment of eating.

Early food science and marketing began in earnest in the post-Second World War era. It was just after the war that the food industry began developing convenience foods, and in 1954 Swanson TV dinners fulfilled two post-war trends: the lure of time-saving modern appliances and the fascination with a growing innovation: the television. More than 10 million TV dinners were sold during the first year of Swanson's national distribution (Smith, 2009). Looking at TV dinners and then later at fast food, it is clear that these new food habits expressed a changing sense of self that prioritized mobility, efficiency and increased individualism. While these culinary developments reflected cultural and economic changes, they also became antecedents for decreased body consciousness, further distance from food sources, depersonalization of food preparation, and ultimately: overeating, overweight and obesity.

As the American consumer responded enthusiastically to convenience foods, the food scientists who invented them quickly realized that they were sitting on a goldmine. Initially these scientists were focused more on food preservation, food safety, and the development of time-saving options such as instant pudding and frozen dinners, but there was a later shift toward improving favor quality and palatability. This eventually evolved into a highly competitive industry chasing the newest flavor discoveries for the hungry and wealthy American public. Today many food scientists are locked in a fierce battle, referred to as The Great Flavor Rush (Khatchadourian, 2009) in which they are trying to predict and create the next big flavor. While certainly there were branded foods dating back to the better part of the 19th century, there was not the extensive library of manufactured flavors on grocery store shelves as there is today. Nowadays much of our food is created in laboratories such as Givaudan, where food scientists carefully develop and test flavors, colors, and brand names. This highly processed industrial food is such a dominant part of the food landscape that it is virtually impossible to disentangle it from the culture of consumerism.

While certainly the enjoyment of food can and should be part of healthy body consciousness, these foods of the global industrial diet arguably undermine body consciousness. In fact, it is safe to say that much of food science is devoting to disabling body consciousness. These edible commodities distance us from an authentic somatic experience of food because they are engineered to be essentially pre-digested. Not only that, but by offering cheap and rapid hedonic reward they make us want more. Consumer culture and technology then conspire against body consciousness in that these foods keep us from feeling satisfied and therefore ultimately serve to increase consumption. By design they create a disturbed overstimulation which we can see most clearly in conditions like the life-threatening metabolic dysregulation of diabetes.

Yet the food industry must constantly convince people to eat more in order to satisfy its stockholders (Nestle, 2002), but unlike other industries which enjoy the benefits of unlimited consumer desire, the food industry has always faced the problem of finite desire due to the bodily limitations of satiety. To overcome this limitation, they invest enormous resources into manufacturing irresistible foods that never fill us up. They disable body consciousness in order to sell more. Specifically, they do this by increasing palatability, undermining satiety, and providing a staggering array of variety and convenience. A thorough discussion of all of these techniques is outside the scope of this article, but a brief overview is important for providing the context and mechanisms which have lead to a culture-wide failure in body consciousness, and

consequently overweight and obesity.

Palatability. Palatability refers to the pleasure or "hedonic reward" provided by foods or fluids and it is the strongest predictor of food choice (Aikman, Min, & Graham, 2006; Drichoutis, Lazaridis, & Nayga Jr, 2006). Related to the concept of palatability is "bliss point", a construct developed by experimental psychologist Howard Moskowitz. Moskowitz optimizes the flavors of foods through sophisticated taste tests and mathematical modeling and has discovered that desirable tastes like sugar have a threshold or tipping point for most people, after which point continuing to add more of that ingredient diminishes the food's palatability (1981). With his market research and modeling techniques, Moskowitz is able to determine the exact point at which sugar, salt, and fat reach the ideal convergence of hedonic reward, which he has termed "bliss point".

Using the incredibly sophisticated science of bliss point, food scientists now devote their professional lives to creating the irresistible flavors and mouthfeel of chips, ice creams, chicken nuggets, and energy drinks. This is of course why so many food commercials use slogans such as "I can't believe I ate the whole thing!" Usually when we can't believe we ate the whole thing it's because we saw a portion size that looked too big, but once we started eating the bliss point was activated and we consumed more than imaginable. Eating the whole thing also usually means that we never willingly stopped eating — we stopped because the food was gone, suggesting that it never made us feel full or that it tasted so good we didn't care that we were full.

Historically nearly all tasty foods were delivered with high fiber thereby slowing down gastric absorption of sugar. Today; however, industrial foods and beverages like cookies and fruit juice are processed by removing the fiber, making them more fattening since the body is unable to use the highly concentrated load of fructose for immediate energy needs and therefore stores the rapidly absorbed excess energy as fat. Sweets, fast food, and refined breads are rapidly digested and absorbed causing spikes in blood glucose with levels falling to below what they were before eating shortly after digestion, thereby causing increased hunger (Lennerz et al., 2013). In other words, these finely designed foods that activate bliss point are nearly always foods that lead to overeating, not only because they taste so good, but because we never feel full on them. Even after eating, we think we are still hungry so we keep eating. More recently, the newer term hyperpalatability has been used to refer to the high sugar, high fat, and often high salt foods manufactured by the food industry (Graham, 2013) which inevitably makes us eat more foods high in sugar, fat, and salt (Kessler, 2009).

Variety. Not only do these manufactured foods taste really good, but there are so many to choose from. Choice is one of the key contextual factors in overeating. People eat less when they have fewer food choices due to 'sensory specific satiety', that is when our senses become numbed after continuous exposure to the same stimuli (Inman, 2001). To put it in the parlance of somaesthetics, sensory specific satiety is a critical experience of body awareness that is in fact a bridge between somatic and cognitive subjectivities, i.e., the sensory perception of taste creates the thought, "I don't want any more of that."

Not only do we eat more when we have more choices, but we do that even when those choices differ only visually and not in actual flavor. For example, Dr. Barbara Rolls' team at Penn State showed that if people are offered an assortment of yogurt with three different flavors, they're likely to consume an average of 23 percent more than if offered only one flavor (Rolls et al., 1981). Similarly, Brian Wansink and his colleagues found that when people have more M&M colors to choose from they will eat more, even though all M&M's are the same flavor (Kahn

& Wansink, 2004). Needless to say, the proliferation of packaged foods provides a staggering variety of choices, colors, and flavors, with the average grocery store now carrying over 43,000 items (Food Marketing Institute, 2012). In other words, grocers, advertisers, and food scientists increase consumption by undermining the power of sensory-specific satiety in their offering of so much variety.

Convenience. Another factor that makes us eat more is our sense of time scarcity. Along with reconfiguring our sense of selves, modernization and industrialization have resulted in powerful changes in our concept of time. Shusterman argues that "too many of our ordinary somatic pleasures are taken hurriedly, distractedly, and almost as unconsciously as the pleasures of sleep. If this dearth of somaesthetic sensitivity helps explain our culture's growing dependence on increasing stimulation through the sensationalism of mass-media entertainments and far more radical means of thrill taking, then such a diet of artificial excitements can conversely explain how our habits of perception (and even our sensorimotor nervous system) are transformed in ways that elevate the stimulus threshold for perceptibility and satisfaction while diminishing our capacities for tranquil, steady, and sustained attention" (Shusterman, 2008). Of course buffets, fast food, and packaged convenience foods respond to and sustain the myth that there is no time.

Researchers in the recent *Life at Home in the 21st Century* project found that in spite of minimal time dining together American families' buying habits strongly reflect an urge to save time (Arnold, 2012). Families stockpiled food, often in huge packages of drinks, soups, snacks, and ice cream from warehouse stores such as Costco and Sam's Club, often requiring second refrigerators to store. Contrary to the families' belief that these foods saved time, on average they reduced evening meal preparation time by only five minutes, a statistically insignificant savings. In other words, families' anxiety that they had no time was expressed through buying more things and needing more storage (consuming), yet those behaviors did not have the intended consequence of saving time. In a self-defeating cycle, the families turned toward increased consumerism, i.e. buying convenience foods as a solution to a problem that is caused by consumerism, i.e. the sense of having no time.

In his essay on American cuisine, anthropologist Sidney Mintz argues that Americans do not, and likely will not, have a cuisine of our own in the traditional sense of the term, largely because of our notion of time (1996). He argues that Americans are repeatedly told (and strongly believe) that they are so busy that they have little or no time to spare. In turn, this serves to increase aggregate consumption with the astonishing variety of time-saving products and foods. "Most convenience food," he writes "is successful because of prior conceptions about time. But most such food would not succeed if Americans cared more about how and what they ate" (p. 121). Today the average American spends only 27 minutes a day on food preparation (Pollan, 2009, p. 3) and Harvard economist and Obama Health Adviser David Cutler found that we eat more when we don't cook the food ourselves. "As the amount of time Americans spend cooking has dropped by about half, the number of meals Americans eat in a day has climbed; since 1977, we've added approximately half a meal to our daily intake" (Pollan, 2009, p. 7). Interestingly, Cutler and his colleagues surveyed cooking patterns across several cultures and found that obesity rates are inversely correlated with the amount of time spent on food preparation (Cutler, Glaeser, & Shapiro, 2003). Although it might seem like more time in the kitchen would yield a higher caloric intake, home-cooked food seems to mediate caloric intake, probably because of the simple fact that cooking at home is unlikely to produce hyperpalatable foods or the increased variety implicated in overeating.

III. Overeating and the Culture of Consumerism

Even putting effort into good nutrition as a means of better health and body awareness provides no guarantees. While it's easy to think that shopping at natural food stores and buying organic foods are straightforward strategies toward better health, we are easily tricked by the branding, marketing, and advertising that goes into these products as well. One such area of confusion is with products labeled 'natural' — a term that is largely unregulated such that food manufacturers can use it freely to mean whatever they want (Food and Drug Law Institute, 2014). Consumer research has found that consumers mistakenly believe that products labeled as natural have no artificial ingredients, pesticides, or genetically modified ingredients and are willing to pay more for such foods (Batte, Hooker, Haab, & Beaverson, 2007; Silverglade & Heller, 2010; Thompson, 1998). In fact, there has paradoxically been a tremendous increase in the number of claims made on food labels as rates of obesity have increased in the United States, likely because consumers who want to lose weight are seeking healthier foods (Urala & Lähteenmäki, 2007). It is this desire to simultaneously consume more and consume less that makes such nutrition claims highly profitable.

The health philosophy on the website for Whole Foods Market states that they "provide food and nutritional products that support health and well-being", that they are "committed to foods that are fresh, wholesome and safe to eat", and that they "define quality by evaluating the ingredients, freshness, safety, taste, nutritive value and appearance" of all of the products they carry. However, a visit to any Whole Foods Market reveals extraordinary amounts of luxury junk food such as candy coated nuts, kettle chips, and chocolate covered pretzels. In fact, I would argue that the very name Whole Foods has become a misnomer, given the large quantities of processed and refined foods they now sell. The sales of many of the foods at places like Whole Foods Market often invoke an explicit health claim on their label, or simply mention a trendy ingredient perceived to be healthy, such as acai berry, green tea, or quinoa. Yet Whole Foods Market was recently accused of falsely advertising baked goods such as banana muffins, chocolate chip cookies and apple pie as "all natural," when the products actually contained synthetic chemical ingredients such as sodium acid pyrophosphate and maltodextrin (Garrison v. Whole Foods Market Inc., 2013).

While certainly Whole Foods does sell many healthy items, and very importantly they screen their products for unsafe ingredients, they are just as guilty as any other grocer of promoting the hyperpalatable foods that make us fat. By contrast, encouraging people to eat actual whole foods would serve to decrease overall consumption, something no store wants, simply because by eating whole foods we feel full sooner and have fewer cravings. In fact, stores that only sold fresh fish, meats, produce, dairy, and few packaged foods would have trouble competing with these luxury "natural food" stores. That is essentially what farmers' markets are and they certainly come nowhere near the level of profitability that the luxury supermarkets do. Instead, Whole Foods Market along with most of the food industry, uses sophisticated and clever packaging, marketing, language, and advertising to manipulate people into consuming more discouraging body awareness.

Any food in a package is the product of consumer culture and with the exception of few foods such as legumes, nuts, and canned or frozen fruits and vegetables, most packaged foods will never be as healthy as the whole foods that do not require packages. In other words, they operate within the paradigm of consumer culture, perpetuating the "eat more" and "consume more" message, just through a different type of marketing message. Pro-health marketing is marketing nonetheless, and it reinforces our trust and reliance on labels, slogans, and advertising.

A label describing a food as "healthy" is inherently misleading because the food is only healthy relative to other packaged foods, if at all.

The ills of overeating and overweight are usually "treated" through other consumer products, such as pills and diets, serving to further distance us from an integrated mind-body experience. In many cases, the pills of Western medicine are incredibly similar to the packaged, branded foods of the global industrial diet. Consumption of these chimeras always involves fantasy, longing and distortion in which we feel like we are doing something healthy, but the science points otherwise. Not only do the food and pharmaceutical industries use many of the same techniques to market their products and generate demand, but they also enjoy a symbiotic relationship in which they supply each other with demand. For example, many medications are used to treat the effects of overeating, overweight and obesity, but such use may actually perpetuate overeating in the promise to undo or counteract overconsumption.

Ultimately, nearly everyone struggling with overeating becomes a potential consumer for diets, diet foods, personal trainers, dietitians, commercial weight loss products, books, exercise videos, and gym memberships. The food industry itself is one of the biggest beneficiaries of overweight and obesity because of the enormous market for new foods which promise weight loss and better health. Brands such as Skinny Cow, FiberOne, WhoKnew, Glutino, PopChips, and Skinny Girl Cocktails are all highly profitable brands responding to consumers' desperate attempts to avoid the ill-effects of overeating. Many food companies are now also in the weight loss business through their subsidiaries. Nestlé for example, reaps huge profits in its sales of the Jenny Craig weight-loss program. The simplest diet of eating less food is lost in the fray; however, perhaps because it is obvious and free, and therefore an unsatisfying "product" in the culture of consumerism in which high-dollar promises have more psychological currency than low-cost common sense.

Consuming pills and food represents complex wish fulfillment, desire and identity, mediating both who we are and who we want to become. If we think about increased consumption as a defense mechanism used to respond to the loss of body consciousness, feelings of alienation, malaise, and loss of community; then it follows that both pills and food would serve as a means of self-medication. Yet addressing these existential ills with products of consumer culture amounts to treating the disease with the same pathogen that infected us in the first place. The current configuration of the self as empty; however, points us toward these pseudo-solutions because we experience distress of the body and mind as separate. This experience is then reinforced by the prevailing biological and neurochemical models promoted by psychiatry and the pharmaceutical industry, which locate disorder and distress inside the brain.

IV. Somaesthetics, Nutrition and Psychology

Like our entire culture, Sarah is at a crossroads. She overeats and is at war with herself. Her separation of mind, brain, and body fuel this conflict and lead to the empty pursuit of consumer products and services to treat her distress. Over time these foods, drinks, pills, and consumer products have come to populate her internal world, yet they fail to deliver purpose or meaning. Because the failure is experienced as a failure of the self, she turns to other forms of consumption to solve the ensuing hopelessness and dysphoria. This is the modern hedonism of desire which ultimately creates a self bloated by sugar, fat, salt and toxins; in which the body is seen as a mysterious machine which must be decoded in order to effectively tame and control it.

Shusterman posed the question: "If philosophy is likewise committed to the goal of self-improvement and self-care, could enhanced skills of somatic awareness enable better ways of

monitoring and directing our behavior, managing or diminishing our pain, and more fruitfully multiplying our pleasures?"(2008). This is the question we must pose of psychology and nutrition too. Certainly many individual researchers have been successful in their understanding and treatment of overeating, but have arguably been lost in the inchoate mass of disconnected empiricism that is contemporary psychological science, or what Lowe characterized as the bourgeois perception of objectifying and quantifying everything (1982). There is no doubt that psychological and nutritional sciences have made enormous strides in understanding the mechanisms and desires of hunger, consumption, and satiety. The failure; however, is in meaningfully unifying these results into a cohesive philosophy and practice. Here is where somaesthetics stands to advance a meaningful answer to the question: How shall we care for ourselves and experience our bodies in this hailstorm of edible poison?

If too many of our ordinary somatic pleasures are taken hurriedly and distractedly through a diet of artificial excitements then how do we create and encourage a "refined, intelligent habit" (Shusterman, 2008) of nutritional well-being? The mindful eating movement for example, has produced a modest literature on just such a tranquil and reflective practice of eating whole foods (Albers, 2009; Bays, 2009; Loring, 2010; Somov, 2010; Thich Nhat Hanh & Cheung, 2011). Yet I have recommended many books from this literature to patients and friends and can anecdotally say that this approach does not resonate for those who are not familiar with the Buddhist or meditative tradition from which it emerges. Somaesthetics by contrast, offers a more secular and theoretically-rooted approach to developing increased somatic and nutritional awareness.

More importantly, it is not just mindfulness or awareness that is the aim of somaesthetics, but aesthetic self-stylization too. Rejecting these industrial foods and edible commodities as a means of cultivation stands to offer us a different standard of ethical and aesthetic beauty. That is, the sensual and virtuous body is one that is liberated from engineered foods and is instead plentified by foods that are pure or real, insofar as they are experienced as such by the eater/inhabitant. We should expect that this feeling of authenticity - however that is defined or experienced phenomenologically - would lead to more experiential unity between mind and body, "greater perceptual sensitivity and powers of action" (Shusterman, 2006), or in more psychological terms: improved subjective well-being.

In addition to such practical somaesthetics as a meliorative individual practice of nutrition, I should like to see somaesthetics advance further into psychology and nutrition, unifying them at the disciplinary level. This in my view is the great promise of the somaesthetics movement -- that it speaks to the biological, cognitive, and health sciences as fluently as it does to the humanities. Just as Schusterman has plead for the body to be recognized as a crucial topic of humanistic study and experiential learning (2006), perhaps we should now plea for the biological, social, and health sciences to embrace a similar approach in which body, mind, and culture are thoroughly integrated.

Endnotes

Bibliography

Aikman, S. N., Min, K. E., & Graham, D. (2006). Food attitudes, eating behavior, and the information underlying food attitudes. *Appetite, 47*(1), 111-114. doi: 10.1016/j.appet.2006.02.004

Albers, S. (2009). *Eat, drink and be mindful: How to end your struggle with mindless eating and start savoring food with intention and joy.* New Harbinger Publications.

American Psychiatriac Association. (2013). *Diagnostic and statistical manual of mental disorders.* (5th ed.). Arlington: American Psychiatric Publications Incorporated.

Arnold, J. E. (2012). *Life at home in the Twenty-First Century: 32 families open their doors.* Los Angeles: Cotsen Institute of Archaeology Press.

Batte, M. T., Hooker, N. H., Haab, T. C., & Beaverson, J. (2007). Putting their money where their mouths are: Consumer willingness to pay for multi-ingredient, processed organic food products. *Food Policy, 32*(2), 145-159.

Bays, J. C. (2009). *Mindful Eating.* Shambhala Publications.

Cushman, P. (1990). Why the self is empty: Toward a historically situated psychology. *Am Psychol, 45*(5), 599-611. doi: 10.1037/0003-066x.45.5.599

Cutler, D., Glaeser, E., & Shapiro, J. (2003). Why have Americans become more obese? *J Econ Perspect, 17*(3), 93-118. doi: 10.1257/089533003769204371

Drichoutis, A., Lazaridis, P., & Nayga Jr, R. M. (2006). Consumers' use of nutritional labels: A review of research studies and issues. *Academy of Marketing Science Review, 10*(9).

Food and Drug Law Institute. (2014). *A natural solution: Why should FDA define "natural" foods?* Retrieved from http://www.fdli.org/resources/resources-order-box-detail-view/a-natural-solution-why-should-fda-define-natural-foods-

Food Marketing Institute. (2012). *Supermarket facts: Industry overview 2012.* Retrieved from https://www.fmi.org/research-resources/supermarket-facts

Fowler, R. (2000, December). A decade for change. *Monitor on Psychology, 31*.

Gabriel, Y., & Lang, T. (2006). *The unmanageable consumer.* Sage Publications.

Garrison v. Whole Foods Market Inc. (2013). No. 13-05333 (N.D. Cal. Nov. 8, 2013).

Graham, R. (2013, October 13). Bring back home ec! *The Boston Globe*. Retrieved from http://www.bostonglobe.com/ideas/2013/10/12/bring-back-home/EJJi9yzjgJfNMqxWUIEDgO/story.html

Inman, J. J. (2001). The role of sensory-specific satiety in attribute-level variety seeking. *Journal of Consumer Research, 28*(1), 105-120. doi: Doi 10.1086/321950

Kahn, B. E., & Wansink, B. (2004). The influence of assortment structure on perceived variety and consumption quantities. *Journal of Consumer Research, 30*(4), 519-533. doi: 10.1086/380286

Kessler, D. A. (2009). *The end of overeating: Taking control of the insatiable american appetite.* Rodale.

Khatchadourian, R. (2009, Nov 23). The taste makers: Inside the labs that flavor your food. *The New Yorker*.

Lasch, C. (1980). *The culture of narcissism: American life in an age of diminishing expectations.* New York: Warner Books.

Lennerz, B. S., Alsop, D. C., Holsen, L. M., Stern, E., Rojas, R., Ebbeling, C. B., . . . Ludwig, D. S. (2013). Effects of dietary glycemic index on brain regions related to reward and craving in men. *Am J Clin Nutr, 98*(3), 641-647. doi: 10.3945/ajcn.113.064113

Loring, S. (2010). *Eating with fierce kindness: A mindful and compassionate guide to losing weight.* New Harbinger Publications.

Lowe, D. M. (1982). *History of bourgeois perception.* Chicago: University of Chicago Press.

Mintz, S. W. (1996). *Tasting food, tasting freedom: Excursions into eating, culture, and the past.* Boston: Beacon Press.

Moskowitz, H. R. (1981). Relative importance of perceptual factors to consumer acceptance: Linear vs quadratic analysis. *J Food Sci, 46*(1), 244-248.

Nestle, M. (2002). *Food politics: How the food industry influences nutrition and health.* Berkeley: University of California Press.

New Body Ethic. (2014). Rethinking the culture of fitness. Retrieved from http://newbodyethic.com/the-fitness-industrial-complex-is-deceiving-you-were-trying-to-change-that/

Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *J Abnorm Psychol, 109*(3), 504.

Pollan, M. (2009). Out of the kitchen, onto the couch. *N Y Times Mag*.

Rolls, B. J., Rowe, E. A., Rolls, E. T., Kingston, B., Megson, A., & Gunary, R. (1981). Variety in a meal enhances food intake in man. *Physiol Behav, 26*(2), 215-221.

Shusterman, R. (2006). Thinking through the body, educating for the humanities: A plea for somaesthetics. *The journal of aesthetic education, 40*(1), 1-21.

Shusterman, R. (2008). *Body consciousness: A philosophy of mindfulness and somaesthetics.* Cambridge: Cambridge University Press.

Silverglade, B., & Heller, I. R. (2010). *Food labeling chaos: The case for reform.* Center for Science in the Public Interest. Retrieved from http://www.cspinet.org/new/pdf/food_labeling_chaos_report.pdf

Smith, A. F. (2009). *Eating history: 30 turning points in the making of American cuisine.* New York: Columbia University Press.

Somov, P. G. (2010). *Eating the moment.* ReadHowYouWant.com.

Thich Nhat Hanh, & Cheung, L. (2011). *Mindful eating, mindful life: Savour every moment and every bite.* Hay House, Inc.

Thompson, G. D. (1998). Consumer demand for organic foods: What we know and what we need to know. *American Journal of Agricultural Economics*, 1113-1118.

Tseng, W., & Streltzer, J. (1997). *Culture and psychopathology: A guide to clinical assessment.* New York: Brunner/Mazel Publishers.

Urala, N., & Lähteenmäki, L. (2007). Consumers' changing attitudes towards functional foods. *Food Quality and Preference, 18*(1), 1-12.

Watters, E. (2010). *Crazy like us: The globalization of the American psyche.* Simon and Schuster.

Winson, A. (2013). *The industrial diet: The degradation of food and the struggle for healthy eating.* Vancouver: UBC Press.

Wysocki, C. J., & Preti, G. (2004). Facts, fallacies, fears, and frustrations with human pheromones. *Anat Rec A Discov Mol Cell Evol Biol, 281*(1), 1201-1211. doi: 10.1002/ar.a.20125

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