

The Rhetoric of Food as Medicine: Introduction to Special Issue on the Rhetoric of Food and Health

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In a 2020 Freakonomics podcast hosted by Stephen Dubner, John Mackey, CEO of Whole Foods, talked about his solution to the American health care dilemma: “The best solution is not to need health care.” Rather, he continued, “[t]he best solution is to change the way people eat, the way they live, the lifestyle, and diet,” additionally claiming that drugs will not solve our healthcare problems (Dubner, 2020). The podcast also referenced and defended an older editorial Mackey wrote in the *Wall Street Journal* in 2009 in opposition to Obamacare, in which he expressed his skepticism in “big government” interventions such as the Affordable Care Act, advocating instead individual responsibility for one’s health.

Mackey’s views on healthcare have been amply critiqued on social media (Clifford, 2021), but his ideas are rather mainstream. There are at least two major interconnected themes here: the belief that food is a tool for preventing or even curing disease, and the belief that we are each responsible for our own health. Both ideas have enormous traction in the U.S. and most of the Western world. Other micro themes are rolled into these major premises, such as the idea that there is one right way to eat regardless of individual, class, and cultural differences, and regardless of the environment in which that food is produced, sold, and consumed; that knowing how to eat right is readily and universally available information;

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that such knowledge can preempt the need for medical care; that healthy food is available to everyone who looks for it; that failure to eat right is an individual, not a systemic matter, and it has mainly to do with volition; that health is a matter of adjusting consumption; and that technical solutions based on self-monitoring and quantification are the future of health. For example, Mackey described how he tracked the quality of his sleep with his Apple watch. Many of these ideas are as problematic as they are pervasive, and although they have been around for many decades, as far as we can tell, they have not led to the improvement of health through nutrition for the general American public.

Modern evidence-based medicine studies have grappled with the role of diet in public health as well as at individual level. While studies regarding correlation between food intake and health markers are notoriously difficult to conduct reliably (Ioannidis, 2013), an accumulated amount of evidence aligns with sensible advice regarding the importance of certain foods or food components (e.g., vegetables, fruit, fiber) for a healthy life. Certain foods, some claim, should be prescribed for certain conditions, and a recent study predicted that if such “healthier foods” could be covered by our health insurance systems, we could prevent disease and reduce healthcare costs (Lee, Mozaffarian, Sy, et al., 2019). At the same time, such “prescriptions” can come with steep and unrealistic costs. In fact, another recent study in *Lancet* suggests that it is not possible to reach the recommended intake of fruit and vegetables in most countries, even under the most optimistic economic predictions (D’Croz, Bogard, Sulser, et al., 2019). Food access and quality, and the accompanying health correlates, have always been embedded in economic and demographic dynamics. All this begs the question: Can we all be truly healthy under capitalism, as Mackey, alongside a large host of diet gurus, assures us?

The idea that our nutrition should be in the service of health, and as such must be subject to constant scrutiny and improvement, has a history and a rhetorical ecology, by which I mean all the discursive, ideological, and material conditions that must exist and interact to make this idea possible. The rhetoric of healthy food or of eating right covers a multitude of discourses that have linked diet and health, including self-help and diet books, clinical research, media stories, food and foodie culture, alternative movements (organic, slow food, local food, vegan, and others), and corporate discourses that capitalize on these trends, all of which have rich historical

roots. The rhetoric of food-as-medicine is a ripe area of inspiration for RHM scholars because of the way health and food are constantly reframed in terms of embodied risk and potentialities. This special issue of RHM recognizes the importance of the food-health connection and aims to open a discussion about the role of the discourses surrounding it in shaping our health-centric practices.

National reports on the state of our nutrition do give cause for alarm, a sentiment that suffuses public health rhetorics. Nutrition-related diseases are a significant burden on global morbidity and have been associated with more than one in four U.S. deaths (U.S. Burden of Disease Collaborators, 2013). According to some public health experts, “[a]bout half of US adults have one or more preventable chronic diseases related to poor-quality dietary patterns or physical inactivity, which disproportionately affect low-income and underserved communities” (Bleich, Jones-Smith, Wolfson, et al., 2015, p. 34). There are many correlations between food and health that are supported by strong empirical evidence. For example, we know that diets high in sugar increase the risk of diabetes. Sodium is bad for heart health, and so are saturated fats. A lack of certain vitamins can lead to all sorts of systemic problems, from birth defects to beriberi. Some conditions are triggered by the ingestion of certain foods (allergies; Crohn’s); the list could go on. And then, of course, there is the much more diffuse and complex notion of “fat-” or obesity-related risks. In many western societies where nutrition-related morbidities are related to overconsumption rather than to malnutrition, this connection is the one most heavily emphasized in public discourses about healthy food. Much has been written about the issue of fat/fatness and the use of health as the basis for shaming and discriminating people on the basis of weight. The correlation between fat and the state of one’s health is not entirely linear, and its complexities have yet to be untangled. However, as Lauren Berlant (2010) pointed out, obesity may also be interpreted as side effect of the search for health—mental health, that is. Linking obesity to the rejection of cultural norms in which health is defined as the capacity to be productive in a relentlessly exploitative capitalist system, Berlant (2010) wrote that “obesity is an effect of the intensity with which so many people need more and more mental health vacations from their exhaustion.” (p. 27).

Either way, public conversation about fatness and obesity usually resort to health- and nutrition-related arguments, which are never neutral. In

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general, the discourses surrounding the idea of food as a primary determinant of health are often confusing and fraught with moralistic hues (see Spoel, Harris, & Henwood, 2016). Even as there are no definitive formulas for “eating right,” food choices outside the accepted health orthodoxy (e.g., high in fat, sugar, sodium, and/or highly processed) are usually demonized and critiqued by health-centric discourses, while being exalted and fetishized by segments of food culture (e.g., food shows, social media feeds). Dietary guidelines used to shun all fats; now sugars have the same fate. Health-conscious outlets often promote obscure, exotic ingredients as “superfoods” based on naïve or overly optimistic interpretations of science (see, for example, the boom in antioxidant-rich foods; Wootton-Beard & Ryan, 2011). This is one area where rhetoric of science and rhetoric of food intersect. The language of health food discourses can also be coopted by major food conglomerates to promote their own addictive, hyperpalatable products, customarily thought of as “junk” food (see Marion Nestle’s work). Terms used to describe healthy food, such as pure, clean, natural, or organic are deeply contested and have elicited critical engagements from historians, philosophers, and rhetoricians (Bobrow-Strain, 2008; Hall, 2014; Shotwell, 2016; Derkatch, 2018). At the same time, the conditions that make those so-called “bad” foods so abundant, cheap, and convenient are often deemphasized or discounted by proponents of individual responsibility. In reality, the quality of our meals is highly dependent on external factors such as the massive corporate production and marketing of processed foods (what Berlant calls the “appetite industries”), the proliferation of food deserts and food swamps (see Lozon, this issue), the deteriorating labor conditions of farm and food workers, agricultural politics, socioeconomic inequalities, societal expectations of productivity, etc. These conditions are inevitable by-products of capitalist logic and the increasing discord between human civilization and our ecosystems. Although paramount to our health, they cannot be improved through sheer personal will.

Food *is* essential to life, and essential to our health. Food also shapes the substance and texture of our lives in countless ways: it is linked to pleasure, escape, friends and family time, cultural traditions and rituals; it is both intimate and communal; and it has accrued a great deal of symbolic, moral, and transformative meanings. As Felipe Fernando-Arместo (2002) argued, “[i]t is what matters most to most people for most of the time” (loc. 54). And unlike other determinants of health, eating is a primal necessity. We cannot escape or avoid it; there is no abstention or sobriety program to

solve issues of over or underconsumption of food. Insofar as food is associated with health, it necessarily relies on a rhetoric of control and selection. This rhetoric, however, is often at odds with all the other powerful, emotional, and identity-defining meanings of food in our everyday lives. This is one of the tensions that RHM scholars can capture and analyze, and which to an extent distinguishes their efforts from scholars engaged in the emerging field of food rhetorics (Frye & Bruner, 2012; Goldthwaite, 2017; Conley and Eckstein, 2020). The other tension crucial to an RHM project focused on food-as-medicine is that between individual, community, and ecological approaches to healthy eating, as the articles in this issue make abundantly clear.

In the Western world today, the “food times individual responsibility equals health” equation ranges from mild conviction (some form of the “eat your vegetables” exhortation), to extreme practices promoted by some alternative healing communities (for example, cabbage diets to cure cancer, or an all-beef diet for mysterious ailments of the immune system). However, that equation is, of course, not transitive. Our health is not, by far, solely dependent on food, and individual responsibility cannot prevent a wide variety of ailments that can befall us, from multiple sclerosis to arthritis to accidents. In addition to genetic and epigenetic factors, a multitude of considerations conspire toward our state of health. In its recent update to the Sustainable Development Goals meant to promote global health, the World Health Organization listed nutrition as one of seventeen factors promoting global health, among other priority issues such as fighting poverty and gender discrimination, combating the effects of global warming, promoting clean water, air, and sustainable energy, nurturing and protecting healthy natural environments, and ensuring equitable access to health care (n.d.). The food-related goal aimed to be achieved by 2030 is to “End hunger, achieve food security and improved nutrition and promote sustainable agriculture” (WHO, n.d.). Additionally, healthy food often does not equal healthy food production and distribution. In Jean Retzinger’s (2008) analysis of how “healthy” fast food options are marketed (e.g., a McDonalds salad), she concluded that the concept of health as sold by neoliberal economies and food conglomerates is impoverished and deceitful as it obscures the unfair labor conditions of food production:

The concept of “health” has the potential to serve as a powerful motivating force for human action. But it may be more likely to

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accomplish this if we were to understand that “health” encompasses more than our own individual bodies. [. . .] Our bodies are already linked to the soil, water, air that makes agriculture possible and thus provides the food we eat—in our own kitchens and in restaurants (fast food or otherwise)—each and every day. We must begin to understand that our bodies are linked as well to the bodies of those farmworkers who make our eating possible. The health of the one is inextricably tied to the health of all. (p. 172)

Our health is complex and multifactorial, and so are our eating practices. Unpacking the rhetoric of food as medicine means navigating the fraught equivalencies and relationships that public discourses from academic to commercial make between our diet and our health. The promotion of food as health has been part of our discourses about food for a very long time. In fact, food historians have been showing that there may never have been a time in which these two factors were not entwined (Adelman & Haushofer, 2018). At the same time, as Lisa Haushofer (2018) noted, the “intersection between food and medicine is not an unchanging and self-evident spillover of one realm into another, but the result of a historically specific process of creation and management” (p. 169). Dietary advice and use of food as medicine has been recorded in documented history at least since Mesopotamia and Ancient Egypt. While the foodstuffs, their preparations, and their perceived properties and effects have varied, the common-sense wisdom that diet is an essential component of health has not. “Let food be thy medicine,” a long-circulated saying attributed to Hippocrates, has been used to prop up the ethos of many modern health food movements (sadly, Hippocrates said no such thing; see Helen King’s 2019 highly entertaining account of the circulation of this quote in popular culture, and her futile attempt to trace it to the Hippocratic corpus). Hippocrates did, however, emphasize a healthy “way of life,” or in Greek, *diata* (diet). The medieval School of Salerno promoted a Hippocratic view of diet when they proposed their doctrine of non-naturals (i.e., factors other than the four humors) that contributed to health. These consisted of air, food and drink, activity and rest, sleep and waking, and the passions of the soul; balance in all came through a healthy regimen. Specific diets have always been prescribed to treat various ailments in humoral Western medicine, as well as in Chinese traditional medicine and in Ayurvedic traditions. Mostly, such diets relied on the intrinsic “hot” or “cold” and other

such perceived material or spiritual qualities of foods to counter symptoms of disease. (See more “On historical connections”: <http://medicalrhetoric.com/journal/4-2/meloncon/>.)

The reduction of *diata*'s much broader initial meaning to now signify almost exclusively control of food intake reveals the endurance of the trope of food as medicine and a steady shift toward a medicalized view of food, not unlike that promoted by Mackey. Sociologist Deborah Lupton (2000) was right to note that “food has become profoundly medicalized in its association with health, illness and disease” (p. 205). Diet and exercise are now the two pillars of preventative health that are ubiquitously propagandized, while other factors that are as salient for our health (such as those mentioned in the WHO Sustainable Goals, n.d., or by Retzinger, 2008) enter contemporary individualizing health discourses at far more modest rates.

When we construe healthy eating as a matter of will and control, we lean into the philosophy of healthism, a term coined by sociologist Richard Crawford in 1980. Healthism is a neoliberal philosophy prevalent in western and westernized middle classes encouraging citizens to take control of their health (sometimes using the language of “empowerment”) and underlying the quest for absolute health typical of so many lifestyle movements, whether alternative or mainstream. Indeed, modern discourses about food and medicine often fall back on levelling healthist assumptions about individual self-control, food and health literacy, and affordability, and they usually promote class-, culture-, and environmentally blind food choices. On the other hand, food has also played a vital part in public health interventions, in which its production, regulation, distribution, and safety have been recognized as paramount for the health of the populace. Insofar as it enters the purview of the state, food has also been strongly linked with national character, prowess in war, and other such ideological constructs that problematize the notion of “the health of the nation” (see Veit, 2013). In the U.S. and elsewhere, governmental dietary guidelines have been highly contested, yet they have profoundly transformed the way many people eat; these guidelines have been soundly critiqued by rhetoric and communication scholars as well (Mudry, 2009; Hite and Carter, 2019). Food-related health concerns have been exacerbated in the Anthropocene, when unsustainable food production poses multiple risks to both humans and the planet. For example, the EAT-Lancet Commission on Healthy Diets opened its most recent report with a stark statement: “Food systems

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have the potential to nurture human health and support environmental sustainability; however, they are currently threatening both” (Willet, Rockström, Loken et al, 2019).

In affluent countries where food is abundant, we have also created the conditions for what some have dubbed an “orthorexic society” (Nicolosi, 2006/2007), one in which we are pathologically obsessed with “eating right.” The diet industry has long capitalized on a variety of fears (e.g., health, social capital inherent in thinness), and health and wellness gurus are replicating at an ever-accelerating pace. Eating disorders abound and proliferate (with orthorexia being one of the latest additions to the better-known triad of anorexia, bulimia, and binge eating disorder). Alternative medicine and health movements put food at the center of their concerns, but their rhetoric has been coopted by the mainstream food industry (Kideckel, 2018). The idea that we can achieve perfect health via consumption of the right type of food (e.g., “clean,” organic, GMO-free, etc.) and via the correct balance of macronutrients (tailored or not to biological markers such as our genome or microbiome) has led to an explosion of food fads, biotechnologies, food delivery services, apps, and more, all aimed at keeping us thin and healthy—so far with dubious results. All of these topics lend themselves to rhetorical treatment.

Health policy experts considering the relationship between food and health note that food intake is a complex issue shaped by three broad levels: macro (policy, socio-cultural norms), local (community environments), and individual (personal choice) (Bleich, Bleich, Jones-Smith, Wolfson, et al., 2015). Rhetoricians have already addressed some of the implications of food rhetoric and its intersections with health and medicine at macro- and local levels. Stephen Schneider (2008) analyzed the rhetoric of the slow food movement as rhetorical action that rejects a fast-paced capitalist ethos, and David Nowacek and Rebecca Nowacek (2008) provided a rich rhetorical analysis of the term “organic” and its rhetorical implications. The rhetoric of health citizenship and the moralization of healthy eating has been critiqued by Philippa Spoel, Roma Harris, and Flis Henwood (2012, 2014) and again by Colleen Derkatch and Philippa Spoel (2015). Jessica Mudry (2009) and Adele Hite and Andrew Carter (2019) critiqued the rhetoric of public nutrition guidelines, while other scholars have focused on the rhetoric of racialized food politics (Schell, 2015) and the rhetoric of food justice, activism, and agricultural systems (Dubisar & Roesch-McNally, 2018).

To further this work, scholars taking a rhetorical approach to food-as-medicine discourses may ask: In a society obsessed with health, longevity, and youth, and organized around healthist assumptions about our role as conscious consumers; what are the discursive practices developed by experts and consumers surrounding the connection between food and health? Who do we listen to, and what are the stories we tell ourselves when we profess to “eat healthy?” What is the rhetorical history of the search for the “perfect” micronutrients formula for staving off disease and aging? How is a McDonald’s salad healthy? Is a conventional carrot healthier than an organic one? Is the Impossible burger healthier than a steak? How have justifications for dietary guidelines changed and how do these guidelines influence our behavior and well-being? How are experts and the public framing the best sustainable diets for ourselves and for our planet? And how can we work toward an ecological understanding of our food systems that takes into account an integrated view of the health of individuals, communities, and the natural world.

Preview of Special Issue

The articles in this issue are grappling with some of the above issues, in particular the complex relationship between macro, local, and individual levels when it comes to healing foods. Rachel Presley calls on RHM scholars to decolonize ways of understanding health and wellness through her analysis of how two organizations devoted to the health of indigenous people use the Native medicine wheel to rethink diets. As it has become well known, Indigenous communities in North America are afflicted with very high rates of so-called lifestyle diseases, in particular diabetes and heart disease. This phenomenon has been linked with violent colonial practices that have disrupted Native foodways, agricultural practices, and customs, severely restricted control of their lands, and forced them to adopt foreign and ultimately deadly diets as a result. Using Salmón’s concept of kincentricity, Presley shows how this reclamation of an indigenous concept of health and diet can service to decolonize food rhetorics and rebuild Indigenous wellbeing through an emphasis on “(1) pre-Columbian diets, (2) traditional harvesting and cooking methods, and (3) spiritual food-based rituals.” In this reconceptualization, the links between the individual body, the body politic (Indigenous communities), and the ecosystems through which the food is produced are restored to promote collective healing.

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A very different type of relationship between individual and collective health is highlighted in Danielle Stambler's essay on the rhetoric of an Employee Wellness Program (EWP) at the University of Minnesota. Such programs started to crop up towards the end of the 20th century and became more entrenched in institutions in the new millennium. They were driven mostly by economic reasons, i.e., a desire to reduce healthcare costs by preventing conditions associated with chronic illness such as obesity, combined with a push to increase productivity. Animated by the emerging discourses of wellness, such programs aimed to transform employees into healthier, more productive versions of themselves, and in the process reduce healthcare-related costs (insurance, sick leave, etc.). Stambler deftly analyzes the origins and evolution of EWPs, and, using a treasure trove of historical documents, traces the trajectory of one in particular, discovering how, overall, the program collapsed most aspects of well-being into a nutrition-driven program aimed at getting the employees to eat healthy and lose weight. While purporting to promote holistic wellness, the program employed a food-as-medicine model centered on risk-prevention/mitigation that turned employees into biomedical subjects under institutional surveillance, or into "pre-patients." The assumptions driving this model were cloaked in the language of wellness but infused with "subjective cultural politics and power" that conflated good citizenship with healthy eating habits. Stambler's article is sustained by a particularly rich methodological apparatus as it emerges from the many heterogeneous artifacts that form the EWP corpus. (<https://doi.org/10.5744/rhm.2021.2003>.)

The culture of dieting would not be what it is without its celebrity endorsements and wellness gurus. Julie Homchick Crowe focuses on the Goop empire, Gwyneth Paltrow's outlet for sharing diet and lifestyle advice (her enterprise includes a website and strong social media presence, conferences, TV shows, cookbooks, etc.). Goop's ambition is to provide guidance for women in just about any aspect of their lives, but undeniably at the core of their brand is diet, which embraces cleanses, detoxes, and other various similar techniques that always claim health as their main goal. Although many of the claims promoted by Goop have been debunked as pseudoscience and have become the object of ridicule, the success of the brand attests to the strong appeal of their message. Crowe interprets that appeal using Bakhtin's concept of polyphony and homophony. Despite Paltrow's claim that she just wants to offer a platform for many scientific

and alternative voices alike that would allow consumers to make their own choices, all of those voices and opinions are homogenized into a homophonic stream of pseudoscience in the features published on her site. In the end, despite the claim to openness and polyphony, we get “Goop’s invisible narrator” inviting us into a “conversation” with a preordained conclusion (and an exit through the gift shop). Science is useful as long it serves a purpose compatible with Goop marching orders. Eating clean is understood as a matter of tallying a precise formula of micronutrients to achieve thinness and youthfulness as stand-ins for health; and the hypocritical call to polyphony is a ruse for, as Crowe puts it, “normalizing toxic ideals of diet and bodies, perpetuating harmful conspiracy theories, and promoting skepticism of science while simultaneously exploiting it.”

Goop’s financial success is due to an audience who is willing to follow Paltrow’s advice and has access to, and can afford the exotic, techno-ingredients promoted in Goop’s cleanses and detox diets. However, in addition to being unable to afford such high-end solutions, many Americans live in food deserts or food swamps. The latter comes under scrutiny in Emma Lozon’s article. Food swamps are defined as places where unhealthy food is abundant (highly processed, high in sugar, fat and sodium foods) and healthy food is scarce (e.g., there are many more fast-food outlets and convenience stores in a given area than grocery stores or farmer’s markets). Using the notion of “food assemblage,” Lozon explains how healthy food choices can thus be profoundly shaped by the environment and examines how strategies used to counteract the food swamp assemblage are problematic at best. Her analysis of the marketing of Sakara meal plans shows that the food-as-medicine language used by this company to distance itself from ubiquitous and convenient “junk” food “fail[s] to subvert the individualist logics of personal responsibility and self-discipline that sustains food swamp culture.” Lozon contrasts this type of discourse with that in several cookbooks that reframe “healthy and medicinal food as accessible, inclusive, and collectivizing, in contrast to the typically individualizing and elitist characteristics of healthy food advice.”

We are also pleased to host a dialogue open access on the rhetorical framings of veganism and vegetarianism. Coordinated by Erin Trauth, the dialogue links RHM with the increasing literature on veganism and vegetarianism as life philosophies (and a budding field of vegan studies—Wright, 2015) that should be of interest to rhetoric scholars in general, and to RHM scholars insofar as veganism is being promoted for health reasons.

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Indeed, from vegan celebrities to PETA campaigns, the messages that have helped vegan food gain in popularity are often predicated on its health claims. However, veganism is much more than that—and it originates not in concerns for one’s own health, but in concerns “for the health of the chicken,” as Isaac Baashevis-Singer memorably put it. There is a tension between the public images of the vegan “killjoy” (Twine, 2014) pointing to the vast chain of suffering for billions of animals each year in the service of our appetites, and the joyous, lush, hyperpalatable plant-based “junk food” alternatives that are used to sell veganism in order to coopt omnivores and reduce the impact of farming industries. Erin Trauth’s dialogue with academics and nutritionists explores this tension alongside the many reasons one should consider veganism or vegetarianism, arguing for a nonspeciesist, inclusive, and ecological notion of health that extends to non-human animals and the planet as a whole.

Food-as-medicine: Future Directions

Paying attention to the rhetoric of food-as-medicine is a critical service that RHM scholars can provide toward understanding our own bodily engagement with healthy eating within our immediate environment (local communities) and the world at large. RHM scholarship can critique individualizing discourses of personal responsibility and reorient them by emphasizing alternative ways to relate to and talk about food and health, as the scholars contributing to this issue suggest. Such critiques may help combat the pervasive healthist, neoliberal discourses surrounding health and food such as those promoted by Whole Foods CEO John Mackey as highlighted in the beginning of this piece. They can also help reshape food-centric wellness programs such as EWPs and “trouble” and shift notions of morality and “good” citizenship related to diets. The rhetoric of dieting, eating disorders, and food-related diseases merits continuous and vigilant engagement as health discourses and landscapes shift in the wake of scientific discoveries and sociopolitical changes.

Future RHM scholarship in this area may address emerging new diseases such as orthorexia, emerging evidence relating industrial animal farming to pandemics such as COVID-19, new food technologies (e.g., lab-cultured meat), the appification of health and healthy eating, “biohacking” and a multiplicity of “wellness” trends related to nutrition, changes in our institutional approaches to health insurance, food assistance programs,

agricultural policies, and ecological approaches to food and health that keep climate change and sustainability in focus. This is, evidently, far from an exhaustive list. The rhetoric of food as *pharmakon*, both medicine and poison, is continually engaging and vital for our livelihoods. We are enormously pleased with the contributions to this issue, most of them by young, emerging scholars, and we hope that they open a space for fruitful engagement and generative work for all scholars specializing in RHM, the rhetoric of food, and rhetoric of science broadly construed.

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