

**Serving the Fast Food Nation:
Analyzing and Understanding Food Choice, BMI and Self-
Perceived Weight in the Food Service Worker Population**

by
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Author's Declaration:

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Julia R. Woodhall-Melnik

Abstract

Policymakers, politicians, and media outlets have declared an obesity epidemic. In doing so, they have named a variety of villains, including fast food. Despite the framing of fast food as being a leading contributor to weight gain and obesity, we have yet to understand the impact that fast food has on those who work with it every day. The purpose of this dissertation is to understand the food choices, BMIs, and self perceived weights of the food service worker population. Using Pierre Bourdieu's concepts of habitus and field, I investigate the role of the workplace and external cultural influences, such as the family, in navigating an obeseogenic workplace environment that is centered on selling highly caloric food to the Canadian public in a quick and cost effective manner.

The first stage of this research addresses the question: Are food service workers more likely to be overweight or obese and perceive themselves as being overweight compared to the general population? In order to do this, I analyzed secondary survey data from the Canadian Community Health Survey cycle 5.1 (2009-2010). I used logistic regression techniques to construct models that analyze the likelihood of having high BMIs and high self perceived weights in both the food service worker and general Canadian populations. In addition to this, I sought to understand the food choices that contribute to weight gain in fast food workers. To do this, I conducted forty semi-structured qualitative interviews with workers from a variety of fast food chains.

The results of my research disprove my original hypothesis that food service workers are more likely to be overweight or obese because of their frequent exposure to fast food. Instead, I found that they are less likely to be overweight or obese than the general Canadian population. Additionally, they are also less likely to perceive themselves as being overweight or obese. Through the qualitative interviews, I found that these individuals participate in a process of regulation where they monitor their food intake at work. Additionally, I found that their consumption patterns stemmed from habitus generated through cultural exposures in other areas of their lives.

Pierre Bourdieu (1984) argues that we develop habitus through meaningful cultural exposure. We use our habitus, or engrained dispositions, to navigate hierarchical spaces or fields. Through this research, I found that workers viewed their jobs as being temporary and their cultural consumption patterns did not seem to change from their exposures to their workplaces. The majority were part time students, working in this industry to pay for living expenses and tuition. For the most part, they were raised in middle class homes where their mothers prepared food for their families from scratch on a daily basis. Fast food was viewed as a special treat and not an item to consume on a regular basis. I conclude that the meaningful exposures we have to

food and cultural norms throughout life are more important in determining our food choices than our exposure to fast food restaurants.

Keywords: Fast food work, food choices, BMI, self-perceived weight, habitus, field

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I dedicate this dissertation to the three most important people in my life. To my mother, Joann Woodhall: completing my PhD would not have been possible without you. You are the smartest woman I know and I am honoured to be your daughter. To my father, Frank Woodhall: thank you for all of your love and support. You have always believed in me. You have taught me to work hard for the things I want and to never give up. To my husband and best friend, Steve Melnik: thank you for pushing me when I needed motivation and for loving and caring for me when I pushed myself too hard. You have celebrated my victories with me and have helped me mourn my defeats. Without you, this would not have been possible.

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Chapter One: Introduction

Over the past sixty years, we have seen a shift in how Canadians eat. Prior to World War II, the primary site of food preparation and consumption was the home. However, as our economy boomed in the 1950s, highways were built, people began commuting, and the rise of the dual-earner family began, fast food restaurants, such as McDonald's, became increasingly popular (Halberstam, 1993). These factors changed how we eat, leading to an increase in the purchasing of many premade foods. As of 2013, the number of McDonald's stores alone in Canada is over 1,400 (McDonald's, 2013). The general trend toward fast and convenience consumption has gained interest from academics, health stakeholders, politicians, and media sources. These changes in eating patterns, coupled with rising obesity rates, have led to the framing of fast food as the main antagonist in the war against fat (Block et al., 2004).

Not only did the rise of fast food change the way we eat, it also changed the way we work. Scholars argue that we now live in a service-based economy which is divided into two segments, the knowledge or high-end services, and the personal or low-end services (Myles, 1995). Restaurants employ a large proportion of people in the low-end service economy. These jobs are characterized as low paying and require little to no skill (Reiter, 1991). Further, as part of their compensation package, workers are often offered free or discounted food on break times. I discovered this through personal experience working in this industry and through my Master's research on coffee shop workers (Woodhall, 2009). Drawing on my knowledge of

employee access to food and discounted prices, I began this study hypothesizing that food service workers are at risk of having high Body Mass Indices (BMIs) and high self-reported weights, due to easy access to discounted, high caloric food. However, through my attempt to prove this hypothesis, I realized that this issue is far more complicated than I originally thought.

Medical researchers have clearly stated that weight gain occurs when an individual consumes more calories than he or she burns (Katan and Ludwig, 2010, Schulze et al., 2004). Additionally, many health researchers argue that having a high BMI places populations at increased risk of developing health issues such as type II diabetes, heart disease, and certain cancers (Eyre et al., 2004). Using a sociological perspective, we can argue that being at risk of developing health complications increases in low socioeconomic status populations (Phelan et al., 2010). If this is indeed the case, should poorly paid food service workers not be at risk of health complications due to increased body mass? The original purpose of my research was to uncover disparities in BMI and self-reported weight between this population and the general Canadian population. In addition to this, this study has evolved into a mechanism for understanding cultural consumption in a diverse group of workers.

I argue that proposing that food service workers experience increased risk of having high BMIs and self-reported weights as a result of being paid low wages and having easy, discounted access to food, ignores the impact of familial socioeconomic background in shaping food choices. More importantly, it ignores the unique composition of this industry. These workplaces are the largest employers of part-time, student, and youth labour (Reiter, 2002). Knowing this, I hypothesize that

access to social, cultural, and economic capital, as well as exposure to familial consumption patterns, plays a more important role in determining food choices than immediate social position and workplace exposure to food. This is important as there is a lack of research on the factors that promote and prevent food consumption in obseogenic work environments. This introductory chapter outlines the literature that originally sparked my interest in this topic and provides an overview of the chapters of my dissertation.

1.1 The Obesity Epidemic

In recent years, the media and policy makers in Western societies have focused on the growing concern surrounding obesity and healthy weights. Being overweight has been framed as an issue of esthetic undesirability, an indication of ugliness, laziness, and a lack of conformity to general social norms that dictate what is physically beautiful. At the beginning of the 21st century, the focus on obesity as an esthetic problem shifted towards viewing unhealthy weight as a public health concern (Eknoyan, 2006). Media discourse about weight boomed and suddenly, fatness in North America was viewed as an evil disease, rendering overweight individuals as undesirable due to poor health instead of unsavory physical appearance (Saguy and Almeling, 2007).

Obesity is now spoken of as a growing phenomenon, spreading through Western society at a rapid rate. At a press conference announcing the release of the Child Obesity Task Force Report, First Lady Michelle Obama (2010) proclaimed:

We don't need new discoveries or new inventions to reverse [the obesity] trend. We have the tools at our disposal to reverse it. All we need is the motivation, the opportunity and the willpower to do what needs to be done. ...With this report, we have a very solid road map that we need to make these goals real, to solve this problem within a generation.

Here, Michelle Obama declares war against obesity, noting that it plagues our population and our youth. In addition, in popular media discourse the health consequences of being overweight and obese have been discussed as curable through personal motivation, willpower and access to healthy foods. Further, with the emergence of films like *Supersize Me*, fast food, restaurants and convenience foods have been publically broadcasted as being contributors to this disease and have been vilified as the root cause of obesity in North America (Oliver, 2006b). Being obese leads to a variety of health complications and fast food and a lack of motivation and willpower have become the viruses causing this disease.

The focus on curing the disease of obesity has spread through popular media sources and the political arena. *The Biggest Loser*, *Shedding for the Wedding*, *I Used to be Fat*, and *Extreme Makeover: Weight Loss Edition* are popular American TV reality shows that discuss fatness as an issue of personal motivation, laziness, and convenience food consumption, ultimately leading to early morbidity. Discussions on the health implications of obesity as an epidemic have also trickled into politics and governmental policy, illustrated by the recent passage of a bill outlawing the sale of large soda drinks in New York State. In Canada, Rob Ford, the mayor of Toronto, has publicized his own weight loss battle with his "Cut the Waist Challenge." Although Rob Ford failed to lose weight, his goal was to motivate Torontonians to

lose weight. The media, politicians, and celebrities have publically medicalized weight, turning old esthetic views on weight into new health concerns.

Despite the media popularization of obesity as an epidemic characterized by a lack of personal motivation and exposure to convenience foods, socially oriented academics are viewing obesity as part of the discourse on socially determined health, spurred by social inequality and unequal access to income and health care (Marmot, 2005, Raphael, 2004, Wilkinson and Marmot, 2003). These scholars argue that the main contributors to diseases are fundamental social inequalities and that in order to prevent illness social disparities must be addressed.

1.2 Defining Health

There are many different ways to define health. Definitions of health vary between and within academic disciplines. In an attempt to understand variations in definitions of health, medical sociologist Maare Tamm (1993) outlined six prominent models of health and disease. These include: religious, biomedical, humanistic, transpersonal, existential, and psychosomatic. However, she argues that this list is not exhaustive and there are many ways that health is explained and defined. Tamm (1993) ultimately argues that understandings of health often vary with ideological and academic orientations. This section outlines medical and social definitions of health, as they relate to unhealthy weights and this research.

Medical definitions of health are commonly cited within discourse on the obesity epidemic. Medical health researchers often refer to health as the absence of disease,

arguing that those who are unhealthy are plagued with some form of ailment (Daykin and Naidoo, 1995). However, modern medical definitions of health include elements of health promotion that discuss risk of disease as an important component of being healthy (Kelly and Charlton, 1995). Obesity places persons at an increased risk of developing hypertension, high cholesterol, cardiovascular disease, psychological illnesses, cancer, and diabetes (Leatherdale and Papadakis, 2011). Using a medical definition of health, increased body weight is viewed as an illness and/or a risk factor contributing to poor health.

Common sociological definitions of health view health as being socially constructed. Proponents of this approach argue that what is considered to be healthy or unhealthy is created through social discourse, social norms, and perpetuated dominant ideology (Sharf and Vanderford, 2003). This definition of health challenges the medical definition, as health and disease are viewed in relation to society and social constructs. In this sense, obesity is a public health crisis because stakeholders, such as doctors and politicians, have framed excess weight as being problematic.

Researchers studying social determinants of health or the fundamental causes of disease seek to understand socioeconomic inequalities that place individuals at an increased risk of disease, ill health, or early morbidity (Link and Phelan, 1995). However, many prominent studies within this field are not concerned with definitions of health. Rather, researchers attempt to establish links between medicalized ill health and social conditions (for examples see Dunn et al., 2006, Dunn and Dyck, 2000, and Watt, 2012). Similarly, the purpose of my dissertation is

not to dispute the medical impact of being overweight or obese on one's health, rather I start with the understanding that medical research findings on the connection between disease and increased body weight are valid. This is not to say that I dispute that political, economic, and social forces contribute to the formation of obesity as an epidemic. However, I do argue that as a scientist of society, discounting connections between increased weight and health would be grossly overstepping my area of expertise. For these reasons, being at risk of ill health and being overweight and obese are viewed as connected throughout my research. In other words, in this dissertation, obesity is viewed as a disease.

1.3 Social Determinants of Health and Obesity

A new body of literature in health geography recently emerged linking geographical proximity to food sources and unhealthy weights. Academics argue that living and working close to fast food restaurants and convenience food suppliers is correlated with increased body weight (Davis and Carpenter, 2009, Delormier et al., 2009). Although some researchers recognize that urban food deserts, or low-income areas with multiple fast food outlets and lower access to grocery stores and markets, exacerbate the relationship between income and weight, other researchers draw conclusions about weight and geographic proximity to food that are external to income (Cummins and Macintyre, 2006, Davis and Carpenter, 2009, White, 2007). In their study of the proximity of schools to fast food restaurants, Davis and Carpenter (2009) found that students who studied closer to fast food chains are more

likely to be overweight and consume fewer fruits and vegetables. However, these researchers did not consider the impact of income or other social determinants of health, beyond participation in “risky” behaviour, such as smoking.

Following Davis and Carpenter’s (2009) logic, one would be inclined to assume that individuals working with fast food products would be at a higher risk of obesity than the general population. However, this would be ignoring the role of individual agency and capital in making food choices. In order to further explore the BMI, self-reported weights and food choices of food service workers, I ask:

Does the food service workplace contribute to its workers’ BMIs and self-reported weights?

- a. How do food service workers make food choices?
- b. What role does the food service workplace have in determining food choices?

1.4 Chapter Overviews

To discuss the role of structure and agency in making food choices, I draw on the work of Pierre Bourdieu. Chapter Two provides an introduction to Bourdieu’s theoretical approach, focusing on his understanding of the concepts of structure and agency. This is followed by an introduction to habitus, field, culture, taste, symbolic violence, and social class. Bourdieu’s framework provides a good sociological understanding of food choice in this diverse population. The chapter concludes with a general introduction to a variety of theories and concepts that are used in conjunction with Bourdieu’s work.

Chapter Three serves as a bridge between Bourdieu's concepts and the actual study of BMI and self-reported weight. This chapter contains a discussion of the literature on measures of obesity, hidden injuries of class, feminist standpoints on weight, and social determinants of health. Specific attention is given to studies that have also used Bourdieu's framework to discuss weight and health in different areas of social life. This chapter establishes links between the theoretical approach and the findings. Chapter Four provides an overview of the food service worker population, as this group of workers is unique and is central to this research.

The methods used for my dissertation research are presented in Chapter Five. Bourdieu developed a strong reflexive methodological approach for conducting research using his concepts of habitus and field. This approach is briefly reviewed and the reflexive nature of my research is explained. The mixed methods approach to this study is presented, followed by a discussion of the methods used to conduct both the qualitative and quantitative research. The chapter concludes with an overview of how the findings from the two phases are used to answer the research questions.

Chapter Six presents the quantitative findings from my logistic regression analysis of BMI and self-reported weight in the food service worker population. The descriptive means for BMI and self-reported weight in both the population of interest and the general Canadian population are provided to answer the primary research question. I then present six models describing risk factors for increased BMI and self-reported weight. These models allow for the discussion of factors that increase the risk of these workers being overweight or obese.

Chapter Seven discusses the results from my qualitative case study of fast food workers. This chapter provides qualitative reasoning for why some workers experience weight concerns when others do not. In this chapter, I also provide insights into how these individuals make food choices. In this chapter, I argue that Bourdieu's theory is useful as an explanatory tool for understanding food consumption and its avoidance in the food service worker population.

In Chapter Eight, I discuss the results from Chapters Six and Seven and link the quantitative answers to the research questions with the qualitative explanations gained through worker interviews. In Chapter Nine, I present the limitations of my research and suggest directions for future research. This is followed by a general summary and conclusion.

Chapter Two: Social Theory & Understanding Food Service Work

2.1 Introduction

We are exposed to media messages that tell us that in order to be healthy, we need to be slim. In order to be slim, all we need to do is exercise willpower and make smart, healthy choices (Boero, 2007). Is it really this simple? How do we make food choices? Are they actually decisions we make consciously or are there other social forces that make us more likely to choose certain foods over others? As sociologists, we are able to understand that there are social factors and laws that make it more difficult for certain populations to achieve dominant social ideals of thinness. However, suggesting that people are not able to act in meaningful, conscious ways removes any element of decision making power from the term “food choices.” In order to understand food choices, we need to understand whether or not they are actually choices or if consumption results from a series of prescribed, patterned actions. I argue that human action is even more complicated than this. As social agents, we are constrained by food availability, our financial resources, and our cultural understandings. However, at the same time we have some capacity or potential to understand our actions and to alter them. Bourdieu’s framework helps us understand this, as he provides us with a framework for incorporating both structure and agency.

Bourdieu (1984) asserts that we are constrained by social positions, patterns, laws, and engrained learned dispositions. However, he also claims that we are able to perform in conscious, meaningful ways by acting reflexively. We are able to exercise

thoughtful action when our habitus does not match our field locations. This is important to understanding consumption patterns in food service workplaces because its participants come from a range of different socioeconomic and cultural backgrounds. The habitus of a young, middle class adult attending post-secondary school may differ greatly from that of a working class mother. The food service workplace is not a homogeneous field. In order to understand it, we need a lens that allows us to account for cultural and class-based variations in consumption. Bourdieu's concepts provide this lens, offering explanations for structural factors, while still allowing for meaningful, conscious social action.

The food we eat impacts our weight and overall health (Lahti-Koski et al., 2002). However, understanding the way we make our food choices is not a simple task. Why are there differences between what we are told is healthy to eat and what we actually consume? Are we constrained by limited access to healthy options or are there other factors at work here? In order to answer these questions, I introduce Bourdieu's framework, beginning with a discussion of structure and agency. This is followed with an outline of his key concepts and a discussion of how his work relates to other sociological perspectives that are commonly used to understand food choice, BMI, and self-reported weight.

2.2 Structure & Agency

2.2.1 Defining Structure

Bourdieu's concepts are useful for understanding food consumption because they focus on the importance of both structure and agency. In this section, I first

discuss structure and then introduce the concept of agency. In his attempt to reconcile structure and agency, Sewell (1992) discusses the concept of structure and notes that most sociologists are unable to provide an adequate definition.

Specifically, Sewell (1992: 2) notes that sociologists have a hard time explaining structure to their undergraduate students without using the word “structure,” and he elaborates:

The term structure empowers what it designates. Structure, in its normative sense, always implies structure in its transitive verbal sense. Whatever aspect of social life we designate as structure is posited as "structuring" some other aspect of social existence-whether it is class that structures politics, gender that structures employment opportunities, rhetorical conventions that structure texts or utterances, or modes of production that structure social formations. Structure operates in social scientific discourse as a powerful metonymic device, identifying some part of a complex social reality as explaining the whole. It is a word to conjure within the social sciences. In fact, structure is less a precise concept than a kind of founding or epistemic metaphor of social scientific and scientific discourse. For this reason, no formal definition can succeed in fixing the term's meaning: the metaphor of structure continues its essential if somewhat mysterious work in the constitution of social scientific knowledge despite theorists' definitional efforts.

While he discusses structure as social patterning, his definition remains inadequate and vague, as he is unable to systematically define this term. He views it as a stagnant concept which does not adequately address social change. Change, from a structural vantage point, is often viewed as a teleological product of history, rather than as a product of social action (Sewell, 1992). Thus, social change is not understood as a product of meaningful social action but rather as an outcome of natural historical evolution. Change is viewed as natural. As societies progress, human actors must adapt to new technologies, ideologies, and value systems.

Sewell (1992: 2) discusses structure in the “transitive verbal sense,” as social patterns that have the ability to influence other aspects of social life. For example, he notes that gender can structure employment. In this sense, the social characteristics associated with gender roles have the potential to impact whether or not we view certain work as being appropriate for men or for women. When social scientists view structures as “structuring” an aspect of human life, these social patterns are viewed as contributing to social inequality, power differences, and ultimately play a role in shaping social actions and outcomes.

Bourdieu’s application of the concept of structure is derived from both material determinism and French structuralism (Sewell, 1992). The two theorists from these camps who greatly influenced Bourdieu were Marx and Lévi-Strauss. Marx’s conceptualization of structure is materialist. From this vantage point, a society’s mode of production, or the economic system of a society, impacts social occurrences. Therefore, our social actions change over time as a result of changes in the mode of production. The changes are a product of historical development (Marx, 2007). For example, our present capitalist system requires that workers sell their labour power to capitalists to receive a wage. This results in a variety of social inequalities. Marx (2007: 84) writes:

The worker is the subjective manifestation of the fact that capital is man wholly lost to himself, just as capital is the objective manifestation of the fact that labour is man lost to himself. But the *worker* has the misfortune to be a living capital, and therefore a capital with *needs*—one which loses its interest, and hence its livelihood, every moment it is not working. The *value* of the worker as capital rises according to demand and supply, and even *physically* his existence, his *life*, was and is looked upon as a supply of a *commodity* like any other. The worker produces capital, capital produces

him—hence he produces himself, and man as *worker*, as a *commodity*, is the product of this entire cycle.

This quote illustrates the basic premise of Marx's concept of structure: people's lives are impacted by the economic system in which they live.

Marx's discussion of structure involves two main concepts: the base and the superstructure. Marx and Engels (2007: 57) describe the relationship between these two concepts:

Civil society as such only develops with the bourgeoisie; the social organization evolving directly out of production and commerce, which in all ages forms the basis of the State and the rest of the idealistic superstructure, has, however, always been designated by the same name.

In this sense, Marx discusses structure as stemming from the base, or the conditions created within an economic system. These conditions then shape the relations of everyday life. Institutions, relations, and actions, which form the superstructure, interact with the base. As the method of production changes, alterations also occur within the superstructure. We live our lives within the realm of the superstructure. However, this realm is habituated by the conditions within the base which are driven by our economic system.

Marx's (2007: 721-722) discussion of class is closely connected with his concepts of base and superstructure:

The intimate connection between the pangs of hunger of the most industrious layers of the working class, and the extravagant consumption, coarse or refined, of the rich, for which capitalist accumulation is the basis, reveals itself only when the economic laws are known. It is otherwise with the "housing of the poor." Every unprejudiced observer sees that the greater the centralization of the means of production, the greater is the corresponding heaping together of the labourers within a given space; that therefore the swifter capitalistic accumulation, the more miserable are the dwellings of the working people.

Herein, Marx argues that we can clearly see class divisions when we see the rules that form the economic base structure. Within a capitalist system, as the ownership of the means of production becomes increasingly centralized within the hands of a few capitalists, it becomes harder for others to subsist. The economic laws, or base structure, dictate the need for capital. However, class lines are drawn on the basis of how one gains capital, whether through the bourgeoisie's ownership of the means of production or the proletariat's exchange of labour.

A materialist view of structure regards culture as a secondary influence in shaping human behavior, claiming that economic organization of a society is important in shaping how social institutions and organizations operate (Sahlins, 1976). From this perspective, social agents' actions are seen as impacted by the conditions produced under capitalism.

Bourdieu's use of structure develops, in part, from a Marxist understanding of economic relations. Burawoy and Von Holdt (2012) discuss this development, arguing that Marx's use of structure is focused on economic practice. Specifically, social actors are required to participate in specific social relations as they occupy society. These social relations make up the mode of production, or collaboration in producing the means required for human existence (Burawoy and Von Holdt, 2012). Within these relations exists the conditions for exploitation. In producing, workers create surplus which is taken by the owners of capital (Burawoy and Von Holdt, 2012).

Burawoy and Von Holdt (2012) argue that Bourdieu and Marx's theories are similar, as they both recognize that actors are forced to participate in competitive

relations within social fields with the goal of gaining capital. Both scholars argue that the accumulation of capital follows certain rules. These rules comprise social structure (Burawoy and Von Holdt, 2012). However, Marx and Bourdieu differ in how they define what constitutes a social field. Marx essentially claimed that there is only one social field: the capitalist mode of production, wherein rules that reinforce the capitalist economic system are followed. Bourdieu, on the other hand, outlines an intricately connected system of social fields that coexist at the same time. These fields each have their own rules that are impacted, but not necessarily entirely defined, by the mode of production (Burawoy and Von Holdt, 2012).

Recent discussions of Marx have revisited his use of structure, arguing that deterministic understandings of the relationship between the concepts superstructure and base are flawed. For example, Au (2006) argues that Marx's explanation of structure is useful for understanding education systems, as it is able to comprehend the economic purpose of schools and the culture of schools at the same time. He states that Marx's concepts of base and superstructure were not linear or deterministic. Rather, they share a reciprocal relationship, wherein changes in the superstructure can also result in changes in the base (Au, 2006). This understanding of Marx's work allows for a more fluid discussion of the role of economic organization in shaping societies, as culture, which resides in the arena of the superstructure, is viewed as also having the ability to transform or change how societies function.

Similar to Au (2006), other authors have disputed traditional understandings of Marx's use of structure. Williams (1991: 408) describes these orthodox understandings:

In common usage, after Marx, it [superstructure] acquired a main sense of a unitary "area" in which all cultural and ideological activities could be placed. But already in Marx himself, in the later correspondence of Engels, and at many points in the subsequent Marxist tradition, qualifications were made about the determined character of certain superstructural activities...the simplest notion of a superstructure, which is still by no means entirely abandoned, had been the reflection, the imitation, or the reproduction of the reality of the base in the superstructure in a more or less direct way.

Herein, the base is seen as determining the superstructure, or the cultural and ideological arena within a given society. However, Williams (1991: 410) disputes this understanding:

We have to revalue "determination" towards the setting of limits and the exertion of pressure, and away from a predicted, prefigured and controlled content. We have to revalue "superstructure" towards a related range of cultural practices and away from a reflected, reproduced or specifically dependent content. And, crucially, we have to revalue the "base" away from the notion of a fixed economic or technological abstraction, and towards the specific activities of men in real social and economic relationships, containing fundamental contradictions and variations.

Williams (1991) is arguing that we must reevaluate the way that we use the concepts of base and superstructure. We must perceive these terms as fluid enough to incorporate a wide range of changing economic conditions and cultural activities. He later goes on to discuss the relationship between the two concepts, arguing that the changes in our cultural practices can impact the organization of our economic system. The understanding of Marx's structure as accounting for both cultural and economic relations is useful to comprehending Bourdieu's use of structure, as he understands cultural, social, symbolic, and economic conditions as shaping social

action. A more fluid understanding of Marx's concepts of base and superstructure coincides with Bourdieu's use of structure, as Bourdieu argues that rules surrounding access to cultural and social, along with economic capital, comprise social structures.

Lévi-Strauss' use of structure is situated within the French tradition, which views structures as fluid and ever-changing patterns that determine social order (Ortner, 2006). This means that what constitutes a socially desirable trait, which when reached is a mechanism for generating power, changes over time. For example, in 17th century England, being overweight was desirable. It signified high social status because those with money could purchase the food required to gain weight. Additionally, the higher classes were not required to labour and being overweight signified a life of leisure (Stearns, 2002). However, as food sources became more accessible, being overweight became associated with low social status, as lower class individuals often lack the resources needed to purchase healthier food options (Stearns, 2002). Social and cultural ideals surrounding socially desirable weight have changed drastically over time.

Like Sewell (1992), Lévi-Strauss (2006) cautions scholars against attempting to inductively define structure, noting that spending hours analyzing books and research studies would merely reveal that the term structure is itself structured (Lévi-Strauss, 2006). This means that the term structure has been socially developed or constructed by elite members of society and then used to understand social order and various other social phenomena. He largely attributes this to the construction of language, which is also a structure.

In order to clarify his use of structure, Lévi-Strauss first differentiates between social relations and social structures. For Lévi-Strauss (1977: 289), “The object of social-structural studies is to understand social relations with the aid of models.” He defines social relations as the raw materials that comprise social structures (Lévi-Strauss, 1977). These raw materials are the interactions between human actors that shape social structures which contribute to social inequality. Structure is then defined as a model that displays the characteristics of a social system. Changes to any of the social relations or materials comprising a social system will result in systemic changes within society. Using these “models” or structures, researchers should be able to conceptualize transformations to assist in predicting how changes in social relations result in changes to the overall social model. These models illustrate unique sets of constructed social laws or rules that govern individuals’ actions within given societies (Levi-Strauss, 1977). They can be used to predict social order in everyday life (Lévi-Strauss, 2006). For example, in his study of kinship relations, Lévi-Strauss (1969) argues that in some South East Asian societies, marriage is a social model characterized by relations of exchange and reciprocity. Since these social relations take place between men, women become objects to exchange, resulting in a system that produces male dominance and gender inequality. To Lévi-Strauss, social structure is a term used to discuss models that display and rank the cultural characteristics of a society or social system.

According to Sewell (1992: 15), Bourdieu’s concept of structure represents a “combined determinism” which involves incorporating elements from French structuralism and Marxist materialism. French structuralism incorporates the

anthropological understanding that structure and culture¹ are intimately connected and that learned culture can impact the actions of agents in society (Sahlins, 1976).

For example, Sahlins (1976: 19) presents an anecdote of a friend who studied horse statues in Central Park:

He finds a direct relation between the cultural status of the rider and the number of legs the horse has off the ground. One leg poised has a different historical and political connotation from a horse rearing on hind legs or another cast in a flying gallop. Of course, the size of the statue also makes a difference. The trouble is...people don't ride horses anymore. The things in society that are obsolete, out of contention, those you can structure. But the real political and economic issues are undecided, and the real decision will depend on real forces and resources.

Sahlins' friend presents an ideal study within the tradition of French structuralism.

The cultural norms associated with horse riding present status differences that illustrate social patterns of structural inequality. For example, riders who had larger horses were seen as being more powerful or as members of the social elite. However, through his discussion of the statues in Central Park, he argues that it is much easier to study the relationship between structure and culture after the fact, as it were. He argues that it is difficult to understand cultural nuances when we are immersed the culture.

Bourdieu combines these two approaches through his development of the concept of habitus² (Sewell, 1992). Habitus incorporates culture, as it involves agents developing deep seated dispositions based on cultural exposure. Agents then use these dispositions to negotiate their positions within social fields (Bourdieu, 1984). Social fields³ are metaphorical spaces of social inequality. They are structured

¹ The concept of culture is defined and discussed in section 2.4.5.

²Habitus is discussed at greater length in the following section.

³Social fields are discussed in greater length in the following section.

around dominant ideologies that favour some individuals and disadvantage others (Bourdieu, 1984). The concept of social field draws on Marxist materialism, as individuals within society are required to compete for access to favourable forms of capital. However, what is considered to be an advantaging or favourable form of capital is determined by cultural and social ideology, as well as through the current mode of production, which dictates the need to access economic capital. Those with material resources are often advantaged, although access to other forms of capital, such as cultural and educational capital, can provide actors with better social positions or more power within certain fields (Bourdieu, 1984).

Bourdieu (1988) argues that although Lévi-Strauss views culture as important in shaping social structures, his use of social structure as a model to predict social order ignores agents' experiences within and ability to change structures. Similarly, material structuralism differs from Bourdieu's use of the term, as Bourdieu emphasizes the role of culture and individual experiences in shaping social structures. Bourdieu's use of structure differs from Lévi-Strauss' and Marx, as he regards subjective experiences and personal agency as essential to social understanding and he also views non-economic capital important to shaping social structures.

Bourdieu's use of structure is largely connected to his term field. In *An Invitation to Reflexive Sociology*, Bourdieu and Wacquant (1992: 96-97) explain how Bourdieu uses and defines structure:

To think in terms of field is to *think relationally*. The relational (rather than the more narrowly "structuralist") mode of thinking is...the hallmark of modern science. I could twist Hegel's famous formula and say that *the real is the relational*: what exist in the social world are relations—not interactions

between agents or intersubjective ties between individuals, but objective relations which exist 'independently of modern consciousness and will,' as Marx said. In analytic terms, a field may be defined as a network, or a configuration, of objective relations between positions. These relations are objectively defined, in their existence and in the determinations they impose on their occupants, agents or institutions, by their present and potential situation (*situs*) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions... In highly differentiated societies, the social cosmos is made up of a number of such relatively autonomous social microcosms, i.e. spaces of objective relations that are the site of logic.

Structures, in this sense, are objective, measurable, fixed components and positions within social fields that provide social actors with power, or a lack thereof. Social agents relate to one another on the basis of their positions in social fields. Access to favourable forms of capital provides certain social actors with more power or better field positions than others. In this sense, social structures are the dominant social ideologies which dictate what is desirable and undesirable in society. They also dictate how social actors relate to one another.

Bourdieu uses the layouts or hierarchies of social fields, which dictate power, the ability to exercise agency, and social position, as social structures or patterns. Societies are structured by these social fields. However, unlike other scholars of social structure, he does not view structures as being stagnant. They are viewed as being fluid and generative. In his editorial preface to Bourdieu's book on the production of cultural fields, Johnson describes the relationship between structure and field:

Agents do not act in a vacuum, but rather in concrete social situations governed by a set of objective social relations. To account for these situations or context, without, again falling into the determinism of objective analysis, Bourdieu developed the concept of field (*champ*). According to Bourdieu's theoretical model, any social formation is structured by way of a

hierarchically organized series of fields...each defined as a structured space with its own laws of functioning and its own relations of force...Each field is relatively autonomous but structurally homologous with others. Its structure, at any given moment, is determined by the relations between the positions agents occupy in the field. A field is a dynamic concept in that a change in agents' positions necessarily entails a change in the field's structure (Bourdieu and Johnson, 1993: 6).

The relations, or prescribed rules that govern how social actors interact with one another, between positions in a social field illustrate the structure of that social field. Social structure involves “laws of functioning,” or the rules that dictate how much power one has and how one relates to other actors within society (Bourdieu and Johnson, 1993: 6). These structures can be viewed by analyzing the objective social relations that occur between actors in social fields. These structures then play a role in determining actors' positions in the social hierarchy of the field. Those with better field positions have more power and are able to exercise more free will. This provides them with greater ability to change, shape, and reinforce existing social structures.

Bourdieu uses the terms “social structure” and “social laws” synonymously to explain the power that social actors have within fields. He argues that researchers can view these laws by investigating the relations that occur between actors.

Bourdieu (1984: 233) provides an example of these relations in *Distinction* when he discusses the social field of clothing fashion:

Just as the ready-to-wear ‘revolution’ arose when the dispositions of a designer occupying a particular position in the field of fashion encountered the ‘modern,’ ‘dynamic,’ ‘casual’ life-style of the new bourgeoisie which brings the traditional functions of representation into professional life...which the most ‘in’ boutiques sell at inflated prices to a clientele of ‘beautiful people’—models, photographers, advertising agents, journalists—

owes its success to the fact that it meets the demands of the young counter-culture.

Bourdieu discusses the need for designers to adapt to the tastes and demands of the dominant class of young, pretty, fashion elites in order to sell their clothes at expensive, high-end boutiques. The field of fashion design involves more than just the designers and their access to material resources. The relations between targeted client groups and designers dictate what designers will make. The designers who are able to successfully meet and anticipate the tastes of the dominant fashion elites are successful in selling their clothing in high-end boutiques and generate more capital and power in this field. This then reinforces the structure of the field, centered on laws of wealth, privilege, and exclusivity, which is objectively illustrated through the relations between the designers and their clients.

2.2.2 Clarifying the Use of Structure in the Present Study

As noted above, the concept of structure is extremely difficult to grasp. However, it is frequently cited in social scientific research (Sewell, 1992). The preceding sub-section defines five different uses of structure. These include: 1) Marxist understandings, 2) Cultural Marxist understandings, 3) Lévi-Strauss' cultural definition, 4) Sewell's structure in its transitive verbal sense, and 5) Bourdieu's use of structure in his theory of practice. In this subsection, I move forward to outline a definition of structure which fits with Bourdieu's use of the term and guides the analysis of the data in the present study.

When I refer to structure in the present study, I am drawing on Bourdieu's understanding that the rules of fields, or objective sets of social relations, structure or

pattern actions. This use of structure is also reflected in Sewell's (1992) discussion of structure in its transitive verbal sense, which he refers to as "structuring."

However, to connect my use of structure to Bourdieu's, I use the concept "structure" to discuss the patterns, cultural norms, economic context, and rules within social fields that shape the actions of social agents.

2.2.3 Defining Agency

An important component in comprehending Bourdieu's framework is developing an understanding of the definition of agency. Not unlike structure, the term agency has also been described as difficult to adequately define in scholastic work, as authors often use the term agency as a synonym for free will (Ahearn, 2001). In an attempt to systematically define the term agency, Emirbayer and Mische (1998: 962) claim that many researchers equate agency with "self-hood, motivation, will, purposiveness, intentionality, choice, initiative, freedom, and creativity." This has led to problems, since the reduction of agency to free will and other synonymous terms cannot demonstrate the role that agency plays in shaping social change (Emirbayer and Mische, 1998: 963):

[H]uman agency...[should refer to a] temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualize past habits and future projects within the contingencies of the moment).

Agency should refer to the active engagement or participation of actors in their social worlds. Emirbayer and Mische (1998) caution researchers against using a definition of agency that does not include purposive social engagement, as these definitions discount the role social actors play in constructing their own lives. In order to

accurately investigate the role of workers in determining their own health behaviours in food service workplaces through social action, it is first necessary to understand the concept of agency.

I argue that arriving at a meaningful definition of agency is an important sociological task. General definitions of agency discuss the role of actors in constructing the social world:

Agency, then refers to the fact that we make culture, history, and policy through, not under, conditions of our own choosing. Human behaviour is embedded in, and emerges through, social interaction. Human beings are producers as well as produced, shapers as well as shaped, influencing as well as influenced. Social action is volitional, purposeful, and meaningful, even though social facts constrain life chances (Musolf, 2003: 8).

Here, human agency is defined as the direct, meaningful involvement of social actors in shaping and constructing the social world. However, agency is not presented as unbounded freedom to alter social structures. Rather, it is engaging in social behaviour that has the potential to change actors' social outcomes. These behaviours are influenced by pre-existing, learned social rules and laws. The ability to drastically alter social systems and improve life chances is hindered by social facts, such as one's social position.

Existentialist philosophy largely influenced Bourdieu's development and use of the concept of agency. Sartre's conceptualization of agency is grounded in the belief that his structuralist predecessors were overly deterministic (Campbell, 2005). According to Sartre (1985), human action is always possible and it always exists. This conceptualization of agency includes free will. However, it also includes human action. In summarizing Sartre's views on agency, Heter (2006: 16) states,

“consciousness can exercise itself in any situation, no matter how qualitatively impoverished the choices; consciousness is agency; therefore agency is possible in any situation.” This follows the assumption that it is not sufficient to note that social agents have the desire to act freely; we must also acknowledge that they can act freely in a conscious or self-aware way.

Bourdieu’s use of agency incorporates elements of Sartre’s existentialism. He claims that agency is exercised by social actors. However, their ability to do so is constrained by engrained dispositions (*habitus*), access to capital, and cultural norms (structures) within social fields. He further argues that agency is best exercised by social actors when they act in a reflexive manner,⁴ with recognition of the reasoning behind their choices to behave in certain ways (Bourdieu, 1977). This differs from Sartre (1985) who argues that all actors are able to act conscientiously, regardless of social positions and situations.

Bourdieu argues that social actors exercise agency when they act consciously, rather than when their actions stem from their *habitus* or engrained dispositions. Brown and Szeman (2000: 59) argue “Bourdieu’s reflexive sociology forces us to theorize agency—be it our own or that attributed to consumers of the mass media—within the constraints exercised by structuring structures.” The ability to comprehend the meaning behind one’s actions allows for social action that is capable of generating social change. This illustrates agency as it provides actors with choices that are external to their dispositions.

Many contemporary sociologists now accept that structure and agency must be understood as informing each other. Emirbayer and Mische (1998) note that

⁴Reflexive action is discussed further in the following sub-section on *habitus*.

agency often infiltrates into structure and vice-versa. Further, they argue that combining structure and agency often leads to the development of models that water down the importance of agency in determining social action. Adhering to a strict structural framework follows the understanding that individual actions and outcomes are the result of social structures and patterns. On the other hand, following an existential framework that views agency as the only factor in determining social outcomes and circumstance is also flawed, as it does not account for the limitations and advantages people face in a structured social world characterized by unequal opportunities. Despite previous scholarly orientations toward picking a structural or constructionist framework of social investigation, Bourdieu is credited with developing a framework that integrates action and social patterning.

Bourdieu moves past a traditional structural framework through the incorporation of agency into his framework. One of the most basic underlying assumptions for scholars combining structure and agency is the belief that actions can either reinforce or alter social structures (Ahearn, 2001). Bourdieu's view of agency stems from the proposition that actors have the ability to change their habitus over time with prolonged exposure to unfamiliar cultural elements. They also have the ability to consciously recognize the factors and dispositions influencing their actions through reflexive thought (Bourdieu, 1977; 1984). This reflexive thought occurs when actors' habitus is not well suited to their social field. When this occurs, they are able to think about the motivations behind their actions and act decisively.

Bourdieu's emphasis on structural determinants of social outcomes and inequality is often viewed as a weakness by many social researchers (see Ahearn,

2001 and Sewell, 1992). For example, Jenkins (1982: 272) argues that Bourdieu's term habitus "constitutes no more than another form of determination." He argues that Bourdieu's model is incapable of viewing social actors as active participants in meaningful social action because their actions are viewed as guided by engrained dispositions. This view of Bourdieu's work is problematic, as it ignores Bourdieu's (1977) assertion that social actors are capable of acting reflexively. Further, I argue that the emphasis he places on structure is useful for studying the consumption practices of workers employed in the food service industry, as their work and job tasks are highly patterned and routinized, leaving little room for autonomy and innovation. Workers are not allowed to exercise agency in how they perform their work, as these workplaces have a culture of hierarchical relations between management and workers (Reiter, 2002). Beyond this, workers are constrained by larger economic and cultural structures, as they often occupy lower socioeconomic status positions within society (Reiter, 2002). Reiter's research suggests that food service workers' actions should be highly constrained by social structures within the field of food service work. However, there is a high level of turnover in the this industry and workers often occupy these job roles for a short time (Reiter, 2002). This could suggest that workers make food choices based on taste derived from longer, more durable forms of habitus. To date, there is no research on the impacts of food service workers' familial backgrounds, workplaces, and other life factors that might influence their food consumption patterns.

2.4 Bourdieu's Theory of Practice

Due to the complicated nature of Bourdieu's framework, it is important to have a firm understanding of his approach, and a general understanding of how he orients himself in the debate surrounding structure and agency in social research. Bourdieu's important concepts of habitus and field have been introduced. However, in order to fully understand his framework and how it can be operationalized, his concepts must be explored fully. This section discusses Bourdieu's main concepts⁵: habitus, field, capital, class, culture and taste, and systemic violence. These concepts are the key components of Bourdieu's theory and are useful for understanding food consumption patterns of food service workers.

Although Bourdieu is perhaps best known for his work in the field of education, his concepts can be used to understand many other important areas of social inquiry, such as literary criticism, art history, and sociology (Reed-Danahay, 2005). In *Distinction: A Social Critique of the Judgment of Taste* Bourdieu (1984) extended his model to study the impacts of culture and taste on practical decisions surrounding consumption patterns. This application along with Bourdieu's (1977) most sophisticated development of habitus in *Outline of a Theory of Practice*, form the basis for the discussion below.

In *Distinction*, Bourdieu (1984) discusses the important role of culture in forming social agents' dispositions:

[T]he dispositions which govern choices between the goods of legitimate culture cannot be fully understood unless they are reintegrated into the system of dispositions, unless 'culture' in the restricted normative sense of ordinary usage, is reinserted into 'culture' in the broad, anthropological sense and the elaborated taste for the most refined objects is brought back into

⁵ These concepts are presented individually for clarity. However, they are components of Bourdieu's theory and cannot be viewed in isolation from one another. Due to this, there will be some overlap between the concepts presented in each separate sub-section.

relation with the elementary taste for the flavours of food (Bourdieu, 1984: 99).

Bourdieu argues that cultural exposures create dispositions that orient people toward certain tastes, including tastes in a variety of consumables, like food. These orienting dispositions are referred to as habitus.

Bourdieu frames his work using the concept of cultural consumption. This concept is defined as the intake of certain types of goods based on one's social exposure to certain types of culture (Bourdieu, 1984). A deep understanding of culture, its associated dispositions, and how it impacts consumption is integral to understanding consumption patterns. These cultural dispositions are patterned or structured by social position and impact the consumption of a variety of tangible material items, including food, music, services and art. Bourdieu (1984: 185) writes:

The disappearance of economic constraints is accompanied by a strengthening of the social censorships which forbid coarseness and fatness, in favour of slimness and distinction. The taste for rare, aristocratic foods points to a traditional cuisine, rich in expensive or rare products (fresh vegetables, meat).

Bourdieu understands consumption choices as resulting from social relations and cultural experience. This is indicative of a structural orientation toward consumption. Social agents do not choose consumables, such as food or leisure activities, on the basis of individual preferences alone. They make choices based on familiarity and cultural exposure.

Bourdieu argues that social actors select consumables based on what he calls "intelligible relations". Intelligible relations are the similarities between preferences across different categories of consumables (Bourdieu, 1984). This implies that "elements of [an actor's] behaviour have something in common, a kind of affinity of

style” (Bourdieu, 2005: 44). In this sense, deeply engrained cultural dispositions orient individuals toward making consumption choices that are structured by their cultural knowledge.

Modern researchers have found support for Bourdieu’s assertion that cultural exposure impacts consumption patterns. For example, in their study of the relationship between social stratification, measured through status, income, and education, and visual art consumption in England, Chan and Goldthorpe (2007) found that individualism is not related to art choices. Instead, they argue that art consumption follows a homologous or social grouping, pattern. Chan and Goldthorpe (2007) found that status was more important than income in determining art choices. They define status using a Bourdieuan definition which equates status with lifestyle preferences generated from early cultural exposures. Ultimately, their research illustrates the link between cultural exposure and consumption patterns.

In their analysis of British leisure time, Katz-Gerro and Sullivan (2010) also found gender and class-based differences in cultural consumption. Using the concept of “veracious leisure consumption,” defined as cultural variety and frequency of participation in activities, they found support for Bourdieu’s theory that class differences result in variations in consumption. However, they also found that gender played an important role in leisure consumption. Men from high status backgrounds experienced the most veraciousness in leisure, whereas low status women experienced the least (Katz-Gerro and Sullivan, 2010). They argue that this results from the gender and class-based oppression of low status women that prevents them developing the cultural knowledge needed to participate in activities defined as both

masculine and elite. This study illustrates the continued importance of cultural exposure on consumption patterns while adding to Bourdieu's framework, emphasizing the role of gender as a structural marker of social inequality.

2.4.1 Habitus

Bourdieu (2005: 43) defines habitus as a "system of dispositions." From a biological determinist perspective, dispositions are generally spoken about as innate qualities that individuals are born with. These qualities impact individuals' thought processes, behaviours, and actions (Miller and Costello, 2001). The word disposition has a deterministic undertone. For example, medical doctors often refer to patients as being "pre-disposed" to certain illnesses and ailments. However, Bourdieu (1984: 570) extends the concept to "system of dispositions," involving a network of culturally acquired traits that form one's habitus, which stems from one's relations with other members of society.

The concept of habitus is intended to describe fluid social schemas that impact individual action. Bourdieu (2005: 43) writes:

Now I must first recall the definition of habitus as a system of *dispositions*, that is of permanent manners of being, seeing, acting and thinking, or a system of *long-lasting* (rather than permanent) schemes or schemata or structures of perception, conception and action. The word disposition, being more familiar, less exotic, than habitus, is important to give a more concrete intuition of what habitus is, and to remind you what is at stake in the use of such a concept, namely a peculiar philosophy of action, or better, practice, sometimes characterized as *dispositional*.

Habitus contributes to the "choices" actors make to act or not to act in certain ways.

It contributes to choices to consume or not to consume certain foods (Bourdieu,

1984). One's dispositions are shaped by past and present circumstances and in turn shape current and future practices. Habitus is instrumental to how well individuals perform within social fields (Bourdieu, 1977). The ability to engage in meaningful action that is viewed as favourable in a given social field provides individuals with better life circumstances and social outcomes.

Bourdieu argues that actors are rarely consciously aware of the dispositions that shape and direct their actions. He defines awareness of the primary reasons for social action as reflexive action, rather than disposed or patterned action.

If agents are possessed more by their habitus than they possess it, this is because it acts within them as the organizing principle of their actions, and because of this *modus operandi* informing all thought and action (including thought of action) reveals itself only in the *opus operantum*. Invited by the anthropologist's questioning to effect a reflexive and quasi-theoretical return onto his own practice, the best-informed informant produces a...*discourse of familiarity*...[those who take this for granted] are inevitably subject to the censorship inherent in their habitus, a system of schemas of perception and thought (Bourdieu, 1977: 18).

Reflexivity involves being aware of one's social actions and the reasons for the choices one makes. On the other hand, habitus refers to the unconscious dispositions that unknowingly direct behaviour. In Bourdieu's work, reflexivity and habitus oppose one another. One cannot be consciously aware of the reasons for his or her actions and unaware of them at the same time. Bourdieu argues that social actors become more aware or reflexive when their habitus does not fit with their field positions (Mouzelis, 2007).

Bourdieu (1977: 87) argues that the primary site of habitus generation is the family.

[T]he habitus acquired in the family underlies the structuring of school experiences (in particular the reception and assimilation of the specifically pedagogic message), and the habitus transformed by schooling, itself diversified, in turn underlies the structuring of all subsequent experiences (e.g. the reception and assimilation of the messages of the culture industry or work experiences), and so on, from restructuring to restructuring.

Within the family, individuals are exposed to familial culture, class culture, and consumption patterns, resulting in a formed habitus. These individuals then carry their habitus into the school system and their dispositions guide their learning, helping them to excel academically and progress through school systems to gain additional cultural capital or preventing them from succeeding. These exposures result in the formulation of systems of characteristics that are resilient and fairly difficult to change without meaningful exposure to other cultural cues (Bourdieu, 1977, 1984).

Habitus is durable and long lasting and it operates in a wide variety of social fields. Bourdieu (2005a) insists that habitus is not natural. It is socially acquired and is the product of history and biography. Therefore, although habitus is difficult to change, it can change. Changes in one's habitus are generally a product of changes in one's cultural experiences that occur over a prolonged period of time or result from significant life events. For example, using a case study on career counselors, Artaraz (2006) argues that three specific types of habitus are apparent in the career counseling occupation: opponents, backers, and accommodators. The dispositions formed by the counselors during their occupational tenure led to variations in client service provision. Habitus is well suited for studying food service workers' health behaviours and eating patterns because it suggests that workers' behaviours may result from their long-term habitus and it may be based on the cultures the workers

were raised in. However, habitus can change and this also suggests that habitus may change based on workers' experiences in the food service industry.

Social actors attempt to improve their social positions and mastering favourable dispositions or habitus assists with this. Bourdieu (1984) refers to this as "cultural competence." Cultural competence is the mastery of traits associated with a particular habitus, resulting in an individual being a legitimate or self-certain member of a class (Bourdieu, 1984). Bourdieu notes that people tend to remain in fields where their competent habitus fits well. In order to avoid discomfort, they avoid fields and positions that may result in dissonance between their habitus and the field. However, he also notes that those who experience dissonance between their habitus and social fields are more likely to participate in reflexive social action.

Maton (2008) argues that human actors are not automatons, as some scholars maintain Bourdieu has made them out to be, arguing the need to view habitus in relation to Bourdieu's other concepts. According to Bourdieu (1977), individuals' behaviours and actions are the result of the interaction between habitus and capital, plus individuals' positions in social fields. Maton (2008) illustrates this as [(habitus (capital))] + field = individuals' positions in social fields. The ability to act reflexively varies in relation to the amount and type of capital actors have and how advantageous this capital is within certain social fields. Actors with access to advantageous capital have the ability to act in meaningful, conscious ways within certain social fields. While habitus alone cannot account for an individual's ability to exercise agency, agency can be explained by combining it with Bourdieu's other concepts.

2.4.2 Field

Bourdieu's concept of habitus cannot be fully understood without the complementary concept, field. Fields are simply defined as invisible social spaces wherein social actors occupy positions with the goal of maintaining or transforming current social structures (Bourdieu, 2005b). He best defines what he means by "field" through his discussion of literary fields⁶:

The science of the literary field is a form of *analysis situs* which establishes that each position...is objectively defined by the system of distinctive properties by which it can be situated relative to other positions; that every position, even the dominant one, depends for its very existence, and for the determinations it imposes on its occupants, on the other positions constituting the field; and that the structure of the field, i.e. of the space of positions, is nothing other than the structure of the distribution of the capital of specific properties which governs success in the field and the winning of the external or specific profits (such as literary prestige) which are at stake in the field (Bourdieu, 1983: 312).

Fields are more than simple social spaces wherein actors perform. Bourdieu defines fields by including access to capital which results in complex systems of social inequalities that benefit some actors and disadvantage others.

Fields are hierarchical and actors have set positions within a given field based on the amount of capital that they possess. Bourdieu (1984: 124) states:

To account more fully for differences in lifestyle between the different fractions—especially as regards culture—one would have to take account [of] their distribution in a *socially ranked geographical space*. A group's chances of appropriating any given class of rare assets...depend specifically on its capacity for the specific appropriation.

⁶ It is important to note that different fields exist for different social spaces. The literary field is just one of the many fields that Bourdieu discusses.

Here, Bourdieu (1984: 124) states that fields are “socially ranked.” This refers to complex hierarchical positions that determine actors’ privilege, power, and social advantage. He argues that these positions explain differences in lifestyle, which includes consumption and food choice.

The ability to shape a social field to one’s own advantage depends on field position. Further, these fields are governed by sets of social laws that dictate which traits and dispositions are favourable. Actors must learn these laws or social rules to obtain favourable positions within these hierarchical fields:

When asked in a survey how they [the dominant class] thought works of art in museums might be better presented to the public, and whether the ‘supply level’ ought to be more accessible by providing technical, historical or aesthetic explanations, members of the dominant class—and especially the teachers and art specialists—endeavor to escape from the contradiction by dissociating what is desirable for others from what is desirable for themselves. It is because the museum is at it is that is their exclusive privilege; so it is as it should be for people like them, i.e., people made for it (Bourdieu, 1984: 229).

Bourdieu uses the case of museums to illustrate the elite knowledge, or cultural capital, held by members who possess a well-formed habitus in the arts. The museum becomes an expression of their exclusive social privilege, as they are the ones who understand the cultural laws that govern artwork. This places those with limited knowledge of the art field’s social hierarchy at a disadvantage, as they lack knowledge of these laws. In order to be successful in fast food work, an individual must learn the social politics associated with the job, the skills necessary to perform the work, and the formal and informal workplace rules. For example, in the present study, many of the workers interviewed discussed forming social relationships with their managers as a way to gain power and privilege in the workplace. Actors with a

high degree of cultural competence or knowledge about a field and its rules are able to navigate that field more successfully, gaining more power and the ability to exercise greater amounts of agency.

Fields can be highly competitive, as actors compete for the capital needed to maintain or improve their current positions. Bourdieu (1984) introduces four types of capital to explain movement in social fields: economic, cultural, social and symbolic⁷. Social actors starting with more capital are at an advantage and are generally able to continue to obtain more capital and succeed in their social fields, as those with capital and power are able to make decisions that maintain their dominant positions within social fields. Therefore, they are able to exercise more free will (Bourdieu, 1984). This allows them to shape the field and its governing laws based on their own values (Bourdieu, 2005b). The owners of food service companies are often able to do this. Reiter's (1991) study of fast food workers illustrates that the management at Burger King was able to create an ideology of worker loyalty. Workers articulated this ideology stating "when you work for Burger King, only Burger King is important" (Reiter, 1991: 97). Fields structure social lives and assist in the reproduction of dominant ideologies which reinforce power within social fields.

Like habitus, fields are not fixed or stagnant. They are constantly changing and are shaped and reinforced by the actors' performances within them:

Social structures do not run like clockwork. For example, the people who don't get the job that was so to speak statutorily assigned to them—the ones that people call 'failures' will work at changing the job so that the difference

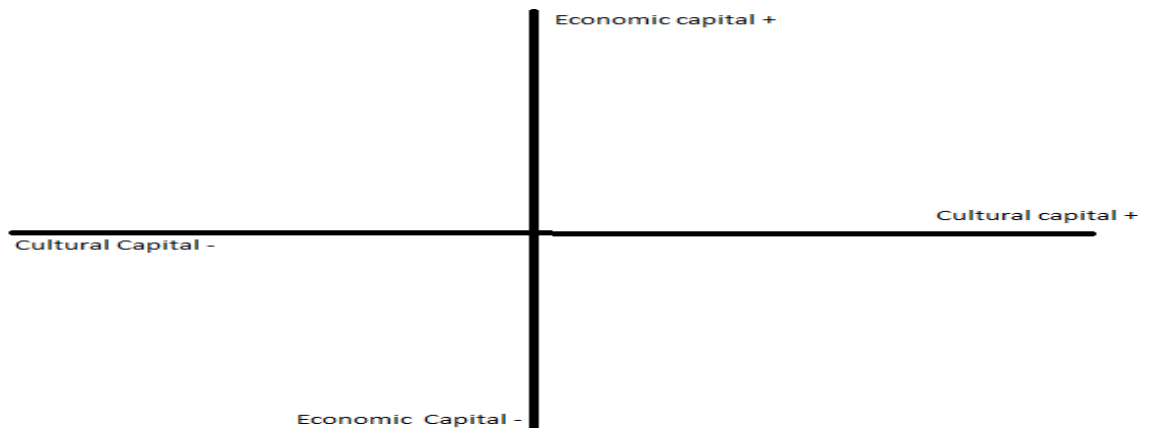
⁷ For elaboration and explanation of Bourdieu's use of capital and types of capital, please see the section on capital.

between the job they had expected to get and the job they actually get disappears (Bourdieu, 1990: 45).

Bourdieu implies that actors have the ability to navigate fields, change their positions within fields, and ultimately shape the field. Having a well-formed habitus assists actors in navigating these fields, as actors' dispositions can be viewed as resources or cultural capital which can provide actors with the knowledge or tools needed to succeed in different social fields (Bourdieu, 1984). In my research, I hypothesize that the food service workers who have a working class habitus may be disadvantaged, compared to those who have an upper class habitus, in terms of navigating the sub-field of food choice within the larger field of the food service workplace because they are not disposed to make healthy food choices.

The initial placement of actors within social fields is dependent on both their cultural and economic capital. Thomson (2008) argues that this placement can be plotted on a graph (see Figure 1). The more economic and cultural capital an actor has, the better position he or she will have in a social field. However, an actor can have limited cultural capital and a lot of economic capital and still be in a better field position than an actor with low cultural and economic capital or low economic capital (Thomson, 2008). The amount of capital in turn dictates how much power an actor will have within a social field.

Figure 1: Visual Explanation of the Role of Capital in Generating Power within Social Fields



Reference: Thomson, 2008: 72

Fields are large social spaces. However, “sub-fields” can also exist in larger fields (Bourdieu, 1984). Sub-fields are smaller social spaces that are changed and maintained based on what happens in the larger field in which they are situated.

These sub-fields can be explained using the example of the university system:

For example, one can talk of the ‘academic field,’ the ‘university field,’ and the ‘intellectual field.’ At the same time there can be sub-fields such as the ‘philosophy field,’ and the ‘biology field’ (Lucas, 2006:68).

Bourdieu (1977) maintained that ultimately all fields are dominated by the economic field. For example, what happens in the larger economic field will impact the food service workplace.

Bourdieu’s concept of field has been used to understand food choice in a variety of different populations. For example, in their study on women’s familial food provision, Bava et al. (2008) found that women’s practices in food provision centered on convenience. This was largely due to time constraints and lack of

acquired cooking skills. Within the field of food provision, they argue that women with multiple time demands and limited knowledge of cooking occupy lower field positions, or are at a disadvantage when it comes to providing food for their families (Bava et al., 2008). Similarly, in their study of study of men's food consumption choices, Julier and Lindenfeld (2005) argue that gender is important within the field of food choice and provision. The values associated with hegemonic masculinity, such as power, authority, and control, dictate that familial food provision is a feminized, domestic task. However, male production of and control over food choices becomes acceptable in certain male dominated social arenas, such as firehouses (Julier and Lindenfeld, 2005). They also note that there is a limited understanding of gendered food choices and this must be investigated further.

2.4.3 Capital

From Bourdieu's perspective, capital cannot be defined in a strict Marxist sense. In order to understand capital from this perspective, one must break with traditional materialist views of capital (Moore, 2008). Bourdieu (1973) defines capital as an accumulation of goods that provide actors with agency in social fields. However, these goods do not have to be material. Bourdieu identifies many forms of capital including genetic, linguistic, and scholastic. However, his four main types of capital are economic, social, cultural and symbolic capital (Thomson, 2008).

Bourdieu (1977) defines economic capital as economic accumulation of wealth. Money and forms of money, such as credit, provide actors with an advantage within social fields (Bourdieu, 1977). Economic capital is more important than the

other types because it is easily converted into other forms of capital. For example, those with economic capital can afford to travel internationally, hence gaining cultural capital. Nevertheless, all forms of capital contribute to shaping power, agency and performance within social fields (Bourdieu, 1973, 1977). From this perspective, a restaurant owner would have more power and advantage in the food service workplace than a worker, having greater access to economic capital than workers.

Social, cultural, and symbolic capital provide additional sources of power within fields. According to Bourdieu (1986: 51):

Social capital is the aggregate of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition—or in other words, to membership in a group.

Social actors gain power through their social relationships. These relationships are generally fostered and maintained through economic exchanges, meaning that they are often based on material ownership or economic status (Bourdieu, 1986).

Relationships tend to form between actors with similar backgrounds, similar social and geographical locations, and similar access to capital. Food service workers can gain advantages by accumulating social capital within their workplaces through relationships with management and owners.

Bourdieu also identifies cultural capital as a mechanism for power generation in social fields. Cultural capital is simply defined as “the mastery of elements of a prestigious status culture [or way of acting]” (DiMaggio, 1982: 191). Bourdieu (1986) first worked with the concept of cultural capital to explain variations in scholastic achievement amongst children from different classes. He notes that

cultural capital must be acquired over time and a well-constituted habitus requires long-term exposure to certain types of cultural capital (Bourdieu, 1984). This exposure often begins early in life within the domestic realm (Bourdieu, 1986). Consumption patterns are formed with cultural exposure in early life and continue throughout one's life. Subscribing to the belief that cultural capital impacts field placement and navigation or actions within fields would lead one to suggest that recent environmental factors, such as working in close geographical proximity to food, would have less of an impact on food consumption and health behaviours than childhood class and exposure to cultural capital in the familial field.

The last form of capital that Bourdieu discusses is symbolic capital. Symbolic capital is linked to status. In other words, actors are able to gain prestige, respect, and power through status which is gained through symbolic capital (Bourdieu, 1977). This includes educational credentials, public recognition, and authority. According to Bourdieu, symbolic capital allows people to move upward or maintain their positions within social fields. For example, a food service worker may use his or her education to become a restaurant manager or to enter a white-collar work role in a restaurant's head office. They may also use their education to leave the field of fast food work altogether. Symbolic capital is often transformed into economic capital, as this form of capital is often used to gain employment.

Symbolic, cultural, and social capital can all be transformed into forms of economic capital (Bourdieu, 1977). In other words, actors can use the forms of capital they have available to them to generate economic capital for themselves. However, the type of field an actor is navigating and the constitution of his or her

habitus will dictate how useful a particular type of capital is for generating power in that particular social field. Further, depending on the field, different types of capital may generate more power than others (Bourdieu, 1977). Economic capital is universally accepted and is important across all fields. However, cultural, social and symbolic capital are not always universally accepted (Webb et al., 2002). For example, in food service work, education may not be as important as the social capital workers generate from interactions with one another and with management. Additionally, as a large number of students are employed in this field, education levels could work against these individuals, as they are often too busy with school to meet the demands of their workplaces.

Capital is exchanged within and across fields and enables social actors to exercise power. Power, according to Bourdieu, is the ability to act reflexively in conscious meaningful ways within social fields (Bourdieu, 1977). Power stems from the possession of objectified and embodied capital. Objectified capital is tangible and has measurable worth, for example money or property. Embodied capital is the display of attributes associated with a certain type of capital. For example, the ideal of thinness may serve as an attribute of beauty that allows access to education or money (Bourdieu, 1986). Food service workers perform low-paying work which results in low access to objectified capital. If these food service workers have low access to objectified capital, using Bourdieu's theory, they should embody this through habitus, taste, food choices, and ultimately through their bodies. This embodiment of low capital would further disadvantage these workers in other social fields.

Bourdieu uses the term embodiment to explain how culturally learned dispositions, or habitus, present themselves in the social world (Csaordas, 1990). For this reason, Csaordas (1990: 8) argues that “Bourdieu situates embodiment in an anthropological discourse of practice.” Embodiment is the display of one’s habitus, or the enactment of learned cultural patterns that dictate or structure one’s actions.

Bourdieu (1977: 95) states:

Through the habitus, the structure which has produced it governs practice, not by the processes of a mechanical determinism, but through the mediation of the origins and limits it assigns to the habitus’s operations of invention. As an acquired system of generative schemes objectively adjusted to the particular conditions in which it’s constituted, the habitus engenders all the thoughts, all the perceptions, and all the actions consistent with those conditions and no others...Because the habitus is an endless capacity to engender products – thoughts, perceptions, expressions, actions – whose limits are set by historically and socially situated conditions of its production, the conditioned and conditional freedom it secures is as remote from a creation of unpredictable novelty as it is from a simple mechanical reproduction of the initial conditionings.

Culturally formed dispositions are so deeply ingrained in the individual that they impact his or her thoughts, views of the world, and actions unconsciously. One’s actions result from one’s cultural exposure and it is through these actions that the social actor embodies, or acts out, his or her habitus.

Bourdieu discusses embodied capital using the logic of association. The logic of association suggests that actors who have exposure to certain types of objects will prefer these types of objects. They will also prefer objects in different categories that are similar to those they already prefer. That is, actors from similar social backgrounds tend to have similar tastes (Bourdieu, 1984). Hence, exposure to objectified capital, such as money, which allows for the purchase of fresh fruits and

vegetables, would result in a taste for these foods which are associated with “healthy eating”. Actors with experience and deep exposure to money tend to prefer “high-class” items, such as good food and fine art, across a variety of different categories.

2.4.4 Social Class

Different theorists understand social class in different ways. In comparing Bourdieu to Marx, Burawoy and Von Holdt (2012) argue that Bourdieu’s concept of class was constructed in response to Marx’s use of the term. Marx (2007) defines a class by its relationship to the means of production. For example, in *the German Ideology*, Marx (2007:82) discusses the development and transformation of the burgher class:

Out of the many local corporations of burghers there arose only gradually the burgher class. The conditions of life of the original burghers became, on account of their contradiction to the existing relationships and of the mode of labour determined by these, conditions which were common to them all and independent of each individual. The burghers had created the conditions insofar as they had torn themselves free from feudal ties, and were created by them insofar as they were determined by their antagonism to the feudal system which they found in existence. When the individual towns began to enter into associations, these common conditions developed into class conditions. The same conditions, the same contradiction, the same interests necessarily called forth on the whole similar customs everywhere. The bourgeoisie itself, with its conditions, develops only gradually, splits according to the division of labour into various fractions and finally absorbs all propertied classes it finds in existence.

From Marx’s (2007) perspective, a class shares a common relation to the conditions imposed on them by the means of production. These conditions are shared by all members of a class group. However, he speaks of them as being external to the individual, in the sense that they belong to and are determined by the economic

system of the time. The totality of the conditions experienced by individuals is referred to as class conditions.

As noted above, Marx's (2007) definition of class is discussed in terms of antagonistic relations of exploitation. In a capitalist system, each class group pursues its own interests. These interests are often in contradiction to one another. For example, proletariats seek to better capitalize on their labour power, whereas the bourgeoisie class attempts to maximize surplus and increase profits. Marx's protégée, Fredrick Engels, defines false consciousness as ideology that is perpetuated by the dominant class within an economic system that is unrecognizable or invisible to the class that it is imposed upon (Manders, 2006). False consciousness involves the non-dominant class not recognizing its oppression, thus allowing an economic system, characterized by inequality, to continue to flourish.

Although Marx (2007) discusses the conditions imposed on class groups, he does argue that these conditions can be altered through historical periods of class revolution. However, he argues that in order to enter a period of revolution, a class must achieve a class, rather than a false, consciousness. Class consciousness is defined as the proletariat class becoming aware of their position and purpose within the capitalist mode of production (Marx, 2013). In gaining this awareness, a class unites and begins the process of collectively working toward advancing its common or shared economic and social interests (Marx and Engels, 1964).

Unlike Marx, Bourdieu does not provide a standardized typology of social class wherein he names specific classes in terms of their relations to the mode of production. He does not clearly define what he means by social class. However, he

implies it in his work (Crossley, 2008). Bourdieu's implied notion of class differs from a traditional materialist definition, as he discusses cultural similarities as forming the basis of class (Bourdieu, 1977). Bourdieu (1984: 372) states that "social class is not defined solely by a position in the relations of production, but by the class habitus that is 'normally' (i.e., with a high statistical probability) associated with that position." However, Bourdieu (1977) does note that the cultural similarities, which form the basis of a class, are often grounded in economic relations, as these economic relations impact access to cultural exposures which form class habitus. Thus, to Bourdieu, classes are defined as groups with shared cultural traits of characteristics.

Social classes strive to shape fields to suit their ideologies and to make their characteristics appear superior to those of other classes (Bourdieu, 1984). Those with capital and power are able to shape fields around their own norms and values. The power within certain class groups allows members to construct and reinforce social fields to advantage themselves and disadvantage others. The dominant ideology dictates what is attractive and unattractive and these criteria are used to rank individuals as higher or lower in fields based on cultural differences. According to Bourdieu (1984), cultural differences help to justify social and economic inequality.

Bourdieu (2004), like Marx, discusses processes of class domination wherein the dominated class is unaware of its class location. Symbolic violence is defined as "the violence which is exercised upon a social agent without his or her complicity" (Bourdieu and Wacquant, 2004: 272). Symbolic violence relates directly to actors' misrecognition within social fields. Bourdieu's understanding of misrecognition ties

in closely with the Marxist concept of false consciousness. Misrecognition asserts that individuals are likely to forget that they are located in and produced by fields (Bourdieu and Wacquant, 2004). This misrecognition of social placement leads to symbolic violence, as individuals experience violence, defined as domination and discrimination. However, they view it as part of the natural order of things, which in turn legitimates and reinforces systems of inequality within fields (Bourdieu and Wacquant, 2004). Social actors are not aware that they are subjected to symbolic violence or, in the case of the dominant, that they exercise it themselves.

The concept of symbolic violence adds to the understanding of food service work, as workers are often not aware of the dominant ideology they are subjected to in the workplace. Reiter (1991) discusses the alienation of Burger King workers and the ideology the owners force on Burger King employees on a daily basis. Workers are often unaware of the corporate ideology behind their work practices and come to view it as a natural part of work. For example, Reiter (1991) notes that owners' streamlining of the work process by increasing the authority of management is spoken of using the term "efficiency". Workers unconsciously accept this ideology through the belief that efficiency is a normal part of good business practice.

Symbolic violence can also be used to understand the embodiment of weight in relation to class. Individuals from lower socio-economic households are constrained in their ability to access high quality food and physical activity compared to those with higher socio-economic status. These individuals are also more susceptible to poor health outcomes, including obesity (Scharoun-Lee et al., 2009). The ideal of thinness as preferable is perpetuated through media outlets which

are owned and controlled by members of the dominant class. Individuals are often unaware that this dominant ideology exists and it is produced and perpetuated by individuals who value thinness and have the resources, habitus, and cultural tastes to achieve it.

2.4.5 Culture and Taste

From Bourdieu's (1984) perspective, culture is a combination of beliefs, norms, values, traditions, and language. Culture serves as the basis of human social interaction and it alters actors' social practices by connecting them to institutionalized hierarchies. Culture essentially embodies power relations. Culture is also the basis of habitus, as social actors form their habitus through culture. They are then able to use a well-formed favourable habitus to exercise agency and shape social fields or they experience structural constraints as a result of having an unfavourable habitus.

Bourdieu (1984: 2) understands culture and taste as two interconnected elements that impact social life:

Whereas the ideology of charisma regards legitimate culture as a gift of nature, scientific observation shows that cultural needs are the product of upbringing and education: surveys establish that all cultural practices (museum visits, concert going, reading, etc.), and preferences in literature, painting or music, are closely linked to educational level (measured by qualifications or length of schooling) and secondarily to social origin.

From this, it is possible to argue that Bourdieu's definition of culture involves socialization and exposure to different cultural experiences. Bourdieu views culture as integral to human interaction. According to Swartz (1997: 1) Bourdieu understands culture as providing the "very grounds for human communication and

interaction. [However,] it is also a source of domination.” Actors use their cultural knowledge to participate in society and interact with one another. However, culture also allows for the hierarchical ranking of individuals and the domination of certain individuals with certain cultural traits over others (Bourdieu, 1984).

In *Distinction: A Social Critique of the Judgment of Taste*, Bourdieu (1984) explicitly links the concept of culture to taste. Bourdieu defines taste as preferences for different types of things. Bourdieu (1984) further develops this concept in relation to habitus. Social actors are exposed to different types of culture and from this they develop their habitus. Habitus then manifests itself in taste for certain commodities or items. Bourdieu (1984: 1) clearly outlines these connections and frames them through actors’ food choices:

Sociology endeavors to understand the conditions in which consumers of cultural goods, and their taste for them, are produced, and at the same time to describe the different ways of appropriating such of these objects as are regarded at a particular moment as works of art, and the social conditions of the construction of the mode of appropriation that is considered legitimate. But one cannot fully understand cultural practices unless ‘culture’ in the restricted, normative sense of ordinary usage is brought back to ‘culture’ in the anthropological sense, and the elaborated taste for the most refined objects is reconnected with the elementary taste for the flavours of food.

Bourdieu is arguing that one cannot fully understand the consumption of goods, such as food, without understanding the cultural reasoning behind actors’ preferences or tastes. This view asserts that in order to understand the tendencies of food service workers to consume certain products and engage in certain health behaviours, researchers must understand how these workers’ cultural exposures and social positions impact their tastes. For example, a student from an upper class family who takes a part-time job at a fast food restaurant has most likely been socialized to view

certain foods as “healthy” and to have consumed these foods on a regular basis. This student’s view of food that is appropriate for her personal consumption may not change with limited exposure to the field of fast food work.

2.5 Extensions & Connections to Other Bodies of Literature

Due to the interdisciplinary nature of Bourdieu’s work, other theories and bodies of literature complement this theory and can be used to better understand the health behaviours and food consumption of food service workers. This section introduces these additional theories and bodies of literature, summarizes their main premises, and establishes their connections to Bourdieu’s work⁸.

2.5.1 The Social Determinants of Health

The social determinants of health is a popular approach to studying health that has become very influential in the development of social science research on health and health behaviours. Its proponents argue that researchers must pay greater attention to the variety of social conditions that lead to groups of people becoming higher risk for negative health outcomes (Link and Phelan, 1995). This perspective questions individually-based approaches that attempt to explain why certain people are at higher risk of disease than others (Link and Phelan, 1995, Wilkinson and Marmot, 2003).

Medical approaches to health understand illness as stemming from physical, biological, and genetic determinants, whereas individual approaches focus on the

⁸ This chapter introduces each of these bodies of literature and provides connections between the literature and Bourdieu’s framework. An in-depth review of each of these bodies of literature and a presentation of specific studies follows in Chapter Three.

individual's behaviour in relation to disease. Social researchers have noted that individual-based disease prevention interventions are often less effective than population-based interventions, as social factors, such as income and access to health care services, are important factors that determine health risk. Most importantly, access to important resources that determine health outcomes are dependent on a wide variety of social factors, including class and social position (Link and Phelan, 1995). Therefore, in order to understand health, researchers must understand the social conditions that constrain certain groups of people. Further, in order to create effective health promotion strategies, researchers must focus on the social causes of disease, address structural inequality, and attempt to understand why certain groups of individuals are constrained in terms of achieving positive health outcomes (Link and Phelan, 1995). For example, in the United States, low socioeconomic status groups are less likely to have access to medical insurance. This perspective asserts that health promotion should not be left solely to medical personnel and medical researchers (Marmot, 2005).

Work is often viewed as an important social determinant of health (Wilkinson and Marmot, 2003). Examining statistics on self-reported job control in relation to coronary heart disease, Wilkinson and Marmot (2003) argue that men and women who have better control over their work generally have better control over their lives and their overall health. Workers in low-skilled jobs that provide them with few opportunities to make decisions and low levels of authority are more susceptible to poor health outcomes (Wilkinson and Marmot, 2003). A large proportion of workers in the food service industry belong to a variety of socially disadvantaged groups who

are at risk of poor health. They participate in low-paying work that often fails to provide adequate medical benefits (Reiter, 2002). In her study of Burger King workers, Reiter (1991) found that individuals working in fast food experience alienation, as they experience low levels of autonomy in their work. Combined with low wages, following Wilkinson and Marmot's (2003) argument, food service workers should be at risk of negative health outcomes, such as obesity, due to the lack of autonomy and control exercised in their jobs.

Workers in the food service industry work in an environment with easy access to high caloric, low-quality food. Additionally, many of these workers receive staff discounts on the food that they purchase from their workplaces. Moreover, most receive minimum wages (Reiter, 2002). Limited incomes may constrain workers in making food choices, as they may not have the money to purchase healthy food. Social researchers argue that food availability and food security are important determinants of health (Raphael, 2006, McIntyre, 2003, Wilkinson and Marmot, 2003). Food insecurity involves both not having enough food to eat and not having a healthy variety of food in one's diet. Access to high quality, affordable food is more important to avoiding health risks, such as obesity, than access to health education (Wilkinson and Marmot, 2003). Following a social determinants of health model, it is possible to argue that the availability of high caloric restaurant food at a discounted rate, coupled with low wages, has the potential to place workers at higher risk of experiencing negative health outcomes from being overweight.

Applying Bourdieu's theory, some of these social risk factors could be the result of the disadvantaged field positions of food service workers. Further, the class,

cultural and capital disadvantages these workers experience could also result in a taste for low-quality food:

Tastes in food also depend on the idea each class has of the body, that is, on its strength, health and beauty; and on the categories it uses to evaluate these effects, some of which may be important for one class and ignored by another, and which the different classes may rank in very different ways. Thus, whereas the working classes are more attentive to the strength of the (male) body than its shape, and tend to go for products that are both cheap and nutritious, the professions prefer products that are tasty, health-giving, light and not fattening (Bourdieu: 1984: 190).

Limited access to capital and poor placement in the economic and other social fields results in a lack of power for these workers. Following the social determinants of health model, this should result in poorer health outcomes for food service workers.

Viewing the health outcomes of food service workers as being socially determined instead of individually determined further advances the understanding of health behaviours and food consumption patterns of food service workers because these workers tend to be economically marginalized (Reiter, 2002).

2.5.2 Hidden Injuries of Class

The “hidden injuries of class” literature connects well with Bourdieu’s work and a social determinants of health framework, as both of these bodies of work focus on class and the impact of social position on social outcomes. Sennett and Cobb (1972) pioneered this sociological approach, arguing that Marx’s (1964) concept of class conflict, involving a constant struggle between the owners of capital and those without capital, still exists. However, they argue that present-day class conflict does not involve only those who own the material means of production and those who do not. Part of the dominant ideology maintains that those with professional or white-

collar jobs are more successful and deserving of respect than, for example, blue-collar workers. Their study specifically focuses on blue-collar work. They note that blue-collar workers measure their own value and self-worth against jobs that have higher social status attached to them (Sennett and Cobb, 1972). This is based on the hierarchical ranking of achievement based on occupational types and it is perpetuated by those in dominant or high achieving, professional occupations. Sennett and Cobb (1972) argue that this is emotionally damaging for blue-collar workers because they lose their sense of self-worth.

The hidden injuries of class argument complements Bourdieu's perspective, as Bourdieu is also concerned with the reinforcement of dominant ideology within and across fields. Bourdieu's discussion of symbolic violence centers on the silent reproduction of the dominant ideology in fields and how this reproduction advantages those with power (Bourdieu and Wacquant, 2004). The hidden injuries of class perspective also discusses dominant ideology as a mechanism for disadvantaging workers with lower occupational status (Sennett and Cobb, 1972). In both of these perspectives, lack of occupational prestige can be seen as a structural constraint placed on groups of workers that prevents them from advancing in society.

Although food service workers work in the food service industry rather than in manufacturing, they cannot be considered white-collar workers, as their work involves physical labour, assembly, and is not conducted within a professional environment. There is a certain stigma attached to food service work. These workers are not as highly esteemed in society as members of recognized professions, such as doctors and lawyers (Wildes, 2005). If one subscribes to a hidden injuries of class

perspective, one would conclude that these food service workers would feel devalued and would be stripped of dignity due to the low levels of achievement assigned to their occupational status. Wilkinson (1999) found that social cohesion and perceived value in society exacerbates the link between health and income inequality. Further, he notes that social status and social affiliation are two of the strongest indicators of health. Investigating this view point is useful, as it provides a means for investigating food service workers' perceptions of their own occupations and achievements and allows for the investigation of health based on the potential harm workers experience through being hierarchically ranked within a system of occupational achievement.

2.5.3 Critical Studies of Obesity & the Sociology of the Body

The literature from the area of critical studies of obesity is useful for understanding how increased weight has come to be discussed as a large social problem. This area of social inquiry is relatively new and extends across multiple sociological theoretical perspectives. However, generally speaking it is an area of inquiry situated in critical approaches to social science research. The literature found within the area of critical studies of obesity examines media messages and dominant ideology with arguments that these have produced a public "moral panic" (Evans et al., 2008). Media messages target "fat" as bad and unhealthy, which feeds into construction of this panic. Evans et al. (2008) argue that such messages create emotional and social anxieties for those who try to achieve this media-depicted ideal that values slim bodies. This has become extremely problematic for members of the middle class who tend to believe that they are expected to achieve this ideal (Evans

et al., 2008). This perspective suggests that labeling those who do not meet the dominant social ideal of thinness as diseased and placing them in this large obesity epidemic is related to the dissemination of this dominant ideology, which is largely filtered through the media.

Those who adopt this critical stance do not necessarily contest the medical community's argument that carrying excess weight is unhealthy. Instead, they are critical of the discourse and cultural ideals that promote the framing of obesity as an epidemic. Scholars publishing in this area may discuss the ways that individuals use their bodies to reject contemporary cultural ideals, thus exercising personal agency. They also discuss ways that dominant discourse surrounding the body impacts social action (Evans et al., 2008). For example, in studying school aged children, Evans et al. (2008) conclude that young women are vulnerable to adopting disordered eating patterns as a result of their exposure to cultural norms that dictate that being thin is socially desirable. Critical studies of obesity, as an area of social inquiry, attempts to understand the dominant ideology and contemporary discourses surrounding weight, how this discourse is framed, and its social impact on body image and the social construction of identity.

The sociological study of the body is also fairly recent and has produced social inquiries that center on many of the same issues as the critical studies of obesity literature. The sociology of the body is a substantive area with several theoretical orientations and informs the sociological study of health and illness, as it discusses the body as having social and ethical significance within society

(Nettleton, 2001, Schilling, 1991). This provides a framework in which sociologists can view the body itself as being socially constructed.

Two main orientations toward studying the body are the social regulation of the body (structural) and the sociology of embodiment (phenomenological). Those using a social regulation approach understand the body as being controlled, monitored, and regulated through social institutions (Nettleton, 2001). In this perspective, social structures impact how the body is viewed and control its physical manifestations. Sociologists who study embodiment view the body as something that is socially constructed through daily life, noting that social actors tend to exemplify structural concerns through their physical persons (Nettleton, 2001). For example, low socioeconomic status might show itself physically as an overweight body. This perspective is focused on how people experience the body and how social actors use their bodies based on their social positions.

Bourdieu has been influential in the field of the sociology of the body (Schilling, 1991). Despite Bourdieu's placement within the sociology of education, his work on capital and embodied capital has altered the way that sociologists view the body (Schilling, 1991). As discussed in *Distinction*, social actors' tastes are shaped by their habitus, which is largely based on class situation. For example, Bourdieu notes that the tastes of the dominant or upper class are more extravagant than other classes, as they are not concerned about meeting basic needs (Bourdieu, 1984). These individuals are able to participate in cultural activities, consume nutritious food, and adapt lifestyles suited toward obtaining their enforced perception

of physical appropriateness. Through taste and the process of consumption, actors embody their class.

Both the sociology of the body and critical studies of obesity literatures address how the body is classed and how dominant ideologies concerning the body stem from class-based ideals of what is considered appropriate. This is useful to the understanding of food service work because it is low paid and devalued labour (Reiter, 1991). A critical studies of obesity argument would state that food service workers are exposed to media messaging that perpetuates the dominant ideal of thinness. However, as food service workers come from a variety of class backgrounds, some food service workers may approach food consumption and weight differently from others, based on differences in their past familial and current class positions. Their perceptions of weight and health also have the potential to alter how they make food and health choices. The sociology of the body literature adds to this, as it discusses embodied class, allowing me to address how class positions and food choices are shown on workers' bodies and how social structures, such as class, and social institutions, the media, and workplaces, are influential in regulating the body.

2.5.4 Feminist Extensions of Bourdieu

Employment in tertiary sector work, such as work in the food service industry, is highly gendered. In food service workplaces, women are often placed in “feminine” job roles, such as waitressing or hostess, while men perform “masculine”

tasks, such as cooking (Reiter, 1991). Bourdieu (1984: 108) acknowledges this gendered division of labour, stating:

The lowest [occupational] positions are designated by the fact that they include a large—and growing—proportion of immigrants or women... Similarly, it is no accident that the occupations in the personal services—the medical and social services, the personal care trades, old trades like hairdressing, new ones like beauty care, and especially domestic service, which combine two aspects of the traditional definition of female tasks, service and the home—are practically reserved for women.

Due to the gendered nature of food service work and the job roles within food service workplaces, feminist perspectives can be easily applied to the understanding of this type of work. Socialist feminist perspectives have been used to understand the link between gender and paid labour (Armstrong and Armstrong, 2010). But a feminist analysis within the sociology of the body perspective can also incorporate Bourdieu's framework to better understand health outcomes and health behaviours of food service workers that may be derived from gendered inequalities.

Bourdieu's concepts of habitus and field are used by feminist researchers to understand power imbalances and how these are written on the body. Understanding women's experiences of their bodies and the constraints placed on them because of the reproductive tasks and identities associated with their bodies is important to the understanding of women's health. Women's bodies are often viewed as physically weak and this is commonly cited as a reason that women are placed in lower positions in society (Schilling, 1991). Through her study of the role of the body in reproducing gender inequalities, Schilling (1991) argues that bodies are constructed by social relations that articulate appropriate gender norms. She states that women's bodies are sexualized and women view their bodies as part of their identities.

Women represent themselves through their bodies, altering their appearances to conform to societal and cultural norms of thinness. Schilling (1991) also argues that the body participates in constructing social relationships and that women's social positions are impacted by their bodies, as their bodies are expected to meet these gendered expectations. She argues that Bourdieu's theory is useful for understanding how women use their bodies to reflect their social positions. However, his theory needs to incorporate agency to explain how women become resistant to traditional views of the female body.

Using Bourdieu's theory has not been a straightforward task for feminist researchers. Schilling (1991) argues that Bourdieu's broad definition of class has made it difficult to study how women's bodies are affected by patriarchal and capitalist societies. She notes that Bourdieu views women as belonging to a different class that is different than and in conflict with traditional economic class categories. However, this makes it difficult to study women who occupy different socio-economic class positions. That is, it is difficult to study women occupying different socioeconomic class categories (Schilling, 1991). Despite this, Bourdieu (1984) introduces the idea that the body is fundamentally important to understanding patriarchal power relations in society. The relationship between Bourdieu's statement that physical capital is embodied and the feminist concept of gendered bodies has furthered feminist research on the body (Schilling, 1991).

McCall (1992) argues that Bourdieu's work can help feminists explain the central problem of the relationship between women's subjective experiences and objective social structures that promote male domination. In order to understand

women's bodies, McCall (1992) combines Harding's (1986) and Bourdieu's frameworks. Harding (1986) focuses on women's different experiences and the diverse meanings that different women attribute to social phenomena. McCall (1992) combines Harding's three-tiered model of women's experiences with Bourdieu's concept of habitus. Harding's (1986) model views women's experiences and positions in society as stemming from: 1) gender symbolism or cultural expressions of gender differences, 2) gendered social organization which explains the ongoing social construction of gender, and 3) gender identity, defined by the cultural experiences of women (Harding, 1986, McCall, 1992). McCall (1992) argues that Bourdieu's framework, combined with Harding's, is well suited for understanding women's bodies, as both frameworks attribute male domination to social structural patterns. However, Harding is able to extend Bourdieu's theory, as she discusses the specific role of gender in constructing women's social structural positions and dispositions. Gender symbolism is useful in understanding the deep seated social structures that impact women's experiences and gender organizations and identities are compatible with Bourdieu's explanation of the role of capital in formulating social structural positions and habitus (McCall, 1992).

Using Harding's framework as a feminist extension of Bourdieu's theory allows for a deeper understanding of women's experiences with health, their bodies, and work.

Women's work is one domain in which symbolism, organization, and identity come together. To take the well-studied example of a secretary, the relevant inquiry describes the intersection of 1. a stereotype which invokes elements of gender symbolism - blond bombshell or motherly drudge; 2. a systematic pattern of organization - secretaries are women, they are not in positions of advancement, and they are assumed to take on the class location of related

men, either fathers or husbands; and 3. a subjective identity that ranges from embracing secretarial work as a lifetime career to conceiving it as a temporary job during a summer between years at college? (McCall, 1992: 838).

These gendered realities are harmful to both men and women, as they limit the types of occupational positions that men and women are able to occupy. Reiter (1991) discusses the employment strategies of Burger King management as highly gendered. She notes that managers often hire young, attractive women to interact with customers as front-line service workers, as attractive women are seen as being good for business and customer relations. Woodhall and Muszynski (2011) echo this finding in their study of coffee shop labour. From a managerial perspective, coffee shop work is viewed as appropriate for youth or women. Older men do not apply for this type of work, due to societal expectations of gender appropriate work. When men applied for this work, managers viewed them as “creepy” and unemployable (Woodhall and Muszynski, 2011). Women and men occupy different roles in the food service industry based on gender stereotypes of acceptable job categories.

Bourdieu’s framework is criticized by feminists for not explaining resistance and change (Schilling, 1991). However, some feminists argue that Bourdieu’s framework can be extended to include elements of resistance through counter-cultural actions (Martin, 2001, McCall, 1992). Martin (2001) discusses women’s resistance of common or dominant representations of the body as being empowering for women. She notes that women commonly experience patriarchy through conflicts between their family lives and work lives. These experiences vary significantly based on class positions. Martin (2001) argues that women frequently embody these conflicts through their physical appearance; for example, they may appear tired or

worn out. However, they are also more likely to resist dominant, patriarchal ideology than men. Adopting Martin's (2001) feminist framework would suggest that women working in food service may resist traditional habitual dispositions toward the culturally accepted body image norms perpetuated by the dominant class. The way food service workers in general and women food service workers in particular resist the ideology of thinness and the presentation of obesity as an epidemic may be useful to understanding the formation of food service workers' habitus and their health behaviours and outcomes.

2.6 Conclusion

This chapter discussed Bourdieu's theory of practice as the theoretical framework that is used in the present study to understand food service workers' food choices, BMIs, and self perceived weights. Bourdieu's concepts of habitus and field and his exploration of class, culture, taste, power, and symbolic violence provide an innovative theoretical framework for understanding the health behaviours and food choices of food service workers, as he focuses on both structure and agency. This allows for the understanding of food choices, and the embodiment of these choices through weight, as being both structured and based on individual preferences and conscious food choices. Further, Bourdieu's argument that action is grounded in structure allows for the sociological understanding of health as socially determined. These bodies of work can be combined with Bourdieu's to better understand the food choices and health behaviours of food service workers.

In order to understand the structural factors that contribute to food choice, weight, and BMI, the following two chapters investigate the dominant and relevant

research in these areas. Additionally, in order to begin to outline the field of food service work, I present the development of and relations within this industry. This allows me to discuss the impacts of structural and behavioural factors on BMI and self-reported weight. It also provides background for discussing the choices that these workers make.

Chapter Three: Perspectives on Work, Weight & Health

Food service workers are an under researched population in Canada. Many of the studies on this type of work deal explicitly with the health and purchasing patterns of consumers (Cummins and Macintyre, 2006, Davis and Carpenter, 2009). For example, in their study of the relationship between proximity of high schools to fast food outlets and obesity, Davis and Carpenter (2009) found that students attending schools within walking distance of these outlets are at greater risk of becoming overweight or obese. Contrary to this finding, Cummins and Macintyre (2006) argue that the relationship between neighbourhood fast food outlets and obesity has yet to be strongly proven. In arguing this, they note that researchers disagree on whether or not there is a significant correlation between the two and claim that positive findings of neighbourhood variations in obesity rates in North America may be due to socioeconomic variations and factors. The geographic literature on food consumption discusses the role of fast food consumption in determining experiences of becoming overweight and obese. However, despite the argument that being close to this food increases weight, researchers have yet to investigate the weights of fast food workers.

Until recently, being overweight or obese was viewed as placing an individual at an increased risk of experiencing health complications as a result of his or her increased body mass. However, in 2013 the American Medical Association officially declared obesity⁹ a disease (American Medical Association, 2013). The

⁹ Note: Obesity and morbid obesity are discussed in tandem as the disease of obesity within this research, as the majority of the literature reviewed for this study refers to all categories of obesity using the blanket term

contribution of excess adipose tissue to ill health, and the recent recognition of by the medical community that this constitutes a disease provides further justification for the need to study overweight and obesity in high risk populations.

3.1 Healthy Eating & Healthy Food

Many of the articles reviewed for this study discuss “healthy eating” and “healthy food” as taken for granted concepts wherein no definition or explanation is provided or viewed as being necessary. For example, in their study of healthy eating policy interventions in the European Union, Traill et al. (2010) measure the usefulness of healthy eating programming in countering overweight and obesity. Although they discuss a variety of policy interventions in their research, Traill et al. (2010) do not define what healthy eating or food is and why these interventions are seen as promoting healthfulness. In this section, I discuss healthy eating and food from the perspective of a sociologist, not nutritionist. In doing so, I argue that what is considered to be “healthy” is socially constructed and changes over time. Although I argue that this topic could constitute a dissertation of its own and I by no means suggest that determining what is or isn’t healthy is part of the scope of this study, I present a discussion of healthy food and eating in order to conceptualize the term for the purposes of this work.

Sociological discourse on healthy food and eating practices often centres on the social construction of the term “healthy.” Olafsdottir (2013) argues that health has an objective biological component. We can measure whether or not someone is

“obesity.” For examples of this, please see Flegal et al., (2010), Heraclides et al., (2012), and Puhl and Heuer (2009).

ill. However, in many ways health and what is considered to be healthy is socially constructed (Olafsdottir, 2013). In other words, what we consider to be healthy is shaped by a variety of different social and cultural factors. For example, in her study of men and women's health behaviours, Saltonstall (1993) found that what is considered to be healthy is often grounded in the body. Notions of what was healthy or what was not were often discussed in relation to ideal body size—slim for women and muscular for men. This argument suggests that foods that contribute to non-muscle or fat weight gain are framed as being health regardless of their actual nutritional content (Courtenay, 2000).

The inability of researchers to clearly define “healthy eating” and “healthy food” has been noted as a problem by academics. In reviewing literature on health deserts in America, Bitler and Haider (2011) argue that researchers have not been able to convincingly prove or disprove the presence of food deserts in America. They state that one of the main reasons for this is the inability of these researchers to clearly define which foods are considered healthy. The lack of comprehensive definitions of “healthy eating” and “healthy food” has made it difficult to comprehensively study food consumption.

Although many researchers do not clearly define “healthy food” and “healthy eating,” some of the Canadian literature on food security accomplishes this task. For example, in their study of food insecurity in Toronto, Dachner et al. (2010) define healthy food and healthy eating habits as eating foods included in and eating a diet which is defined as balanced by the Canada Food Guide. Tarasuk et al. (2010) also

use the Canada Food Guide as a measure of healthy food and healthy diets in their study of socioeconomic variations in eating patterns in Canada.

The Canada Food Guide is recognized as a guideline for healthy diets and food consumption in Canada. In their study of the nutritional knowledge of pharmaceutical students, Allen et al. (2011) use the guide to develop an assessment tool which is used to test knowledge of healthy eating. In this study, they argue that healthy eating and healthy foods are clearly outlined by the Canada Food Guide. As noted above, the scope of the present study is not to discuss what constitutes healthy eating and food. However, analytically speaking, it is important to be able to discuss the food choices of fast food workers as being “healthy” or “unhealthy.” In order to do this, similar to Allen et al. (2011), the present study uses the Canada Food Guide to assist in the labeling of certain foods as healthy (see Appendix F).

3.2 Obesity Research

Researchers who use population health and social determinants of health must first and foremost understand the socioeconomic conditions which populations experience. According to Dunn and Dyck (2000: 1573), researchers who use this perspective argue that “the most important antecedents of human health status are not medical care inputs and health behaviours (smoking, diet, exercise, etc.), but rather social and economic characteristics of individuals and populations.” Noone (2009: 209) expands on this, stating that the social determinants of health investigate the health impacts of “early child development, globalization, health systems, urbanization, employment conditions, women and gender equity, measurement, evidence and social exclusion. It [focuses on] what improves health and reduces

inequities across economic divides, racial and ethnic differences or gender and social participation.” This section focuses on the connection between unhealthy weight and childhood development and socioeconomic status. Employment conditions, gender, and race are discussed later in this chapter and in Chapter Four.

3.1.1 Defining Food Insecurity and Its Relation to Overweight and Obesity

In Chapter Two, I present a definition of food insecurity. This sub-section builds on this initial presentation and discusses the connection between food insecurity, purchasing, and weight in the Canadian context. According to the World Health Organization (2013), the principle of food security is based on three pillars. These include: 1) food availability, 2) food access, and 3) nutritionally appropriate and clean food use. In other words, in order to be food secure, we must be able to consume enough food. Further, the food we consume must contain a variety of nutritious options in a safe, clean fashion. Households who lack the ability to purchase or access enough food and/or a variety of different foods are considered to be food insecure (World Health Organization, 2013).

A variety of different factors contribute to food insecurity in Canada. Using the Ontario Share File of the 2004 CCHS, Tarasuck and Nogat (2009) found that the risk of being food insecure increases for households that did not have adequate income, were accessing social assistance, or did not own their dwellings. In this study, they define food insecurity in a similar fashion to the World Health Organization. Food insecurity is defined as a household’s need to compromise on the quality and/or quantity of food as a direct result of financial constraint. This study

suggests that insufficient income contributes to food insecurity and places constraints on the food options available for low-income households.

Connections between food insecurity and consumption patterns have been found in the Canadian context. In order to determine the impact of insufficient access to income on food choices in low-income neighbourhoods in Toronto, Dacher et al. (2010) examined the relationship between food insecurity and purchasing. They found that price of food was the largest factor low-income families considered when making food purchasing choices. Further, the likelihood of purchasing food based on personal preferences decreased as food insecurity increased. They also found that households were less likely to make purchasing decisions for health content reasons as food insecurity became more severe. However, this pattern was found for certain foods and not for others. For example, purchasing for health content reasons decreased with increased food insecurity in regards to margarine, but not for cereal. This study suggests that food insecurity increases the need to shop for foods based on price and not based on nutritional content or household preference.

Food insecurity is associated with overweight and obesity in low-income populations in developed countries. In her discussion of healthy eating policy in the Canadian context, McIntyre (2011) argues that there is a correlation between food insecurity and obesity. However, she suggests that this relationship is largely due to income disparities, as those with limited access to income are unable to purchase the healthy food required for a balanced diet. Similarly in Australia, Ramsey et al. (2012) found that low-income households residing in urbanized areas were more likely to be food insecure. They argue that this leads to higher prevalence of food

insecurity in these areas, resulting in negative health implications, such as overweight and obesity.

3.1.1 Childhood Development

Early childhood development is often associated with weight outcomes in adults. In their longitudinal study of British parents and children, Reilly et al. (2005) found that in addition to medical factors such as birth weight and growth rates, children with obese parents, those who watched more than eight hours of TV per week, and those with short sleep durations were more likely to be overweight in later childhood than other children. Their study invokes additional questions surrounding social conditions and factors that may lead to the transferring of overweight and obesity from parent to child. Reilly et al.'s (2005) study fails to answer these questions. However, they do reinforce the notion that social factors impact childhood development and adult overweight and obesity.

Weight gain during childhood has been linked to adult obesity. Biro and Wien (2010) argue that childhood obesity is the most important factor leading to early onset puberty and later adult obesity. In addition to this, they argue that there is a strong connection between increased childhood weight and higher rates of early adult morbidity.

One of the leading contributors to childhood experiences of becoming overweight or obese, increasing the risk of adult obesity, is the family. Food habits are formed during childhood through eating experiences in families (Fisk et al., 2011, Gruber and Haldeman, 2009). Specifically, parental food preferences and choices are extremely important in determining the food choices of their children

(Gruber and Haldeman, 2009). In addition to this, parents and family members play an important role in determining leisure activities for children. Gruber and Haldeman (2009) argue that this is extremely important in determining children's future involvement in physical activity. These findings complement Bourdieu's (1984) argument that the primary site of habitus formation is the family. Familial experiences lead to deeply engrained dispositions which dictate taste and consumption in adulthood.

Researchers suggest that parental eating habits result in the intergenerational transmission of unhealthy weights (Kral and Rauh, 2010, Wardle et al., 2012). Children develop their taste preferences for certain foods and eating behaviours through the foods they are exposed to and through watching their parents' consumption patterns (Kral and Rauh, 2010). The food choices that parents make are often based on their socioeconomic status (MacFarlane et al., 2012). These food choices are then transferred to children, resulting in class-based food consumption.

The transmission of food choices from parents to their children can be viewed sociologically using Bourdieu's concept of habitus. In her study of factors that influence food choices, Franchi (2012) argues that taste evolves through identities and beliefs that form habitus. These identities and beliefs are conditioned by social influences and experiences. Similarly, in an attempt to explain middle class eating practices, Backett-Millburn et al. (2010) found that middle class families actively transmitted food-related values such as cooking from scratch and eating balanced diets to their children. They argue that this results in the formation of a middle class habitus and a taste for healthier foods. Like Bourdieu, Franchi (2012)

and Backett-Millburn et al. (2010) argue that tastes for certain foods stem from habitus and these tastes are developed in childhood and adolescence.

3.1.2 Socioeconomic Status

Many social researchers argue that there is a connection between socioeconomic status and BMI. For example, in their review of BMI and food choice trends in America over the past 30 years, Kant and Grauburd (2013) argue that family income and education are negatively correlated with BMI. Socioeconomic status is usually measured through a combination of education and income (Johnson et al., 2011). Similarly, in this sub-section I focus on income and education as two of the key determinants of socioeconomic status.

Low income children and adults are at higher risk of becoming overweight or obese (Baum and Ruhm, 2009, Darmon and Drewnowski, 2008, Janssen et al., 2006, Wang and Lobstein, 2006). Janssen et al. (2006) found that the odds of becoming physically inactive increase with decreased levels of material wealth. Researchers have also found correlations between diet, nutrition, and income. Higher quality diets are often associated with affluence while nutrient poor, energy-dense diets are consumed more often by lower income groups (Darmon and Drewnowski, 2008). In their study of food consumption patterns in individuals with low socioeconomic status and coronary heart disease, Clark et al. (2010) found that knowledge of healthy eating practices has little to do with actual food choices. Individuals were constrained by structural resource scarcity and often actively prioritized other daily living expenses above purchasing healthy food. This social structural view of obesity in food consumption challenges suggestions for public health interventions to

minimize obesity, arguing that addressing food choice at the individual level is ineffective.

Low socioeconomic status is associated with the consumption of nutrient poor, energy dense food. Fast food, restaurant food, and convenience foods are often nutrient poor, energy dense and high in fat. Some researchers have found that fast food consumption positively correlates with weight and increased body mass index (BMI) in adults and children (Boutelle et al., 2007, Jeffery et al., 2006). Fast food purchasing is also associated with lower education levels, participation in blue-collar work, and lower household income (Thornton et al., 2010). People from lower socioeconomic backgrounds are more likely to consume fast food and experience unhealthy weights or obesity.

Recent obesity research has found that parental background and class position impact children's food consumption patterns (Patrick and Nicklas, 2005, Stamatakis et al., 2009). These eating patterns often extend into adulthood and poor childhood eating patterns serve as early predictors of adult obesity (Laitinen et al., 2001, Ogden et al., 2010). However, a more recent study on obesity and social networks found that people with obese friends were more likely to be obese than individuals with obese siblings (Christakis et al., 2007). This suggests that the taste for unhealthy food may also develop throughout adolescence and adulthood, as individuals begin to interact with non-familial influences with different habitus.

The argument that lower income individuals tend to consume higher volumes of unhealthy food corresponds with Bourdieu's (1984) argument that the lower class

has a taste for food that experts generally would not consider to be healthy. Bourdieu (1984: 190) states:

Tastes in food also depend on the idea each class has of the body and of the effects of food on the body, that is, on its strength, health, and beauty; and on the categories it uses to evaluate these effects, some [of] which may be important for one class and ignored by another, and which the different classes may rank in different ways....It is in fact through preferences with regard to food which may be perpetuated beyond their social conditions of production (as in other areas, an accent, a walk, etc.), and also of course through the uses of the body in work and leisure which are bound up with them, that the class distribution of bodily properties is determined.

Bourdieu's concept of habitus complements claims that consumption is socially determined by socioeconomic status, as he states that the engrained tastes individuals acquire through long-term exposure influence taste and consumption patterns. He argues that this type of exposure generally occurs throughout the socialization process and is largely developed through family interaction.

Contrary to the evidence presented above, some studies have found that the association between income and BMI has decreased in recent years. In their study of the relationship between low socioeconomic status in the United States and being overweight or obese in children between 1971 and 2001 Wang and Zhang (2006) found that the strength of this relationship has begun to weaken. They argue that racial differences are more important, with both low and high socioeconomic status Black persons being at greater risk of being overweight or obese than White persons. Similarly, Freedman et al.'s (2007) study of income and racial disparities in childhood obesity found that living in low income households resulted in greater risks of obesity in Black children. However, this risk was not found in low income White and Mexican-American children. Both of these studies suggest that the role of

race is important to investigate when studying weight. However, they suggest that income may not be playing as large of a role in determining weight as it once did. Despite these findings, I include income as a measure within this study, as there are studies which suggest that it is still an important determinant of weight.

3.1.3 Health Behaviours & Weight

Health behaviours, defined as participating in activities that are associated with negative or positive health outcomes, have the potential to impact weight status or BMI. Some of these health behaviours include leisure time activity, sleep, smoking, and drinking alcohol (Schoenborn and Adams, 2010). This sub-section discusses cigarette smoking, alcohol consumption, and fruit and vegetable intake, as variables of interest in this study, and their contributions toward weight.

The relationship between BMI and alcohol consumption varies based on the amount of alcohol consumed. In their study of drinking in the non-smoking adult population in the United States, Arif and Rohner (2005) found that current moderate or occasional drinkers had lower BMIs than non-drinkers. However, binge drinkers and people who consumed more than four drinks per day were more likely to be overweight or obese than both non-drinkers and occasional drinkers. They argue that consuming moderate amounts of alcohol might be useful for weight control in American adults (Arif and Rohner, 2005).

Research also shows that gender also impacts the relationship between BMI and alcohol consumption. For example, in their comparative study of alcohol consumption in youth and adults, Pajari et al. (2010) found that there was an

association between drinking in late adolescence and being overweight and obese in early adulthood. However, this association was only seen in women and a negative correlation between youth drinking and adult BMI was observed with men (Pajari et al., 2010). Further, the authors note that after controlling for confounding variables, the inverse relationship for men became statistically insignificant. This study suggests that alcohol consumption has different impacts on BMI in men and women.

Recent literature illustrates new causal links between BMI and alcohol use in younger age groups (Farhat et al., 2010). Farhat et al. 2010 argue that this relationship is gendered. Instead of drinking and smoking leading to overweight and obesity in adolescent girls, they found that these young women were more likely to participate in risky health behaviours. This suggests that being overweight or obese might also contribute to the participation in some of the health behaviours that are associated with increased BMI.

Large scale, national studies on cigarette smoking have revealed a link between smoking and weight status. Sucharda (2010) found that the risk of obesity is positively associated with the number of cigarettes smoked per day. Additionally, she discovered that maternal smoking is associated with childhood overweight and obesity. Similarly, Gruber and Frakes (2006) argue that contrary to previous studies, data now indicated that falling American smoking rates are not associated with increased body weights. They found that smoking positively correlates with BMI. Quitting smoking is associated with weight gain. However, this weight gain is often temporary and weight loss occurs after a period of smoking cessation (Sucharda, 2010).

Similar to alcohol consumption patterns, the type of smoking behaviour one participates in impacts weight status. In their study of smoking patterns and obesity in Australia, Au et al. (2013) found that both gender and the frequency of cigarette consumption altered risk of overweight and obesity, with women who smoke frequently having the lowest risk of high BMIs and men ex-smokers having the highest risk. These finds suggest that both gender and type of smoking behaviour impact BMI.

Logic suggests that those who consume more fruits and vegetables should be at a decreased risk of having a higher than average BMI because fruits and vegetables are considered nutrient rich foods that have few calories and high water and fiber content (Ledoux et al., 2010). In reviewing twenty-three studies on fruit and vegetable intake Ledoux et al. (2010) found that there was an association between consumption and weight status. However, this association is weak and often insignificant. Similarly, in their study of weight loss in the European Union, Buijsse et al. (2007) found that increased vegetable intake was associated with weight loss. However, this weight loss was moderate. These studies suggest that fruit and vegetable intake is associated with BMI. However, it may not be as strongly associated as one would assume it would be.

3.2 Habitus Development & the Workplace

Although Bourdieu (1984) cited the family as the primary place of habitus generation, he did note that habitus can change with increased exposure to members from different classes and cultural groups. He also referred to the idea of work-based

habitus, formed through exposure to certain work environments and co-workers. However, he spoke of this in terms of broad occupational categories, such as blue-collar, and did not provide a typology of habitus that includes specific occupations. Although establishing a typology of this sort is outside the scope of this dissertation, whether or not engrained habitus changes with occupational exposure is important to determining whether or not workers are likely to develop new tastes as they become increasingly familiar with their workplaces. This section reviews the literature on habitus development and work, highlighting the connection between taste and occupation.

Occupational habitus has been of particular interest to researchers studying migration, immigration, and the work search process (Bauder, 2005). However, a small body of literature on the formation of habitus for workplace success does exist. In their study of students progressing through three different academic programs, Colley et al. (2003) found that the process of student learning for future workplace success involves the acquisition of a sense of how to act at work, workplace sensibility, appropriate feelings and morals, and a capacity for performing emotional labour. They define this as vocational habitus and note that familial and social location-based habitus is not enough to survive in certain occupations. In order to be a proficient worker, one must orient oneself toward the set of dispositions that are found within one's workplace (Colley et al., 2003).

Workplace or occupational habitus development is traditionally discussed as an evolutionary process. It is suggested that workers bring prior knowledge and formed habitus with them to the workplace and their habitus both reproduces and

alters culture. However, by belonging to a workplace community, individuals' identities develop, change and evolve (Hodkinson et al., 2004, Hodkinson and Hodkinson, 2003). This application of habitus suggests that familial and other pre-developed dispositions are durable and workers bring these to their new social fields. Nevertheless, habitus can change with exposure to workplace communities and co-workers. The literature suggests that both apriori habitus and workplace habitus may impact food choices.

3.3 The Impact of Perception: Body Regulation, Body Perception, Symbolic Violence & Class-Based Injuries

The sociological literature on obesity and embodiment employs and has partially developed through the use of Bourdieu's concept of habitus. Warin et al. (2008) use Bourdieu's concept of habitus to explain the embodiment of class and gender experiences in mothers from two distinct socioeconomic groups: lower-class, and middle and upper-class. They found that both groups of women did not identify with medicalized categories of obesity. Rather, they constructed identities through gendered and classed habitus, which were mainly mediated through experiences of motherhood (Warin et al., 2008). These women viewed their food practices as being central to their roles as mothers, as they were expected to provide meals for their families. This was contradictory to the clinical push for individual behavioural changes, as their experiences with food are dictated by their roles within their family units. Warin et al. (2008) also found that women's lives were shaped by classed aspects of habitus, such as employment. The women who were employed identified more with their financial contributions to their households, whereas unemployed

women saw caring tasks, such as cooking meals, as central to their daily lives. This suggests that habitus plays a fundamental role in understanding how weight and food choices are embodied, internalized, and understood by social actors.

The literature on obesity and its relationship to social class also stresses the importance of habitus to understanding how weight is embodied. In her review of literature, addressing obesity and class, McLaren (2007) notes that Bourdieu's concept of habitus is useful in understanding how the body can become a metaphor for social status. She notes that the literature on embodiment echoes Bourdieu's claim that body shape and size are related to social capital and prestige. This social capital and prestige, or lack thereof, impacts individuals' abilities to achieve high social standing (McLaren, 2007). Accounts of embodiment, or the physical displays of social structural traits, found within the sociology of the body literature are highly relevant to this study, as they incorporate habitus, gender, class, social capital, employment, and status. The remainder of this section investigates control and self-regulation as they relate to obesity.

Control and self-regulation are two major themes in the sociology of the body. When investigating obesity through this lens, this literature often overlaps with the critical studies of obesity literature. Both are grounded in the assertion that modern Western culture has stigmatized overweight and obese people as being unhealthy and unattractive (Kwan, 2009). This stigma serves as a mechanism of social control and self-regulation, as overweight people are strongly pressured to conform to idealized weight standards (Kwan, 2009). In her interviews with 42 overweight and obese people, Kwan (2009) explored the relationship between health

and beauty as weight loss motivation. She found that those attempting to lose weight for health purposes were motivated by the promise of living long, meaningful lives, whereas those striving to conform to conventional beauty ideals sought psychological and social benefits through weight loss. However, participants often confused their beauty motivations with health motivations (Kwan, 2009). Those claiming to lose weight to be healthy were often actually concerned with meeting dominant idealized notions of beauty. Kwan's (2009) study adds to the body of literature on obesity, control and regulation, as she notes that prominent ideology which claims fat is bad places pressure on the individual to lose weight through discipline, self-control and hard work, ignoring potential individual biological limitations. This stigmatization of overweight and obese bodies has led to the medicalization of obesity, which has resulted in increased medical control over the fat body (Kwan, 2009).

The literature on control and self-regulation is useful to this dissertation, as it adds to the understanding of workers' food choices. Kwan (2009) suggests that food choices are impacted by forces of social control, leading to self regulation. This connects the sociology of the body literature to the concept of habitus through the investigation of deep-embedded cultural understandings of weight that normalize thin or healthy and attractive bodies. These elements of social control may manifest in workers restricting food consumption at work, as they strive to conform to socially appropriate notions of weight. Social control and dominant health discourse and ideology may be useful in explaining workers' attempts to and self reports of staying away from food sold at their workplaces.

As perceptions and experiences of the body are deeply gendered, feminist researchers have picked up on and transformed Bourdieu's concepts to understand women's positions in society and women's bodies. The most relevant connections between Bourdieu and feminism are found in work involving embodiment, social position, and social action (Adkins and Skeggs, 2004). Skeggs (2005) argues that Bourdieu has offered feminists a meaningful way of re-integrating class into debates surrounding femininity. Specifically, the way that class is embodied illustrates the domination that women experience. There are certain dispositions that are associated with acting feminine. These, combined with class-based dispositions, illustrate what is appropriate social action for women within different class groups (Skeggs, 2005). These arguments are useful for analyzing gendered differences, as they allow us to understand class differences between women.

In her discussion of the body as reproducing femininity, Bordo (1993) argues that the body is a direct site of social control. Women's bodies are constantly subjected to regulation and calls for improvement. Our culture encourages women to focus on improvement and self-modification to embody social norms which are derived from our cultural obsession with appearance. This is reinforced by social actors' concern surrounding appearance and weight (Bordo, 1993). Women exercise agency in food choice despite structural concerns. However, the exercise of personal agency often reinforces prevailing cultural beliefs that thin women are the societal ideal. This obsession with weight and beauty has been reframed in public health discourse.

Lovell (2000) also attempts to apply Bourdieu's concepts of habitus and field to feminism, noting that Bourdieu is very successful in determining the role of agency in institutional practice. She notes that contemporary feminist theories of difference and Bourdieu's sociology share a common focus on the body, as both focus on how power is displayed through the body. Lovell (2000) discusses the usefulness of Bourdieu's framework in understanding women's habitus and places in social fields. However, she also presents the common feminist concern that his theories are too class focused and run the risk of viewing gender as a secondary concern. Both class and gender are important components of social position relating to health and food service work.

The literature on the hidden injuries of class is extensive and is used to understand a variety of different social problems associated with class. In their investigation of intra-class relations, Sennett and Cobb (1972) identify class indicators that make people feel socially inadequate through class conflict. Sennett and Cobb (1972) found that being economically insecure can be psychologically damaging, as poorer people are unable to show their material worth to others. They found that working class men participated in self-blame and expressed feelings of failure. In order to cope with these feelings, they framed their jobs as serving the purpose of supporting their families through personal sacrifice. This framing resulted in men spending more time at work and the hidden injury of not spending time at home resulted in poor home lives (Sennett and Cobb, 1972). The original notion of social class as injurious to health has extended beyond Sennett and Cobb's (1972)

application to explain a sense of shame and sacrifice, to include explanations of class, obesity, and perceptions of the body.

In her study of 1990s television sitcoms, Bettie (1995) examines how people are shaped by and displaced by their social class. She notes that class is an intricate concept that is interconnected with power and involves the hierarchical ranking of perceptions of taste differences, morality and behaviour, lifestyle preferences, and levels of intelligence. She defines class as a learned position. Bettie (1995) explicitly connects the hidden injuries of class to weight, connecting lower class with larger body size. Increased weight correlates with low socioeconomic status and being overweight is associated with occupying a low status. Lower-class individuals strive to meet dominant norms about weight, often with little success. Class is worn on the body (Bettie, 1995). Bettie (1995) also draws connections between class, weight and gender. She notes that working-class men are able to gain power and self worth through their labour which is viewed as requiring physical strength. Women are not given the same power in their work. Bettie (1995) concludes that class-based injuries also manifest as gender-based differences. Negative and stigmatizing characteristics are often attached to working-class people. However, negative characteristics surrounding weight are more frequently assigned to working-class women (Bettie, 1995). In general, working-class individuals are statistically more likely to be overweight and overweight people are also more likely to be subjected to negative and stigmatizing views. However, Bettie (1995) does find that being overweight is particularly culturally distasteful and socially harmful for working-class women.

Bourdieu's (1984) concept of symbolic violence has also been used to explain body regulation. Scholars have argued that the process of regulating one's body, or controlling food consumption and increasing levels of physical activity, is largely attributed to the desire to fit with social ideals, morals, and norms associated with beauty and health (Cricher, 2009, Francombe, 2010, Monaghan, 2007b, Robitaille, 2009). The concept of symbolic violence can be used to explain the relationship between a dominant discourse on obesity and the relations of individuals to their own bodies (Robitaille, 2009). In her study of the impact of modern cultural technologies, defined as the development of technological products that appeal to modern cultural trends, on the female body, Francombe (2010) found that young women undergo a process of constant self-regulation in order to achieve the dominant middle-class ideology of thinness. She uses the example of the Nintendo Wii to illustrate technologies' role in facilitating self-regulation. Nintendo developed games incorporating yoga, Pilates, and fitness, playing to the cultural development of the notion of the healthy lifestyle. Marketing these products to women further encourages the self-regulation of the body (Francombe, 2010). The dominant norm of thinness is said to be a white, middle and upper class ideology that is perpetuated by those with power and promoted as a standard to which all should conform (Francombe, 2010, Monaghan, 2007b, Robitaille, 2009). According to Bourdieu (1984), the pressure to conform to a dominant ideology is an example of symbolic violence. This symbolic violence results in social actors regulating their bodies through food consumption and exercise practices (Francombe, 2010).

Although many social actors feel pressured to conform to idealized body norms, resistance to these social norms is possible. BMI can be considered a part of the dominant health discourse that is perpetuated by upper and middle class policy makers, health practitioners and professionals. Despite this, Monaghan (2007b) found that some men who are ranked as overweight or obese, measured by BMI were able to resist this dominant ideology if they felt that the BMI did not accurately represent their actual health or fitness levels. She argues that by ignoring these labels that stress non-compliance with norms, these men were able to create a meaningful personal response to the symbolic violence that they experienced (Monaghan, 2007b).

3.4 Agency and Food Choice

As outlined in Chapter Two, Bourdieu's framework also incorporates the understanding that individuals do have the ability to exercise a degree of agency or free will through their actions. The critical studies of obesity literature also focuses on agency, explaining the obesity epidemic discourse as an ideological tool that removes agency and precludes a broader understanding of weight. Over the past few years, the growing concern surrounding the weight of North Americans and the framing of obesity as a medical problem has been sensationalized by the North American media. Popular talk shows like *Dr. Oz* and *Dr. Phil* develop the obesity discourse, for example, by providing individuals with "medical" advice on how to avoid the perils of weight gain. TV news programs also broadcast segments updating the public on the obesity epidemic. For example, by targeting youth as the victims of

sedentary activity and unhealthy diets rich in fat, salt, and sugar, the media reinforce the ideology that weight has become a problematic plague in North America (Boero, 2007). In Spurlock's (2004) famous documentary "Supersize Me," the fast food industry is portrayed as an evil corporate entity that is seducing Americans to consume unhealthy food. However, the growing panic surrounding obesity can be socially framed in other ways. It can be framed as rooted in power and inequality.

The critical studies of obesity literature presents the obesity epidemic as being politically and economically motivated and as perpetuating fat prejudice and stigmatization (Monaghan, 2007b). This body of literature takes an anti-deterministic approach to the role of fast food in the obesity epidemic, noting that humans are not mere pawns in larger social structures. Individual agency must be taken into account when analyzing weight, food choice, health, and obesity. Some authors argue that the war against fat is largely political, resulting in the view of obesity as a spreading disease (Boero, 2007, Oliver 2006b, Saguy and Almeling, 2008). In his historical analysis of the origins of the obesity epidemic, Oliver (2006b) argues that the obesity epidemic is not really a public health crisis. Rather, the obesity epidemic started with a large influx of news media coverage about increasing weights in America. Oliver (2006b: 618-619) argues that the sudden media obsession with reporting on weight, beginning in the late 1990s, was politically and economically motivated:

The idea that a certain body weight should be classified as a "disease" is not driven by any clear medical facts; rather, the pressure to label obesity a disease comes from a range of interests, from high- to low-minded, across the health care spectrum. Weight-loss doctors use the disease model to promote their business: once you can label fat people as "sick," then it is easy to convince them and their insurers they need treatment and medication. Government health agencies, such as the CDC, are under continual budget pressure, and they sustain their budget allocations by convincing their

primary "customer" (Congress) that the nation has a real health problem. Thus, they inflate the number of deaths and the severity of illness that result from increased weight. Academic obesity researchers and scientists often exaggerate or play up the dire impact of obesity to help them secure more research funding, heighten the importance of their own work, or advance their own political causes. Although these various groups do not always agree or have the same goals, they end up working in concert because they share the same strategy. In order to achieve their goals, whether it is some idea of public health or simply expanding their medical practice, they want to promote the idea that obesity is a major epidemic that threatens our very survival.

Oliver (2006b) presents a highly contentious argument that the obesity epidemic was created and has been perpetuated to serve the interests of various political, medical, financial, and academic groups.

Monaghan's (2007a) review of Ritzer's McDonaldization thesis and study of men and weight loss offers critical insights into the construction of fast food as the enemy in the war against obesity. In his McDonaldization thesis, Ritzer (2011) argues that fast food restaurants are a perfect example of the rationalization process. This process involves increasing efficiency and control, while making labour processes predictable and measurable. For example, a large corporate coffee chain has designated steps for coffee assembly and tracks how long it takes workers to serve their customers. Through these steps and regulations, this chain has rationalized their labour process (Woodhall, 2009). Monaghan (2007) critiques Ritzer's thesis, arguing that he does not view the social construction of fast food relating to obesity as being part of the same process of rationalization. Monaghan (2007a) argues that Western societies have drawn a seemingly rational connection between fast food and obesity which has resulted in the stigmatization of fat bodies as passive. These fat bodies are presented as "McDonaldized bodies" (Monaghan,

2007a: 68). Monaghan (2007a) is critical of these McDonaldized bodies and suggests that the rationalization of obesity and overweight is oversimplified, stigmatizing, and reproduces the notion that being overweight is equivalent to a diseased state that can and should be fixed through the avoidance of fast food.

This argument offers valuable insight to the current study. Suggesting that fast food simply equals fat bodies denies human agency, reproduces stigma, and is sociologically naive (Monaghan, 2007a). Monaghan (2007a: 90-91) also conceptualizes the material body as currency, noting that major personal and political difficulties are articulated on and through bodies:

From the vantage of government officials and policy makers, the war on obesity is understandably seductive. Material bodies, unlike persistent social structures, are immediately visible, concrete and tangible. The class habitus may manifest itself in people's embodied dispositions, comportment and style, but it is more 'scientific' and apparently more neutral to hierarchically grade, label and ultimately discriminate against people according to body mass. Although finite and ephemeral, the material body has tangibility and variable currency in a somatic society where major personal and political problems are expressed on and through bodies (Turner, 1996). This economy of the body is not only financially profitable but politically expedient for various 'stakeholders' committed to tackling obesity. Stated crudely, the orthodox medicalized view is such: many people, and especially the increasing numbers of obese people from lower socioeconomic groups, are in poor health because of their fatness. And, if they are not ill and/or dying, they can expect to be so in the not too distant future. One of the irrational consequences of being blinded by fat in this way is that it legitimates and perpetuates a society where many people are dissatisfied with their bodies, are blamed for 'their' problems and are willing to pursue individualized 'solutions' that may be physiologically, if not emotionally, detrimental. A degree of body-authorship, control and healthfulness may be experienced by the few who successfully lose weight and keep it off (even while perhaps remaining at a BMI that medicine classes as 'excessive'), but such is the exception rather than the rule. And, in the process, public and private efforts to streamline bodies reproduce fat phobia and obfuscate larger social determinants of health.

According to Monaghan's (2007a) view, simply stating that workers who work near food will consume food and as a result will become unhealthy and obese is not sociologically useful as it ignores the way that these workers experience their bodies and negotiate their food consumption.

Oliver (2006a) presents a similar critique. He notes the popularity of the documentary "Supersize Me," discussing how filmmaker Morgan Spurlock (2004) transforms himself from an ideal, healthy human being to an overweight, depressed, fat addict by consuming a diet solely composed of McDonald's food. In this documentary, Spurlock (2004) set out to uncover the evils of McDonald's by experimenting with his own body. For one month, he consumed only McDonald's products for breakfast, lunch, and dinner. He required himself to eat three meals a day at McDonald's, supersize his meals when staff asked, try every menu product at least once, and walk no more than the average American would. Spurlock (2004) gained weight and his doctor expressed that his health had seriously declined. Spurlock (2004) argued that his weight gain was due to his consumption of McDonald's food and the attempts of staff to supersize his value meals. Oliver (2006a) claims that media portrayals of the obesity epidemic, such as Spurlock's (2004) documentary, accuse fast food companies of supplying the public with fattening meals. He argues that modern changes to the American diet that have increased body mass cannot be solely attributed to fast food companies like McDonald's. Oliver (2006a) argues that in order to understand obesity, we must understand American livelihoods and lifestyles. An adequate investigation of this

American way of life includes the study of structural inequalities and personal choice.

The obesity epidemic has resulted in views of fat people as passive, ignorant pawns who are unable to decide to consume healthy foods on their own. Although the evidence for the impact of structural inequalities on weight is strong, the prevailing literature on obesity denies individual agency. Bourdieu's concept of habitus can be used to add agency back into the obesity debate while still accounting for the structural inequalities that impact consumption and body size (Crossley, 2004). Lee and Macdonald (2010) interviewed young women at a rural high school as well as the head of the school's physical education department. They asked participants to discuss their views on weight, physical fitness, and their bodies. They found that the young women's views promoted healthism, defined as the active promotion of health and the vilification of weight. These views were also expressed by the head of the physical education department. These young women were actively engaged in a process of negotiating their own physical identities and their views of their bodies and influenced by the curriculum taught in the physical education department. However, their ability to conform to these views were constrained by unequal access to resources. For example, Lee and Macdonald (2010) found that not all students had the ability to join extracurricular physical activities. These women expressed that others viewed them as not taking responsibility for their own fitness and health. Lee and Macdonald (2010) are critical of the obesity epidemic discourse, as unequal access to resources restricts the ability to achieve the ideals of healthism.

3.5 Measuring Weight & Health: Studying Obesity

Despite differences in views about studying obesity and its impact on overall health, most researchers accept common definitions of obesity. Individuals who are classified as obese experience an increased risk of health problems as a result of having this excess fat tissue (Cawley and Barkhauser, 2006). The most successful way of measuring the presence of fat in humans and to determine what constitutes excessive fat, is controversial and is currently being debated in the health research field. Currently, there is a lack of consensus in the medical field as how to best measure obesity (Schneider et al., 2010). This debate has recently carried over into social science research on health and weight (Cawley and Barkhauser, 2006).

Researchers studying health often measure weight using the Body Mass Index (BMI) (for examples of studies using BMI to measure weight see Bhattacharya and Bundorf, 2009, Flegal et al., 2010, Rennie and Jebb, 2005). BMI measures are designed to place individuals in weight categories based on the relationship between their weight and height. Researchers often use this score to predict risk factors for negative health outcomes in individuals and populations, such as hypertension and type II diabetes. According to Health Canada (2003) the standard formula for calculating BMI is:

$$\text{weight(kg)/height(m)}^2$$

Using this indicator of weight status involves identifying individuals who have a score of 25.0 or higher as being overweight or obese and placing them into the categories listed in Table 3.1.

The use of BMI as an indicator of being overweight or obese is fairly common in social science research. Further, social science researchers generally use self reports of research participants' weights and heights to calculate their scores (Cawley and Burkhouer, 2006). Despite the common usage of BMI in social science health research, using these scores as indicators of potential health problems is increasingly questioned by the medical community. Many medical researchers advocate for the use of alternative measures of weight and obesity (Lee et al., 2008, Rothman, 2008, Schneider et al., 2010).

Evans and Colls (2009) also argue that BMI scores are inadequate for measuring being overweight or obese. However, they do so on the basis that these scores do not account for the way that people view their own bodies and weights. They also argue that BMI scores “denies the possibility for people to feel differently about their fat” (Evans and Colls, 2009: 1059). This delegitimizes the way that the individual views his or her own body, health status, and weight. Evans and Colls (2009) argue that individuals and researchers who use BMI give it too much power, as they use standardized scores to define what constitutes a healthy body. They argue that the use of the BMI is an important mechanism for perpetuating the war on obesity, as these scores are often used by the medical community to classify individuals into weight categories, ignoring the current health statuses of individuals. People with higher BMIs are encouraged by the media, the medical community, and politicians to lose weight and through this process, these “experts” gain control over the body. From a critical studies of obesity perspective, the BMI index is part of the social construction of obesity. Weight becomes problematic, contributing to the

weight-related anxiety individuals experience. Evans and Colls (2009) argue that the study of weight should include the subjective experiences and realities of research participants. The present research takes this argument into account and investigates participants' views of their own weight.

Table 3.1: BMI Classifications by Category

Classification	BMI Category [weight (kg)/ height (m)²]	Risk of Developing Health Problems
Underweight	<18.5	Increased
Normal Weight	18.5-24.9	Least
Overweight	25.0-29.9	Increased
Obese Class I	30.0-34.9	High
Obese Class II	35.0-39.9	Very High
Obese Class III	>=40.0	Extremely High

Reference: Health Canada, 2003.

One of the most prevalent arguments against the use of BMI as an indicator of excess fatty tissue is the simple fact that the index is not capable of distinguishing fatty mass from lean muscle and bone mass (Cawley and Burkhauser, 2006). Other researchers argue that BMI measures do not explain variations in individuals' biological characteristics, such as age, gender, and lean muscle mass (Cawley and Burkhauser, 2006, Rothman, 2008). These researchers have suggested that other measures, including waist-to-hip ratio measurements, waist circumference measurements, and other indicators of abdominal fat, are more useful for linking potential health risks to body fat in certain populations (Lee et al., 2008, Schneider et al., 2010). However, obtaining these measurements, especially when one is using pre-collected, secondary data sets, is problematic (Cawley and Burkhauser, 2006).

Despite the shortcomings associated with using BMI as a measure of individual health, strong arguments can be made for the continued use of BMI in social science research. Secondary datasets do not always include alternative measures of weight. For example, the Canadian Community Health Survey, Cycle 5.1, includes rare occupational information. However, it is a telephone survey that measures BMI based on participant self reports of weight and height. Further, it is difficult for social science researchers to obtain alternative measures of weight (Cawley and Burkhauser, 2006). It is often impractical and humiliating to physically measure participants in field or non-laboratory based settings.

Although health researchers often discuss the disadvantages of using self reports of weight and height, arguments have been made for the accuracy of self reported weight and height. For example, in their study of teenage and parental reports of weight, Goodman et al. (2000) found that teenagers' self-reported weights and heights were a far more accurate measure than parental perceptions of their teenage children's weight. The study concluded that teenagers' self-reports were accurate over 96% of the time and that these reports were the most accurate, physically non-invasive way to obtain information on actual height and weight (Goodman et al., 2000). In addition to self-reported views on weight, the present research also uses self-reported height and weight to calculate BMI. In the following section, I discuss studies that have used the CCHS data, measuring BMI and self-reported views of weight.

BMI is an important variable to control for when measuring risk of perceiving oneself as being overweight or obese. However, it does not fully account

for explanations of self perceived weight. Paeratakul et al. (2002) found that those who had BMIs in the overweight or obese range were more likely to view themselves as being overweight or obese. Additionally, women, white people and those with higher incomes and education levels were more likely to report being overweight or obese. Similarly, Chang and Christakis (2003) found that BMI is an indicator of self perceived weight. However, it does not fully explain variations in perceptions. They found that 38.3% of women classified themselves as being overweight when they were not, whereas 32.8% of men thought they were normal weight when they were actually classified by the BMI as being overweight (Chang and Christakis, 2003). BMI is an important factor to consider when measuring perceptions of weight. However, additional factors that contribute to variations in perception must also be considered.

3.6 The Canadian Community Health Survey

This study uses the CCHS as a secondary data set to measure BMI and self-reported views on weight. In this section, I provide examples of studies that use the CCHS to illustrate some of the benefits and challenges of working with this dataset. Additionally, I discuss studies which use the same variables as the present study.

My research uses both BMI and self-reported perceptions of weight as two separate dependent variables. In their study of the relationship between the aforementioned variables, Herman et al. (2013) provide justification for using both of these measures within the same study. In the CCHS, BMI is calculated using participants' self-reported weight and height. A separate measure of weight, self-reported perceptions of weight, is provided and was determined by asking

participants if they view themselves as being below weight, average, overweight, or obese. Using logistic regression and controlling for a variety of factors, including age, income, and education, Herman et al. (2013) found that respondents' perceived weight statuses were lower than their actual weight statuses, which were measured through calculated BMI. This study indicates that these two variables differ significantly, providing justification for including models based on both perceived weight and BMI.

Researchers using the CCHS to calculate risk factors for increased BMI use similar sets of variables in their models. In their study of the relationship between BMI and other social factors, Godley and McLaren (2010) define three categories of relevant variables in the CCHS. These include: 1) socioeconomic status, measured through education and income, 2) sociodemographic characteristics, including age, gender, and race, and 3) lifestyle behaviour factors, including fruit and vegetable consumption, smoking, and alcohol consumption. Using logistic regression analysis, they found that the risk factors for increased BMI varied by gender. They also found that the risk of being overweight or obese increased with age. Additionally, they found that education was a stronger predictor of BMI than income (Godley and McLaren, 2010). Terride et al. (2012) use similar variables in their study of the impact of BMI on quality of life. They found that obese people were less likely to have a university degree. They also found that people with higher household incomes were more likely to be overweight than those with lower incomes, suggesting an inverse relationship between income and weight (Terride et al., 2012).

In reviewing studies using the CCHS, I also found evidence that participants' reports of health-related behavioural changes may be related to BMI. Using step-wise regression techniques, Haberman (2012) found that 58% of Canadians had reported making health-related behavioural changes in the past year. However, overweight or obese people were more likely to report making these changes than people with normal or below average BMIs. This suggests that there may be an association between the desire to make health changes and BMI.

In their study of the association between fruit and vegetable intake and BMI, Dehghan et al. (2011) concluded that health behaviours are important to include when measuring BMI. It was found that 77% of Canadians consume less than five servings of fruit and vegetables per day (Dehghan, 2011). Controlling for age, gender, marital status, smoking, drinking, and education, they found that increased fruit and vegetable consumption is more likely to occur in populations with normal or below-average BMIs. Additionally, women were 2.05 times more likely to consume more than five servings of fruit and vegetables per day than men (Dehghan, 2011). This suggests evidence for the importance of including both fruit and vegetable consumption and gender in models predicting BMI.

Many of the researchers using the CCHS to measure obesity and overweight conclude that there are significant limitations to using the BMI measure, arguing that relying on participants' self-reports of weight and height to calculate scores may weaken findings as participants may provide inaccurate estimations of both (Dehghan et al., 2011, Godley and McLaren, 2010, Herman et al., 2013, Terride et al., 2012). However, despite this, they also provide reasons for continuing to use this

survey data to measure BMI. Dehghan et al. (2011) argue that the large, national basis of these data allows for more meaningful studies which can provide better population-based health interventions.

3.7 Conclusion

This chapter outlined relevant approaches to health and the body. The literature provided in this chapter was used in the present study in quantitative variable selection. It was also used to guide the construction of the qualitative interview guides. Although prominent sociogeographical literature on health finds that food service workers should be at higher risk of being overweight or obese, the literature on regulation, agency, injuries of class, and body perception illustrates that this argument might not be as simple as it first seems. The following chapter introduces who these workers are and discusses the structural concerns that apply to this population.

Chapter Four: Exploring the Food Service Workplace & Workers

4.1 Introduction

Although many Canadians are employed in the hospitality industry, no studies have directly addressed the food choices, BMI, and weights of these workers in the Canadian context. Studies that have been done exploring the health of these individuals focus almost exclusively on the implications of second hand smoke exposure, the risk of hepatitis transmission, and the development of musculoskeletal disorders (Bates et al., 2002, Chyuan et al., 2004, Jones et al., 2007, Meltzer et al., 2001, Skeer and Segel, 2003, Wheeler et al., 2005). In addition, most of this research uses a managerial or business perspective (Ahrens and Chapman, 2004, Dermody et al., 2004, Vikhanski, 1993). Studies that use a managerial or business perspective are focused on increasing employee efficiency and increasing profit margins. For example, in their two year case study of a restaurant chain, Ahrens and Chapman (2004) argued that management can generate efficient work practices by using an enabling management control system. This type of control system aims to increase workers' abilities to be self-sufficient while addressing daily problems that arise while completing work tasks. This type of research focuses on generating profit within the restaurant industry, rather than improving working or health conditions. Understanding these workers' health behaviours, food choices and consumption, social positions, and ability to navigate obesogenic environments is useful to the understanding of social patterns of weight and obesity in the general Canadian population, as it provides insights on the impacts of the frequent exposure to fast

food sources. Additionally, it provides insights on the reasons for food purchasing in general. In order to understand this population and the type of work they perform, I first conceptualize food service work and then discuss the development of the restaurant industry in North America. The general characteristics of these workers are then discussed, followed by a review of socioeconomic and working conditions. In the latter portion of this chapter, I present the health implications associated with the fast food workplace and the constraints workers face.

For the purpose of my study, I define food service work as any work that employs individuals with the main purpose of providing food to customers. There are wide variations in the type of job duties participants perform. However, the one thing that all of this work has in common is the focus on the provision of food to customers (Horn and Schaffner, 2003). Grocery store workers are excluded from the current study, as they are generally not preparing food to be consumed outside of the home. The actual skill levels involved in this industry are variable, ranging from low to high skilled and trained (Horn and Schaffner, 2003). However, Horn and Schaffner (2003) note that overall workers tend to be low-skilled and poorly paid. The exceptions include executive chefs, restaurant owners, and individuals working in extremely high-end, fine dining establishments (Horn and Schaffner, 2003). Using secondary data collected through the Canadian Community Health Survey (CCHS) and through 40 qualitative interviews, my study focuses on fast food workers, food service supervisors, food counter attendants, kitchen helpers, cooks, and food and beverage servers.

4.2 The Development of the Food Service Workplace

In order to fully understand the working conditions associated with food service work, it is first necessary to explore the history and development of this industry. The franchise model is an important part of this industry. Hunt (1972: 33), one of the first researchers to discuss the modern fast food industry, defines franchising as a business model with the following characteristics:

1. A contract exists which delineates the responsibilities and obligations of both parties.
2. A strong continuing cooperative relationship exists between them.
3. The franchisee operates the business substantially under the trade name and marketing plan of the franchisor.

The largest distinguishing factor between franchises and other forms of business is the requirement to use the name and advertisement supplied by the franchising body. Stanworth and Curran (1999) argue that Hunt (1972) was not specific enough in his classification of franchises. They extend his definition:

[T]he independent franchised outlet is a legally separate business with its own capital base, employees, organizational structure, and specific customer relations which can be seen as analytically independent of the franchisor and the latter's business and marketing strategies (Stanworth and Curran 1999: 325).

Although the franchised outlet is expected to cooperate with the franchising body, follow their naming rules and marketing plan, and adhere to contractual obligations, the outlet still operates as a separate business under law. Each franchise owner is responsible for hiring his or her own staff and managing business capital. However, franchises continue to differ from traditional businesses, as owners are expected to own and operate their own businesses, yet they do not own the rights to their company names or products.

Since the 1800s, the restaurant industry has grown to cater to North American culture. Hamburger stands, such as White Castle, began to pop up in the 1920s, signifying the start of the fast food era (Pretcher, 2003). However, the model replicated in today's society is rooted in the expansion of McDonald's into an international chain (Halberstam, 1993). McDonald's originated as a small drive-thru restaurant in San Bernardino, California, founded by the McDonald brothers in 1940. This small restaurant was an instant success. Initially, the original clientele attracted to this restaurant were teenage boys and younger families with two parents who worked. Halberstam (1993) argues that this specific clientele demanded access to fast and cheap food that fit their budgets. The introduction of the fast food restaurant decreased the amount of time women spent on household food preparation (Halberstam, 1993).

Halberstam (1993) attributes the increased demand for fast convenience foods to the emergence of highways, freeways, hotels, vacationing families, and the entrance of women into the workforce. The late 40s and 50s were a time of growth and with the rise of the suburb and the family car, commuting and travel became more common (Halberstam, 1993). This resulted in the demand for an industry that could provide quick food at a price that families could afford. In the 1940s, the McDonald brothers became frustrated with the young men hanging around their establishment and began to see a real market for providing food to families requiring cheap, fast food. With the aforementioned developments in this decade, workers and families became increasingly mobile and were busier than ever before. The 1950s was also a period of post-war economic expansion. Purchasing goods and services

became more common. However, the working-class population could not afford to eat at formal restaurant establishments. The McDonald brothers saw this as an opportunity to sell their food to an untapped market of working-class, busy families (Halberstam, 1993).

Upon opening their store, the McDonald brothers became conscious of the fact that some customers were waiting up to twenty minutes for their orders and began to look for ways to provide quicker service (Halberstam, 1993). In the fall of 1948, they closed down their store for renovations and streamlined their menus, focusing on standardized burgers, switched from china products to disposable paper, and began the search for machines that would help standardize products and produce them more efficiently. When they re-opened, they charged fifteen cents per hamburger and began to attract a large volume of busy, working-class families (Halberstam, 1993).

In the 1950s, a milkshake machine salesman named Kroc asked the McDonald brothers if he could purchase franchising rights to McDonald's. He intended to expand upon their well-known model that had proven to be successful by opening stores in other areas. Initially, the McDonald brothers refused, claiming that they had generated enough wealth from their store and they were not interested in expanding. However, Kroc persisted and eventually bought the McDonald's name from the brothers. He began to expand by opening additional McDonald's restaurants throughout the United States (Halberstam, 1993). As McDonald's profits soared, other restaurant operators and investors switched to cheap, fast, standardized service to appeal to the growing market of new consumers (Halberstam, 1993). Fast

food was quickly making its mark within the American restaurant industry. Eventually, this model spread to Canada. Kroc opened the first international McDonald's in Richmond, British Columbia in 1967 (Halberstam, 1993).

From the outset, it was clear that the success of McDonald's—soon to be replicated by other fast food joints, such as Kentucky Fried Chicken—was largely attributed to its working-class consumer base. Working at McDonald's was originally reserved for men. The McDonald brothers were afraid that female employees would scare away families, due to the assumption that they would act flirtatiously toward married male customers (Halberstam, 1993). This original gender divide is quite strange, as fast food managers are now prone to hiring young, attractive women to work behind the counter in order to appeal to male customers (Reiter, 1991). Kroc, and others seeking to make their fortunes in the fast food industry, also actively marketed their restaurants to working-class families with slogans such as “Give mom a night out,” “Give mom a night off,” and “You deserve a break today” (Halberstam, 1993: 163). From the outset, fast food chains were marketed to working-class families and staffed by working-class men.

The success of fast food chains from the 1950s to the 1970s was largely attributed to the post-war baby boom, the beginning of commuter culture, and the rise of expendable income in the working and lower-middle classes (Jakle and Sculle, 1999). Further, with the standardization of the 40 hour work week, ideology promoting leisure during non-work hours resulted in a lack of motivation to cook food at home (Jakle and Sculle, 1999). Fast food restaurants were able to cater to these new demands of busy people with moderate incomes.

In order to understand the working class habitus at the time of fast food expansion, it is necessary to understand family culture. Willis (1977) analyzed the perpetuation of working class culture and social position in his study of the Hammertown lads. The Hammertown lads were a group of twelve school aged, working class boys in Great Britain that Willis (1977) interviewed about their educational attainment and future aspirations. Willis (1977) argues that the ideology perpetuated during the civil rights movement of the 1950s and 60s focused on eradicating inequality, not just between Black and White people, but between men and women, and the upper and working classes. Willis (1977) found that the ideology that all persons can be equal and the belief in upward mobility briefly entered the minds of these working class lads. However they quickly realized that they had little chance of upward mobility:

Though the Hammertown lads are, in September 1976, still flushed with the excitement and intensity of movement and having money, and felt a sense of cultural election, we may hazard a guess that delusion is not far away. The working class culture of which their basic responses are a part is not generally one of celebration and mastery. It is basically one of compromise and settlement: a creative attempt to make the best of hard and brutalizing conditions. What the culture of the 'lads' shows us is that this culture is not all of a piece, that there are nodal points of strength as well as longer troughs of despair, weakness and naked domination. For a specific period in their lives, the 'lads' believe that they dwell in towers where grief can never come. That this period of impregnable confidence corresponds with the period where all major decisions of their lives are settled to their disadvantage is one of the central contradictions of working class culture and social reproduction (Willis, 1977: 107).

The Hammertown lads often underperformed in school. They told Willis (1977) that they were aware of the limited opportunities they had and were complacent with entering typical working class work, such as factory labour. They were happy with the opportunity to make money, regardless of the fact that they were certain that they

would work in poorly paid positions. This development of working class habitus as being defined by aspirations of upward mobility on the one hand, and complacency on the other, assists with understanding the working class' "taste" for fast food, as their original consumption of fast food originated from the desire to experience leisure time like the middle and upper classes (Halberstam, 1993). Eating at non-fast food restaurants, a place for feeding one's family and increasing leisure time by avoiding the task of cooking at home, was still largely reserved for the middle and upper classes. In order to cater to the demand for additional leisure time from the American working class, these restaurants began to open in areas close to highways and close to working class homes.

The new, successful, franchise model was dependent on standardization and worker and franchisee compliance to company policy. Kroc's stores served as a model for this. He often referred to good workers as "McDonald's men," following all of the standardized rules, praising the products, and making McDonald's a key part of their livelihoods (Halberstam, 1993: 170). Workers and franchisees were to give their full loyalty to and work hard for their stores. This meant that working at McDonald's became a way of life. Other chains attempted to develop their enterprises based on these practices (Halberstam, 1993).

Fast food chains continued to develop into the 1990s. However, in the 1970s many women and youth began entering the workforce. By the 1980s, this workforce consisted mainly of women, school going teens, and young adults (Reiter, 2002).

Reiter (2002:30-31) argues:

In the fast food sector, larger companies have found it to their benefit to use minimum wage, part-time employees, who they 'hire and fire' depending on

the demand for their labour at any particular hour on any particular day. Turnover in the industry is high and replacement costs minimal because this kind of low skilled work means that new workers can be easily trained to take the place of those who have left. Fast food companies depend on and encourage a patriarchal system that involves a very lopsided distribution of wages and responsibilities. Women work for minimum wage at fast food outlets because it is one of the few jobs that allows them to meet their responsibilities outside the workplace. Low wages tend to reinforce the notion that these women and teenagers will consider themselves not to be *bona fide* workers. Survival is not thought to be possible without the wages of the 'head' of the family, the main breadwinner. Additionally, there is some contradiction between work organization and marketing strategy. This kind of work is intensive and stressful, yet at the same time, the marketing of the product is telling women that they deserve to 'give themselves a break today.' A visit to a restaurant as a consumer is a good experience and will give them a rest from cooking at home. The sale of fast food as a fun, healthy dose of Americana masks the actual conditions of work for people who work there.

In her critique of the fast food industry, Reiter (2002) challenges marketing strategies that make people associate the fast food industry with fun leisure time. These companies prefer hiring part-time youth and women because it allows them to alter their labour force to suit their businesses' demands. It also allows women and youth to earn some money while meeting familial and educational demands. In addition, it is assumed that these individuals do not require a working wage because they are seen as being reliant on other forms of household income. Reiter (2002) argues that workers internalize this logic and see themselves as not being real workers. This disadvantages them, as they do not strive for additional salary and growth from their fast food workplaces. Additionally, this may hinder habitus formation because they are not viewing themselves as having a career or a place in fast food work. Rather, they may view themselves as having temporary jobs that allow them to meet their present educational and familial responsibilities.

The 1990s was another period of large growth for the fast food industry. During this period, huge expansion occurred in the entire restaurant sector (Prechter, 2003). This was attributed to the economic and job growth that occurred in Canada during the mid to late 1990s. The industry continued to expand from the mid to late 1990s into the early 2000s. By 2000, over 30,000 people visited a McDonald's in Canada each day (Reiter, 2002). At the time, this represented roughly 10% of the Canadian population. Other large Canadian chains, such as Tim Horton's, also served a large number of Canadians. In 2010, Tim Horton's revenues exceeded 2,536 million dollars. Recently, Tim Horton's reported receiving over 41% of the quick service restaurant traffic in Canada, with over 40% of their customers purchasing their products more than four times a week (TDL Group, 2010). The explosion of fast food consumption in Canada shows that consuming products that are made outside of the home has become the new normal way of life. This has created many jobs in the growing service industry that are in existence to provide, or support the provision of, ready-made food to the Canadian population.

In 2008, the global economic market experienced a crash. Economists have called this a period of global economic instability, arguing that we are still experiencing the impacts of the crash (Obstfeld et al., 2012). This crisis has resulted in job loss, rising unemployment rates, higher food costs, and closures of small and large businesses and corporations. Further, the offshoring, or movement of businesses to other countries, of low-skilled manufacturing work has led many displaced workers to seek employment in the low-end service industry. Face-to-face

service provision, found in the food service industry, cannot be displaced to other countries (Autor and Dorn, 2009).

Despite growing economic and job instability, the fast food industry has remained relatively stable (Gupta, 2010). As a result of this, owners have been able to continue to hire staff. In June 2011, John Johnson from Newser reported that if it were not for a one day, nationwide job fair, where McDonald's hired 62,000 new employees, the United States would have experienced a massive net job loss in April 2011. Johnson's colleague, Kate Seamons (2011) reported that on April 19th, 2011, over one million people applied to work at McDonald's.

Recently, Canada's policy makers have also turned to the fast food industry to create jobs for unemployed citizens. In 2012, Human Resources Minister, Dianne Finley, announced changes to Canada's Employment Insurance (EI) program. These changes will require frequent users of EI, those who have claimed more than 60 weeks of EI in the past five years, to take any job if it is close to their homes and pays at least 70% of their previous wages (Geddes, 2012). These reforms may force laid off workers who were making close to \$18 an hour to begin working in the fast food industry. This could result in future changes to the demographics in this industry as males and older workers may be forced participate in these jobs.

4.3 Food Service Work in Canada

4.3.1 Class

As previously noted, the food service industry is quite large with wide occupational variations. However, Horn and Schaffner (2003) state that most of this

work is low-paid, low-skilled, and low-end. For this reason, the current study focuses on the prominent forms of food service work. This section describes the general characteristics these workers in Canada, and the current nature of the industry. Due to the lack of current sociological research on this work in Canada, this chapter uses existing research in combination with statistics generated from the 2006 Canadian Census. Special attention is paid to fast food as it is a large employer. Providing background to fast food work also lays the groundwork for the results discussed in Chapter Seven.

Food service work tends to be undesirable work, characterized as being low paying (Horn and Schaffner, 2003). While average Canadian incomes for both full and part-time workers rose over \$2000 between 2000 and 2005, kitchen attendants, chefs and cooks, food service supervisors, and food and beverage servers experienced wage decreases during (Statistics Canada, 2006). Moreover, these workers¹⁰ in the food service industry are paid substantially less than the 2006 Canadian national average of \$52,105 for full-year, full-time workers and \$38,226 for all workers (see Table 4.1). According to the 2006 Canadian census data, these groups make less than the average Canadian worker.

Table 4.1: Income for Full-time and All Workers by Occupation within the Food Service Industry

Occupational Category	Full-Year, Full-Time Workers (Avg. Income, 2005)	All Workers (Avg. Income, 2005)
Canadian Average—All Occupations	\$52,105	\$38,226

¹⁰ “All workers” refers to all workers in the noted food service categories included in the Statistics Canada (2006) census data. Data are publically available for two categories: full year, full-time workers, and all workers. All workers includes both full-time, full year workers and part-time, temporary, and contract workers.

Kitchener Helpers & Other Related Occupations	\$20,572	\$9,803
Chefs & Cooks	\$24,779	\$16,768
Food Service Supervisors	\$25,336	\$18,672
Food & Beverage Servers	\$18,473	\$11,379
Occupations in Food & Beverage Service	\$18,776	\$11,454

Reference: Statistics Canada, 2006.

Reported incomes for these groups are very low. This can be partially attributed to the fact that many workers in the food service industry are dependent on tips as a secondary source of income (Horn and Schaffner, 2003). However, not all tips are reported as taxable income and often workers do not report them when filling out census forms. Moreover, certain occupations in the food service industry are more likely to obtain higher tip levels than others. Workers in the fast food sector usually receive low to non-existent tips, whereas bartenders and wait staff in higher end establishments are more likely to receive substantial tips. Secondly, the large variation between the full year, full-time and the all worker categories illustrates the high percentage of the population that works part-time in this industry. In her summary chapter on fast food work in Canada, Reiter (2002) describes this work in a similar fashion, arguing that it tends to pay low wages and often offers part-time hours. This contributes to the income inequality experienced by these groups. From the 2006 census data and Reiter's (2002) findings, based on personal income alone, we can make the argument that fast food workers are in the low-income wage bracket. However, this population is relatively young and although their personal incomes may be low, they may be able to access sources of familial income.

The understanding of food service workers as a population that is largely under-paid is important because both the health literature and Bourdieu argue that

that class has implications for health behaviours and food choices. According to Bourdieu (1984) working class social actors have developed a taste for dense foods, whereas upper class individuals prefer lighter, healthier foods. Additionally, from an economic perspective, healthy foods such as fruits, vegetables, and lean meats cost less than highly processed, packaged foods. This finding is supported in the health literature. Many scholars have found a negative correlation between income and weight (Baum and Ruhm, 2009, Janssen et al., 2006, Wang and Lobstein, 2006). According to the literature on the social determinants of health and the main theoretical framework adapted here, food service workers may be at higher risk of experiencing unhealthy weights due to the low-waged nature of their work.

4.3.2 Age

The food service worker population is younger than the general Canadian workforce (see Table 4.2). This population generally consists of student or part-time workers who may rely on other family members' wages in order to meet basic economic needs (Reiter, 2002, Statistics Canada, 2006b). Economic instability is a particular threat to youth today and this is especially problematic for youth who cannot rely on familial or community support (Franke, 2010). These types of jobs place financially independent youth at risk of food insecurity, which may lead to the consumption of food with low nutritional value.

Table 4.2: Percentage of Youth in Occupations within the Food Service Industry

Occupational Group	Youth (15-24) % of Group
Total Canadian Workers—no occupation	16%

specified	
Food Service Supervisors	45%
Occupations in Food & Beverage Service	50%
Chefs & Cooks	31%
Food Counter Attendants, Kitchen Helpers & Other Related Occupations	58%

Reference: Statistics Canada 2006b.

Another age group of interest is the older adult population. Various social researchers have begun to recognize the changing meaning of retirement and the economic insecurity faced by seniors, suggesting that older adults may return, occupying low waged service jobs (Beatty and Visser, 2005). In addition to this, they experience different health challenges and they are at higher risk of experiencing health complications (Beatty and Visser, 2005). Despite the claim that retirement is being experienced differently by today's older adults due to economic instability, the most recent census indicates that only 2.5% of working individuals are 65 or older. Further, the census data indicate that a very small proportion of working older adults are employed in the food service industry (Statistics Canada, 2006b). However, due to financial precariousness, older adults who have retired may begin to reenter the workforce in these low paying positions. However, due to the current age composition of this sector, adults over the age of 65 were excluded from this study.

4.3.3 Gender

Occupations within the food service industry are highly gendered (Reiter, 2002, Woodhall and Muszynski, 2011). Understanding the gendered nature of this work is important to this research, as studies have indicated that women experience the body and health differently from men (Martin, 2001, McCall, 1992, Muenning et

al., 2006, Schilling, 1991, Ward et al., 2007). In the general sales and service industry, women (57%) outnumber men (43%) (Statistics Canada, 2006b). According to the 2006 Canadian Census data, women outnumber men in all food service occupations, with the exception of chefs and cooks (see Table 4.3). Chefs and cooks are also one of the better paid occupations within this industry (Statistics Canada, 2006b). These data correspond with Reiter's (1991) findings that food service management often place female workers in job tasks that involve direct interaction with customers and that are also paid low wages.

Table 4.3: Percentage of Females and Males in Occupations within the Food Service Industry

Occupational Group	Percent Female	Percent Male
Total Canadian Workers—no occupation specified	47%	53%
Food Service Supervisors	67%	33%
Occupations in Food & Beverage Service	78%	22%
Chefs & Cooks	42%	58%
Food Counter Attendants, Kitchen Helpers & Other Related Occupations	66%	34%

Reference: Statistics Canada, 2006b

As discussed at the beginning of this chapter, early food service workplaces were hesitant to hire women (Halberstam, 1993). This 1950s perception of work, gender roles, and sexualization has changed drastically since the early implementation of gendered employment practices. Reiter (1991) notes that these workplaces hire young, attractive women in order to appeal to the customers that they are serving. The literature does not specifically address these shifting gender

ideologies in food service work. However, this shift occurred alongside the entrance of women into the workforce and can be understood using the concepts of the reserve army of labour, emotional labour, and pink-collared work.

Food service jobs are contingent and low-skilled. This industry employs a highly replaceable and interchangeable workforce (Leidner, 1993, Reiter, 1991). The increase of women in the labour market corresponds with the mass expansion of the service industry in the 1970s (Bruegel, 1979). Neo-Marxist scholar Bruegel (1979) argues that women serve as a reserve army of labour that can be hired and fired based on the needs of capitalist employers. Reiter (1991) argues that this is the case at Burger King. Workers are told to go home early if business is slow and are called in to work based on service demands. This creates contingent conditions for workers and further increases the inequalities women experience in this industry as a result of low wages.

Work in the service industry involves a significant degree of emotional labour (Hochschild, 2003, Seymour, 2000). Emotional labour involves managing one's emotions based on company expectations of behaviour (Hochschild, 2003). Women are socialized to be and perceived to be better at managing emotions and interacting in a friendly fashion with customers. Hochschild (2003) argues that these perceptions have resulted in the feminization of the service industry. However, it also creates a workforce that is alienated from their own feelings and emotions. The perception that women are better at performing emotional work and interacting with people is another contributing factor to the development of food service work as female dominated.

Armstrong and Armstrong (2010) define pink-collared work as marginalized work with few prospects for career advancement and low levels of recognition. It tends to mirror the types of job tasks women traditionally performed in the home. For example, a food service worker may deliver food to a customer. Traditionally, women are the ones who prepare and serve meals in the home. This concept does not explain the dominance of men in the cooks and chefs occupations. However, some chefs have room for advancement and formalized recognized training within culinary institutes. Opportunities for mobility and the prestige associated with being a chef may have led to an increased number of men becoming chefs and cooks. For example, traditionally in France, men were chefs and women were cooks (Clark, 1975). The concept of pink-collared work does explain the work of food counter attendants and waitresses. Regardless of the reasons for the entry of women into service work, it is important to recognize that these workers experience pay inequality and poor working conditions and that the majority of these workers are female (Reiter, 1991).

4.3.4 Race

The variables of race and immigration are also important to consider in the present study for both theoretical and practical reasons. First, the habitus of immigrant and minority workers may be drastically different from the habitus of Canadian born and/or White workers, as habitus is formed through social and cultural exposure and experience (Bourdieu, 1984). Culture is a central concept in Bourdieu's theory and ignoring cultural differences is detrimental to understanding the impact of habitus and field on workers' health behaviours. Second, it is not

practical to ignore migration status and race in this study, as immigrants and racialized minorities are frequently employed in this industry. For example, in their study of immigration and work, Benach et al. (2010) found that immigrants are often forced to work in low-paying, precarious jobs. The service industry, including food service work, is a large employer of immigrant labour (Benach et al., 2010). Further, they note that the work that immigrants perform has the potential to increase their risk of negative health outcomes.

Employment in the food service industry is also highly racialized. In a qualitative study of race in America, Bonilla-Silva (2010) concluded that Black individuals are over represented in low-paying, low-end service work. He notes many of his interview participants believe that race does not impact the ability to find work and that minorities participate in low-end service work because of lack of personal motivation. Bonilla-Silva (2010) questions these views, claiming that discriminatory hiring practices still exist in America. Although people often view employment systems as promoting equality, this is often not the case.

4.4 Working Conditions

Most adults spend many of their waking hours at work. Work has the ability to impact social status and can be seen as a master status, defined as the way one views oneself, which impacts psychological health and well-being, economic status, weight, and ultimately physical health (Exley and Letherby, 2001). This section discusses the conditions which may place food service workers at greater risk of gaining weight, as well as non-food related health behaviours that these workers are at risk of participating in, such as smoking. Although there have been relatively few

studies on fast food work in Canada, the existing literature describes it as alienating, stressful, precarious, low-paying and work that involves a high degree of emotional labour (Leidner, 1993, Reiter, 1991; 2002, Woodhall and Muszynski, 2011). Due to the lack of research surrounding food choices, BMI, and fast food work, I draw inferences from the literature that does exist.

The food available for these workers to consume is an important factor relating to health, as they are constantly surrounded by food throughout their shifts. Restaurants and food service workplaces are often criticized for providing unhealthy food and some researchers argue that this contributes to obesity (Boutelle et al., 2007, Davis and Carpenter, 2009, Burton et al., 2006, Slater, 2009). In general, Canadian employers have been criticized for not providing healthy food choices and adequate conditions to consume healthy food. Wanjek (2005) argues that the workplace can act as a preliminary avenue for countering obesity. The realization that workplaces contribute to worker health and well-being is beginning to resonate with policy makers and programs are being created to address weight in the workplace.

The literature on work and health in terms of obesity and weight focuses largely on three determinants of weight: stress, shift work, and sedentary versus active labour. The importance of workplace health and weight has been recognized by Canadian health experts and by the government of Ontario. This is illustrated by the recent creation of programs designed to address weight and obesity at work. The Eat Smart! Workplace Cafeteria Program (ESWCP) was introduced in 2001 as a spin-off from the Eat Smart! Healthy Restaurant Program. This program receives

government funding and is managed by the Nutrition Resource Center and local health units. As of 2005, 18 local Ontario health units and 45 workplaces were participating in this program (Wanjek, 2005). However, as of 2010, only four workplaces in the Waterloo Region were participating. These include the Region of Waterloo, Sunnyside Home, The Economical Insurance Group, and Toyota (The Nutrition Resource Centre, 2012). This program involves the evaluation of food provision practices, the provision of materials to assist in program implementation, and the delivery of standardized steps designed to provide healthy meals to all workers (Wanjek, 2005). The Eat Smart! Restaurant program may have some impact on the food consumption patterns of food service workers, as restaurants are being pushed to provide healthier food in general. However, the worker program has yet to extend into these workplaces.

Despite Wanjek's (2005) framing of this program as useful and beneficial in fighting obesity, little additional research is available on ESWCP. Dawson et al. (2006) conducted a program evaluation of the ESWCP which was implemented in an Ontario hospital cafeteria. They found that 86% of workers were aware of the program and 69% of workers purchased food from the cafeteria on a weekly basis. They reported an increase in worker knowledge of healthy eating and worker energy levels and a positive worker attitude toward having healthy convenience foods available. However, they note that their findings are not generalizable and a comparison needs to be drawn between food offerings before and after program implementation. Dawson et al.'s (2006) study suggests that it may be important to alter the types of food available and increase the affordability of healthy workplace

food to ensure worker health and well-being. However, Dawson et al.'s (2006) study does not address the usefulness of the program in terms of decreasing weight or the role of individual agency in altering food choices.

Although this program was designed to address weight and health at work, it has yet to be proven as an overly successful tool, nor has it been broadly adopted in Kitchener-Waterloo. Additionally, this program has not been implemented in fast food workplaces where concerns relating to obesity are present. Some of these include easily accessible, often discounted, convenience foods, short meal breaks, poor pay, marginalized work, and shift work (Leidner, 1993, Reiter, 1991; 2002, Woodhall and Muszynski, 2011). Only 819 of the restaurants in Ontario are Eat Smart! certified (Nutrition Resource Centre, 2012). Many of the food service workplaces in Ontario do not participate in the Eat Smart! Restaurant program. This means that the food selections on their menus are not clearly marked as or approved as being healthy by the province of Ontario.

Other structural concerns and social determinants of weight relating to work, in addition to the previously mentioned concerns of gender and income, have been recently identified by health and work scholars. These scholars have found that time concerns, shift work, stress and low-incomes are positively correlated with poorer health and obesity or weight gain. These factors are all present in food service work. However, due to the physically active nature of food service work, it may be possible that food service workers experience a lower risk of having high BMIs. Choi et al. (2010) found that sedentary work with low physical demands increased the risk of obesity for men and marginally increased the risk for women. There is currently no

evidence suggesting that the physically active nature of food service work assists in obtaining or maintaining a lower BMI.

Wanjek (2005) notes that workers involved in shift work, especially workers who are required to work non-standard hours, are less likely to eat healthy. Food service workers are often required to work hours outside of the traditional 9 to 5 daytime model (Reiter, 1991). Some fast food restaurants, such as Tim Horton's and McDonalds, are open 24 hours a day, 7 days a week. This requires workers to be available to work evening, night, early morning and weekend shifts. These hours are not necessarily conducive to preparing or purchasing healthy food (Wanjek, 2005).

Time concerns play a major factor in food preparation and choice. For example, in investigating working mothers' family food choices, Slater (2009) found that the choices working mothers made were pragmatic and rational to them, as they perceived feeding their family in a fast, cost effective manner to be important. Their seemingly rational decisions were reinforced by an obseogenic social structure, which included the industrial food system, social norms reinforcing quick consumption, and stressful work conditions. This environment was then reinforced and maintained by the actions of the working mothers in Slater's (2009) study. These time concerns can be related to shift work hours, as working non-traditional hours can create scheduling conflicts for families.

Wanjek (2005) confirmed Slater's (2009) findings, stating that workers with inadequate break times are more likely to eat less nutritionally. Food service workers are often given short 15 minute breaks and their break times often represent the bare minimum required by the Employment Standards Act. This does not provide workers

with adequate time to prepare or consume healthy meals or snacks. Further, as the food service industry is a labour intensive industry, break times are often scheduled around peak customer demands, prohibiting workers from taking breaks during traditional meal times since these are also the peak periods of customer demand.

In her study of Burger King workers, Ester Reiter (1991) also found that time can be very problematic for fast food workers. Shift times are often based on service demands and workers can be asked to stay late or leave their shifts early with little or no notice (Reiter, 1991). This has the potential to make meal planning, packing adequate homemade meals, and eating outside food impossible for some workers.

Work stress also impacts healthy eating, weight, and obesity. In their study of 45,810 female and male employees, Kouvonen et al. (2005) found that stress, operationalized as lower job control, higher job strain and higher effort-reward imbalance, was associated with higher BMI. Food service workers lack control over their labour, experience high job strain and exert themselves for low wages and benefits (Reiter, 1991). Leidner's (1993) study of McDonald's staff found that customer demands and management pressure on workers to quickly serve customers during busy periods resulted in increased stress.

4.4.1 Additional Health Concerns

Work impacts other health behaviours, such as smoking. In his the study of 209 different occupational groups in the United States, Pizam (2012) found that occupations in the hospitality industry were in the highest quartile of cigarette smokers in the United States (see Table 4.4). Smoking rates vary by occupational category, but they remain high throughout the industry. The managerial staff are also

more likely to smoke than the general working population in the U.S. (Pizam, 2012). Pizam's (2012) findings echo Lee et al.'s (2004) previous findings that workers in the food service industry are more likely to smoke than workers in other sectors and occupations. However, Pizam (2012) states that more research needs to be done to determine the root causes of this phenomenon. He suggests that this correlation may be due to work stress or work culture. Both stress and culture relate to Bourdieu's theory and the extended concept of habitus adapted here to include occupational group habitus.

Table 4.4: Smoking Rates in Various Occupations within the Food Service Industry

Occupation	Smoking Rate (%)
Bartenders	55.49
Cooks	37.65
Food Service Supervisors	35.78
Miscellaneous Food Preparation Occupations	34.16
Food Service & Lodging Managers	33.98
Kitchen Workers	33.46
Wait Staff	28.62
Overall smoking rate for all 209 occupations	27.90

Reference: Pizam (2012: 307).

4.5 Conclusion

This chapter explored the characteristics of food service workers and their working conditions. This is useful in understanding the connection between food service work and health. Further, the development of workplace culture and the general characterization of this population as young, female, and poorly paid warrants the investigation of worker habitus and field position in this industry.

Chapters Three and Four outlined the social determinants of negative health and participation in negative health behaviours, as well as the social structural conditions of food service work. Food service workers occupy social positions that place them at risk of ill health. The following chapter discusses the methods used to test this assertion and explore the impact of the food service workplace on workers' food choices, BMIs, and self-perceptions of weight.

Chapter Five: Research Methods

Beginning with a discussion of epistemological concerns and Bourdieu's research framework, I first outline a suitable approach for doing social research using Bourdieu's theory. I then present reasons for adopting a mixed methods approach in this research, followed by a discussion of the methods used in this study.

5.1 Theory and Practice

As noted in Chapter Two, I use Bourdieu's concepts as the central theoretical lens for this research. Bourdieu grounded his unconventional concepts in the practice of social research. His main methodological works, *Outline of a Theory of Practice* (1977) and *The Logic of Practice* (1990) argued for a methodology that transcends traditional divides between phenomenology and structuralism. He advocated for ways of researching social phenomena that combined different epistemological assumptions. This section discusses Bourdieu's framing of reflexive practice, his use of both objective and subjective methodologies, and the suitability of his framework to a mixed methods research approach.

5.1.1 Reflexive Practice

Bourdieu adopted a reflexive orientation to social research (Brannick and Coghlan, 2007, Guillemin and Gillam, 2004). Reflexivity in sociology is generally defined as:

The idea that our everyday practical accounts are not only reflexive [or] self-referring but also socially constructive of the situations to which they refer. On this view, reflexivity is a capacity possessed by social actors which is decisive in distinguishing human actors from animals. It is a feature of

reflexive social accounts and theories of all types that these accounts may also act to reproduce or to transform those social situations to which they refer (Jary and Jary, 2000: 515).

The understanding of social action as being reflexive allows for an understanding of society and action as being socially constructed (Jary and Jary, 2000). This situates agency and power in the lived experience of social actors and argues for providing them a voice to articulate their everyday experiences. Reflexivity also involves understanding oneself and one's own position in order to conduct research that is mindful of one's own experiences and impact as a researcher (Bourdieu, 1990).

Bourdieu acknowledged that he himself incorporated reflexive elements into his research (Bourdieu and Wacquant, 1992: 6). He often discussed his own social position in his work. For example, in his work on education and academia, he discusses his own entrance into academia and his upbringing that made him start as a novice or outsider in this social field (Bourdieu and Wacquant, 1992). Bourdieu's educational and class trajectories are well-known by those who have analyzed his works. He articulates his position as a social researcher and attempts to understand how his position and background impact his work.

Bourdieu's concept of reflexivity involves both epistemic and methodological reflexivity (Bourdieu, 1990, Brannick and Coghlan, 2007). Epistemic reflexivity involves the researcher understanding her or himself, along with her own social positions and beliefs. This assumes that the preconceived beliefs held by a researcher can impact his or her understanding of reality. For example, if a researcher studying the impacts of class on the social advantages children receive at school fails to acknowledge her own class background and the experiences she had

in school, she may not be aware of personal views that may impact her data collection and analysis.

Methodological reflexivity involves monitoring one's impact on participants throughout the research process. This principle assumes that the simple act of doing research can change and impact social situations (Brannick and Coghlan, 2007). Reflexivity in social research is said to minimize the potential impact that research can have on participants by increasing the ethical nature of the research, as researchers are constantly aware of the potential harm and benefits the research process may cause for participants (Bourdieu, 1990, Guillemin and Gillam, 2004).

Bourdieu's concept of habitus is oriented well towards the use of reflexivity in research. Applying the concept of habitus requires an understanding of participants' cultural realities, their ability to shape their own outcomes, and the impact of social structures on their lives (Bourdieu and Wacquant, 1992). Everett (2002) argues that using the concepts of habitus and field provides researchers with a reflexive, yet critical, way of understanding social organizations and their impact on the lives of participants, as these concepts focus on the reproduction and transformation of social structures. This allows for research to be transformative and public in nature, as Bourdieu's concepts help illustrate why people behave as they do and how social transformation happens (Fowler, 1996).

In order to best conduct research using Bourdieu's framework, Fowler (1996) argues that researchers should follow specific methodological techniques that are well suited to reflexive understanding. He suggests that researchers use the actual words of their participants, in order to truly understand their subjective meanings.

Second, he recommends that researchers study participants' actual lived experience. Lastly, and arguably Fowler's (1996) most important methodological rule, is that researchers attempt to locate participants within the social structures and social relations that impose limits on their ability to act or exercise free will. In order to understand field position and habitus, as it relates to power and inequality, it is necessary to understand the systems of social regulation that impose barriers to the health and well-being of workers.

5.1.2 Applying the Concept of Reflexivity

Using Bourdieu's framework involves conducting social research while being methodologically reflexive. In order to do this, I asked participants to share their own experiences of weight and eating, while continually reminding myself of the potential impacts my research could have on them. In Chapter Eight, I report the findings of these interviews in the words of the fast food workers studied. Additionally, prior to beginning my research, I participated in a process of self-reflection, identifying my own experiences, social position, and personal attributes that could impact my views as a researcher. I report my own experiences with weight, class, and work in order to demonstrate the elements I considered while becoming epistemically reflexive. Conducting this research was an emotionally challenging and highly personal experience. Although I perceive the task of reporting my own experiences as being risky, as I fear becoming vulnerable, I nevertheless report them below.

In an attempt at full disclosure, exposing my personal position and discussing my own experiences, it is important to note that I have two very personal

connections to my research. These connections lie in both substantive areas of this dissertation, work and health. As a teenager and young adult, I spent a lot of time working in the fast food industry. My first job at the age of 16, although short lived due to a natural lack of hand-eye coordination, was making and delivering pizzas in my hometown. Afterwards, I worked at a large corporate coffee shop chain, for multiple owners, in multiple cities from ages 17 to 20. I worked as basic storefront staff, a baker, a supervisor, and I occasionally filled management roles during their absences. I also spent a summer during my undergraduate years managing an Arby's full-time. I was 21 years old at the time. This involved performing daily supervision and working with the staff as well as managing money and performing additional behind the scenes functions. Although I have not participated in work in the food service industry for the last six years, those formative years I spent in food service alerted me to the working conditions in this industry. I can't say that I enjoyed this period of my working life. I witnessed large amounts of food consumption, experienced little control over my own work, and was often frustrated by the constant requests that came from owners and management. Despite my own perceptions of this type of work, I did realize that some of the individuals I worked with genuinely enjoyed their jobs and often viewed their personal connections to their colleagues as important enough to make their work enjoyable.

During my childhood, teenage years, and into my early adulthood, I was significantly overweight. At my highest weight, I had a BMI of roughly 37, which is classified by Health Canada (2003) as being obese class II. Populations with this BMI level tend to be at very high risk of negative health outcomes that are attributed

to excess weight. When I was 18 years old, I was diagnosed with benign intracranial hypertension, a rare disease experienced by women of childbearing age. Symptoms include extremely high blood pressure and fluid retention in the brain. I was told by my doctors that this rare condition is generally only experienced by women who are overweight. I was content living on blood pressure medication until just before my 23rd birthday when I began losing my excess weight. This was shortly after I left the fast food industry to begin working part-time at a university call centre. This also coincided with the day that my cousin, and good friend, became engaged. The thought of attending a wedding with all of my family members and high school friends as an obese person terrified me. Reflecting on this, I can now argue that I was experiencing a form of symbolic violence. I had internalized the ideology that overweight people are undesirable. I thought that I would be embarrassed at the wedding and this motivated me to begin losing weight. However, I had tried to lose weight before and had been unsuccessful.

The summer I began losing weight was also the third semester of my Master's degree. I was out in the field interviewing coffee shop workers and management. Using Bourdieu's framework, it could be argued that leaving fast food work and entering academia, where my primary work functions were as a university call centre supervisor, teaching assistant, and research assistant, altered my social and cultural habitus. It could also be argued that changes in social and cultural capital altered my perceptions of my own weight and lifestyle choices and contributed to empowering me to feel that I could lose weight.

I have been in the normal BMI range for over four years now and no longer require blood pressure medication or experience health complications. This lifestyle change meant not eating at lot of the foods I previously consumed at my food service workplaces. It also meant incorporating exercise into my routine. However, it is important to remember that these changes may have resulted in pre-conceived assumptions about the food choices of these workers and to my own perception that working at my food service workplaces prohibited me from eating healthy and led to the maintenance of an already unhealthy lifestyle. My perception that excessive weight is unhealthy is not commonly held by everyone and my personal views and tendencies towards vilifying fat are things that I had to be very aware of while conducting the present research.

Reflecting on my own experiences led me to understand that there were certain precautions I would have to take in order to ensure that my own perceptions did not guide the research and did not have an impact on the population I was studying. In order to do this, I remained aware that applying my own experiences to the food service population could result in a grave error of overgeneralization. Instead, I analyzed a secondary set of data to allow for objectivity and to determine general social trends and probabilities. Second, when conducting my qualitative interviews, I was aware of my need to understand the participants' beliefs on and experiences of work, health, and food. In order to do this, I was careful not to disclose my own experiences. Additionally, I asked the participants questions about their own perceptions of work, weight, and health (see Appendix A). I paid careful attention to how the participants conceptualized the relationship between health,

weight and work, other aspects of their lives, eating habits, and food consumption. Lastly, I remained constantly aware of the fact that discussing these topics had the potential to have an impact on the workers who participated in this study. Although I attempted to limit my own impact as a researcher by not sharing my own beliefs, I was aware that discussing personal beliefs and behaviour could be challenging for some workers and result in behavioural changes, due to personal reflection. I was careful not to offer any health or work advice and brought phone numbers of counselors to all of my interviews. When asked for specific advice, I referred individuals to their own doctors and to the Ontario Ministry of Labour.

5.1.3 Subjective and Objective Understanding

One of the key features of Bourdieu's theory is that it allows for the investigation of individual agency and structural barriers (Bourdieu, 1984). This requires a discussion of subjective lived experience and objective social structures. Traditional and classical sociological concepts of epistemology and ontology call for a sharp division between subjective and objective research orientations which separates qualitative from quantitative approaches. Bourdieu's work transcends these traditional divisions, as he is interested in being predictive as well as explanatory in his approach (Everett, 2002). This framework is not only well suited to transcending the dualism between structure and agency, but also between subjective and objective research approaches.

Constructivist researchers argue that "reality is socially constructed [or created] and that the sociology of knowledge must analyze the process in which this [construction] occurs" (Berger and Luckmann, 2011: 1). This involves the

investigation of how groups generate knowledge and share meaning in order to understand what the basis of social reality is and how certain constructs become understood as real (Berger and Luckmann, 2011). As constructionism is epistemologically rooted in understanding meaning and social realities, it is highly subjective in nature. Meaning is not easily measured using traditional, objective, empirical methods. According to Bourdieu, interpreting subjective experience allows for an understanding of the role of the actor plays in shaping his or her own social circumstance (Bourdieu and Wacquant, 1992). This is useful to the present research as it assists in understanding free will and the ability of actors, or lack thereof, to define and participate in making food choices.

Establishing structural understanding is also central to employing a Bourdieuan framework of investigation (Bourdieu and Wacquant, 1992, Everett, 2002). According to Ritzer (2008: 222), structuralists “focus on the invisible larger structures of society and see them as determinants of the actions of people as well as society in general.” These structures constrain and guide individual action. According to Bourdieu (1990: 26), structuralism uncovers “objective irregularities independent of individual consciousness and wills.” Studying these social structures involves determining and clarifying patterns in society. This is often done using empirical, objective research methods.

5.1.4 Bourdieu’s Framework & Mixed Methods

Mixed methods approaches to research combine qualitative and quantitative methods in the same research study (Creswell, 2009). In his work on class, taste, and habitus, Bourdieu (1984) analyzes both qualitative and quantitative data to argue his

thesis that taste is influenced by habitus and field, often resulting in patterns of cultural consumption. Until recently, the use of mixed methods research strategies was largely debated and highly contested within sociology. This debate stems from the understanding that different theoretical paradigms have different epistemologies, or ways of understanding social reality. These paradigms tend to align with either qualitative or quantitative approaches. The argument is made that they cannot be mixed because they each attempt to view society in different ways (Sale et al., 2002). In other words, opposition to mixed methods research stems from the lack of congruency in the underlying epistemological assumptions found in different theoretical paradigms. However, Bourdieu's epistemology claims that in order to understand society, we must use objective and subjective social measures. His epistemological assumptions thus encourage the mixing of qualitative and quantitative approaches to conduct social research.

Mixed methods research is more widely accepted by contemporary sociologists than it was in the past. However, new researchers are urged to view qualitative and quantitative methods as mere research instruments with little regard given to the underlying theoretical assumptions connected to research methods (Fries, 2009). Fries (2009) calls for a return to the understanding of methods as stemming from epistemological assumptions within social theory. He argues for mixed methods approaches to research that are epistemologically sound, stating that Bourdieu's reflexive sociological method should become the basis for mixed methods research, as it is grounded in the assumption that in order to understand social reality, one must understand the relationship between objective structures and

subjective agency (Fries, 2009). In order to study the food choices, BMIs, and the self perceptions of weight of food service workers using Bourdieu's concepts, I use a mixed methods research approach.

5.2 Research Questions and Purpose

It is commonly accepted that the research questions we choose drive our methodological choices as researchers (Johnson et al., 2007). However, mixed methods researchers are beginning to acknowledge that the research purpose is also an important factor to consider when picking a research design (Creswell, 2009, Newman et al., 2003, Johnson et al., 2007). Newman et al. (2003) note that more complex research purposes, involving a variety of different elements, often require a methodological design that uses more than one method. In order to conduct a successful study that warrants the use of a mixed method design, researchers must provide a purpose statement that includes elements of investigation that require different forms of inquiry.

Due to the importance of the research purpose to study design, it is necessary to report the research purpose while discussing the methods chosen for this study.

The purpose statement for this study is as follows:

With this study, I hope to shed light on how food choices related to BMI and self-perceived weight may or may not be connected to the workplace environment, especially when work is centered on selling food that is not considered healthy by experts. In doing this, I will contribute to the general understanding of structural and individual factors that determine weight and health in the food service worker population. The aim of this study is to investigate whether being overweight or obese are problems in this

population and to explore what factors influence the choices workers make that may contribute to their BMIs and self perceptions of weight.

This study has more than one aim. In this study, I aim to investigate whether food service workers are more likely to perceive their weight as being problematic.

Additionally, I also seek to determine whether or not this population is more likely to be overweight or obese when compared with the general Canadian population.

Lastly, I aim to explore what factors influence workers' food choices. As the first two aims seek to measure the absence or presence of a social phenomenon and the third research aim is more exploratory, I argue the combined use of quantitative and qualitative methods is imperative to successfully meeting the aims and fulfilling the purpose of this research study.

The research purpose drives our choice of research questions (Newman et al., 2003, Johnson et al, 2007). However, it is still necessary to ensure that the research questions, in addition to the purpose statement, are appropriate for mixed methods research. This ensures that the actual questions that are investigated are best suited toward using a blend of different forms of methods (Creswell, 2009). It is important, as researchers, that we do not attempt to answer a qualitatively-driven question in a quantitative fashion and vice versa. The research question and sub-questions for this study are:

Does the food service workplace contribute to its workers' BMIs and self-perceived weights?

- a) How do food service workers make food choices?
- b) How are food service workers influenced by their workplace structures in terms of making food choices?
- c) What other factors influence the food choices that these workers make?

The questions driving this study require the use of both quantitative and qualitative methods. The main, overarching research question requires quantitative investigation, as it is best answered through statistical measurement, whereas the sub-questions are best answered through deeper qualitative investigation. The research questions and purpose in the present study necessitate the use of mixed methods techniques.

5.3 Quantitative Data Analysis

In order to answer the question of whether or not food service workers are more likely to be obese than the general population, I drew evidence from the 2009-2010, cycle 5.1 of the Canadian Community Health Survey (CCHS). In order to gain access to the CCHS, I submitted an application to SSHRC and Statistics Canada and I was granted secured access to use the data in the South Western Ontario Research Data Centre (SWORDC). My analysis took place in 2012 and 2013. The software package used to analyze the data was STATA Version 12.

5.5.1 The Canadian Community Health Survey

The CCHS¹¹ is a national annual survey conducted by Statistics Canada in partnership with the Canadian Institute for Health Information (CIHI) and Health Canada. Prior to 2007, this survey was conducted bi-annually. However, new funding sources and the recognized need to gain a better understanding of the health of Canadian citizens spurred the annual collection of health data beginning in 2008

¹¹ The CCHS Cycle 5.1 was chosen instead of other surveys that report BMI, such as the Canadian Health Measures Survey, because it includes reports of occupation as categorized by the National Occupational Classification System. This categorization was central to conducting this research.

(Statistics Canada, 2012). The data from the CCHS are released in one year or two year files, called cycles. CCHS cycle 5.1 (2009-2010) was chosen, as this provided a larger sample of food service workers. Additionally, the 2011 CCHS data did not include occupational classifications for any of the respondents, which would have made determining the BMIs and self-perceived weight of food service workers impossible.

The target population for the CCHS is all Canadians over the age of 12 who are not institutionalized, living in remote areas, living on First Nation reserves, full-time members of the Canadian armed forces, or living on crown lands (Statistics Canada, 2012). In order to ensure accurate representation from all 115 of Canada's health regions, data are collected from a sample of 65,000 respondents annually. The sampling strategy for the CCHS is quite complex. The first stage involves calculating how many participants are needed from each province. This is determined by the population size and the number of health regions within each province or territory (Statistics Canada, 2012). The CCHS uses three sampling frames, with 40.5% of sample households coming from an area frame, 58.5% from a list of telephone numbers, and 1% derived from Random Digit Dialing (Statistics Canada, 2012).

The area frame used to solicit participants for the CCHS uses the same design as the Labour Force Survey (LFS). The LFS uses cluster sampling which involves selecting clusters based on population size and then systematically sampling the households within each cluster. The CCHS sampling strategy uses the pre-existing LFS clusters and then groups these by health region. Households are chosen based on cluster and health region (Statistics Canada, 2012). The administrators of the

CCHS choose a larger sample than needed to account for potential survey non-response. Once contact with the household is made, the survey administrator lists the names of all of the individuals residing in the household and one member of the household over the age of 12 is selected to answer the questions based on a variety of selection probabilities (Statistics Canada, 2012).

The CCHS was chosen for my dissertation research as it lists the North American Occupational System (NOC-S) codes for each respondent. This allowed me to determine the broad type of occupation of each participant. In addition, the CCHS also includes various measures that are useful in determining weight and risk of obesity. These include BMI, fruit and vegetable consumption, and self-reported perception of body weight.

5.5.2 Variable Selection

I began my variable selection by looking at who in the CCHS survey could be accurately considered a food service worker. This involved an intensive literature scan and a scan of the NOC-S codes. Four NOC-S categories clearly indicate food service work: A221 (restaurant and food service managers), G513 (food and beverage servers), G961 (food counter attendants, kitchen helpers, and related occupations), and G012 (food service supervisors). Drawing on the food service literature and my personal experience working in the food service industry, I dropped code A221 from the food service worker population, as this category includes business owners and operators.

After determining who should be classified as a food service worker, I reviewed the entire CCHS for relevant dependent and independent variables. As the CCHS is a large health survey, many of the questions (for example questions relating to reproductive health) were not relevant. I selected BMI and self-reported perception of body weight as my dependent variables. Self-rated health was dropped due to low response rates and large amounts of missing data. I chose a variety of independent and control variables (see Appendix B for a list of the quantitative variables). Some of these variables were excluded due to insignificance at the univariate stage and others were dropped as it was later discovered that they did not contribute to the logistic models developed. Additional variables, such as education, were removed from this analysis because they confounded with other variables. In the case of education, education was found to correlate with income. In this analysis, income was used as an approximation of socioeconomic status.

Before beginning my analysis, I removed all individuals under the age of 16 and over the age of 65, as these individuals are not frequent participants in the paid workforce. Additionally, all households with income levels over \$250,000 were removed, as there were very few food service households at or above this level and these households were deemed to be outliers.

The dependent variables were coded into dummy or dichotomous variables for use in binary logistic regression modeling. I then recoded all of the independent and control variables into continuous categorical or dichotomous dummy variables for use in logistic modeling. At this point, I ran descriptive statistics on each of the variables and removed the variables with significant amounts of missing cases.

5.2.3 Missing Data

The missing data located within the CCHS file for the variables of interest in this study were dealt with using listwise deletion. Listwise deletion involves deleting the entire “case” or excluding a participant’s responses if data from one of the variables of interest is missing (Graham, 2009). However, this can often be problematic, especially when performing listwise deletion on dependent variables, as researchers run the risk of biasing their models (Graham, 2009). In other words, researchers must ensure that the cases that they are deleting are not representing unique cases within the sample and biasing their population estimates.

In the food service worker population, 5.43% of data were missing from the BMI variable and 5.10% were missing from the self-perceived weight variable. In order to ensure that the missing data in this study were not representing unique cases, I performed a sensitivity analysis (see Arbour-Nicitopoulos, 2010). I created two dummy variables, one for BMI and one for self-perceived weight, where one represented the missing data. I then ran logistic models using these new dummy variables as dependent variables. In comparing these models to the models I ran with non-missing data, the odds ratios for each independent variable did not differ significantly. This suggests that we can be confident that the missing data deleted in this study did not represent unique cases within the sample.

5.2.4 Measurement

The dependent variables in this study are BMI and self-reported perception of weight. BMI was calculated for the CCHS using respondents’ self-reports of their

weights and heights. The variable BMI was constructed using data from two separate variables: adult BMI (18+) and youth calculations of BMI for participants aged 16 and 17. Using Health Canada's (2003) guidelines for BMI classification, respondents were dichotomously categorized as being overweight or obese (BMI > 24.9) or not overweight (BMI < 25.0). Initial attempts were made to construct different models comparing those who were overweight with those who were not and those who were obese with those who were not. However, within the food service worker sample, the sample sizes became too small to reliably use. In addition to providing self-reports of weight and height, CCHS participants were asked to report their own perception of their weights. This was done by stating whether they were underweight, average weight, or overweight. The variable self-reported perception of weight was created by dichotomously coding these responses into two categories: overweight or obese and not overweight.

Participants were stratified into three different groups based on age: 1) 16 to 25, 2) 26-40, and 3) 41-65. This allowed for the comparison of models representing risk factors for increased BMI and self perceived weight between three distinct age categories.

I then began the process of testing the usefulness of these variables and recoded them when necessary. Sex was also self-reported with female coded as one and male coded as zero. Due to the low proportion of non-white individuals in the CCHS sample, all participants who self-reported as not being white were coded as zero and everyone else was assigned a value of one. Residing in urban and rural areas was also dichotomized, with 0 representing urban residences and 1

representing rural. Participants' area of residence in Canada was also used as a variable which was broken into four regions: Northern, Western, Eastern, and Central Canada. This allowed me to explore regional variations while accounting for small N's from some provinces such as Nunavut.

Additional variables in the current study represent behaviours that individuals participate in. In the CCHS, smoking is reported using three categories: never, occasionally, and frequently. These categories were maintained in the analysis to account for variations in weight status based on smoking type. Drinking was dichotomized in the CCHS. Participants who reported drinking were coded as one and those who reported never were coded as zero. The work and socioeconomic-related variables in the current study represent factors that may influence weight. Life stress and work stress were measured on a five point Likert scale in the CCHS. In this study, I maintained this coding, allowing for two continuous variables. Food insecurity and full time work status were measured dichotomously in the CCHS. Individuals experiencing food insecurity and those working full time were coded as one. Those not experiencing food insecurity or those who were working part-time were coded as zero. Marital status was collected categorically with participants reporting being single, widowed, divorced, married or common-law. This was coded dichotomously as one for not single and zero for single.

Two variables which required a significant amount of attention in this study were highest level of education achieved and household income. Education behaved very poorly as a continuous variable. Further, the most significant impact on BMI and self-reported weight was whether or not one had attended a post-secondary

institution. Those who had not attended were coded as one and all others were coded as zero. Household income performed best as a categorical variable. Income was divided into four different categories beginning with households making between \$25,000 and \$50,000. Personal income was removed from the study as very few food service workers made more than \$50,000 per year. Education was also removed from this study as it confounded with income. In this study, income was used as a measure of socioeconomic status.

5.3 Univariate & Bivariate Statistics

Prior to beginning logistic modeling, I ran descriptives and frequencies on each of the dependent and independent variables. This allowed me to look at the distribution of each of the variables and analyze the means. I compared the means for each variable in the food service worker population and the general population, using Pearson's Chi² determine significance. This was done to answer the following questions:

- 1) Are food service workers more likely to have higher BMIs than the general population?
- 2) Are food service workers more likely to report being overweight or obese than the general population?

Cross-tabulations were then used to determine the relationship between the independent and control variables and the dependent variables. These cross-tabulations were used in determining which variables to include in preliminary models. Additional descriptive statistics were ran to determine the differences between male and female food service workers.

5.4 Logistic Regression

Binary logistic regression modeling is becoming increasingly popular in health science research, as it allows researchers to predict the probability or likelihood of certain groups of people having or not having a certain characteristic (Tabachnick and Fidell, 2007). This is useful for understanding the risk of obesity, as it allows researchers to determine whether or not an individual is overweight or obese. This form of regression operates with the assumption that the dependent variables used for modeling are dichotomous and provide only two possible outcomes. This results in participants falling into one category or another and does not allow for standard linear regression modeling (Tabachnick and Fidell, 2007). In my dissertation, logistic regression with sample weights is used to test the following hypotheses:

- 1) Food service workers are more likely to be overweight or obese than the general Canadian population.
- 2) Food service workers are more likely to perceive themselves as being overweight or obese than the general Canadian population.
- 3) Being female will increase the likelihood of food service workers perceiving themselves as being overweight or obese.
- 4) Older food service workers are more likely to have higher BMIs and to perceive themselves as being overweight or obese.
- 5) Full-time workers are more likely to have higher BMIs and to perceive themselves as being overweight or obese.
- 6) Income is negatively associated with BMI and self-perceived weight in the food service worker population.

Using these hypotheses as guidelines, I developed three models based on the following equation:

$$\ln(Odds) = \ln\left(\frac{\hat{y}}{1 - \hat{y}}\right) = a + bX$$

Based on these hypotheses and the results from my cross-tabulations, I constructed preliminary models. I then constructed a correlation matrix for all of the variables included in each model to ensure that none of the variables were behaving redundantly.

After constructing these models, each nested model was compared to the other two models in its grouping to test model fit. I tested model fit in each individual model by analyzing the C Statistic for each model. With these values we can assess if model fit improves by comparing each value. Larger values indicate better model fit. I also looked at the Wald Chi² statistic to assess model fit, with numbers larger than zero indicating a relationship between the data and the model. Lastly, I bootstrapped my data using the bootstrap weights provided by Statistics Canada. This technique involves re-sampling from the data to ensure that the data are representative of the populations studied. This also reduces any error that may result from cluster sampling techniques.

5.5 Qualitative Interviews with Fast Food Workers

The qualitative portion of my study was designed to assist in answering the secondary research questions and fulfilling the secondary research purpose. Through

interviewing fast food workers, I was able to arrive at a deeper understanding of the choices and experiences of these individuals. Fast food workers were chosen as participants in my study, as they represent a subset of the food service population that has greater access to quick, convenience food. Additionally, their workplaces are frequently vilified as selling the unhealthiest food.

5.5.1 Qualitative Methods

In order to achieve a better understanding of how workers experience weight, and how and why they make food choices, I conducted semi-structured interviews with forty fast food workers (see Appendix A for interview guides). The characteristics of these workers varied, although they were mostly younger adults, and they worked at a variety of different fast food workplaces (see Appendix C for a chart outlining the characteristics of these participants). Duration of the interviews ranged from 30 minutes to 90 minutes. Interviews were conducted at locations that were convenient and comfortable for the participants; for example, my office or in a coffee shop. These interviews were non-invasive and ethics clearance was obtained from the Office for Research Ethics at the University of Waterloo before beginning the recruitment process. Participants were asked for informed consent and participation in this research was voluntary. They were remunerated \$15 for their participation in the interview and were given the opportunity to request feedback to be sent to them upon study completion (see Appendix D for the executive summary of this research which was provided to participants requesting a study summary).

The original intent of this research was to study groups of workers working under the same ownership at a few selected major fast food franchises. However, it

quickly became evident that this would not be possible and a new recruitment model was designed. Barriers to the original design are discussed in the concluding chapter here. In order to gain access to this population, I needed a gatekeeper or entrance point. I used Facebook as an entrance point and searched for individuals in Ontario who had publically listed that they work in a major fast food restaurant, such as McDonald's, Subway, Burger King, etc. After randomly locating individuals whose profiles matched the search criteria, I sent them a recruitment message to ask for their participation in this study. Additionally, mass emails requesting research participation were sent out to undergraduate students in Ontario (see Appendix E for the text used in the Facebook and email messages). I stopped when I reached theoretical saturation.

Although attempts were made to recruit individuals from Facebook and mass emailing, I was not able to recruit enough participants using these techniques alone. I used a snowball technique to generate more participants. After his or her interview, I asked each participant if he or she knew of anyone who might like to participate and asked him or her to provide me with contact information. Also personal acquaintances with contacts in the fast food industry were asked to provide information of their acquaintances who may have been able to participate. It was difficult to find participants for this study and despite my attempts at purposive sampling, it was impossible to find anyone over the age of 30 who was willing to participate. I attempted to purposively sample for older workers by contacting people on Facebook who had listed their age as being over 30 or who had a picture that indicated that they may be older. I hypothesize that this may be due to the relatively

young age of the fast food worker population and the recruitment tactics that were needed to complete this study. In total twenty-four participants were recruited through mass emailing, six were recruited through Facebook, five were recruited through snowball sampling, and five were recruited through personal acquaintances. The study participants worked at the following fast food outlets: Burger King, McDonald's, Williams Coffee Pub, Coffee Time, Starbucks, Second Cup, Pita Pit, Tim Horton's, Subway, Pizza Hut, a small café, and Harvey's. Despite the variation in the workplaces, the findings illustrate that all of their job tasks were fairly similar.

5.5.2 Measuring Class

In the qualitative phase of this research, class was determined based on participants' self-identification with class groups. Each participant was asked whether he or she belonged to the upper, middle or lower class. Participants were asked to report their class at two stages of their lives: childhood and the present. Reporting income was problematic for these participants, as many did not know how much their household income was when they were children. Additionally, many of the participants in this study did not know their present household income. To adjust for this, participants were asked what the members of their households did for work. This was asked for their childhood periods and at present. Their answers for self-reported class were compared with reported occupations to ensure that they had reported their class accurately.

5.5.3 Qualitative Coding

The first fifteen interviews were tape recorded and transcribed. I typed out direct quotes and notes on each of the last twenty-five interviews. Once transcribed or after the completion of the typed interviews, the interviews were placed into NVIVO Version 9 and coded for emerging themes. I coded the information using the three different stages of coding: 1) open to identify themes, 2) axial to identify relationships between categories, and 3) selective to connect each category to the broader research themes (see Appendix G for coding chart). This involved carefully reading each transcript during each coding pass and creating new categories, nodes, and connections in NVIVO.

I began the coding process by identifying words and ideas that arose frequently in the qualitative interviews. From this, I generated a list of preliminary categories (see Appendix G). I then continued to analyze the context of each quotation that contributed to the formulation of a preliminary category and began grouping the categories based on similarities. I then took each category and analyzed it using Bourdieu's (1984) concepts. Using his theory of practice, in this final coding phase, I was able to group the similar categories into five main themes. These included: fast food work as a social field, food choice and eating as a sub-field of fast food work, habitus and transmitted cultural norms surrounding eating and health, fast food work as temporary, and regulating food consumption. The data and themes discovered through this qualitative study are reported in Chapter Seven.

5.7 Mixing Methods: Combining the Quantitative & Qualitative Data

As noted above, this dissertation uses a mixed methods approach to explore BMI, self-perceptions of weight, and food choices. The quantitative data were analyzed to determine what the food service worker population experiences in terms of self-perceived weight and BMI. The qualitative data, collected using questions developed based on Bourdieu's concepts, provide information on why these individuals had or had not experienced weight gain and how they made food choices at work. In terms of data analysis, I began my research by conducting fifteen interviews. I then analyzed the quantitative data to establish general trends. The last phase of study involved conducting twenty-five additional interviews. Both sets of data are combined to present a general discussion surrounding food service work, weight, and food choices in Chapters Eight and Nine.

5.8 Conclusion

This chapter outlined the methods used to collect, analyze and present the data for this dissertation. The use of a mixed methods approach allows for a deeper understanding of the weights of food service workers, as it establishes the likelihood of being overweight or obese in this population and then describes why this likelihood may deviate from the general population norm. The following chapter presents the statistical data collected in this study.

Chapter Six: Analyzing BMI and Self Perceived Weight in the Canadian Food Service Worker Population

6.1 Introduction

In this chapter, I present an analysis of the data from cycle 5.1 of the Canadian Community Health Survey (CCHS). First, I compare the data from food service workers to the data from the general Canadian population. This highlights the differences in BMI and self-perceived weight between the two populations. Using descriptive statistics, I also present the differences between men and women working in the food service industry. I then use logistic regression models to investigate risk factors for having BMIs in the overweight or obese ranges and self-perceptions of overweight, controlling for demographic, structural, and behavioural factors, such as age, income, and alcohol consumption. These models are provided for three different groups, allowing for the investigation of weight status and perceived weight status by age.

6.2 Sample Description

The main research question in this study asks whether or not food service workers are more likely to be overweight or obese than the general Canadian population. In order to answer this question, I have used two measures of overweight and obesity: 1) BMI, and 2) self perceptions of weight. After reviewing relevant literature, I began my study by combing through the CCHS variable list. Through this initial scan, I was able to determine which variables are relevant to understanding overweight and obesity and which are not. This left me with an initial set of variables to begin testing for inclusion in my regression analysis.

The CCHS uses a skip pattern and certain questions that discuss health behaviours were not asked to all survey respondents. Due to this skip pattern, variables that discuss the direct avoidance of food which is deemed to be unhealthy were not included in this study. I initially included these variables in the models using by constructing regionally derived interaction terms. These interaction terms were not significant which allowed me to confidently exclude these variables.

In addition to the CCHS' skip pattern, there are also a lot of missing data in this particular survey. After determining which variables would be used for this study, I began to look at the relationships between these variables in an attempt to decide how these missing data should be treated. I discovered that most of the missing data fell on the dependent variables in this study. In light of this pattern, I chose to use listwise deletion techniques and removed all cases with missing data on the dependent variables in this study (for a description of this, see Chapter Five). This chapter describes the findings of my analysis which included data from the general Canadian population (N = 58,272) and the population of food service workers (N = 921). The remainder of this chapter presents the results from this analysis.

6.2 Population Characteristics

As illustrated in Table 6.1, there are many significant differences between food service workers and the general Canadian population. The first two significant differences answer the main research questions in this study. I had originally

Table 6.1 Descriptive Statistics: General Canadian Population & Food Service Workers

Characteristics	General Canadian Population (N=58,272) % (n)^a	Food Service Worker Population (N=921) % (n)^a	χ^2
Weight Status (BMI)			
Underweight	1.7 (982)	3.4 (31)	
Normal weight	41.0 (23,907)	54.5 (502)	
Overweight	32.7 (19,062)	22.7 (209)	$\chi^2=108.19,$ df=4,
Obese	20.7 (12,062)	14.0 (129)	
Missing	3.9 (2,259)	5.4 (50)	
Self-Perceived Weight			
Underweight	3.6 (2,006)	5.0 (44)	
Normal weight	51.5 (28,789)	58.1 (508)	$\chi^2=25.97,$ df=2, P<0.000
Overweight	45.1 (25,316)	36.8 (322)	
Age Category			
16 to 25	12.6 (7,312)	39.9 (367)	
26 to 40	30.6 (17,843)	26.7 (246)	$\chi^2=613.26,$ df=2,
41 to 65	56.8 (33,117)	33.4 (308)	
Sex			
Male	48.7 (28,396)	24.3 (224)	$\chi^2=216.31,$ df=1,
Female	51.3 (29,876)	75.7 (697)	
Race			
Other	8.4 (4,622)	11.5 (99)	$\chi^2=10.45,$ df=1, P<0.001
White	91.6 (50,345)	88.5 (762)	
Residence			
Rural Area	26.4 (15,385)	22.9 (211)	$\chi^2=5.70,$ df=1, P<0.017
Urban Area	73.6 (42,887)	77.1 (710)	
Marital Status			
Married or Common Law	57.9 (33,718)	40.2 (370)	$\chi^2=116.20,$ df=1,

Single, Divorced or Widowed	42.1 (24,500)	59.8 (550)	
Work Stress			
Extremely High	5.3 (2,450)	4.7 (42)	
High	24.6 (11,346)	13.1 (117)	
Moderate	41.9 (19,329)	42.6 (382)	$\chi^2=16.04$, $df=4$, $P<0.003$
Low	19.3 (8,929)	22.9 (205)	
Extremely Low	8.9 (4,115)	10.0 (90)	
Life Stress			
Extremely High	3.67 (2,132)	3.9 (36)	
High	20.7 (12,060)	17.4 (160)	
Moderate	43.0 (25,033)	45.2 (416)	$\chi^2=7.27$, $df=4$, $P<0.122$
Low	22.8 (13,242)	22.5 (207)	
Extremely Low	9.8 (5,721)	11.0 (101)	
Work Status			
Full-Time	85.8 (35,800)	56.7 (518)	$\chi^2=598.33$, $df=1$,
Part-Time	14.2 (5,942)	43.3 (396)	
Food Secure	91.6 (50,239)	89.1 (766)	$\chi^2=7.03$, $df=1$, $P<0.008$
Food Insecure	8.4 (4,606)	10.9 (94)	
Household Income			
\$0-\$25,000	15.0 (8,762)	23.8 (219)	
\$25,001-\$50,000	25.2 (14,965)	31.9 (294)	$\chi^2=110.11$, $df=3$,
\$50,001-\$100,000	39.4 (22,995)	33.4 (308)	
<\$100,001	20.3 (11,820)	10.9 (100)	
Fruit & Vegetable Consumption			
<5 servings per Day	41.2 (23,505)	40.5 (363)	$\chi^2=0.47$, $df=1$, $P<0.495$
≥ 5 Servings per Day	58.4 (32,998)	59.5 (534)	
Smoking Status			
Non-smoker	73.9 (43,039)	63.2 (582)	
Occasional	5.3 (3,061)	6.7 (62)	$\chi^2=54.32$, $df=2$, $P<0.000$
Frequently	20.9 (12,161)	30.1 (277)	
Drinking Status			
Non-drinker	16.2 (9,454)	15.7 (145)	$\chi^2=0.16$, $df=1$, $P<0.693$

^aNumbers may not add to total because of missing values

hypothesized that food service workers would be more likely to have BMIs in the overweight or obese ranges and to perceive themselves as being overweight than the general Canadian population. This was not the case. A larger proportion of food service workers' BMI scores indicated that they were underweight (+1.7%) and normal weight (+13.5%). Additionally, fewer food service workers had scores in the overweight (-10.0%) and obese (6.7%) categories. Additionally, a slightly higher proportion of food service workers perceived themselves as being underweight (+1.5%) and normal weight (+6.6%). A smaller proportion of food service workers viewed themselves as being overweight (-8.3%). These findings indicate that the population of interest in the present study is less likely to have high BMI scores. They are also less likely to perceive themselves as being overweight. However, they are slightly more likely to perceive themselves as being overweight than they are to actually be overweight, as indicated by BMI scores. This suggests that self perceived weight is an important variable of interest in this study.

6.2.1 Population Differences: Food Service Workers & the General Population

There are many significant differences between these two populations. The largest difference is that food service work is highly sexed: 75.7% of food service workers are female, compared with 51.3% of the general Canadian population (+24.4%). In addition to this, a larger proportion of food service workers are between

the ages of 16 and 25 (+27.3). A smaller proportion of these workers fall between the 26 and 40 year (-3.9%) and 41 to 65 year (-17.4%) age categories.

Table 6.2 Descriptive Statistics: Food Service Workers by Sex

Characteristics	Male Food Service Workers (N=224) % (n) ^a	Female Food Service Workers (N=697) % (n) ^a	x ²
Weight Status (BMI)			
Underweight	2.7 (6)	3.6 (25)	
Normal weight	57.1 (128)	55.7 (374)	
Overweight	21.0 (47)	23.2 (162)	x ² =1.79, df=4.
Obese	14.7 (33)	13.8 (96)	
Missing	4.5 (10)	12.9 (40)	
Self-Perceived Weight			
Underweight	11.2 (24)	3.0 (20)	
Normal weight	64.0 (137)	56.2 (371)	x ² =34.41, df=2.
Overweight	24.8 (53)	40.8 (269)	
Age Category			
16 to 25	56.7 (127)	34.4 (240)	
26 to 40	24.1 (54)	27.6 (192)	x ² =39.80, df=2.
41 to 65	19.2 (43)	38.0 (265)	
Race			
Other	14.2 (30)	10.6 (69)	x ² =2.03, df=1.
White	85.8 (181)	89.4 (581)	
Residence			
Rural Area	15.2 (34)	25.4 (177)	x ² =10.02, df=1.
Urban Area	84.8 (190)	74.6 (520)	
Marital Status			
Married or Common-Law	19.3 (43)	46.9 (327)	x ² =53.66, df=1.
Single, Divorced, Widowed	84.8 (190)	53.1 (370)	

Work Stress			
Extremely High	3.8 (8)	5.0 (34)	
High	17.5 (37)	20.5 (140)	
Moderate	41.0 (87)	43.1 (295)	$\chi^2=4.39,$ df=4,
Low	27.8 (59)	21.4 (146)	
Extremely Low	9.4 (21)	10.1 (69)	
Life Stress			
Extremely High	4.5 (10)	3.7 (26)	
High	11.2 (25)	19.4 (135)	
Moderate	44.0 (98)	45.6 (318)	$\chi^2=11.00,$ df=4,
Low	27.4 (61)	21.0 (146)	
Extremely Low	13.0 (29)	10.3 (72)	
Work Status			
Full-Time	50.5 (112)	59.0 (408)	
Part-Time	49.6 (110)	41.0 (284)	$\chi^2=6.06,$ df=1,
Food Secure	88.9 (192)	89.1 (574)	
Food Insecure	11.1 (24)	10.9 (70)	$\chi^2=0.01,$ df=1,
Household Income			
\$0-\$25,000	19.2 (43)	25.3 (176)	
\$25,001-\$50,000	29.0 (65)	32.9 (229)	$\chi^2=7.61,$ df=3,
\$50,001-\$100,000	38.0 (85)	32.0 (223)	
<\$100,001	13.8 (31)	9.9 (69)	
Fruit & Vegetable Consumption			
>5 servings per Day	64.0 (135)	58.2 (399)	$\chi^2=2.27,$ df=1,
≥5 Servings per Day	36.0 (76)	41.8 (287)	
Smoking Status			
Non-Smoker	68.8 (154)	61.4 (428)	$\chi^2=4.77,$ df=2,
Occasional	4.5 (10)	7.5 (52)	
Frequently	26.8 (60)	31.1 (217)	
Drinking Status			
Drinker	86.2 (193)	83.6 (583)	$\chi^2=0.81,$ df=2,

Non-Drinker

13.8 (31)

16.4 (114)

^aNumbers may not add to total because of missing values

The mean age of food service workers is roughly 30, whereas the mean for the general Canadian population is 45 years old. Food service workers are significantly younger than other Canadian workers. This suggests the need to stratify models investigating weight status by age, as overweight and obesity vary between different age groups.

In addition to age and sex, there were other significant differences between the two populations. A higher proportion of food service workers were non-white (+3.1%) and resided in urban areas (+3.5%). Additionally, food service workers had a lower rate of residing in marital or common-law relationships (-17.7%). Marginal, yet significant ($P > 0.05$) differences existed between levels of work stress and life stress experienced by these two populations. Food service workers reported lower levels of extremely high (-0.6%) and high work stress (-11.5%) and high life stress (-3.3%). However, they reported slightly higher levels of extremely high life stress (+0.3%).

One of the reasons I had originally hypothesized that this population would be more likely to experience overweight and obesity is because of their increased and financially discounted access to the food that they sell and serve. However, this analysis illustrates that these workers may not spend a lot of time in their workplaces. Food service workers reported much higher instances of part time employment (+29.1%) than the general Canadian population. In fact, only about half

(56.7%) of food service workers maintain full time employment. This suggests that these workers may not spend a large amount of time around the food they serve.

There were significant observed household income differences between the two populations. A larger proportion of food service workers' household incomes fell within the \$0-\$25,000 (+8.7%) and \$25,001-\$50,000 (+6.7) thresholds. A smaller proportion of workers resided in households with incomes higher than \$50,001 (-15.4%) per year. This suggests that some of these workers may be participating in food service work to contribute to household income levels, whereas others may be using food service work income as a primary source of familial income. In addition to this, food service workers, who generally had lower household incomes, had higher amounts of food insecurity (+2.5%).

There were significant differences between smoking levels observed in this study. Fewer food service workers are non-smokers compared with the general population (-10.7%). Additionally, there was a higher proportion of occasional (+1.5%) and frequent (+9.2%) smokers in the food service worker population. There were no significant differences ($P>0.05$) noted for the other health behaviours fruit and vegetable and alcohol consumption, measured in this study.

6.2.2 Sex-Based Differences in the Food Service Worker Population

As noted above, there are more female food service workers than male. As a result of the highly sexed nature of this work, the following section investigates the characteristic differences between male and female food service workers. These differences are outlined in Table 6.2.

Differences in BMI categories between male and female food service workers were not statistically significant at the $P>0.05$ threshold. More women were classified as underweight (+0.9%). However, a higher proportion of women were also classified as being overweight (+2.3%). A smaller proportion of women were classified as obese (-1.0%) and normal weight (-1.5%).

Although differences in BMI categories were not significant between male and female food service workers, self perceptions of weight did differ significantly. A higher percentage of men reported being underweight (+8.2%) and normal weight (+7.8%). A much higher percentage of women perceived themselves as being overweight (+15.7%). These findings suggest that the gendered nature of this work may contribute to the differences between reported BMI and self perceptions of weight.

Differences in age between male and female food service workers illustrate that men working in this industry are more likely to be young than women. A higher proportion of men (+22.3%) were between the ages of 16 and 25, whereas higher percentages of women were between the ages of 26 and 40 (+3.4%) and 41 and 65 (+18.8%). This suggests that it is more common for younger men to work in food service, whereas older workers tend to be female.

There was a small and statistically insignificant difference in race between male and female food service workers. A higher proportion of non-white men (3.6%) worked in this industry. Additionally, more men in this industry resided in urban settings (+10.2%). A significantly higher proportion of women in food service work were married or resided in common-law relationships (+27.6%). This was largely

non-single (13.4%). The majority of male workers in food service are between 16 and 25 years of age (56.7%). The relatively young age of men working in this industry contributes to the finding that many men in this industry are single.

Differences in work stress between men and women were statistically insignificant. However, differences in life stress were significant ($P < 0.05$), with higher proportions of women reporting high (+8.2) and moderate (1.7%) degrees of stress. Differences also existed in work status between the two groups of workers. Although, in general, a larger percentage of food service workers participate in this employment on a part time basis, more women than men worked full time (+8.5%).

A larger proportion of women working in food service resided in low-income households. The percentage of women in this industry who lived in households with incomes between \$0 and \$25,000 was 9.9% higher than men. Despite differences in household income between the two groups, the difference in proportion of men and women working in this industry was statistically insignificant.

There were no statistically significant differences in health behaviours between men and women working in food service. There were differences in smoking rates, with more women participating in occasional (3.0%) and frequent (4.3%) cigarette smoking than men. However, this was also not statistically significant at the $P < 0.05$ threshold.

6.3 Factors Contributing to Differences in Body Mass Index Scores

In this section, I present results from my analysis of factors that contribute to increased and decreased risk of having a BMI over 25.0. Table 6.3 presents three separate models, stratified by age, that are used to assess the risk factors for being

classified as overweight or obese. Model one displays risk factors for food service workers between the ages of 16 and 25, model two displays factors for the 26 to 40 age group, and model three provides risk factors for the 41 to 65 age group. These

Table 6.3 Risk Factors for High BMI in Food Service Workers

Variable	Age 16 to 25 N=90,638 n=294 OR (CI 95%)	Age 26 to 40 N=55,961 n=174 OR (CI 95%)	Age 41 to 65 N=55,052 n=247 OR (CI 95%)
Sex			
Male	1.00	1.00	1.00
Female	.65 (.275-1.632)	.57 (.123-2.633)	1.59 (.294-8.574)
Race			
Other	.82 (.173-4.502)	.59 (.054-6.383)	.16 (.034-.772)*
White	1.00	1.00	1.00
Residence			
Rural Area	.49 (.128-1.848)	.77 (.137-4.335)	1.93 (.642-5.788)
Urban Area	1.00	1.00	1.00
Work Stress	.82 (.517-1.314)	.64 (.297-1.359)	.89 (.521-1.509)
Life Stress	1.41 (.517-1.314)	1.3 (.547-2.340)	.74 (.427-1.288)
Work Status			
Full-Time	2.38 (.861-6.593)	.71 (.170-2.969)	1.50 (.451-4.990)
Part-Time	1.00	1.00	1.00
Food Insecure	.54 (.101-2.902)	.31 (.034-2.881)	.88 (.176-4.410)
Food Secure	1.00	1.00	1.00
Household Income			
\$0-\$25,000	1.20 (.307-4.676)	.14 (0.18-1.156)	.65 (.141-2.966)
\$25,001-\$50,000	1.35 (.414-4.388)	1.04 (.231-4.655)	.81 (.217-3.033)
\$50,001-\$100,000	1.00	1.00	1.00
<\$100,000	.38 (.099-1.447)	.33 (.014-8.037)	.54 (.075-3.816)
Marital Status			
Single	----	1.00	1.00

Married or Common-Law	----	.62 (.136-2.823)	1.15 (.319-4.145)
Fruit & Vegetable Consumption			
≥5 servings per Day	1.41 (.496-4.020)	.76 (.210-2.781)	2.06 (.688-6.136)
<5 Servings per Day	1.00	1.00	1.00
Smoking Status			
Never	1.00	1.00	1.00
Occasional	1.06 (.227-4.976)	.22 (.014-3.240)	.04 (.004-.522)*
Frequently	1.62 (.385-6.816)	1.14 (.284-4.541)	.54 (.184-1.576)
Drinking Status			
Drinker	1.47 (.687-11.607)	.99 (.060-16.310)	.50 (.151-1.67)
Non-Drinker			
C-Statistics	0.29	0.30	0.34
Wald Chi ²	11.79	11.92	19.16

Odds are adjusted for all other variables in the table and controlling for Region.
*Indicates significance at P<0.05

models present risk factors for food service workers only, as this is the main population of interest in this study.

As the food service worker population is relatively young, I stratified the models included in Table 6.3 by age. I had originally attempted to further stratify the models by BMI classification, comparing overweight to normal weight and obese to normal weight workers separately. However, this resulted in extremely small sample sizes, making the results not generalizable to the larger population of food service workers. To maintain large enough sample sizes, BMI was dichotomized to measure the risk of being overweight or obese in the food service worker population.

The logistic models that measure risk factors for having a BMI in the overweight or obese range in the food service worker population yielded mostly

insignificant results ($P < 0.05$), with the exception of two characteristics. Being non-white decreased the odds of having a BMI in the overweight or obese range in the 41 to 65 year old age group ($OR = 0.16$). Occasional cigarette smokers between 41 and 65 years of age were also significantly less likely to have a high BMI ($OR = 0.04$). These findings suggest that older food service workers who are non-white and occasionally smoke are less likely to be overweight or obese than other food service workers.

The remainder of this section discusses the rest of the findings from the logistic regression models testing BMI in food service work. It is important to note that none of these findings were statistically significant at the $P < 0.05$ threshold. Female food service workers between the ages of 16 and 25 ($OR = 0.65$) and 26 and 40 ($OR = 0.57$) were less likely to have BMIs in the overweight and obese ranges. However, women between 41 and 65 years of age were 1.589 times more likely to be overweight or obese than other food service workers. Being non-white decreased risk in all three age groups. However, this was only statistically significant in the 41 to 65 year age group.

Residing in a rural area had no statistically significant impact on BMI. However, the odds ratios illustrate that rural food service workers under the age of 41 are less likely to have high BMIs than others. Rural workers over the age of 41 are more likely to be overweight or obese ($OR = 1.93$). Increased work stress was associated with lowered risk of having a BMI over 24.9 in all three age groups. However, increased life stress was associated with increased risk with the exception

of workers between the ages of 41 and 65. These workers experienced a decreased risk of having high BMIs.

Younger workers between the ages of 16 and 25 were 2.383 times more likely to be overweight or obese if they worked full time. This suggests that younger workers who spend more time in their workplaces may experience an increased risk of having BMIs that are indicative of being overweight or obese. Workers in the 41 to 65 age group were also more likely to have high BMIs. However, those in the 26 to 40 age group were less likely to be overweight or obese (OR=0.71). This suggests that participating in this work full time may increase risk of being overweight or obese for both younger and older workers.

Household income was not statistically significant in any of the three models. Lower income youth under the age of 26 who resided in households with annual incomes ranging from \$0 to \$25,000 and \$25,001 to \$50,000 were at an increased risk of having high BMIs. However, workers in the 26 to 40 and 41 to 65 age groups had lower odds of being overweight or obese. Residing in a household with an annual income greater than \$100,000 was associated with decreased risk of having a high BMI in all three age categories. Although these findings are not statistically significant, they suggest an association between socioeconomic status and BMI.

The impact of marital status on BMI had varying effects for different age groups. Marital status was not included in the model for 16 to 25 year olds, as only 13.4% of these workers were married or living in common-law relationships. Non-single workers between the ages of 26 and 40 were less likely to have high BMIs, whereas those in the 41 to 65 age category were more likely.

With the exception of being an occasional smoker between the ages of 41 and 65, none of the health behaviours included in these models were statistically significant. 16 to 24 year olds who occasionally smoked were slightly more likely to have high BMIs (OR=1.06). Additionally, young workers who drank alcohol were more likely to have BMIs in the overweight and obese ranges (OR=1.47). This could be due binge drinking behaviour which is common in youth.

Overall, the data for workers between the ages of 41 and 65 best fit the models. Traditional indicators of overweight and obesity are not overly good at explaining decreased risk of having a high BMI for the food service worker population, especially in the younger 16 to 24 age group. The following chapter provides data from qualitative interviews with workers who fall within this age group in attempt to provide additional explanations for decreased risk of high BMIs that could not be captured in the CCHS analysis.

6.4 Factors Contributing to Differences in Self Perceived Weight

The following section discusses the logistic regression models presented in Table 6.4. These models compare the likelihood of food service workers perceiving themselves as being overweight and similar to the models provided in Table 6.3 for BMI, these models were stratified into three age categories. Across all three categories, BMI was the most significant predictor of self perceived weight. In other words, if food service workers had BMIs that indicated that they were overweight or obese, they were more likely to perceive themselves as being overweight. This was the case for all three age categories. However, BMI best predicted perceived weight in 41 to 65 year old food service workers. The youngest age group (16-25 years) was

16.23 times more likely to report themselves as being overweight if they had BMIs in the overweight or obese range. This likelihood increased to 40.38 for workers between the ages of 26 and 40. Workers in the 41 to 65 year age range were 54.78

Table 6.4 Risk Factors for Self Perception of Weight as Overweight in Food Service Workers

Variable	Age 16 to 25 N=84,978 n=276 OR (CI 95%)	Age 26 to 40 N=52,644 n=168 OR (CI 95%)	Age 41 to 65 N=54,348 n=242 OR (CI 95%)
Weight Status (BMI)			
Normal	1.00	1.00	1.00
Overweight or Obese	16.21 (1.480-177.622)*	40.38 (2.609-624.817)*	54.78 (14.014-214.093)*
Sex			
Male	1.00	1.00	1.00
Female	4.83 (.582-39.400)	4.35 (.323-64.065)	10.89 (1.409-84.187)*
Race			
Other	.24 (.008-7.182)	.94 (.059-14.914)	2.93 (.313-27.512)
White	1.00	1.00	1.00
Residence			
Rural Area	.90 (.229-3.550)	.43 (.051-3.670)	1.85 (.448-7.604)
Urban Area	1.00	1.00	1.00
Moderate to High Work Stress	1.05 (.492-2.239)	1.45 (.601-3.497)	1.35 (.678-2.665)
Low Work Stress	1.00	1.00	1.00
Moderate to High Life Stress	1.41 (.600-3.332)	1.20 (.452-3.181)	.91 (.526-1.556)
Low Life Stress	1.00	1.00	1.00
Work Status			
Full-Time	.67 (.129-3.509)	.68 (.075-6.082)	.61 (.137-2.672)
Part-Time	1.00	1.00	1.00
Food Insecure	2.44 (.168-35.435)	4.7 (.073-305.668)	1.69 (.122-23.322)
Food Secure	1.00	1.00	1.00

Household Income			
\$0-\$25,000	5.58 (.666-46.701)	.65 (.044-9.604)	.50 (.065-3.878)
\$25,001-\$50,000	.88 (.154-5.051)	.42 (.041-4.300)	.36 (.092-1.425)
\$50,001-\$100,000	1.00	1.00	1.00
<\$100,001	.74 (.139-3.948)	.25 (.002-38.880)	1.57 (.161-15.335)
Marital Status			
Single	----	1.00	1.00
Married or Common-Law	----	.67 (.073-6.082)	.49 (.126-1.921)
Fruit & Vegetable Consumption			
≥5 servings per Day	1.58 (.372-6.746)	3.13 (.400-24.492)	2.16 (.697-6.689)
<5 Servings per Day	1.00	1.00	1.00
Smoking Status			
Never	1.00	1.00	1.00
Occasional	.44 (.029-6.734)	.04 (.002-1.203)	1.57 (.764-32.095)
Frequently	1.86 (.258-13.476)	3.64 (.466-28.421)	.54 (.134-2.206)
Drinking Status			
Drinker	.99 (.130-7.573)	.32 (.001-73.021)	8.15 (1.578-42.091)*
Non-Drinker			
C-Statistics	0.06	0.34	0.42

Adjusted for all other variables in the table and controlling for region
 *Indicates significance at P<0.05

times more likely to perceive themselves as being overweight if they were actually overweight, as indicated by BMI scores. These findings suggest that older food service workers more accurately perceive their weights than younger workers.

In addition to BMI, sex was also a large factor contributing to how older food service workers perceive their weights. In all three groups, females were more likely to perceive themselves as being overweight. However, women in the 41 to 65 year old age group were 10.89 times more likely to perceive themselves as being

overweight. This was statistically significant at the $P < 0.05$ threshold. These findings indicate that older female food service workers have a higher risk of perceiving themselves as being overweight.

Non-white and rural residents in both the 16 to 25 and 26 to 40 age groups had decreased odds of perceiving themselves as being overweight. However, non-white and rural residents in the 41 to 65 age group experienced greater odds of perceiving themselves as being overweight. These findings were not statistically significant. Opposite findings were observed for work and life stress. 16 to 25 and 26 to 40 year olds experiencing high levels of work and life stress both experienced an increased risk of perceiving themselves as overweight, as did 41 to 65 year olds who were experiencing high work stress. However, 41 to 65 year old food service workers who were experiencing high life stress were less likely to perceive themselves as being overweight.

Similarly to the models displayed for BMI, income was not statistically significant in determining risk of perceiving oneself as being overweight. Workers between the ages of 16 and 25 who had household incomes of \$25,000 per year or less were more likely to perceiving themselves as overweight (OR=5.58). All other workers living in households within this income range were less likely to perceiving themselves as being overweight. All workers with household incomes over \$100,000 were less likely to perceive themselves as being overweight with the exception of 41 to 60 year old workers, who had slightly higher odds (OR=1.57). Experiencing food insecurity increased risk of perceiving oneself of being overweight for all three groups. Although, the BMI models indicate that food insecure food service workers

are actually less likely to have BMIs in the overweight or obese ranges. These findings are not significant at the $P < 0.05$ threshold.

In general, the health behaviours controlled for in this study were not statistically significant in estimating the odds of food service workers perceiving themselves as being overweight. All of the food service workers in this model who drank had lower odds of viewing themselves as overweight, with the exception of workers in the 41 to 65 age category. These workers were 8.150 times more likely to perceive themselves as overweight ($P < 0.05$). However, in the BMI models, these workers were less likely to have BMIs in the overweight or obese ranges. This suggests that older workers who consume alcohol have an increased risk of viewing themselves as overweight, regardless of the finding that they are less likely to actually be overweight or obese. Fruit and vegetable consumption and smoking status were not significant variables in these models.

6.5 Summary & Conclusion

The findings from this analysis disprove my original hypothesis that food service workers are more likely to perceive themselves as being overweight or have BMI scores in the overweight and obese ranges. In addition to this finding, this study provides insight into the characteristics of food service workers. Compared to the general Canadian population, these workers are more likely to be young, female, work part time, participate in occasional and frequent cigarette smoking, and reside in households with lower income levels.

In addition to these general findings, the descriptive statistics illustrate that the majority of the men working in the food service industry were younger than their

female counterparts. A higher proportion of the women lived in lower income households. This suggests that food service work may be a primary income source for more women than men, whereas more men may use food service work to temporarily meet basic needs in their late teens and early 20s.

The majority of the findings in the models measuring BMI in food service workers were statistically insignificant. The characteristics used to measure risk did a better job of explaining the odds of increased BMI scores in the older food service worker age group. Older non-white and older occasional cigarette smoking workers are less likely to be overweight or obese than other older food service workers. The descriptive statistics illustrate that there is a higher proportion of non-white workers and occasional smokers in food service worker. This may partially explain the decreased risk workers experience of having high BMIs.

The BMI models illustrate that younger women were less likely to be overweight and obese than other workers and the descriptive statistics show that there are more young people and women working in this industry. Full time workers in the 16 to 25 and 41 to 60 age categories were also more likely to have increased BMIs. However, the majority of this population works part time. The part time, sexed, and youthful nature of this work may explain the lowered BMI rates in this industry.

The logistic regression models exploring risk factors for perceiving oneself as being overweight had more explanatory power than the BMI models. In all age groups, BMI was a good predictor of self perceived weight. However, it was a better predictor of self perceived weight in older workers. This suggests that as workers

age, they are more likely to accurately report perceptions of their weight. Female food service workers were also more likely to perceive themselves as being overweight; although, this was only statistically significant in the 41 to 65 age group. Drinking also significantly contributed to perceiving oneself as being overweight in the 41 to 65 year old age group. However, the findings from the BMI models suggest that these workers are not at higher risk of having increased BMIs when compared with other workers in the same age range.

Overall, the findings from the CCHS analysis provide some significant explanation as to what factors decrease or increase the risk of having higher than normal BMI scores or perceiving oneself as overweight in older workers. However, the results do not clearly provide significant explanations for why younger workers may be at an increased risk of being overweight. The following chapter presents results from qualitative interviews with 40 food service workers between the ages of 18 and 25. These interviews further explore reasons behind the finding that these workers are less likely to be overweight and offer insights about how these workers make food choices.

Chapter Seven: Qualitative Analysis: Explaining Trends and Exploring Meaning

In Chapter Six, I conclude that food service workers are less likely to be overweight or obese than the general Canadian population. However, being young and female are also associated with this decreased likelihood. The logistic models, which presented analyses of risk factors for having a high BMI or self-perception of weight, were better at explaining variations in risk for the 41 to 65 year age group. It is possible that the young workers, which represent a larger proportion of food service workers, could regulate their food consumption at work or use information previously learned from cultural exposure to make food choices that prevent them from eating large quantities of “unhealthy” food at work. Drawing on the information from my interviews with 40 younger fast food workers and Bourdieu’s theory of practice, the aim of this chapter is to begin to explore the consumption patterns and food choices of these workers.

Understanding the food choices of fast food workers using Bourdieu’s concepts is a complicated task. In order to understand food choices which may contribute to workers’ BMIs and self perceptions of weight, I began by analyzing the data from the 40 qualitative interviews conducted for the purposes of this study. In beginning this analysis, I carefully read through each interview and began noting key words and phrases which recurred in multiple interviews. For example, 14 of the 40 workers interviewed described the food sold at their workplaces as being “greasy” and 17 of the workers described fast food in their childhoods as an “occasional

treat.” These key words were placed into five general categories: food decisions/current eating practices, the workplace, weight and health perceptions, and familial eating patterns. I based these categories on the general themes and structures of the interview guides used for this study (see Appendix A). After reading through the interview data in each of the five categories and creating nodes for each of key words or phrases found in the interviews in NVIVO, I began pulling out general themes that best summarized the words and experiences of the participants (see Appendix G). This concluded the open phase of qualitative coding.

In the axial coding phase, I began by analyzing the interview data coded within each of the general themes. From there, I summarized the main points from the data using the “memo” function in NVIVO and grouped the information into more specific themes based on the trends observed within the broad themes (see Appendix G). In the selective coding phase, I was able to compare the data to concepts from Bourdieu’s theoretical framework. The themes from the axial coding phase were analyzed in the context of this framework and the resulting themes, presented in this chapter as qualitative research findings, were chosen as they best represent and summarize the data.

The following chapter thematically presents the results from my analysis. In order to provide context for the results discussed, I begin by summarizing and elaborating on the characteristics of the participants in this study. This provides the context that is needed to review the remainder of the results. The remainder of the chapter discusses the five themes found through the analysis. These themes are: fast food work as a social field, food choice and eating as a sub-field of fast food work,

habitus and transmitted cultural norms surrounding eating and health, fast food work as temporary, and regulating eating.

7.1 Participant Characteristics

In order to provide the context that is necessary for understanding the scope of the findings provided below, I begin this chapter by summarizing the characteristics of the participants in this study (See Appendix C). These participants worked in a variety of different fast food restaurants. Of the forty workers, eleven worked at McDonald's, ten at Tim Horton's, four at Burger King, three at Harvey's, and two each at Subway, Pizza Hut, and Pita Pit. Additionally, I interviewed one worker from each of the following chains: Coffee Culture, Coffee Time, Starbucks, Second Cup, and a small local café in Ontario. Although the workers in this study worked in a variety of different fast food chains, their experiences were similar to one another. These experiences are reported later in this chapter.

The quantitative data presented in Chapter Six indicate that the majority of food service workers are female and young. In the present study, ten of the participants are male (25%) and thirty are female (75%). The proportion of men and women in these interviews is representative of the sex characteristics of workers in the larger food service population.

The majority of the men in this study worked in traditional "hamburger-type" fast food restaurants, such as McDonald's and Burger King (70%). All of these men spent the majority of their time preparing food with the exception of one of the men who was a manager at McDonald's. Although, they were also trained to serve

customers and work on the cash register. Over half of the women in this study worked in non-traditional fast food places where food is assembled but not a lot of cooking is required, such as Tim Horton's, Coffee Shops, or Subway (54%). In these workplaces, there is a greater focus on serving customers and there is less of a focus on cooking. Food and drinks are often assembled directly in front of customers, as opposed to other fast food restaurants where food is cooked in back room kitchens.

The youngest worker interviewed is eighteen and the oldest is twenty five. The average age is 20.4 years old¹². The participants' employment tenures vary greatly (one week to six years) as do their weekly work hours (five to sixty-five hours). Additionally, thirty-two of the workers are students who work part time while attending school and full time during academic during breaks. Seven of the workers are Middle Eastern, two are Black, one is Aboriginal, five are Asian, and twenty-four are White.

The quantitative findings indicate that a higher proportion of food service workers smoke cigarettes. In this study, only seven presently smoked and two had recently quit. This may be due to the fact that the majority of the participants are students and not full year, full time fast food workers. To gain further insight into smoking, I asked non-smoking participants to discuss cigarette consumption in their workplaces.

At the end of each interview, the participant was asked to provide me with a self report of his or her height and weight. I used these scores to calculate BMI. The

¹²Note: Attempts were made to recruit older and non-student participants to this study. However, despite attempts using purposive snowball sampling, I was unable to gain access to older, non-student participants.

mean BMI score is 24.1 which is in the normal range. Some participants varied greatly from the average, as BMI scores ranged from 16.6 to 41.0. However, it is important to acknowledge that BMI is not an appropriate individual measure of weight and should only be used to describe a sample or population. Therefore, in addition to calculating BMI, I asked each participant to provide his or her own assessment of weight. Twenty-one participants reported being average weight, twelve stated they were above average or overweight, and seven reported being underweight. Of those who reported being above average or overweight, two stated they are upper class, four are from the middle class, five individuals are working class, and one participant claimed to be student class. In analyzing this worker's responses surrounding parental job roles and income, I determined that middle class was the appropriate class description for this participant. Four of the individuals who described themselves as overweight were raised in working class homes. Seven participants reported being underweight and of these seven, two reported being working class and two grew up working class. The current and childhood class positions of the rest of this group were upper and middle class. From these data, we can hypothesize that this sample of participants may make choices about food and hold views on weight that are in line with their childhood class positions.

7.2 The Field of Fast Food Work

In interviewing workers, I asked them a variety of questions about weight, health, food choices, and work. Although these workers had been employed in a variety of different fast food workplaces, commonalities existed in how they

described their work. When asked to describe power relationships at work, it became apparent that all of these workplaces had hierarchical power relations, based on rigid occupational systems. In exploring these hierarchical relations, it became clear that the occupational roles and certain members within these workplaces were afforded more power than others.

According to Bourdieu and Wacquant (1972), social fields are not defined by interactions between participants. Rather, they are defined by the sets of relations between objectively ranked positions. These positions impose conditions on members of the social field, affording different members different levels of power. However, they also determine social actors' access to capital and dictate, or structure, their actions. Through my analysis of the qualitative data, it became apparent that fast food workplaces fit the definition of a social field. This is important to note, as Bourdieu (1977) argues that habitus functions within social fields. If these workplaces cannot be understood through the concept of "social field," it is no longer worthwhile to discuss workers' habitus.

Understanding fields of social action allows us to study power relations between social actors and consumption patterns. I construct the field of fast food work using the standardized occupational categories presented by most of the workers in my study. After describing workplace job roles, participants were asked to discuss power and social relations. These responses are used to establish connections between the various occupational categories provided.

The field of fast food work is rife with inequality. However, these inequalities are not based on traditional economic class categories. Bourdieu (1977)

argues that economic capital supersedes all other forms of capital. Economic capital, as well as the symbolic capital assigned to managerial job titles, generates power for head office representatives, owners, and managers. The way that workers relate to these higher ranked members of their occupational field is based on the power that these members hold. The remainder of this section is dedicated to describing this hierarchical field and discussing the relations between the workers and other members of the field.

In some of the workplaces studied, the franchiser had a large role in determining and enforcing day-to-day policies. Franchisers enforce these policies by sending District Managers (DMs) or similarly named representatives to store branches. In workplaces using a standardized franchise model, the franchiser ultimately held the most power. They dictated workplace policies and procedures and ultimately organized labour in ways that they felt maximized profit.

In the field of fast food work, DMs acted as a control mechanism for the franchising bodies. They performed routine, surprise spot checks on all staff in order to ensure that they were following all freshness, timing, uniform, and service quality guidelines. This resulted in stressful periods for workers, causing panic as workers felt the need to perform flawlessly in order to avoid future conflict with store owners and management. The relations between workers and DMs were structured through the different levels of power assigned to these roles. Workers were required to follow policies and procedures to appease DMs and maintain their employment. DMs were required to enforce franchiser policies which were tailored to maintaining a specified image in order to increase profits.

The capital held by DMs was largely symbolic. Workers became stressed at the thought of being evaluated and were concerned about the negative consequences associated with poor scores. These consequences include verbal warnings, poor performance evaluations and raises, and formal disciplinary reviews. The reviews conducted by DMs resulted in adversarial relations between their position and the position of worker. This was attributed to a power differential, as DMs have the ability to evaluate, and in turn impact the working conditions, for fast food employees.

The participants in my study noted that the owners of their workplaces had the most power, when they were present. These owners were seen as being “in charge.” They were also viewed as protecting their investments and came across as very self-interested and economically driven. Robyn, a McDonald’s employee commented on this, stating:

Our owner has the most power, he is Gary. When he comes in everyone’s on edge. He wants everything done the most cost effective way. He adds a lot of stress to the workplace. When he’s not there it is the managers...that are a bit scary.

Gary has the ability to instill fear in his workers. He is able to use his symbolic capital, or title of owner, to generate economic capital for himself by demanding that tasks be performed efficiently. His ability to create the ideology and value of efficient work practices within the field allows him to reinforce elements of the social field that privilege him economically.

The extent to which owners played an active role in their franchises varied between stores. For example, Ashley from Tim Horton’s stated:

There was our general manager who worked more at the other store but her presence at our store made people very tense. Just the authority that she gave off in her presence. She wasn't an approachable person so she gave off the vibe. If someone wasn't doing anything she would nip it in the bud. She liked me, I always did my job, but people who were struggling or learning, she wasn't compassionate to them. I got the impression that she didn't really enjoy her job and she had a lot of responsibility and the store owner wasn't really involved at all so I don't think she enjoyed it.

Emma, a Tim Horton's worker at a different store, stated:

The most powerful would have been the owner, he came out and checked up and he would come out two and three times a day and actually watched everyone.

Some owners took very hands off approaches, leaving daily operational supervision to hired managerial staff. In these cases, managers and supervisors were viewed as having the most powerful positions in the social field. The contact that many of the participants in this study had with their owners was minimal, suggesting that those with the some of the best positions in the field of fast food work were able to do very little hands-on work. Additionally, they were able to physically distance themselves from the workplace. However, workers who had contact with their owners viewed owners as powerful decision makers who were in charge.

Workers who had little exposure to DMs and owners stated that their managers and supervisors held the most power in their workplaces. Oftentimes, there is only a small pay difference between workers and management. However, they are still viewed as being powerful, as they are charged with the task of dictating the daily work-based actions of workers. Robyn elaborated on power hierarchies at

McDonald's, stating:

They get frustrated easily and have big voices and aren't afraid to tell you what you are doing wrong. They promote you based on how well you are doing and kind of how long you have been there. There are favourites that get

promoted after a month or two which is ridiculous. You have to be lovely and pleasant all of the time. The favourites are related to managers, or they suck up a lot, or they have peppy voices, unlike myself, I don't think I suck up and I don't like sucking up to people and I won't, but to them I think it makes them think I am rude or snobby.

Robyn discusses the managers' power. She claims that this stems from their ability to promote workers and pick favourites. They have the ability to assign social and symbolic capital by promoting and disciplining workers. The claim that workers who are related to the manager are favourites illustrates the value of social capital within this field. Those with close ties and connections to managers are offered more freedom in determining their own daily work tasks.

Although the economic capital received by managers and supervisors is similar to that of workers, as the pay raises they receive through promotions are meagre, many participants argued that managers held the most power in their workplaces. They attributed this to the ability to make operational decisions, such as determining break times, creating schedules, and assigning training and cleaning tasks. For example, Second Cup employee Candice stated:

The manager [has the most power] because she's at the top of the hierarchy. It would be the manager, followed by everyone else. She oversees all of us. Then it's the most trained or the ones with the most experience who would look over everyone else. People with least power are the newer people. My manager wasn't the nicest person so I would only have real breaks when she wanted to talk about me in front of other people.

Candice's manager assigned her to cash and stocking tasks most days because she was not viewed as skilled enough to make drinks. Much like Candice's manager, most of the participants' managers had the power to assign work tasks and exercised their own discretion throughout this process. Participants viewed this as power because they were required to perform these tasks and had little involvement in

workplace decision-making processes. They were unable to choose which actions they would perform themselves. How and why types of work were performed was determined by managers on a daily basis.

In addition to assigning job tasks, managers dictated break times and enforced food purchasing policies. For example, Jason, a Burger King employee, noted that certain managers would forgo the employee food discount policy and give their favourite workers free meals. Jason regularly took advantage of this and consumed more food on the days when these managers were working. Some managers enforced food purchasing policies, requiring workers to pay for meals, while others did not. Those who did not allowed workers access to free restaurant food for break times and were inadvertently able to influence food consumption patterns. In addition to this, all of the participants' managers determined when they took their breaks. This meant that they were responsible for scheduling mealtimes. Managers dictated when food was consumed and enforced food purchasing policies, making them the overseers of food consumption in the workplace.

Although they are classified as being in similar job roles, different workers held different field positions. I argue that discussing this group as homogeneous is inherently flawed as access to social and symbolic capital greatly increases power in this field. Workers with more power were assigned better job tasks, were treated with more respect, and were able to exercise more decision-making power. Social and symbolic capital accumulation resulted from longer employment tenures, managerial favouritism, skill level, full-time work status, and age.

Managerial favouritism stemmed from pre-existing social relationships or from social relationships formed during work hours. For example, Keisha vividly discussed her relationship with her manager at Tim Horton's. She hated the job and was angry that her manager would assign better shifts and tasks to her children and her children's friends. In this case, Keisha's coworkers were able to use their social capital, gained through interpersonal relationships with the manager, to get better shifts and more desirable job tasks.

In addition, many of the managers and supervisors smoked. Workers who smoked with their managers were able to gain additional social capital through informal social relationships developed on cigarette breaks:

Yes, I would say 50% of the people I worked with smoked. I was a student supervisor at Tim Horton's. Less pay for student supervisors, but still did manager and supervisor stuff. They will do anything to get around it. A few of them smoked at work...maybe two managers didn't... If people had a break with a manager they would go out together. I would say that socially, I had a very formal level with people. People who smoked with each other would be friendly. It was harder for managers to tell people they smoked with that they were doing something wrong because that relationship was there. Their relationships were formed through smoking.

Many participants discussed smoking with managers and co-workers as a way to gain power. These workers were able to gain social capital through informal conversations with their direct supervisors. The ability to form social relationships with managers and supervisors resulted in more favourable working conditions and allowed some workers the freedom to exercise authority over others.

Workers who were viewed as being good, hard, reliable workers often gained the respect of their managers and experienced better working conditions as a result.

Alice, a Pizza Hut employee worked with her sister. She described her sister as being one of the employees who was a favourite of her manager:

Employees who are reliable and who make themselves most available [have the most power]. It is kind of a political thing; [people who are] most loyal to the manager. Um for instance, my sister is working there right now full-time (taking a year off before going to school), so he has placed a lot of responsibility on her. Same for me when I took my gap year I was there full-time. Least amount of power: people who get on his bad side, people who aren't reliable, people who aren't up to speed with their skills (training, etc.).

Showing up for work and being on time were viewed as very important aspects of becoming a successful fast food worker. Employees who were quicker at serving customers, preparing food products, and performing job tasks were also given respect and shown favouritism by their managers. The ability to perform work competently and quickly with minimal supervision was viewed as an asset in this industry.

Longer employment tenures led to power differentials amongst front line workers. Those with seniority were often viewed as being more experienced and their often more advanced skill levels served as a form of symbolic capital, giving them the power to correct, train, and assign tasks to less experienced workers.

Joanna, a newer employee of a local cafe discussed hierarchy in her workplace:

[I have worked here] for about 2 months. You do everything, staff, cash, food prep, coffee, cleaning, etc. The owners have the most power. Because I am fairly new I have the least power, a seniority thing.

Similarly, Candice stated:

[Those with the most power after the manager were] the most trained or the ones with the most experience who would look over everyone else. People with least power are the newer people.

Joanna did not feel marginalized in her workplace, whereas Candice did. However, they both acknowledged that they had the least amount of power because they hadn't had the time to prove themselves as reliable, skilled employees. Staying in a job with high turnover rates that is generally viewed as being temporary for most people was viewed as being very rare for the students in my study. Those who were able to do so were rewarded for their loyalty.

Many of the participants in my study discussed older employees as people who had more power than part-time student workers. Ashley provided insights into this:

The adults, just regular workers, would be quick to correct actions of students even if it wasn't their place, just because they were older. If the students saw the older person doing something wrong because of respect for their age, they wouldn't correct them.

The idea that students were required to listen to the older, full-time employees was commonly stated throughout these interviews. Ashley's comment suggests that this may be attributed to the belief in the general social convention that younger people are supposed to "respect their elders." This often meant that younger workers and students were placed in lower positions in the workplace hierarchy, as they were required to follow the directions of older workers and they did not feel as if they were able to provide direction to these individuals.

The most interesting power relations and differentials in this field exist between the workers. One would assume that all people occupying similar job positions would have equal status within the workplace. They do receive roughly equal economic remuneration for their efforts, as the raises workers gain over time are quite insignificant. However, this was not the case at all. Workers were able to

generate social and symbolic capital for themselves. Further, those with ascribed traits, such as being older, automatically received better positions within the field of fast food work.

The field of fast food work is more complex than I had originally anticipated. Relations between different job roles are often antagonistic, as workers fear those who are higher up in the occupational hierarchy than they are. However, not all workers had the same amount of power in this field. This results in a highly complex, stratified social field, wherein power is not solely determined by access to economic capital alone.

7.2 The Sub-Field of Food Environment

As described in Chapter Two, social fields may also have sub-fields. These sub-fields are also characterized by objective relations between social actors. They differ from the larger, dominating fields they are connected to—in this case the field of fast food work—as they are smaller and represent a specific aspect of the larger social field. Changes in the larger field often result in changes to associated sub-fields (Bourdieu, 1984). In analyzing the data from the qualitative interviews, it became apparent that the way that workers eat at work is connected to workplace practices and policies. However, many of these workers view food choices and eating as completely separate from their job roles and occupational tasks; thus, making the sub-field of the food environment within fast food work important to describe when discussing food choices.

Similar to the larger field of fast food work, the sub-field of the food environment was closely monitored and controlled by owners, managers, and supervisors in these workplaces. Those in positions of authority dictated where and when workers would eat. They also had the power to create and enforce food purchasing policies, altering the economic cost of eating at work. These policies and procedures impacted the way that workers ate. I argue that this sub-field is governed by the relations in the larger field of fast food work, as those in positions of authority in the larger field had the ability to determine some of the food practices of those without power. In this section, I discuss the factors that contributed to structuring food choices within these workplaces. However, it is important to reference the previous section on the field of fast food work to understand the power relations that govern the factors discussed below.

The scheduling of break times impacted when workers would consume food. Regardless of the variation in break policies across workplaces, all of the workers who were directly supervised by a supervisor or manager were not allowed to dictate when they took their breaks. This meant that management would determine when workers were able to eat during their shifts. None of the workers were allowed to eat while performing job tasks. Eating was only allowed to take place on breaks. The majority of the participants in my study who worked shifts longer than four hours were given break times. Those who did not have longer shifts would not have breaks and would not have time to eat at work. Break times ranged from fifteen minutes to half an hour, depending on the workplace and some employees received compensation for this time, while others did not.

All of the workers participated in similar activities on break times. These activities included eating, smoking, reading, doing homework, texting friends, and talking with co-workers. Two variations to these activities existed. A Pita Pit employee chose to work over her break times so she could close the store faster and get home earlier. Additionally, one McDonald's worker watched a television that was provided for staff in his break room.

Fast food workers are required to eat in designated break areas. With the exception of two participants who were required to eat in customer seating areas, all of the employees had designated break areas. However, these spaces were all small and they were often unclean and uncomfortable. Katie, a Tim Horton's worker, described her break times:

They would give us 15 minute breaks and I would get my drink or my snack and sometimes I would try to do homework, but that didn't really work out. They didn't have a really effective break room and it was just a chair and a desk behind a wall and I would read the notices on the wall. Or the newspaper, but it was the Toronto Sun or something so I didn't read it that much. Just sit down to relax.

Many of the workers noted that their break rooms were small, consisting of a table and chair or a milk crate to sit on. For example, Nikki discussed taking breaks in a small room right beside the employee bathroom. When she worked weekends her fellow workers would come in after late nights of drinking and she could smell and hear them throwing up while she was taking her breaks. She chose not to eat when this happened. These break rooms are not conducive to relaxing and many of the workers would eat their food quickly to avoid spending too much time in these cramped areas.

The majority of the participants in this study received free or discounted food while they were working. McDonald's employees received 50% off of their food at any store location at any time. Kyle discussed this as a huge advantage of working for McDonald's:

We get 50% off of our food anytime, you get a platinum card and you get it off at any time at any McDonald's. It's the only reason I still work there.

Kyle laughed nervously while he said this, as if admitting that enjoying discounted access to one of his favourite restaurants was a social taboo. He regularly ate at McDonald's and claimed that since entering university, it has become one of his primary "food groups." For Kyle, receiving discounted access to this food served as an incentive to consume it.

Other workers were less enthusiastic about the discounted access to food at work. Katie felt like she was being pressured into consuming Tim Horton's products:

I would usually eat on the breaks. I would have a soft drink and cookie or muffin, didn't do the soups or sandwiches. Sometimes I would bring fruit, but it was usually the sugary stuff. I had an eating disorder, so I was anorexic while I was working there so that would contribute to not eating that much. I did bring food from home sometimes, but eating there was easy and convenient. If I was in after school I would eat. They didn't have a fridge that we could put food in. They tried to encourage people buying sandwiches and soup from them. They gave us a discount, it was 10%. I would bring food from home for school, but I would have eaten it already.

Although Katie had an eating disorder and did not consume a lot of food in high school, she still felt like it was easier to eat the food provided at work. She explained that the food was discounted and for students who came straight from school, it was impossible to pack enough food for the entire day. Additionally, she noted that the environment was not conducive to bringing outside meals. Those with power in the large social field of fast food work had created policies that prevented Katie from

bringing outside food that required refrigeration. Other workers reported similar experiences, claiming that their managers had strict health and safety policies, prohibiting them from placing their food in storage fridges. Additional worker fridges were not provided. This limits workers in making food choices, as they are unable to bring fresh, perishable foods from home.

Some of the participants with food restrictions found it difficult to consume a wide variety of the food available. For example, Angela worked and ate at McDonald's. However, she consumed a strictly Halal diet. This involves only eating meats prepared in a specific fashion. She stated:

I don't eat any of the meat there so usually a salad, juice and sometimes fries, I go on and off the fries. I am trying not to have fries and pop. I go on and off of the fries. For me while I am working, I get free food and if I'm not working it's 50% off. I used to bring food from home but not anymore, it is too much time to do it I am really lazy to do it. My really early shifts will be too early or evening shifts I am coming from school. Sometimes I eat before work so I don't have to eat at work. I wouldn't change the menu because if it did change then I would eat it more and I try not to eat fast food. If it was changed I know I would become more unhealthy. I eat Halal so I can't eat the meat. I personally don't.

Despite her dietary restrictions, Angela found food to consume while at work.

However, she was unable to eat most of the menu items and instead of bringing food from home she would eat at work but restrict herself to a few foods. When discussing bringing food from home, she talked about being "lazy" or working shifts that were too early to pack anything. She saw her work hours and her life schedule as barriers to consuming the type of food she would choose to eat at home. She was happy that the menu limited her choices because she did not want to begin eating more of the products at McDonald's.

Regardless of dietary restrictions, many of these workers picked food items that they considered to be “safe items” for themselves. For example, Suzy only ate the veggie burgers and grilled chicken at Harvey’s, claiming that all of the other items were too greasy. Kyle always ate the McChicken sandwich at McDonald’s and rarely strayed from this product. Adam, a young Tim Horton’s worker, would consume a plain bagel with butter on most of his shifts. When asked about the lack of variation in their dietary choices, some participants said that they found things that they liked and continued to eat them. Others said that they would attempt to choose the healthiest products available, while some simply claimed that they would avoid foods that made them feel ill.

As illustrated in Chapter Six, food service workers are generally young and have limited personal incomes. I previously hypothesized that the low-income nature of this work should place these workers at higher risk of becoming overweight or obese. Although the quantitative data illustrate that they are not more likely to be overweight or obese than the general population, the qualitative interviews did show that thirty-four of the forty fast food workers in this study did consume the food at their workplace on a fairly regular basis. When asked why they consume this food, participants noted that it was cheap, convenient, and readily available.

To me really it’s just – like now anyways it’s just – it’s not that I eat it because I like it. I just eat because I’m so busy. I don’t know if you would call it like easy. I see I eat a lot of McDonald’s, but I don’t like it. But it’s so easy and I have a little bit of money, and it’s so cheap and I get 50% off so it’s just like – I don’t know.

The most common reasons given for consuming food at work were convenience and cost. Workers noted the desire to bring homemade food to work. However, they said

that they did not because it was easier to grab something at work. They also said that the discounts they are given at work made the food much less expensive than bringing food from home.

All of the participants in this study received some form of food discount while working at their restaurants. Many of the participants received half-priced meals, while others in supervisory roles were given a free meal while on shift. Taking advantage of these discounts was a commonly cited reason for consuming the food at work.

Cost, cost makes a difference. Yeah, oh yeah, I use the discount. For sure – every dollar helps. And – I guess I try to look for stuff that is not going to make me sick. Not a lot of things do but I will eat something and then I eat more and then I have a coffee with it and then I have a smoke – it does not sit quite well.

This worker stated cost as being the primary reason for choosing certain foods at work. He looked for the cheapest items and looked for items that he could get at a good rate after applying his employee discount. However, he did note that he did not want to feel ill because of his choices, so he did stay away from certain foods that would upset his stomach.

Time was also a consideration when choosing what to eat at work. Fast food workers receive short breaks, often no longer than fifteen minutes, and must use their breaks to take care of all of their personal needs, such as eating, using the washroom, smoking, and making phone calls. One of the workers reported not eating at other places that are perceived as healthier due to time constraints:

Um – but during my work shifts, usually I would eat McDonald's – just because there really was not a lot of options. Occasionally, like very rarely, I would bring something. There was a Subway across the street – so obviously that was a healthy option. I would sometimes eat there, or get someone to go

over there, or go over there depending if I had any time. Or occasionally I would bring food from home – but because it was 8 hours I would usually end up eating McDonald's at least once.

This worker notes that there is not a lot of time to leave the workplace on breaks to get other food that is not made by McDonald's. The short breaks in the food service industry contribute to the consumption of workplace food.

Eight of the participants brought food from home to work on an occasional or semi-regular basis. However, they explained that they did this because they were “sick of” the food at their workplace or because they perceived the food they made at home as healthier. Other participants would walk to other nearby fast food chains to purchase food when they became sick of the food at their work. They generally went to places that are perceived as healthier, such as Subway. When asked why they did not do this more often, they explained that the price of food at places like Subway is higher than the price of the discounted food offered at their workplaces.

Cost and/or convenience were noted as reasons for consuming the food sold at work by the majority of the workers in this study (29 out of 40). This was the original reason that the McDonald's brothers standardized their first fast food store. Providing cheap, quick and easy access to food is and has always been the business model behind the fast food workplace (Halberstam, 1993, Reiter, 1991) The workers in this sample accessed the fast food at their workplaces for the same reasons. However, it is even cheaper and more convenient for them to eat at these places, as they receive discounts and they do not need to travel to purchase fast food. Because of the low cost and high availability of this food, the workers in this sample did consume the food. However, according to the quantitative data, this does not cause

an increased risk of obesity. This may be due to biological factors, such as metabolic rate, or it may be attributed to the regulatory practices the workers participated in when choosing food.

Once workers made choices about which foods to consume, they seemed to go on autopilot. Eating at work became a routine practice. They would not consciously make food choices because they had already chosen which foods were safe for their personal consumption. These foods were cheap, easy to quickly prepare on their break times and conducive to eating quickly. This was important to the workers because they did not have a lot of extra income, they had short break times, and they experienced time, space, and refrigeration barriers when attempting to bring food to work. The following sections provide explanations for how they formulated their lists of familiar safe foods to consume in the first few months of their employment tenures.

7.3 The Role of the Family in Habitus Formation

Bourdieu (1984) notes that habitus, derived from social position, which dictates taste, is largely developed through interactions with family units. However, he does state that habitus can change with increased cultural exposure. My interviews illustrate that workers were not likely to form new dispositions from their time in the food service industry. In subsequent sections, I argue that this is due to the temporary nature of this work. I found that these participants often replicated food consumption patterns learned through familial exposure in childhood. This was one of the strongest themes found through the interviews. Workers who had fast food as an “occasional treat” growing up described the role of fast food in their adult lives

in a similar fashion, whereas those who ate convenience and fast foods continued to do so as adults. The interview data suggest that eating patterns were learned through exposure to classed behaviours in childhood. They also suggest that those who did not have a working class habitus, which would match the economic level of fast food work, were able to act reflexively in making food choices as work.

The majority of the interviewed workers who were overweight or obese came from marginalized, working class, or racial minority backgrounds. Three of these marginalized individuals were full-time, young workers who were not enrolled in school programs. These individuals recounted their family upbringings, which all included a degree of food insecurity. One young Aboriginal man, Edward, who grew up on a reserve reported having limited access to clean water sources. He also discussed consuming fast food with his family on a regular basis. Two of the other individuals told stories of growing up with single mothers. These individuals reported receiving social assistance as their families' primary income sources and eating cheaper foods that were highly processed and simple to prepare, such as Kraft Dinner and chicken fingers.

As these workers entered early adulthood, they all mentioned their desire to lose weight. However, their eating patterns continued to mirror their childhood experiences. Two McDonald's workers, Edward and Coleen, discussed their desire to follow their manager's advice and purchase a diet plan with expensive pills, supplements and shakes. When asked about dieting behaviour, these workers stated:

Yeah. Basically this new manager at my work came – he told me about this sort of – [diet plan] supplement. I just ordered it – I got it yesterday – I have yet to open it – but that will happen very soon.

But yeah – I was checking into some stuff – there was like a meal plan– my manager at McDonald’s, he’s on it right now and he was telling me about it. It’s like a 90 day thing and you get these shakes and stuff that you make...but I always figured it would be good for me because I don’t always get the chance to eat.

Both of these workers had discussed the desire to lose weight at work and were advised by their manager to take these meal supplements. Neither one had started the diet program, but they were both considering it and one had even purchased the program. These workers were both constrained by their income and were willing to spend a lot of money for a quick fix to meet societal health and beauty standards. However, both of these workers grew up in working class homes and their daily food choices, including fast food at work, were similar to earlier life experiences.

All of the workers expressed common health ideology when they discussed their need to lose weight. Coleen suffered with cystic ovarian syndrome. She viewed the need to cure this condition as a reason for losing weight. The other participants stated generally that “health reasons” were the driving force behind their desires to lose weight. In order to do this, all of the employees mentioned limiting their fast food intake both at work and at home and changing their earlier behaviour. However, as of December 2011, none of these participants were successful at losing weight and they continued to eat the products that they had consumed for years, which suggests that the desire to lose weight plays less of a role in food consumption than formed habitus.

In this study, twenty-four of the thirty-two part-time workers who were working at these fast food restaurants to pay for school or living expenses came from middle or upper class homes (75%). These individuals also consumed food at work.

However, they said that they tried to choose healthier options. All of the female students who were raised in upper and middle class homes prepared food at home and consumed it with their families at regular meal times or with roommates. Four of the seven males did so as well. Of the rest, one frequently ate out, the other relied on meals prepared and frozen for him by his mother, and the third ate out unless his girlfriend came over to cook for him. This suggests a gendered habitus surrounding food preparation and consumption. Some of the men in this study relied on women to provide them with access to home cooked meals, noting that they had never learned to cook and they had little interest in learning.

Food patterns were often continued from earlier on in life. When asked about childhood food consumption, Alex responded:

Um – [I ate] everything. I was not nor never have been a picky eater. When I was younger I [was] a person who enjoyed a variety of food. With my mom, I enjoyed different flavor mix when I was younger. So she would always say – when I was a little kid if she had a pickle in one hand and a cookie in the other – I would always take the pickle because I enjoyed the flavor of it more. [We did eat out], yes, but not very often. It was a very special treat for us. As I said, Mom cooked all the time – so unless it was someone’s birthday or – you know we would go for dinner once in a while, but it was usually – you know I remember going more to Kelsey’s than McDonald’s. More like restaurants that were – you know I remember getting stuff like mac and cheese from there. The only time I remember going for fast food was generally surrounding sporting. So, if I had a hockey game, I would go with my dad. And then we would go to McDonald’s after because we could eat on the way home, or if we had a tournament on the weekend, it’s just more convenient that way.

When asked about current food patterns and buying fast food, the same worker replied:

Um – actually I don’t think I have ever [ordered fast food]. Well maybe once to my apartment. If I am having dinner I will always make food – at the very least it will be Kraft dinner or something like that. But I will always make food for myself. For lunch a lot of the time I will get it on campus or

something. It will be a lot more convenient. It will be on campus and I'll get it whenever I have free time. Or it will be something very close.

This worker grew up in a middle-class home where his Mom cooked and take-out food was seen as an occasional treat. He continued viewing fast food as a treat or an occasional thing, despite his exposure to food at his workplace. He seemed to identify more with being a student rather than a fast food worker and he noted that his need to purchase food at school resulted in him eating out. He attributed this to his role as a busy student. School appeared to shape his consumption patterns more than the food service workplace.

Ethnic food or traditional food consumption also continued from learned practices in childhood. For example, Joanna was born in Congo and she remembers eating both traditional food and fast food growing up:

I am from the African culture so a lot of our food has a lot of oil. From Congo, a lot of oil, and organic vegetables, beans and spinach, originally they are healthy and then we add a lot of oil. But because my families' income in Africa is really well-off we ate westernized pasta, bread, a lot of french fries. I moved to Canada 12 years ago with my whole family. My parents thought we would have better opportunities here. Congo is not that safe right now, but it was more opportunities. There's a huge class gap, when you are well-off you are safe. We don't have fast food in Congo, I travelled to Europe a lot and we have a strong European culture, and I would eat at McD's, they are less fattening than here. In Belgium, we would get waffles.

In Congo, Joanna and her family were able to access a variety of different foods because of their access to money. However, fast food was only available when they travelled outside of their country. Even though Joanna had access to Western foods, she also consumed foods that are traditionally found in Congo. She discussed her current eating practices when she is at home with her family and at school:

At home with my parents I eat poorly because African food is oily. My parents let me eat Western food, but usually it is spaghetti and cheese. Here

on campus, I eat really healthy because I live with really health conscious people, I do not drink pop or juice, I only drink water. I eat a lot of tuna, salmon, chicken, spinach, sweet potato, rice and pasta only once a week, quinoa instead. I rarely eat take out or fast food here at school. I love cooking at home now.

Joanna's eating practices have been shaped by many of the influences in her life. She continues to eat cultural food when she is at home and she has adopted her roommates' healthy eating practices at school. She also described joining the track and field and tennis clubs in high school. She said that after she joined, she began eating healthier because she became more aware of the importance of maintaining a healthy lifestyle. She has not begun eating workplace food on a regular basis, suggesting that work plays less of a role in her choices than her upbringing, educational experiences, and current living situation.

Jesse, a Starbuck's worker, clearly illustrates the impact of family and childhood experiences in forming habitus and taste. She recounted her experiences of being forced to go to fat camp as a young teenager:

I was reaching the 200lb zone so my parents sent me to fat camp which changed my eating. It has a lot to do with my mom because she was made fun of as a child and she wanted me to do it more for my looks. She was more concerned with appearances. It changed my eating style because I used to go towards natural foods, and it made me gravitate towards the low cal, low fat, low sugar unnatural foods. It made me want to eliminate anything that made me overweight before. It was an extremist diet. It was very strict. If they even found you with gum they would take it away, there was a lot of black market food trading under the table. Sometimes the counselors would sneak you in fast food if they liked you a lot. You would weigh in in front of everyone and there was a lot of peer pressure. It opposed with the underground food trading because you could take the food or do well at the weigh in and get praised. We would go out to the movies, they would give us a pre-made portion of food for the day. I was fourteen. There were people there who came from ages five to thirty. At first I really didn't want to go, I pushed really hard for the first week then I went online and website showed so many pictures of happy looking people and I became almost obsessed with it, so I agreed two days before. I am happy I did because it did correct some pretty poor eating

habits, but it did affect me a little bit because I had a very extreme year or two where I was obsessed with counting calories for two years. I wouldn't forgive myself for eating something bad. At the end of the day my parents were happy that I lost the weight and I looked better and could do sports and I could fulfill everything they wanted of me. They saw the rigorous diet as a good thing. My dad would weigh me every few weeks because the camp was very expensive. A lot of kids did gain back the weight.

Jesse referred back to her experiences multiple times throughout our interview. She claims that she continues to eat healthy 75% of the time and 25% of the time she finds herself reverting back to the eating habits she had prior to fat camp. This experience is an example of how deeply meaningful experiences can alter food taste and habitus. Throughout Jesse's interview, I quickly realized that she continues to experience residual trauma from her time at fat camp. She resents her parents for sending her and her father for weighing her, yet she continues to follow the eating habits she learned at fourteen.

The workers' tastes did not seem to change from exposure to fast food work. Even the two individuals who worked in this sector for six years reported regulating food consumption and staying away from food that is traditionally deemed to be unhealthy. In general, eating habits generally coincided with eating habits as youth. Those who ate fruits and vegetables as children continued to do so as adults and those who consumed convenience foods also continued the same pattern. These interviews provide a possible explanation for the decreased risk of obesity in the food service population. Familial class status and eating behaviours learned in younger years may be more influential in determining food taste than current social or occupational position. This suggests that habitus formed in younger years

continues to impact food choice as adults. It also suggests that these workers did not strongly identify with their roles as workers.

Bourdieu (1984) claims that secondary to the family, educational institutions are primary sites of habitus formation. However, he also claims that habitus can form through workplace exposure. All of the participants in my study with student status identified more with their roles as students than their roles as fast food workers. These participants spoke of their jobs as activities they performed that seemed to have little to no bearing on their identities and lives. Further, some of the workers actually developed new eating practices through interactions with their peers and professors. For example, Jesse associates her vegetarian diet with her exposure to norms and values in the Environmental Studies program and Cindy discusses developing healthier eating habits from her roommates. Applying Bourdieu's theory, we can hypothesize that the exposure these workers had to cultural capital through institutions of higher education resulted in changes to their eating habits.

Despite his exposure to the food he sells at work, Mike, a student worker at Tim Horton's, actually attributed his recently developed fast food habit to beginning university:

I don't eat with my roommates, but I'm living with people that I don't know. I know them now but they were all friends and then I moved into their house. So, they have house meals sometimes but I'm usually off doing my own thing [and] I don't get in there much. I cook my own meals and I eat out more now. 'Cause [being a] student, it is much easier, faster.

This worker was raised in a middle class home and began working for Tim Horton's when he moved away to attend school. He was quite thin and was raised on meals prepared by his parents, with the exception of one night a week when his entire

family would go out for fish and chips. Fast food was an occasional treat at home, not an everyday occurrence. Since beginning university and entering the fast food industry, he began eating out more. However, he attributes this more to being a busy student rather than working at a place where he is receiving easy and discounted access to food. Although he has not gained weight since beginning university, this suggests that his experience in a university environment did not increase his taste for healthier foods. However, Mike also argued that his new found “taste” for fast food did not come from working in the fast food industry.

Full-time workers are exposed to their working environments for more waking hours than part-time workers. This suggests that these workers are more likely to develop an occupational habitus than part-time workers. The full-time workers identified more with organizational politics and daily practices than the part-time workers. Nikki stated:

The two major concerns [at work] are speed of service and what was the other one? Speed of service, and oh, labour. Speed of service versus labour. So, they wanted your entire transaction to be under two minutes from the time the customer pulled up to the speaker to the time they left. Well, two minutes, thirty seconds was head office standard, but here at the time it was two minutes for our restaurant, yeah. They wanted labour as low as low can be, so they wanted it under, I can't remember the percent they wanted it, they wanted two percent was the target, the goal, of sales. But I think it was never anywhere near there. I don't really, I can't remember the percentages, the lower the better. So yeah, they would constantly want you sending people home if it was dead. And, but you can't really do that because it's an unpredictable market. It's an unpredictable business. Like, some days you can walk in thinking, yeah it's going to be dead today or we're going to have like five customers until lunch. Next thing you know, you have a bus pulling up in the middle of the summer and like, you and one other person in the kitchen, and then all of a sudden, you have 300 people in the lobby and then you're like, oh my god.

This worker, who was employed at Burger King full time, claimed to be more versed in the organizational practices and policies than some of the part time workers who were employed alongside her. She took the time to remember the policies and procedures and always tried to uphold the standards. All of the part time student workers who were interviewed spoke about their jobs, but they did so in the context of other parts of their lives. For example, they discussed fitting work into school schedules or using work income to pay bills. The full time workers had greater exposure to their workplaces and, in turn, had a better understanding of what it took to be a successful player in the fast food field, suggesting that they had a more developed occupational habitus than the part time workers who had limited exposure to the food service industry.

Although these full time workers have seemingly formed an occupational habitus that is characterized by complex systems of social interaction and competition between employees, a taste for fast food did not appear to form part of this habitus. Although thirty-four of the forty individuals did consume the food on a regular basis, all of these workers described the food using at least one of the following words: “salty,” “greasy,” “unhealthy,” and “fattening.” Further, they had a good understanding of why the food they serve is unhealthy. Discussing the hamburgers prepared at Harvey’s, Meagan stated:

And it’s just like – they are really greasy when they come off the grill and like – and that’s the thing right? By the time they reach the grill – most other places have the griddle where they sit in grease.

This worker described the food at her work as being greasy and unhealthy. This mirrors the dominant discourse surrounding fast food that is perpetuated by the

media. All of the workers interviewed used the words unhealthy to describe the food they sell at work. However, some of them described the food as being tasty whereas others described it as gross.

Workers who were exposed to the food in their fast food restaurants for a long period of time often reported continuing to eat the food, despite being sick of it. In order to add variety, many of the workers attempted to alter the food. For example, after working at Burger King for a while, one of the workers would add Cesar salad dressing to her french fries to make them taste different from the usual fries she ate. The Subway worker, who works there during the summer and goes to school during the year, was given a free sandwich every day. When asked about what is bad about eating at work, she stated:

Uh – if I ate too much of it, definitely. And like – it wasn't the “getting sick of it”, it was the knowing that I'd eaten it every day. I got addicted to it basically, honestly. I want it all the time, now I can't get it for free.

Although she openly enjoyed the food, she was concerned about the amount of food she was consuming at work. This Subway worker was not overweight. However, she was concerned about the lack of variety of different foods that she consumes. Lori at Harvey's also stated that she enjoys the food. However, she also noted that she made alterations to it for her own personal consumption, such as adding chicken to the salads. Despite eating the food often and reporting being sick of it, thirty-four of the forty workers were still consuming the food they sold and often made alterations to menu items to suit personal taste or eating habits.

The overexposure to fast food products, experienced by full-time or long-time workers, resulted in slight decreases in consumption in this sample. Eight of the

workers noted occasionally bringing food from home to add variety to their diets. Further, participants viewed fast food as unhealthy, as they had internalized dominant discourse that associates fast food meals with weight gain. They no longer viewed fast food as being an occasional “treat,” but rather as something to be avoided or altered to make it healthier. This may serve as a protective mechanism against weight gain in this population.

All of the workers in this study discussed fast food using words from the dominant social discourse that has framed fast food as being unhealthy. However, their eating habits were derived from meaningful exposures within their lives. As noted in the following section, none of the workers viewed their work as meaningful. Bourdieu (1986) argues that habitus formation results from meaningful exposure to culture. Using Bourdieu’s logic, the lack of meaning workers attribute to their work could prevent these workers from being disposed to normalizing the consumption of fast food products. Instead, the workers in this study appeared to follow patterns derived from earlier in life or through educational experiences.

7.4 Temporary Protective Habitus

Although the participants’ tastes were not altered by their exposure to the food environment in their workplaces, they did seem to form a group ideology of temporariness. Regardless of whether they were full-time, part-time, or students, all of the workers discussed their jobs as being transitional and not permanent. Further, none of them viewed their jobs as being important to themselves or society and many of them felt ashamed as they viewed their roles as being undesirable. I argue that the

one component of shared cultural ideology the workers all held was the desire to leave their jobs.

As previously stated, habitus is defined as a set of engrained dispositions. These dispositions are reflected in tastes for particular products, hence influencing consumption patterns (Bourdieu, 1984). Throughout their lives, workers have internalized sets of values and beliefs that assert which types of work are desirable and which are not. Brenda, a former McDonald's worker, clearly expressed these values:

I am in urban planning right now, so I am interested in becoming an environmental planner. I don't have high aspirations to become a McDonald's manager. I had to go to school to get out of there. Mc-lifers...everyone at work calls them that...they are grumpy because they have been there their whole life and they are not well-educated because they never got their lives together.

Upon entering the field of fast food work, workers experience shame and dissonance, as they are not performing the desirable work they were raised to believe is appropriate. In addition to this, they are exposed to other workers who discuss their future goals and vocalize their desire to transition into more appropriate forms of work. This results in a group workplace ideology that prevents workers from normalizing their roles as fast food workers. Their value systems allow them to understand that there is a stigma associated with this type of work and viewing their roles as temporary allows them to protect themselves from internalizing this stigma.

When asked if their jobs were desirable or undesirable forms of work, all of the participants claimed they were undesirable. Sam, a Tim Horton's worker, was forced to quit his job in high school. His father told him that he should be working a "proper office" job. He stated:

I would get a proper job now if I could. It's not permanent because otherwise why am I at university? I am not degrading these types of jobs, I have respect and it helps me pay the bills, and my dad was wrong for looking at it that way. Everyone should aim high, and progress forward. If you have the education, then why not? Most of them were students, we only worked on weekends. No one really wanted to do it for the rest of their lives. The supervisor, an immigrant, was stuck there for her whole life. To me it seems that in developed countries they don't value 3rd world countries degrees, and she had no choice, so I know a lot of people who have been at these jobs for years while their kids are at school and it's kind of sad, but what can you do.

Sam viewed working at Tim Horton's as being an appropriate job for part-time students. However, he wanted to find a "proper" office job for himself. He noted that it is sad that people are forced to work at these places for long periods of time, illustrating his own view of this work as being undesirable.

In addition to claiming that their jobs were undesirable, all of the workers stated outright that their jobs were temporary and unimportant. Diana, a Coffee Time worker, stated:

No, it is pretty menial. It's shit I don't get paid for at home. It's not ground breaking, just serving coffee and a bagel. It is definitely not work you should do on a permanent basis. I couldn't be in that environment for the rest of my life, to each his own but I wouldn't...I feel like these jobs aren't that hard to get. For me, it was like I can't not have a job because I have to pay for school. So I was looking for another job while working there and then when I got one I quit.

Diana perceived this job as being menial as it involved little to no skill. She spoke of her school work as involving effort and intelligence. However, she did not feel that her job at Coffee Time involved any mental effort. She did not view the provision of food and drinks to people as something that served an important function within society. However, she did recognize her need to pay for her schooling and stressed that her job fulfilled that function for her for a limited time.

Alice has aspirations of finishing her undergraduate degree, going to law school, and eventually becoming a lawyer. When asked whether she found her work important, she stated:

No it's not important (laugh) you are kind of just giving food to people who should just be making healthier food at home. We have a lot of regulars. 80% of our business comes from 20% of our customers. I don't want to judge their lives, but you see them so regularly that it's like a habit for them. Pizza Hut puts a lot of stress on you to perform, but it's really not important... I am not contributing anything to society really. It is temporary for me. I think it is temporary for most people and the turnover is pretty high. [I see it as temporary] because I want to eventually go to law school and I feel that Pizza Hut versus law school is a giant leap. I want to sustain my future I guess... I think it's a good way to get your foot in the door at a workplace, but not a long term sustainable job.

Alice views her role as a Pizza Hut worker as being very temporary, as she hopes to become a lawyer. She stated that "Pizza Hut versus law school is a giant leap," illustrating that she views white collar professional work as being more attractive and socially appropriate. Despite her exposure to a workplace that normalizes fast food consumption, Alice continued to view the food she served as being unhealthy. She did not believe that people should frequently eat at Pizza Hut and she did not perceive her ability to provide this type of food to people as being an important societal contribution.

While at work, workers would discuss their future goals with one another. These conversations centred on leaving their jobs and pursuing more education or more socially acceptable career paths. Robyn, a McDonald's worker stated:

I want to be an optometrist. I think most people go in thinking that this is just a part-time job, but there are people who we call lifers who once they go in, they just stay there. They say that they are there for an extra year just to make money to save up for school, but then things happen and they end up staying there for the rest of their lives. They are still there. I know a guy who's like

“if I get promoted I am going to leave,” then he got promoted then he kept saying that he was going to leave and then he didn’t. He’s still there.

Robyn illustrates the temporary views of work that many of these workers hold.

They claim that they will leave work to pursue more socially acceptable career paths.

However, as Robyn illustrates, many workers continue to occupy these jobs long after they claim they will leave. This temporary view of this work is the one common disposition held by all of my study participants.

All of the workers in this sample perceived their work as temporary. The part time workers and students discussed future career goals after school and viewed their work as being only instrumental in nature. Adam, a Burger King worker stated:

Oh yeah – I definitely don’t want to be in fast food anymore – so I’m working extra hard in school. It’s just like a nightmare getting away from it...[I want to be] working for a company hopefully in my field. I don’t know specific job titles or descriptions yet – but definitely what I’m doing [in school] now.

The part time workers discussed their future careers with great excitement. Many of them wanted to enter professional fields, such as psychology, engineering and insurance. When speaking about school and future career goals, their faces lit up with hope and excitement and many of them discussed leaving fast food work with great urgency.

This sentiment was echoed by the full time workers. All of these workers discussed job opportunities they had heard of or future plans to go back to school. One of the Burger King workers stated, “I do want to go back to school for police foundations.” When asked about when he would do this, he was unsure and had not begun looking into the process yet. Despite this uncertainty and lack of planning, the full time workers still talked about future goals and dreams, claiming that their

careers in fast food were only temporary until they could find alternatives. This seemed to serve a protective function for them, as they were able to remove the stigma attached to working in fast food by discussing the temporary nature of their employment. The view of this work as temporary appears to have resulted in a lack of identification with the fast food workplace, which may result in the formation of dispositions that are geared toward protecting oneself against becoming a permanent fast food worker. For example, one of the participants had planned on going back to school a long time ago but still had not managed to do so. However, this participant continued to discuss this as a plan, although no attempts to achieve this goal had been made throughout his eight month employment tenure.

Whether or not the participants were employed part time, as a student, or full time had no effect on their views of fast food work as being temporary. This idea that fast food work is temporary may be an important part of habitus formation in this population, as it may serve to protect them against feelings of failure or of not meeting idealized occupational goals. Participants became friends and spent time with their co-workers. However, they still did not identify themselves as having a career in the food service industry, suggesting that the habitus these workers formed was a protective habitus, generated through exposure workplace culture that promotes a temporary view of work. This habitus may assist workers in preventing the normalization of fast food consumption and the view that fast food work is a permanent career.

7.5 Self-Regulation

Twenty-seven of the workers expressed monitoring what they eat at work or picking foods because they preferred the taste. Of these twenty-seven, twelve picked items that are generally perceived as being healthier in order to avoid weight gain or lose weight. One participant stated:

I try to stay away from the dark meats. I usually eat the chicken and the – yeah just the chicken. After a while – like after a year I started to stay away from the dark meats. They are so good, they are so tasty.

This participant was monitoring her food intake at work to lose weight and she had reported that she believes that she is overweight. This participant claimed that she was starting to become concerned about her weight and her general health because she noticed that she was consuming a lot of beef and deep fried items at work.

The remainder of the twenty-seven participants discussed making food choices based on personal preference. However, all forty of the participants connected weight to health; although, they did so to varying degrees. When asked if she thought weight and health are related, Olivia responded:

The way I see it is if you're healthy, you're skinny. If you're fat, you're not healthy, but it all depends on the person. They could be diagnosed with something that makes them a sort of way. I think it is weight.

All of the workers stated common health discourse that being too heavy will cause health problems and some workers discussed the health implications of being too thin. The worker quote above subscribed to common medical discourse that if you are overweight, you are unhealthy and responsible for your actions or there must be something medically wrong with you that caused weight gain. However, many respondents attributed health to a variety of factors, including eating, exercise, and

smoking. Food and weight were not the sole criteria they used to judge health.

Nevertheless, eating and weight were all big factors in all of their responses.

The participants who regulated their food consumption explained doing so for health reasons, not for aesthetic purposes:

Yeah, and they [the doctors] told me to lose weight. They told me that – I wasn't getting my period for reasons, we didn't know why. And then through so many tests, blood tests – they came to that conclusion – they gave me birth control and they told me “take this and only try and lose the weight”. That will help control the Poly-cystic ovarian syndrome.

This worker was told to lose weight by her doctors in order to correct a medical condition. However, three of the other workers trying to lose weight were deemed healthy by physicians and still stated that they wanted to lose weight in order to be healthy.

One of these participants attributed working in the fast food industry to her original weight gain and her current experiences of being obese:

I got employed at Harvey's. I was young and I was skinny basically and what happened is that I got hooked on it, you know. All these years of my life I was at home, I was eating home food, but I realized something else, I discovered something else. And then it just tasted good and you started eating it and eating it and then after Harvey's when I got employed at McDonald's, I was still eating there on the occasional basis. Like on my break I'd eat McDonald's, or at Harvey's I'd eat Harvey's. And then what changed was sort of my perception of food. As I got older I realized that I wasn't happy with the way I was, with my body image, so I decided to change in that. It had to do with work basically that was where it all came from. So I had to eliminate that by not eating there, so I try not to anymore.

Despite this worker's attempts to lose weight by restricting her fast food intake, she had been relatively unsuccessful and was looking for diet plans and supplements to assist her with weight loss.

The belief that health is related to weight was expressed by all of the participants. Their ability to cite dominant health discourse surrounding weight, their belief in this ideology, and their current low-level position in the occupational hierarchical field and economic field indicates that these workers could have been experiencing symbolic violence. Bourdieu (1977) defines this as those in lower field positions being unknowingly conditioned by ideology of those with power. From these interviews, it appeared that these fast food workers were conditioned by the often unattainable ideology of the upper classes. This is discussed further in Chapter Eight.

Socioeconomic inequality and food access are often stated as common causes of being overweight or obese. Researchers have found that these indicators are more important to population weight and health than nutritional knowledge and education. However, some of the participants' attempts to regulate consumption in this study showed a general lack of knowledge surrounding good nutritional practices. Lauren claimed that the muffins at work were the healthiest item to consume, although muffins often have a lot of fat and sugar.

Um – well I try to not eat while I'm there or I bring my own lunch. Or if I buy food, it is always a muffin. So I try to stay away from all the other foods – cause it's really not healthy.

However, almost all of the individuals with lower levels of nutritional knowledge came from low-income and marginalized backgrounds and reported items made with white flour, sugar and fat as being healthier items to eat at work. This suggests a connection between a lack of nutritional education and structural concerns, such as class background. This also illustrates the importance of deeply engrained habitus

derived from familial background. The impacts of structural disadvantages and advantages appeared to continue from childhood to adulthood in this study. The qualitative interviews showed that this was more important to determining the nutritional value of the products eaten at work than the availability and cost of the food.

7.7 Summary & Conclusion

These interviews provided insights about fast food workplaces and the health of fast food workers. In analyzing the data from this study, it became clear that this work is hierarchically organized. This hierarchy includes a variety of relations between those with power and those without and the relations that govern this field are geared toward generating money for franchise owners and franchisers. In addition to this finding, the food environment emerged as a unique sub-field within these workplaces. Workers' food consumption was often dictated and monitored by those in authority. Despite this, workers were able to exercise some agency in making conscious food choices. This was illustrated through workers' discussions of how they chose "safe items" to eat. They would also alter food to suit their preferences. However, what they ate was also dictated by dominant discourse surrounding health and appropriate body image.

The qualitative data provide possible explanations for why food service workers are not more likely to be overweight or obese than the general Canadian population. The view that this work is temporary and ideal for youth who are in school or taking time off to find their paths to long-term careers deters individuals from reformulating their habitus and normalizing fast food consumption. All forty

interviews indicated that individuals' relationships with food, taste and consumption patterns stemmed from earlier experiences in life, familial class background, and other meaningful experiences, such as entrance into university. However, one important element of habitus formation did occur: the ability to view fast food work as being temporary and undesirable. The following chapter discusses the relationship between these findings and the theory and literature used in this study.

Chapter Eight: Discussion

The results of my quantitative analysis indicate that food service workers are not more likely to be overweight or obese or view themselves as being so than the general Canadian population. However, risk factors for having high BMIs and self-perceptions of being overweight were better suited toward explaining these phenomena in older workers. Additionally, women were more likely to view themselves as being overweight or obese, as were those who had BMI scores in the overweight and obese ranges. In this chapter, I discuss these risk factors and then discuss the role of cultural consumption, hidden injuries of class, self-regulation, and the temporary nature of fast food work as possible explanations for the lowered risk of unhealthy weights in this population. I conclude this chapter by revisiting the role of structure and agency in determining food choices.

8.1 Risk Factors

As indicated above, older workers had an increased the risk of having higher than average BMIs and perceiving themselves as being overweight or obese. This research confirms Godley and McLaren's (2010) finding that the risk of unhealthy weights increases with age. However, as Reiter (1991; 2002) argues, I found that this workforce is young, and employs many women and part-time students. Being female and young are both associated with lowered likelihoods of having a higher than average BMI. This suggests that my findings are at least partially attributed to the demographics of the food service worker population.

Although women in both the food service worker and general Canadian population are less likely to be overweight or obese than their male counterparts, they are more likely to perceive themselves as such. This reinforces Shilling's (1991) argument that women express themselves through their bodies, and as a result of this they internalize social norms surrounding the body. This results in women constantly altering their bodies to conform to social norms. Women's understandings of weight are different from men's as they are exposed to messages that suggest that in order to be beautiful and desirable, they must be thin (Harding, 1986, McCall, 1992). Women's perceptions of themselves as being overweight or obese may stem from a habitus that includes a disposition towards vilifying weight.

The internalization of dominant social norms that dictate what is acceptable and unacceptable body size suggests that these women experience forms of symbolic violence. Bourdieu's (1986) concept of symbolic violence is used to understand the desire individuals have to strive to meet dominant ideals of social acceptability. Francombe (2010) argues that young women often participate in self-regulation in food consumption in an attempt to become thin. It is possible that the perception of being overweight or obese may stem from this dominant ideology that promotes thinness, as women are constantly subjected to ideology that suggests that being normal includes having a very thin body (Cricher, 2009).

8.2 Food Choices and Cultural Consumption Patterns

Aside from my quantitative findings that workers between the ages of 41 and 65 who smoked occasionally and were non-white were less likely to have higher than average BMIs, I did not uncover additional risk factors that significantly contribute

to higher than average weight. In order to explain these findings, I draw on the data gathered through my qualitative interviews. As food consumption plays a large role in determining weight, I spoke with these workers about their food choices. In this subsection, I present possible explanations for the quantitative findings.

The quantitative data suggest that most of these workers are young and part-time. Additionally, many of them are students who primarily view themselves as such. Using Bourdieu's (1984) concept of cultural consumption, we can argue that these workers may have avoided consuming certain types of food which are commonly associated with weight gain because of their cultural exposures to food. For example, in the qualitative interviews, many workers mirrored the consumption patterns they were exposed to in childhood. If they grew up eating a lot of fast food, they continued to do so as adults. On the other hand, if their parents cooked for them as children, they modeled this behaviour and cooked similar food as adults.

The finding that food consumption patterns formed in childhood impact eating later on in life supports Reilly et al.'s (2005) finding that obesity and overweight are transferred from parent to child. However, Reilly et al. (2005) failed to answer why this may be the case. Bourdieu's (1984) concept of cultural consumption provides an explanation for this phenomenon. I found that the cultural norms associated with eating in certain class groups were taught to the participants in this study throughout their periods of familial development. These individuals then mirrored these class-based eating habits in adulthood. As their roles as fast food workers tend to be temporary, part-time, and secondary to other activities in their lives, these individuals do not generate enough deep meaning through their

employment to alter their habitus. As the habitus remains unaltered through exposure to fast food work, cultural consumption patterns generated from more meaningful life experiences remain intact.

The finding that fast food workers continue to mirror the eating habits learned through family exposure reinforces Backett-Millburn et al. (2010) and Franchi's (2012) explanations of the transmission of unhealthy weights from parents to children. Like Bourdieu (1984), these scholars argue that habitus influences consumption patterns. They argue that parents transfer the values associated with eating in their class backgrounds to their children. This was often the case in my study. Working class parents often fed their children processed convenience and fast foods whereas middle and upper class parents often fed their children homemade meals and reserved eating out for special occasions. The workers used this knowledge to make food choices as adults, reinforcing Backett-Millburn et al. (2010) and Franchi's (2012) findings.

Bourdieu (1984) argues that habitus can change over time. However, these changes are generally attributed to deep, meaningful experiences. He argues that these experiences can come from exposure to culture through the education system. My qualitative interviews illustrated that exposure to university education was able to alter habitus. For example, the students I interviewed who were studying in health studies departments were aware that their exposure to health promotion ideology at school influences their food consumption patterns. In general, these students discussed eating healthier as a result of the culture they were exposed to at school. These individuals often avoided eating at work altogether because they perceived the

food as being unhealthy and undesirable to consume. This reinforces Thornton et al.'s (2010) claim that fast food purchasing is associated with having lower levels of education. However, it also adds to their argument, as it suggests that there is a change in dispositions that is associated with involvement in post-secondary educational institutions. My interviews suggest that involvement in post-secondary education exposes individuals to middle and upper class culture that is oriented toward valuing healthy eating. This exposure has altered the consumption of some of the students I interviewed. However, involvement in the fast food workplace did not alter food consumption patterns.

8.3 Hidden Injuries of Class

All of the workers in my research study referred to their jobs as being temporary. However, when they were asked to elaborate on this, they began to speak of fast food work as being undesirable and worthless. Sennett and Cobb (1972) discuss the impacts of performing blue collar work on men, stating that they often feel inadequate, as this work is perceived as socially undesirable. White collar work is seen as socially acceptable and working in undesirable industries leads people toward feelings of worthlessness. The workers in my study had a stigmatized view of the work that they were performing and all of them strove to move on to a “better” white collar job. Although fast food work is difficult to categorize as blue or white collar, as it encompasses elements of both types of work, the workers were not proud of the work they did. Rather, they spoke of the insignificance of their labour and took little pride in it. This was similar to the blue collar workers in Sennett and Cobb's

(1972) study. They did not feel connected to what they were doing, nor did they feel that they were valued, contributing members of society.

The sentiments these workers expressed were similar to those found in the 1970s by Sennett and Cobb (1972). They all noted the desire to move from their current positions as fast food workers to office jobs. However, Bettie's (1995) argument that these class injuries appear on the body as excess weight was not true in this population. I found no significant correlation between current household economic status and BMI or self-perceived weight in the food service worker population. This may be attributed to the fact that many of these workers occupy temporary positions in the working class, as they were raised in middle class homes and were in school in attempt to increase their future earning potentials. Although these workers were participating in working class labour, a lot of them were performing this work temporarily.

Although these workers felt like they were performing undesirable work, all of them believed that they would move up to jobs in professional environments in the future. Like Willis' (1977) working class Hammertown lads, my participants held the belief that they would move up into middle class job positions in the future. Many of these workers spoke of future careers in law and finance. However, unlike the Hammertown lads, these workers had not yet realized that their ability to "move up" in society may be hindered by credentialism, their ability to meet the requirements for graduate school entrance, and by competitive job markets. These workers discussed mobility with hope. However, they had yet to realize that they may not be able to reach their future goals.

Although these workers participate in low waged work, they were often economically supported by family members, student loans, or education savings plans. This illustrates that the individuals working in poorly paying jobs were not always “poor.” Although these workers internalized stigmatized views toward the type of work they were performing, as Sennett and Cobb (1972) would suggest they should, they did not display the class status associated with this work on their bodies. Using Bourdieu’s (1984) concept of habitus, we can argue that these workers still held dispositions toward food and eating that are commonly found in the middle and upper classes. This dispositions result in a taste for lower calorie, fresh, homemade food.

8.4 Reflexive Social Action and Structural Patterning

As noted Chapter Two, Bourdieu (1977) argues that actors are able to exercise reflexive, thoughtful social action, or agency, when their habitus does not match their fields. I argue that this is the case with many of the fast food workers in this study. Workers who grew up in working class homes and consumed processed and fast foods as children noted consuming a lot of fast food at work, whereas workers who grew up in middle and upper class homes tried to avoid eating at work. Although many of the workers in my study mentioned that they were constrained by the availability of fridges to store homemade food in at work, and by the short break times coupled with inadequate break rooms to prepare and consume food, they would often avoid eating at work altogether or they would consume products that they deemed to be “safe” or “healthy.” These workers made active decisions about

what they should and shouldn't eat at work. They consciously thought about which products were healthy and tried to avoid eating high caloric, high fat food.

Although many of the workers who grew up in upper and middle class homes actively thought about their food choices, many of the workers who grew up in working class homes did not. These workers were more concerned with the convenience and cost of eating at work and enjoyed consuming discounted food on their breaks. These findings add to Clark et al.'s (2010) argument that people with lower socioeconomic status are more likely to prioritize other needs over purchasing high quality food. Although some of my qualitative evidence suggests that full-time, working class individuals often enjoyed receiving discounted food, students, who could also be considered low income, did not were less likely to take advantage of these discounts. This adds to Clark et al.'s (2010) findings, as it suggests that deeply engrained dispositions, childhood socioeconomic status, and current social status are more important in framing food choices.

The income indicator in the CCHS is an approximation of household income. This is important, as often food service workers are living in their family homes or relying on student or spousal income. These reported figures may also not account for the tips that food service workers generally receive. Some of the obesity literature argues that income is an important social determinant of weight (Jeffery et al., 2006, Patrick and Nicklas, 2005). Although food service work is often low-paying, individuals participating in food service work are not necessarily living in low-income situations (Reiter, 1991). The qualitative interviews showed that the workers who were from lower socio-economic backgrounds, or lived on their own or with

other low-income partners, were generally experiencing concerns with being overweight or obese. These workers consumed food at work and had less knowledge about which types of food sold at their workplaces are considered healthy. Despite attempts to lose weight, these individuals were also relatively unsuccessful. This suggests that although income was not a significant risk factor for the general food service population, it may be an important indicator for individuals who are working in food service who were raised in working class homes and are currently living in low-income situations.

Bourdieu's (1984) theory relies on the use of class and capital as indicators of habitus, taste and field position. However, the use of income as an indicator of class in the quantitative models was not overly useful in determining the risk of unhealthy weight. Although it did contribute to the overall explanatory power of the models, increases in income generally only slightly decreased risk levels and was often insignificant ($p > 0.05$). The inability of income to serve as a good predictor of increased BMI may be due to Bourdieu's theory that class background, which is generally associated with childhood experience, dictates habitus which dictates taste. However, Bourdieu (1984) also argues that class is derived from factors which are external to income. In order to quantitatively measure class from Bourdieu's perspective, the CCHS would need to include information on participants' backgrounds and social experiences. Additionally, in order for habitus to change, deep exposure to different class experiences is necessary. This involves identifying with others in that class and participating in classed behaviours at a meaningful level (Bourdieu, 1984). The qualitative interviews illustrate that the food service workers

often identified with their parents' socio-economic status or their status as students. This implies that their habitus was still based on childhood experiences and that other roles in their lives, such as being a student, were more important to the way they view themselves and operate in social fields than current income.

8.5 Temporary Protective Habitus

Personally, after reading the literature on physical proximity to fast food and socio-economic status as a determinant of health, I was shocked to find that food service workers were not more likely to be obese. Bourdieu's (1984) concept of habitus formation is a good theoretical standpoint from which to analyze the weights of food service workers. Many of the workers included in the quantitative analysis were not low-income individuals. In fact, some of the individuals came from upper class backgrounds. Bourdieu (1984) argues that habitus dictates taste for consumable items. However, habitus is not formed through minimal exposure to certain situations. It is formed through deep exposure which often occurs during childhood (Bourdieu, 1984). The fast food workers interviewed were repeating food consumption patterns learned in childhood. These patterns were formed by the class status of their families rather than their current roles as food service workers.

The interviews suggested that workers did not identify with the food service industry, which illustrates a lack of identification that Bourdieu (1984) argued is needed for habitus formation. Workers were likely to report identifying with roles as students and often talked about future educational and career plans that would push them out of the food service sector. I argue that this represents the formation of a temporary protective habitus. As a group, these workers have developed a

disposition towards discussing and thinking of their work as being temporary. By not identifying with their work and the norms and policies established by their workplaces, workers are protecting themselves by resisting internalizing the social stigma associated with the low-status of food service work. Viewing their work as temporary or transitional, despite years working in the industry or not making moves to exit food service work, allows workers to identify with culturally accepted norms of upward mobility and occupational success.

I present the concept of temporary protective habitus as an extension of Bourdieu's concept of habitus. Bourdieu (1984) argues that we have multiple habitus. Through my research, I found that as a group, fast food workers have developed a disposition towards viewing their work as temporary and undesirable. Additionally, they do not see themselves as being long term fast food workers. I propose that this concept involves three elements: 1) a group perception that current social positions are temporary, 2) a group perception that current positions are undesirable, and 3) the desire to protect oneself from dominant social ideals that dictate what is desirable and what is undesirable.

These social ideals or norms, which Bourdieu would argue are perpetuated by dominant elites, are what workers strive to achieve, regardless of the fact that they may be unrealistic and result in damaging views of self-worth. He refers to this as symbolic violence. Through discussing future occupational goals with one another, and by talking about quitting fast food work, these workers have established a discourse of temporariness that is engrained in their dispositions. Although these workers did not experience weight gain and many avoided consuming the food sold

at their workplaces, I do argue that habitus formation does occur in the food service sector. However, I argue that this is not a class habitus that dictates taste. Rather, it is a habitus that has protected food service workers from the injury of viewing themselves as marginalized in society. This habitus relies on viewing work as temporary, which results in a lack of identification with organizational norms that the food being sold is high quality and good. This may provide an explanation for the lowered weights of food service workers, as they have not internalized the everyday consumption of the food they sell.

8.6 The Role of Gender

Sex was used as a demographic indicator in this study. The quantitative data illustrate that women working in food service are actually less likely to be overweight or obese than men. Reiter (1991) discusses the hiring practices at Burger King, noting the tendency of management to place pretty female workers at cash registers and male workers in the back preparing food. There may be a bias in the food service sector toward hiring women that are thin and culturally perceived as beautiful because it is good for business. Unfortunately, due to a lack of management and ownership cooperation, I was unable to verify whether or not these informal hiring policies still exist. This may also reflect Schilling's (1991) argument that women's bodies are sexualized and that they alter their bodies to fit dominant understandings of what is acceptable for women.

In the self perception of weight models, sex is also presented as a demographic indicator. Despite the decreased risk of obesity that women in food service experience, they are more likely to view themselves as being overweight or

obese. This suggests that experiences of weight are deeply gendered. The qualitative interviews also showed gendered divisions in how weight is viewed, with men being concerned about muscle mass and women being concerned with weight. Feminists using Bourdieu's framework have come to view being female as a habitus (Harding, 1986, McCall, 1992). My findings also indicate that women experience symbolic violence, or internalize dominant norms associated with desirable weights. The qualitative and quantitative findings both illustrate that men are less likely than women to view themselves as being overweight or obese. However, the quantitative findings illustrate that in both the general Canadian population and the food service population, men are more likely to have higher than normal BMIs. The findings of my research indicate that women's views of their bodies and their actions because of these views are founded in deep-seated dominant ideologies that suggest that women should be thin and beautiful. This results in the self-regulation of women's bodies through regulating food consumption.

8.4 Regulation: A Result of Agency and Structure

Some of the participants in both the qualitative and the CCHS studies participated in self-regulatory behaviour surrounding weight and food consumption. The fast food workers interviewed regulated their food consumption at work when they noticed they were gaining weight and cited health reasons as the primary drive for self-regulation. Using Kwan's (2009) argument that social ideals surrounding beauty and appropriate body size are perpetuated by dominant health discourse, it is possible to view the desire to regulate consumption an attempt to improve field position by striving toward socially accepted norms of healthfulness and beauty.

However, for some workers, regulating food consumption at work also allowed for the expression of personal agency. By limiting food consumption and choosing different items at work, food service workers are able to control their personal consumption and impact their own weight and health.

8.7 Conclusion

Although food service workers are not more likely to experience overweight and obesity than the general Canadian population, I was able to uncover useful information that allowed for an analysis of cultural consumption patterns and self-perceived weight. However, the findings of this study left me with more questions than answers. The following chapter discusses some of the limitations of my study and provides directions for future research.

Chapter Nine: Conclusion

Originally, I had hypothesized that fast food workers would be more likely to have high BMIs and self perceived weights as a result of their socioeconomic standing and their physical proximity to “unhealthy” food. However, as I illustrate in this dissertation, this was not the case. This null finding resulted in a need to better understand this population sociologically and to go beyond quantitative explanations to uncover the experiences and food choices of fast food workers. This chapter concludes my dissertation, discusses study limitations, suggests future areas of research, and discusses the broader implications of my work.

9.1 Study Limitations

This study was limited by a number of factors. Although using secondary data allowed for a larger more generalizable sample, I was limited to the questions asked in the CCHS survey. While the CCHS is a very large survey, much of the data collected are irrelevant to this study and focus on health outcomes, such as developing diabetes. The social indicators are fairly well developed. However, workplace indicators, such as specific employer, job tasks, and job tenure are not available. Additionally, there were no data on the socioeconomic backgrounds of respondents so there was no way to determine their childhood class locations. This would have allowed me to quantitatively measure whether or not workers from an upper class background were less likely to consume the food at their workplaces.

Originally, I was interested in looking at fast food workers specifically. However, the CCHS coding is not specific enough to generate a sample containing just fast food workers. This resulted in studying the food service industry in general, which is a large sector with much job variation. I was able to choose NOC-S codes that best illustrated fast food work. However, some of the workers in these codes may work in the traditional restaurant industry.

The CCHS survey also limits some of the questions asked to specific regions. For example, questions surrounding self perceptions of health may only be asked to participants from specific provinces. This resulted in the removal of some potentially relevant variables due to small, non-representative numbers of respondents.

The qualitative interviews were also limited by the unwillingness of managers and owners to participate. Reiter (1991) noted that getting approval to conduct formal research in the fast food industry is quite challenging. I also experienced challenges with gaining access to coffee shops over the course of my Master's research (Woodhall, 2009). The original study design involved interviewing managers to discuss discrepancies in hiring practices and employee food consumption behaviour that could have provided additional explanations for BMI and self-perception of weight in fast food workers. However, many fast food restaurants have media and research policies that come from their franchises. These policies do not allow owners or managers to speak with researchers, as doing so may result in losing the right to own the franchise license. Despite assuring owners of study confidentiality, I was unable to persuade any of the owners contacted to

participate in this study which limited the collection of information on hiring practices.

9.2 Broader Study Implications

With the recent growth of service sector employment, it is important to understand the health and well-being of food service workers and the implications of working in fast food on weight. However, this study also has broader implications that can be extended to the general public. In the qualitative interviews, I found that workers from lower class backgrounds who attempted to regulate food consumption were unable to distinguish between items that are marketed as being healthy and items that are actually healthy. This gap in knowledge may exist for other working class individuals. Providing worker education on what to consume at work, as well as increasing healthy options instead of just selling items and marketing them as healthy should be a priority in the food service industry.

The role of gender impacted the way that workers perceived themselves which illustrates the impact of dominant ideology on self-perception and body regulation. This research suggests that this extends beyond the food service worker population, as women in the general population are also more likely to perceive themselves as being overweight and obese. However, in general women are less likely to actually be overweight and obese when compared with men. I suggest that additional programs should be created to address gendered perceptions of weight, and women's views of their own bodies. Additionally, we should continue to further develop programs and policies that educate the general public on weight, as self-

perceptions of weight varied significantly from actual BMI scores. This illustrates that public knowledge of healthy weights may be limited.

The ability of workers to avoid weight gain despite their constant exposure to unhealthy food can have implications in the general Canadian population. Workers were able to regulate their food consumption by altering products to create healthier meals at work. The option to significantly alter food products at fast food restaurants should be available to the general population. Additionally, I found that childhood class background and consumption patterns were more important to decision making surrounding food than current occupational or class position. This suggests the need for programs and policies that subsidized healthy food items for families.

Additionally, education on childhood nutrition should continue to be emphasized in Canada.

Smoking was not a dominant concern in this research. However, my research found that smoking rates are higher in the food service worker population. The qualitative interviews illustrated the culture of smoking and the usefulness of smoking in developing social relationships in the food service industry. These relationships were useful to workers, as they were able to use them to make their working lives more pleasant. This suggests that programs and policies which specifically address smoking rates in “at risk” occupational groups are needed to improve the health of this population.

9.3 Suggestions for Future Research

Although this research found that experiences of overweight and obesity are not as high in the food service worker population than in the general Canadian

population, being over the age of 34 years old increased the likelihood of being overweight or obese. Currently, the fast food worker population is relatively young. However, with new Employment Insurance regulations on the horizon, decreasing stability for retired persons, and the expansion of the low-end services sector, we may see more people over the age of 34 performing this type of work. Future research is needed to understand the impact of this type of work on the general health and wellbeing of these “older” sector participants.

In addition to undertaking research to generate a better understanding of older participants, future research studies should focus on investigating the role of temporary protective habitus on developing identities and making consumption choices in other sectors. For example, being homeless has a stigmatizing effect on unhoused or under-housed individuals. Additionally, homeless persons live fairly transient lives and rely on temporary forms of housing, such as shelters. Through my future work, I would like to test this concept to see if it is useful in understanding the way that homeless persons, as a group, discuss their experiences of homelessness. I would like to see if this group views their status as homeless as being temporary and if they use their perceptions of homeless as a temporary status as a way of avoiding and protecting themselves from internalizing stigma. I plan on exploring this through my post-doctoral research fellowship appointment at McMaster University.

9.4 Conclusion

Although this dissertation began with the hypothesis that food service workers should experience increased BMIs, due to socio-economic factors and food exposure, and later found that this was not the case, interesting findings were still

discovered. I argue that this finding is actually more interesting, as it questions the research surrounding proximity to fast food and obesity, suggesting that researchers should re-examine their frameworks and include additional social indicators in their studies of fast food and obesity. Further, these findings provided evidence for a better understanding of the application of habitus and field to workplaces and health concerns. The importance of childhood experiences and dominant ideology and discourse surrounding weight, appropriate work, and gender were all reaffirmed through this study. In addition, my research illustrates the need to add additional social and workplace variables into large, national health surveys. This would allow for better analyses of specific occupational groups, including fast food workers. My research suggests the need to incorporate sociological elements into how we understand work and weight, once again illustrating the inability of purely medical or geographical frameworks to adequately explain the so-called “obesity epidemic.”

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Appendix A: Qualitative Interview Guide

Thank you for participating in this research study. As we covered in the information letter and consent form, all of your responses are confidential and voluntary. I appreciate your honest answers and please feel free to ask questions or add additional comments whenever you want. In order to gain a complete understanding of your current food choices, I would like to start by asking you a few questions about your childhood and your families' relationship to food.

Relationship to Food:

Childhood and Youth

- 1) Growing up, what were some of your favorite foods?
- 2) Growing up, what did you eat?
 - a. Probe to see if they view these meals as healthy or unhealthy and why
- 3) When you were younger, did you sit down with your family to eat:
 - a. Breakfast?
 - b. Lunch?
 - c. Dinner?
 - d. Snacks?
- 4) When you were younger, where did you eat your meals (kitchen, living room, etc.)?
- 5) What did you do while you were eating (watch TV, talk to family, read, just eat)?
- 6) Who prepared your meals? Snacks?
- 7) Do you remember eating take-out or fast food as a child? If so, was this a treat or a regular thing?
- 8) Did you have a special day of the week where you had a family meal?

Adulthood

Thank you for your answers. We are now going to switch directions a little bit and I am going to ask you about your present life and current relationship to food as an adult.

- 1) Now that you are older, do you [still] have a special day of the week where you have a family meal?
 - a. Why? Or why not?
- 2) Who is in your family?
- 3) Who do you live with?
- 4) What are their relationships to you?
- 5) Do you sit down with your family to eat:
 - a. Breakfast?
 - b. Lunch?
 - c. Dinner?
 - d. Snacks?
- 6) What are some of the foods you eat at home?
- 7) Who prepares your meals at home? Snacks?
 - a. If you are primarily responsible for meal preparation, do you have anyone helping you?
- 8) Where do you eat your meals when you are not working?
- 9) What do you do while you are eating at home (watch TV, talk to family, read, just eat)?
- 10) Do you currently eat take-out or fast food at home? If so, how often?
- 11) How do you view food and eating?

Associations

I am now going to ask you a little bit about your friends and family and how they view food and health. This helps me understand how the people closest to you make food and health choices.

- 1) Think of all of the people you know and spend time with.
 - a. Who are the people who are closest to you (example: husband, best friend)?
 - b. Who would you say you spend the most time with?
 - c. What are their relationships to you?
 - d. Where did you meet these people?
 - e. What do you like to do with these people when you get together?
- 2) In your circle of friends and family, who do you consider to be healthy eaters?
 - a. Why?
- 3) In your circle of friends and family, who do you consider to be unhealthy eaters?
 - a. Why?
- 4) What types of food do they eat when you are with your family and friends?
- 5) What types of food do you eat when you are with your family and friends?
- 6) How do these people spend their leisure time (sports, watching TV)?
- 7) Do these people smoke?

- a. If yes, how often?

The Workplace:

Thank you for your responses. I am now going to ask you a few questions about what you do and eat at work. This will help me get a complete picture of what you do at work and how you make food choices at work.

- 1) What is your job title at your workplace?
- 2) What is involved in doing your job?
- 3) What are the other job titles at your workplace?
- 4) Which types of employees have the most power at your workplace and which types have the least? Why?
- 5) When do you eat at work? (during breaks, whenever food is available)
- 6) What do you typically eat while you are at work?
 - a. Follow-up: Which specific products do you consume regularly? Occasionally?
 - b. Who prepares the food that you eat at work?
- 7) Why do you eat the food sold at your workplace? OR Why do you bring food from home?
 - a. Why do you choose not to bring food from home? OR Why do you choose not to eat the food sold at work?
- 8) What do you typically eat when you are at home?
- 9) If you could make changes to the food available for you to consume at work, would you?
 - a. If yes, what would they be?
 - b. If no, why not?
 - c. Would these changes alter your food choices at work? Why or why not?
- 10) If you could use five words to describe the food sold at your workplace, what would they be and why?
- 11) What are the five most important criteria in picking which foods you will consume at work and why?
- 12) What are the advantages of eating food sold at work?
- 13) What are the disadvantages of eating food sold at work?
- 14) Are incentives (financial or other) provided to employees who consume food sold at work?
- 15) Are there any penalties for consuming the food sold at work?
- 16) Describe your break times. How long are they? How do you spend this time?
- 17) What would you change about eating at work?
- 18) Do you have an employee discount?
 - a. If yes, explain this discount.
 - b. Who creates and enforces this discount?
 - c. Do you think it is an incentive to purchase food at work?

- 19) Do you think the work you do is important? Why or why not?
- 20) How do you view the work you do? Is it desirable or undesirable work?
- 21) Does your work impact how you feel about the rest of your life? How?
- 22) What are your long-term employment goals? Where do you see yourself working in the future?
- 23) Do you think your supervisor cares about your health and well-being? If so, how?

Being Healthy:

I am now going to ask you a few questions about your general health and how you view your health. This will help me understand how you perceive your health and how your perceive health in general.

- 1) For your age, would you consider yourself healthy?
- 2) What do you in your spare time?
- 3) How often do you exercise? What type of exercise do you do?
- 4) Do you smoke? If so, how often?
- 5) Compared to other people your age, do you think you are underweight, average, above average or heavy?
- 6) What do you think the ideal weight is for someone of your age and height?
- 7) Do you think being healthy has anything to do with weight?
- 8) For most people, do you think weight is an important factor in making food choices? Is it for you?
- 9) Have you ever gone on a diet? If so, how many times? Describe the diet(s).
- 10) How do your feelings about your body influence your food choices?

Demographic Information:

Thank you very much for your responses. I am going to wrap up this interview by asking you a few basic demographic questions. This provides me with information about your background.

- 1) How old are you?
- 2) What is your marital status?
- 3) Do you have children? If yes, how many and ages?
- 4) How long have you been working here?
- 5) How many hours a week do you work?
- 6) Approximately how far do you live from work?
- 7) How do you get to work?
- 8) What is your approximate annual household income? (If they do not know ask monthly or weekly)
- 9) Who did you live with as a child?
- 10) What did your mother and/or father do for a living?
- 11) Would you describe yourself as working, middle or upper class?
- 12) Would you describe your family upbringing as working, middle or upper class?

- 13) I am now going to ask you about height and weight. This information will be used to calculate your body mass index score. This will be used to understand how your relationship with food and food choices relates to your current health situation. I am giving you a blank piece of paper. On this piece of paper, please indicate how tall you are and how much you weigh. You can choose not to answer this question if you are uncomfortable. This information is strictly confidential and will not be linked to your name or identity in final reports. It will be kept in a locked filing cabinet in a locked office with your confidentiality agreement.
- 14) Do you have any additional information or insights you would like to share with me? Do you have any additional questions you would like to ask?

Thank you for participating in this study. Your responses are very valuable and I encourage you to email or call me if you have any additional concerns or questions

Appendix B: List of Quantitative Variables

Variable Name	Variable Type
BMI	Dependent
Self-perception of weight	Dependent
Sex	Predictor
Age	Predictor
Race	Predictor
Occupation	Predictor
Fruit & vegetable consumption	Predictor
Smoking	Predictor
Drinking alcohol	Predictor
Household Income	Predictor
Living in a Rural Area	Predictor
Province of Residence	Predictor
Life stress	Predictor
Work Stress	Predictor
Food Insecurity	Predictor
Marital status	Predictor
Full Time Work Status	Predictor

Appendix C: List of Interview Participants' Characteristics

Appendix C: Qualitative Participant Characteristics

#	Workplace	Tenure	Weekly Hours	Sex	Age	Race	BMI	Smoke	Childhood Class	Current Class	Self-View of Weight
1	Harvey's	4.5 Years	36	F	21	White	23.0	Quit	Middle	Upper	Average
2	McDonald's	8 Months	30	M	25	Aboriginal	30.7	Yes	Working	Working	Overweight
3	William's	1 Week	40	F	23	White	19.1	No	Middle	Working	Average
4	Harvey's	6 Months	30-35	F	22	White	25.1	No	Working	Working	Slightly Above
5	Subway	2 Years	35-45	F	20	White	21.1	Yes	Middle	Middle	Average
6	Burger King	3 Years	40	M	18	White	25.4	Yes	Middle	Middle	Slightly Above
7	Tim Horton's	2 Years	40	F	22	White	25.7	No	Middle	Middle	Average
8	Burger King	3.5 Years	40	F	23	White	39.7	Yes	Working	Working	Overweight
9	McDonald's	2 Years	15	F	19	Middle Eastern	41.0	No	Working	Working	Overweight
10	McDonald's	3.5 Years	17-40	M	19	White	27.9	No	Middle	Working	Slightly Above
11	Burger King	2 Years	8-26	M	18	Middle Eastern	19.9	Yes	Middle	Working	Underweight
12	Burger King	3 Years	20-25	M	19	Middle Eastern	23.1	Quit	Middle	Working	Average
13	Tim Horton's	6 Years	10-30	M	21	White	21.0	No	Middle	Upper	Underweight
14	McDonald's	1 Year	30	F	19	White	26.6	No	Middle	Middle	Average
15	Tim Horton's	6 Months	16	M	21	White	18.3	No	Middle	Middle	Underweight
16	Coffee Culture	1 Year	25-35	F	21	White	25.8	Yes	Middle	Working	Average
17	Tim Horton's	4 Months	24-32	F	23	White	18.1	No	Middle	Middle	Underweight
18	Tim Horton's	6 Years	12-40	F	21	Black	36.3	No	Working	Working	Overweight
19	McDonald's	4 Years	12-14	F	20	Asian	20.5	No	Middle	Middle	Average
20	Harvey's	3 Years	25	F	18	Middle Eastern	16.6	No	Middle	Middle	Average
21	Local Café	2 Months	15	F	21	Black	25.1	No	Upper	Upper	Overweight
22	Tim Horton's	3 Months	16	M	23	Middle Eastern	21.3	No	Middle	Middle	Underweight
23	Tim Horton's	18 Months	10	F	20	White	23.6	No	Middle	Middle	Average

24	Pizza Hut	5 Months	65	F	23	White	17.7	No	Lower	Upper	Underweight
25	Pizza Hut	5 Years	25-30	F	19	White	20.8	No	Middle	Working	Average
26	McDonald's	3 Years	25-40	F	18	Asian	25.1	No	Working	Middle	Over Average
27	Coffee Time	3 Months	10-15	F	20	White	19.8	No	Working	Middle	Average
28	Pita Pit	6 Months	11-14	F	21	White	22.7	No	Middle	Middle	Average
29	McDonald's	6 Years	17	F	24	Asian	23.8	No	Working	Middle	Average
30	McDonald's	1 Year	40	M	18	White	21.8	No	Upper	Upper	Average
31	McDonald's	7 Months	16-32	F	18	Asian	22.2	No	Working	Working	Average
32	Subway	8 Months	20	F	19	White	23.0	No	Middle	Middle	Average
33	Pita Pit	6 Months	12-15	F	21	White	20.8	No	Middle	Middle	Average
34	Tim Horton's	3 Years	10-40	F	19	White	20.4	No	Middle	Lower	Average
35	Tim Horton's	6 Months	5-10	F	20	White	22.5	No	Middle	Middle	Average
36	Starbucks	1 Year	20-45	F	19	White	25.1	Yes	Upper	Working	Overweight
37	McDonald's	2.5 Years	15-40	F	22	Middle Eastern	23.4	No	Middle	Middle	Average
38	Second Cup	8 Months	8	F	18	Asian	18.0	No	Working	Middle	Underweight
39	McDonald's	2 Years	4-10	M	19	White	33.0	No	Middle	Middle	Over Average
40	Tim Horton's	2 Years	20	F	21	Middle Eastern	28.3	No	Middle	Middle	Overweight

Appendix D: Executive Summary

Serving the Fast Food Nation: Analyzing and Understanding Food Choice, BMI and Self-Perceived Weight in the Food Service Worker Population

Executive Research Summary Presented to Interview Participants who Requested Study Feedback

©2013 Julia R. Woodhall-Melnik, PhD Candidate: Department of Sociology & Legal Studies, University of Waterloo

Note to Participants: Thank you for participating in my research study. This report summarizes the findings of my Doctoral research. Should you be interested, my complete dissertation will be available online in the fall of 2013. This document discusses food choices, BMI, and self-reported weight in the food service worker population. To do this, I draw connections between participants' current consumption choices and their exposure to different forms of culture, people, and environments throughout their lives. For specific information on the framework used in this study, please reference:

Bourdieu, P. (1984). *Distinction: A social critique of the judgment of taste*. (R. Nice Trans.). United States: Routledge and Kegan Paul Ltd.

Background:

Policymakers, politicians, and media outlets have declared a modern obesity epidemic. In doing so, they have named a variety of villains, including fast food. Despite the sensationalized framing of fast food as being a leading contributor to overweight and obesity, we have yet to understand the impact that this food has on those who work with it every day. The purpose of this dissertation is to understand the food choices, BMIs, and self-perceived weights of the food service worker population. I investigate the role of the workplace and external influences, such as the family, in navigating an obeseogenic workplace environment which is centered on selling highly caloric food to the Canadian public in a quick and cost effective manner.

Research:

The first stage of this research addresses the question: Are food service workers more likely to experience overweight and obesity than the general population? In order to do this, I analyzed survey data from the Canadian Community Health Survey cycle 5.1 (2009-2010). I used logistic regression techniques to construct twelve models which analyze the likelihood of having high BMIs and self-perceived weights in both the food service worker and general Canadian populations. In the second stage of this research, I sought to understand the food choices that contribute to workers' weights. To do this, I conducted forty semi-structured qualitative interviews with workers from a variety of fast food chains.

Main Findings:

I found that, despite frequent exposure to highly caloric food, food service workers are less likely to be and perceive themselves as being overweight or obese than the general Canadian population. As workers aged, they were more likely to be overweight or obese. However, this population is relatively young, with an average age of about 30 years old. I suggest that the young, part-time nature of this workforce contributes to the lowered likelihood of being overweight or obese. In addition to this, women food service workers were less likely than men to have higher than average body mass indexes (BMIs). However, they were more likely to perceive themselves as being overweight or obese. I argue that this is a result of the messages that women are exposed to that state that they should be thin and should constantly strive to decrease or maintain lower than average body sizes.

Through the qualitative interviews, I found that food service workers participate in a process of self-regulation where they monitor their food intake at work. Additionally, I found that the workplace played a secondary role in many of their lives. School, family, friends, and future goals were viewed as more important than work. I found that workers viewed their jobs as being temporary and their food choices did not seem to change from their exposures to their workplaces. The majority were part-time students, working in this industry to pay for living expenses and tuition. For the most part, they were raised in middle class homes where their mothers prepared food for their families from scratch on a daily basis. Fast food was viewed as a special treat and not an item to consume on a regular basis. Additionally, the food that these workers were exposed to as children was more important to how they made food choices as adults. Workers who grew up eating a lot of fast food were likely to do so as adults. Those who did not tended to regulate their food consumption at work and prepare homemade meals. I conclude that the meaningful exposures we have to food and cultural norms throughout life are more important in determining our food choices than our exposure to fast food restaurants.

Thank you again for your participation in this study. Questions on this research can be directed to Julia Woodhall-Melnik at jwoodhal@uwaterloo.ca or 519-830-7928.

Appendix E: Recruitment Message

Dear _____,

I am emailing you today, as you are currently working in the fast food industry.

I am a PhD Student at the University of Waterloo conducting research for my dissertation titled: "Serving the Fast Food Nation" and I am looking for fast food workers to participate in an one time, one hour interview on their experiences with food, work and lifestyle choices. All participants will be provided with \$15 for their participation in this research.

You must be at least 18 years of age to participate in this study and the interview will be conducted at a time and location that are convenient for you. Your identity will remain strictly confidential and your employer(s) will not be notified of your involvement in this study. Any comments or quotes you provide will be treated as anonymous.

If you have additional questions or would like additional information to assist you in reaching a decision about participation, please contact me through this facebook message, by phoning (519)830-7928 or by email at jwoodhal@uwaterloo.ca. You can also contact my supervisor, Professor AlicjaMuszynski at (519)888-4567 ext. 35187 or email alicja@uwaterloo.ca.

This study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo. If you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes of this office at (519) 888-4567 Ext. 36005 or ssykes@uwaterloo.ca.

Thank you for your consideration and I look forward to hearing back from you.

Sincerely,

Julia Woodhall

Appendix F: The Canada Food Guide

Age in Years	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Sex			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

Reference: Healthwise (2011)

Appendix G: Qualitative Coding Chart

<u>Open Thematic Coding</u>	<u>Axial Relational Coding</u>	<u>Selective Connecting Coding</u>
Head office control	<ul style="list-style-type: none"> • Provides an understanding of power hierarchy in fast food • Fast food work as having a strict occupational hierarchy • Certain positions have more power • Characteristics can provide you with advantages in the workplace (being older, more skilled, smoking with management) 	<ul style="list-style-type: none"> • Main theme: fast food work as a social field • Description: Illustrative of fast food work as a “field,” wherein people have different relationships to one another, amounts of power, and status. Certain traits (habitus) assist in gaining better field positions (advantages)
Relationships with managers and owners (had the most power)		
Assigned job tasks and strict work policies/procedures		
Workplace friends		
Long work tenure, older, and more skilled (had the most worker power)		
Newer workers (had the least power)		
Desirable and undesirable job tasks		
High turnover		
Smoking as a good thing (provides more breaks, power, better relationships with managers)		
Break time activities (eating, smoking, reading, homework, texting)	<ul style="list-style-type: none"> • Reasons for eating food sold at the fast food workplace • Break conditions make it less than ideal to consume food • Policies surrounding food consumption make it easier and cheaper to eat food sold at work • External factors continue to influence food decisions (views on eating, etc.) • Regulation of what is considered to be 	<ul style="list-style-type: none"> • Main theme: eating and food as a sub-field in fast food work • Illustrates a sub-field of food choice and eating in the fast food workplace. External factors influence this. However, policies surrounding break times, food costs, and eating space also contribute to what workers choose to eat. • Main theme: Regulated what
Short break times (inadequate)		
Uncomfortable break space		
Discounted food		
Cheap and convenient food		
Selection of “healthier foods”		
Eating the same things over and over		
Views of food as greasy, salty, gross, tasty and unhealthy		
Health reasons for consuming foods		

External relationship to eating (fat camp, anorexia)	“ok” to eat at work	they ate <ul style="list-style-type: none"> Stuck to “safe foods” or altered products to make them healthier to consume
Transmission of family culture surrounding eating	<ul style="list-style-type: none"> Equating being healthy with being thin (dominant discourse surrounding health and weight) Class-based eating patterns learned in childhood continued into adulthood 	<ul style="list-style-type: none"> Main theme: Cultural transmission of eating practices and views on health Description: Views on health and eating practices are transmitted to individuals through cultural exposure
Dieting and the desire to lose weight		
Healthy means being thin		
Class differences in eating practices		
Childhood practices continuing as adults		
Leaving food service work	<ul style="list-style-type: none"> Lack of association with work Other roles are more important Views of this work as being low-status or inappropriate Temporary nature of work 	<ul style="list-style-type: none"> Main theme: Temporary nature of work Description: Workers view and discuss work as being temporary and do not identify with their workplaces. They speak of upward mobility as a way to protect themselves from the stigmata associated with this type of work
Temporary view of work		
Association with being a student		
Views of white collar work as being “proper” work		
Temporary work		
Lifers as “sad”		
Stated desire to move on to “better” more prestigious work		
Ideal of upward mobility		