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Peter Williams

University of Wollongong, peterw@uow.edu.au

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Deviance and diversity in dietetics

Abstract

Like all professions, dietetics is concerned with the definition, teaching and assessment of professional behaviour (Gingras, 2009; Arnold, 2002), and while diversity may be welcomed, there are limits to what is regarded as acceptable differences in professional practice. There is a dark side: when difference becomes deviance. The deviance of health professionals may seem particularly damaging, because their clients hold them in positions of trust and tend to be unable to question the professional's judgement (Gauthier, 2001). A dietitian promising to cure cancer with vitamin supplements would be regarded as deviating from the bounds of professionally acceptable behaviour.

Keywords

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Disciplines

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Deviance and diversity in dietetics

Peter Williams, BSc(Hons), DipNutrDiet, MHP, PhD, MPHAA, FDAA

Smart Foods Centre, School of Health Sciences, University of Wollongong, Wollongong, Australia

Like all professions, dietetics is concerned with the definition, teaching and assessment of professional behaviour (Gingras, 2009; Arnold, 2002), and while diversity may be welcomed, there are limits to what is regarded as acceptable differences in professional practice. There is a dark side: when difference becomes deviance. The deviance of health professionals may seem particularly damaging, because their clients hold them in positions of trust and tend to be unable to question the professional's judgement (Gauthier, 2001). A dietitian promising to cure cancer with vitamin supplements would be regarded as deviating from the bounds of professionally acceptable behaviour.

I grew up gay in a predominantly straight world, and have spent most of my working life as a man in a predominantly female profession (Williams, 2000). Perhaps these experiences as an 'outsider' have influenced my thinking about how our dietetic profession deals with deviant behaviour and ideas. I have achieved positions of leadership in Australian dietetics (as chief dietitian in a major teaching hospital and President of our national dietetic association), but consider myself what Meyerson and Scully (2000) have termed a 'tempered radical' (those who identify with and are committed to their organizations, but also want to transform them).

In this self-reflection article I want to explore some ways of viewing those who deliberately choose a different path in their work as dietitians, or in their personal food beliefs, using ideas from the sociological literature on deviance. I don't pretend to be expert in this field of study, but I want to experiment with modes of scholarship by attempting to weave personal narrative and reflection into this paper, using the concept of deviance as a lens. My thesis is that considering the concept of deviance in dietetics will help raise awareness of some of the hidden assumptions of our practice.

Deviance is an elusive concept. A typical definition is: 'behaviour that violates the normative rules, understandings, or expectation of social systems' (Cohen, 1966). This can encompass a wide range of behaviours, from serious crime and mental illness to excessive behaviours such as uncontrollable overeating or gambling. Deviance is not necessarily synonymous with illegality. During prohibition in the US, alcohol consumption remained an essential part of most people's daily lives, despite its illegality. In many countries, neither homosexuality nor abortion is illegal, but some would consider both to be deviant behaviours. Context can alter the conception of deviance as well. Drunkenness may be seen as normal for young males after the football; it is a little more unacceptable at a mixed party; it is

certainly deviant in the workplace (Edgar, 1980).

There is also a sense in which deviance may be a normal and healthy feature of all societies. A society in which deviance was impossible would be one in which behaviour was totally determined and restricted, although, interestingly, most utopias envisage a society which is free of conflict and where there is no deviance (Cotgrove, 1979).

Theories of deviance and social control

The theory of deviance, more than many in sociology, has been marked by a plethora of definitions (Heckert & Heckert, 2002). Most can be considered to fall into one of two theoretical frameworks: Normative (or objectionist) theories, which emphasize the violation or lack of conformity to normative expectations, and Reactivist (or subjectivist) definitions that emphasize the role of the social audience in determining deviance. Becker (1963, p11) expressed this latter approach in a famous passage in his book *Outsiders*:

‘...social groups create deviance by making the rules whose infraction constitute deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to the 'offender'. The deviant is one to whom that label has been successfully applied...’

Normative theories have attempted to classify types of deviance and identify the factors that lead to people to break established norms, with an implication that the violation is usually negatively evaluated. More recently, various social scientists have advanced the notion of positive deviance, that is rule-breaking that might lead to resilience in difficult situations, or admirable self-sacrifice (Ben-Yehuda, 1990). The concept of positive deviance has even been adopted in the public health literature, to guide research into how some individuals maintain healthier eating patterns

in situations that make this difficult (Vossenar et al 2010). However, research on occupational deviance has almost always focussed on morally questionable professional lapses or fraudulent behaviour (Warren, 2003; Gauthier, 2001).

Robert Merton (1968) aimed to describe how social structures exert a definite pressure on people to engage in conformist or non-conformist conduct. Building on Durkheim’s conception of anomie, he hypothesised that deviant behaviour results from a disjunction between culturally defined goals to which most members of society aspire and the institutionalized norms - ie the acceptable social means - of achieving those goals. He described four types of non-conformance (Table 1). This typology has been criticised because it fails to take the possibility of positive deviance into account, and fails to consider the role of social reactions in producing deviance (Heckert & Heckert, 2004). Nonetheless it has been refined and revived in recent theoretical work on institutional-anomie (Merton, 1995) and is still the focus of current empirical research (Marwah & Deflem, 2006). Since it remains such an influential and well-known concept, it provides a useful framework for reflection on the profession of dietetics.

Table 1. Types of non-conformance in Merton’s Typology

Cultural Goals	Institutionalised Means	Adaptation	Type
Accept	Accept	Conformity	Non-deviant conformist
Accept	Reject	Innovation	Deviant criminal
Reject	Accept	Ritualism	Rule-bound conformist
Reject	Reject	Retreatism	Social drop-out
Reject - new goals	Reject - new means	Rebellion	Rebel

According to Merton, *Innovation* results when the individual aspires to cultural goals, such as wealth, but lacks the institutionalised means, eg a good education. It involves a search for new means in addition to those already recognised by society. Fraud and robbery are both deviant means to wealth that are condemned by society as illegitimate. *Ritualism* occurs when the means are followed but the

cultural goals lose their relevance. For example, the bureaucrat who diligently follows the rules, often after the purpose of the regulations is forgotten. *Retreatism* signifies rejection of both cultural goals and means and a complete withdrawal from society to the role of passive onlooker. This category includes chronic alcoholics and drug addicts, and is often the most heartily condemned, although it may also be a source of gratification in fantasy-life. *Rebellion* involves envisaging and seeking a transformed social structure by replacing both existing goals and means. It may take a political form or the formation of a new social movement.

How these concepts are relevant to dietetics can be considered in its application to two broad aspects: food choice, and professional practice.

Innovation

Writers of popular diet books may be an example of this type of innovation in Merton's typology. The disparaging term 'fad diet' is commonly used to demonise alternative views and dismiss them as deviant (Jarvis, 1983) and dietitians often complain about the amount of misleading nutrition information in the marketplace (ADA, 2006). However, nutrition nonsense has a long and fascinating history (Deutsch, 1977) and is unlikely ever to go away. In fact, the continuing discussion of nutrition generated by these writers may help keep the topic usefully uppermost in the public's mind.

A more prosaic example of innovative deviancy might be the vegetarian diet, where the normal means to good health (an omnivorous diet) is rejected for religious, ethical or environmental reasons (Spencer, 2000). However, vegetarianism is widely practised in many countries, and it is perfectly possible to enjoy a healthy diet without animal products, so this pattern is simply an acceptable variant within the normal dietary range: diversity, not deviance.

Within the dietetic profession, some might regard dietitians who start selling formula dietary products for weight control within this category of innovative deviance. The first

dietitians who moved from hospitals to work in food companies are another example. When this occurred in Australia in the mid-sixties, it created considerable controversy (Santich, 1995) and was regarded as anathema by many who thought dietitians should remain aloof from grubby commercialism.

While employment in the food industry is no longer considered deviant, the co-opting of nutrition professionals by the food industry is still subject to criticism (Nestle, 2002). My own experience of working for a time in a multinational food company taught me that there is still lingering suspicion of dietitians who work there. I found I was able to withstand others' scepticism of my motives by focussing on and publishing the positive outcomes I could achieve:

- Contributing to public policy debate (Williams, 1998)
- Harnessing the resources of a large multinational company to support extensive nutrition education programs on folate (Williams et al, 2001)
- Driving changes to reduce the sodium content of products (Williams et al, 2003) and
- Adding to research on consumer attitudes to food (Williams et al, 2004).

I believe that innovation in practice should be welcomed, and that colleagues in diverse dietetic work – in the media, food companies, schools, regulatory agencies – should be encouraged and supported. Their activities can complement and enhance the work of those in more traditional clinical or public health roles. When faced with overwhelming issues such as the global epidemic of obesity, we need dietitians who can think outside traditional individual or community education approaches, and consider workplace interventions, taxation changes, new food regulatory systems, and even changed urban design (Swinburn et al 2004).

Ritualism

People who adopt extreme dietary regimes, placing the goal of optimal health above other considerations such as taste or convenience, can be thought of as examples of the ritualistic deviant. Adelle Davis (1970) advised consuming multiple vitamin and mineral supplements with each meal and Pritikin would never have allowed the pleasure of a chocolate mousse within his spartan diet plan. I believe as dietitians one of our key roles is to maintain the concept of the necessary balance between health and pleasure.

This idea of balance dates from the very origin of the word dietetics. In his *History of Sexuality*, Michel Foucault devotes four chapters to Dietetics (Foucault 1992). The word 'dietetics' derives from the Greek word 'diaita', meaning regimen. Regimen was a whole art of living - encompassing not only food, but also exercise, sleep and sexual relations. It characterised the way one managed one's existence and enabled sets of rules to be affixed to conduct to promote a balanced approach to life.

A number of features of the regimen are salient to dietetics today. Firstly, the dangers of dietary excesses were recognised by the Greeks: Plato warned of the moral danger of exaggerating one's care of the body. The purpose of diet was not to extend life as far as possible, but rather to make it as useful and happy within the limits that had been set it. As dietitians, we generally condemn dietary patterns that lead to extreme eating patterns (eg, fruitarian diets) but we often overstate the importance that a good diet should have in the normal concerns of an individual. Dietitians tend to evaluate diets in terms of the likely health outcomes and, secondarily, the gastronomic acceptability. Other issues, such as the economic and environmental impacts and convenience may be of greater primacy for people with less interest in health than ourselves. 'Even if there were unequivocal evidence that low-fat diets reduce the prevalence of coronary heart disease, it does not logically follow that low fat diets are the best kind of diets; that is a value judgement (Crotty, 1995, p10).

Secondly, according to the Greeks, regimen was not a corpus of universal and uniform rules; it was more of a manual for reacting to situations appropriately. In order to follow the right regimen, it was necessary to practice a 'circumstantial vigilance'. The detailed instructions were meant to help the individual modulate his way of living according to the variables of the environment. Dietitians today agree there is no single diet pattern is best suited to all people. Individual food preferences, food sensitivities, local food availability, religious beliefs, and health all affect the foods that are best for any one person. The art of dietetics, in one sense, is still the same as for the Greeks - helping people understand the options of food choice that are appropriate for them. Correct diet was not an unquestioning obedience to the authority of another. It was intended to be a deliberate practice on the part individuals, involving themselves and their bodies. So too today, dietitians see little value in providing the sort of fixed diet we see so often in popular magazines; we recognise our true role is to empower people to choose wisely for themselves.

What about ritualism in dietetic practice? The ritualists may be seen as those members of our profession who continue their practice as they learnt it thirty years ago, who are prepared to follow the rules but never to test them, for whom evidence-based practice is a threat to the comfortable certainties of untested belief and habit. To be professionals we must accept the challenge to constantly question and change; all of us should expect, at some time in our working lives, to be involved in a research project that changes the way other dietitians work. Rituals may have a place in religion; they should have no place in science.

Retreatism

Dietitians have to deal with food retreatists, such as those suffering from eating disorders, where both the cultural *goals* (normal body weight and health) and the *means* (balanced pleasurable eating and moderate exercise) are replaced by deluded body concepts, rigidly restrictive eating and hyperactivity (Bruch, 1973). Like other deviants in society, they

may try to hide their behaviour, but unlike other forms of retreat which are usually seen as being out of control (eg, alcoholism), anorexia nervosa can be characterised precisely as a need to express an overly strict self-control in the pursuit of self respect (Mackenzie, 1989). An alternative form of retreatism is the unreconstructed hedonist, usually male, for whom food choices are made solely on the basis of taste and availability, without any concern for health. To be effective, dietitians need to recognise the central importance that health beliefs can have in influencing dietary change (AbuSabha & Achterber, 1998).

Within dietetics, one form of retreatism is leaving the professional organisation. Anecdotally this seems particularly for so for those working in non-clinical areas of practice. In Australia, one survey estimated around 11% of practising dietitians were not members of the Dietitians Association of Australia (Meyer et al, 1993). While some of these people may still participate in continuing education activities and updating their skills, we must all be concerned that their perspectives and ideas are no longer informing the policy and priorities of our professional life.

Rebellion

Macrobiotic diets and the organic food movement may be examples of rebellion within dietary patterns - where new goals and means to healthy eating are proposed. While the obvious nutritional inadequacy of the strictest macrobiotic diets are clearly insupportable, dietetic attitudes to the organic food movement have changed over time. The earlier reactions were to dismiss the claimed nutritional superiority of organic food. This narrow view misunderstood the broader appeal to consumers of the promise of a more caring, if less efficient, approach to agricultural practice. Dietitians should be interested in this debate and involved in policy decisions about the whole food system (Peters, 1997).

And how do dietitians rebel? It is hard to think of real examples. Certainly some dietitians have advocated new approaches to nutrition practice, such as the New Nutrition

Science project (Beauman et al 2005). They call us to broaden our views of nutrition to include not only the biological but also social and environmental perspectives and to recognise the overall principles should be ethical in nature, guided by philosophies of co-responsibility, sustainability and human rights. However, almost always the cultural goals that are ascribed to - our vision of good health through good nutrition for all - are shared and maintained - so this reorientation is probably best viewed as a type of Innovation, rather than Rebellion.

Behind the norms

A normative conception of deviance also raises a number of questions to challenge us (Anleu, 1995):

1) *Whose norms?* As dietitians we bring a particular world-view to our judgments about what are appropriate food behaviours and choices. We generally like to be guided by scientific consensus (eg, Dietary Guidelines) as the basis for the standards of dietary behaviour, and are unwilling to accept alternative norms that are not scientifically based. Nonetheless, there have been examples of disputes about this in recent times. Society in general is less tolerant of what may be seen as closed clubs of professional associations controlling their own behaviour and is demanding more accountability. In recognition of this, the complaints committees of dietetic associations often now have consumer representation.

2) *How do norms become official or legal?* The development of laws and rules usually arises out of disagreement and conflict. Despite attempts to develop professional codes of practice (ICDA, 2008), we still have relatively few codified rules of behaviour in our profession. However, as evidence of the effectiveness of certain practices is established (eg, the Practice-Based Evidence in Nutrition resource developed by Dietitians of Canada), dietitians may be expected to justify methods of work that do not conform to recommended protocols. We need to beware that ritualistic conformity does not become

mandatory and continue to allow new methods of practice to be explored.

3) *Does visibility make a difference?* Everyone breaks norms sometimes, but not everyone is caught or accused. Factors such as ethnicity, appearance and social class all affect visibility. In our profession, a dietitian working in the media - especially if they have a significant public profile - is much more likely to be criticised for their views and advice than a dietitian working in a clinical counselling situation. Partly this may be justified by the extent of the likely impact of their work, but there also be an underlying suspicion of the motivation of dietitians working out of the public sector.

Reactivist or labelling theories

The normative conception of deviance accepts the assumption that the prevailing norms in any given society are the appropriate standards. Many critics have questioned this reliance on an overly simple and allegedly objective division of people and behaviour into 'conventional' or 'deviant'. Matza (1969) contrasts that correctionalist approach with an 'appreciative' stance, which emphasises human diversity, societal complexity, and social conflict and division. From this perspective, the moral order of society is characterised by its pluralism and relativism, rather than consensus.

This perspective on deviance led to the development of the reactivist theoretical frameworks - or Labelling Theory - which assert that becoming deviant is a process that does not automatically follow rule-breaking behaviour; it depends on the audience's enforcement of a rule. Those who are labelled as deviant constitute only a proportion of those who commit similar acts.

Labelling an action or person as deviant is seen essentially as a political process of control; it denies its possible authenticity as an expression of alternative values. Social control, for those adopting this perspective, is not only an activity carried out in formal or official settings - it occurs also as part of the everyday interactions between individuals.

People may also want to behave conventionally as a result of internalising the beliefs, values and norms of the groups they identify with – especially students in training: in other words, they are effectively socialised. Recognizing deviance from professional norms is a crucial component in student socialization (Clouder, 2003). Vanderstraeten (2000) suggests that this socialization involves 'a continuous processing of options; i.e of conformance vs. deviance, of commitment vs. non-commitment, of attraction vs. aversion'.

The functions of deviance

The labelling of behaviour has a manifest role in defining and promulgating the behaviours that are acceptable in a group. But there are a many latent functions that are little recognised or understood (Palmer and Humphrey, 1990). One important latent function of deviance is that it contributes to group cohesion. Various forms of deviance, like robbery, are seen as a threat to law-abiding citizens who tend to draw together to protect themselves. For dietitians, the definition of ourselves as scientifically trained nutritionists (unlike alternative practitioners such as naturopaths) has been a way of defining ourselves as a profession and a basis for arguing for legal protection of our name. We may now perceive this distinction being eroded with the establishment of university-based courses for alternative practitioners. It is no longer so easy to label complementary therapists as poorly trained, and we will face the choice of having to review their status as nutritional deviants - either to attempt to redefine our differences, or perhaps work together to accept their roles, or even to incorporate some of their practices into our own (Barrocas, 1998).

Deviance also importantly helps clarify our moral code. Not all behaviour is formally codified but we can come to know what is right in terms of what is wrong. A Code of Ethics may attempt to define the standards of behaviour that are expected of members, but complaints about the behaviour of fellow dietitians are not always easily resolved by referring to the formal rules of a professional organisation. Like much of the law, standards

of acceptable behaviour evolve, and complaints are one mechanism to create debate and raise issues for consideration.

Deviance can also have the latent function of providing scapegoats for aggressive tendencies in a group. Once a person is stigmatised as deviant, it becomes more acceptable for others to ostracise, imprison or physically harm them in the name of deterrence or rehabilitation. In dietetic practice we know that the label of obesity is one that carries significant stigmatisation for the individuals involved (Wang et al, 2004). Labelling people as being unable to control themselves may be a useful way to remove the responsibility for examining the effectiveness of our own methods and performance more critically.

Deviance can also function as an actual means of effecting social change. Innovation and rebellion can both be necessary at different times. Living societies are a blend of conformity and deviance; those that never change atrophy and die. The dietitians who argued for so long to remove infant formula distribution from maternity hospitals were often involved in attacks on established companies and participated in public demonstrations and protest. Such activist behaviour was considered unacceptable by many in the profession, but today most agree that the outcome was a positive one.

Lastly, the apparatus used by society to control deviance provides employment. Prisons, gaols, and courts are all institutions employing thousands of personnel in the detection and control of deviant behaviour. The agents who work in those structures may unconsciously be restrained from performing their work so effectively that they make their positions redundant. Dietitians may be viewed as employees in the health system to restrain and correct deviant dietary behaviour, and may well seek roles in new clinical areas to increase their scope of practice and power within an organisation.

Conclusions

It is helpful to realise that deviance can have a positive, game-changing aspect, not only a

negative and destructive side. In the field of dietetics, Innovation and possibly Rebellion are the forms of deviance most often encountered and likely to lead to sustained growth in our profession. The deviants we sometimes meet might often be better considered as 'tempered radicals' who:

'... represent a unique source of vitality, learning, and transformation. Particularly as organizations attempt to become more global, multicultural, and flexible, they must learn to nurture those organizational members that will push them through a continuous transformation process' (Meyerson & Scully, 2000, p. 598).

Importantly, I believe dietitians need to begin to recognise and describe the diversity of theoretical frameworks that inform our practice. Professions such as psychology expect students to reflect on what approach they use in their counselling (Hansen & Freimuth, 1997): do they follow the behavioural, existential, humanistic or psychoanalytic schools? We have not really started to develop different general theories of dietetics, and we are often unaware of the values, prejudices and habits that lie behind our modes of work. Such theories would need to encompass aspects such as the assumptions, values, and hypotheses that help define a conceptual framework as well as the strategies and techniques that describe our practice. What is the appropriate balance between health and pleasure in planning a diet? What sort of evidence is needed to recommend dietary changes? How much should the food supply be regulated to limit unhealthy food choices? Only when we have started to wrestle with the deeper questions like these will we come to a clearer view of what is acceptable or deviant behaviour for dietetics.

References

- AbuSabha, R & Achterberg, C. (1997). Review of self-efficacy and locus of control for nutrition- and health-related behaviour. *Journal Am Diet Assoc.* 97, 1122-1132.
- American Dietetic Association (2006). Position of the American Dietetic Association: Food and Nutrition

- Misinformation. *Journal Am Diet Assoc*, 106, 601-607.
- Anleu, SLR (1995). *Deviance, Conformity and Social Control*. (2nd ed). Longman, Melbourne.
- Arnold, L. (2002). Assessing professional behavior: Yesterday, Today, and Tomorrow. *Acad Med* 77, 502-515.
- Barrocas, A. (1997). Complementary and alternative medicine: Friend, foe or OWA? *Journal Am Diet Assoc*. 97, 1373-1376.
- Beauman C., Cannon G., Elmadfa E., et al. (2005). The principles, definition and dimensions of the new nutrition science. *Pub Health Nutr*, 8, 695-698.
- Becker, HS. (1963). *Outsiders: Studies in the Sociology of Deviance*. The Free Press, New York.
- Ben-Yehuda, N (1990). Positive and negative deviance: more fuel for controversy. *Deviant Behav* 11, 221-243.
- Bruch, H. (1973). *Eating Disorders. Obesity, Anorexia Nervosa, and the Person Within*. Basic Books, New York.
- Clouder, L. (2003). Becoming professional: exploring the complexities of professional socialization in health and social care. *Learn Health Soc Care* 2, 213-222.
- Cohen, A. (1966). *Deviance and Control*. Prentice Hall, Englewood Cliffs.
- Cotgrove, S. (1979). *The Science of Society*. (4th ed). Allen & Unwin, London.
- Crotty, PA. (1995). Good Nutrition? Fact and fashion in dietary advice. Allen & Unwin, St Leonards.
- Davis, A. (1970). *Let's Eat Right to Keep Fit*. Signet, New York.
- Deutsch, RM. (1977). The New Nuts Among the Berries. *Bull, Palo Alto*.
- Edgar, D. (1980). *Introduction to Australian Society. A Sociological Perspective*. Prentice-Hall, Sydney.
- Foucault, M. (1992). *The Use of Pleasure. The History of Sexuality: Volume Two*. London: Penguin.
- Gauthier, DK. (2001). Professional lapses: occupational deviance and neutralization techniques in veterinary medical practice. *Deviant Behav*, 22, 467-490.
- Gingras, Journal. (2009). The educational (im)possibility for dietetics: a poststructural discourse analysis. *Learn Inquiry*, 3, 177-191.
- Hansen N. E., & Freimuth M. (1997). Piecing the Puzzle Together: A Model for Understanding the Theory-Practice Relationship. *The Counselling Psych*. 25, 654-673.
- Heckert, A., & Heckert, D. M. (2002). A new typology of deviance: integrating normative and reactionist definitions of deviance. *Deviant Behav* 23, 449-479.
- Heckert, A., & Heckert, D. M. (2004). Using an integrated typology of deviance to expand Merton's Anomie Theory. *Crim Journalustice Stud* 17, 75-90.
- Hodgson, Journal. M., Hsu-Hage, B. H. H., Wahlqvist, M. L. (1994). Food variety as a quantitative descriptor of food intake. *Ecol Food Nutr*, 32, 137-148.
- International Confederation of Dietetic Associations. (2008). *International Code of Ethics and Code of Good Practice*. Available at: <http://www.internationaldietetics.org/International-Standards/International-Code-of-Ethics-and-Code-of-Good-Prac.aspx>. (accessed 29 April 2011).
- Journalarvis, W. T. (1983). Food Faddism, Cultism and Quackery. *Ann Rev Nutr*, 3, 35-52.
- Mackenzie, M. (1989). The Pursuit of Self-Respect: slenderness, self-control and ambivalence about pleasure. *Proceedings of the 8th National DAA Conference Sydney*, 42-43.
- Marwah, S., & Deflem, M. (2006). Revisiting Merton: continuities in the theory of anomie-and-opportunity-structures. In: M Deflem (Ed). *Sociological theory and criminological research views from Europe and the United States. Sociology of Crime, Law and Deviance*, 7, 57-76). Elsevier, Amsterdam.
- Matza, D. (1969). *Becoming Deviant*. Prentice-Hall, Englewood Cliffs.
- Merton, R. (1968). *Social Theory and Social Structure*. Free Press, New York.
- Merton, R. (1995). Opportunity structure. The emergence, diffusion, and differentiation of a sociological concept. In: F Adler and WS Lauter (eds). *The legacy of anomie theory. Advances in Criminological Research*, 6, 3-78. Transaction, New Brunswick.

- Meyer, R., Gilroy, R., & Williams, P. (2002). Dietitians in New South Wales: workforce trends 1994-2000. *Aust Health Rev*, 25, 122-130.
- Meyerson, D. E., & Scully, M. A. (1995). Tempered radicalism and the politics of ambivalence and change. *Organ Sci*, 6, 585-600.
- Nestle M. (2002). *Food Politics. How the food industry influences nutrition and health.* University of California Press, Berkley.
- Palmer, S., & Humphrey, Journal. A. (1990). *Deviant Behaviour. Patterns, Sources and Controls.* Plenum Press, New York.
- Peters, Journal. (1997). Community food systems: Working toward a sustainable future. *Journal Am Diet Assoc*, 97, 955-956.
- Santich, B. (1995). *What the Doctors Ordered. 150 years of dietary advice in Australia.* Hyland House, Melbourne.
- Spencer, C. (2000). *Vegetarianism. Four Walls Eight Windows,* New York.
- Swinburn, B. A., Caterson, I., Seidel, Journal. C., Journalames, W. P. T. (2004). Diet, nutrition and the prevention of excess weight gain and obesity. *Pub Health Nutr*, 7(1A), 123-146.
- Vanderstraeten, R. (2000). Autopoiesis and socialization: on Luhmann's reconceptualization of communication and socialization. *Br Journal Sociol*, 51, 581-598.
- Vossenar, M., Bermudez, O. I., Anderson, A. S., & Solomons, N. W. (2010). Practical limitations to a positive deviance approach for identifying dietary patterns compatible with the reduction of cancer risk. *Journal Hum Nutr Diet*, 23, 382-392.
- Wang, S. S., Brownell, K. D., Wadden T. A. (2004). The influence of stigma of obesity on overweight individuals. *Int Journal Obes*, 28, 1333-1337.
- Warren, D. E. (2003). Constructive and destructive deviance in organizations. *Acad Manag Rev*, 28, 622-632.
- Williams, P. G. (1998). Health claims and functional foods: time for a regulatory change. *Aust Journal Nutr Diet*, 55, 87-90.
- Williams, P. (2000). Tales from the harem: memoirs of a male dietitian. *Aust Journal Nutr Diet*, 57, 104-105.
- Williams, P., McHenery, Journal., McMahon, A., & Anderson, H. (2001). Impact evaluation of a folate education campaign with and without the use of a health claim. *Aust NZ Journal Public Health*, 25, 396-404.
- Williams, P., McMahon, A., & Boustead, R. (2003). A case study of sodium reduction in breakfast cereals using the *Pick the Tick* food information program in Australia. *Health Prom Int*, 18, 51-56.
- Williams, P., Stirling, E., & Keynes, N. (2004). Food Fears: a national survey on the attitudes of Australian adults about the safety and quality of food. *Asia Pac Journal Clin Nutr*, 13, 32-39.

Bio

Peter Williams is an Associate Professor in the School of Health Sciences at the University of Wollongong and a Board member of Food Standards Australia New Zealand. Before his employment at Wollongong, Peter was the Director of Scientific and Consumer Affairs at Kellogg for three years, and previously worked as the Chief Dietitian and Food Services Manager at Royal Prince Alfred Hospital in Sydney. Peter is a Fellow of the Dietitians Association of Australia and served a two year term as President from 2001. He has served on NHMRC working parties for the review of Dietary Guidelines for Australia and the review of Nutrient Reference Values, and is a member of the steering committee for the Heart Foundation's Pick the Tick program. He has just completed a consultancy project with the NSW Department of Health to help develop Nutrition Standards for Adult Hospital Inpatients.