

**Promoting Health and Healing Through Food: Contrasting  
Macrobiotics and Conventional Orthodox Perspectives**

**MSc in Health Education and Health Promotion**

**By:**

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## **ACKNOWLEDGEMENTS**

The Prophet Muhammad (peace be upon him) said “Whoever is not thankful to people will not be thankful to God” (Yusuf, 2004: 38).

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A grand thanks to my mother Amina Roma, and my father Saliem Walker. I hope my gratitude have manifested itself through my actions.

## ABSTRACT

This dissertation explores and analyses individuals adopting the macrobiotic philosophy or 'way of life' experiences, beliefs, and attitudes concerning their health. It explores the relationship between this diet and their health. The question of this study is *can health and healing be promoted through diet?* If so how effective is it?

Chapter one briefly introduces my incentive behind this study, and my personal experience with this diet. Chapter two sets the background and is divided into five main points of discussion: a holistic account of health and healing is discussed; macrobiotic as a holistic approach; a brief account of nutrition and its development; two views of how food affects us; and theories on understanding change. Chapter three presents the methodological structure used to conduct this study. I have adopted a phenomenological approach to justify the reason why I shared my personal experiences, and the important role it plays in me being able to interpret and understand the experiences of my interviewees, as well as addressing the ethical issues concerning this study.

In chapter four I analyse and discuss the findings of this study, where six individuals are interviewed. This results in the emergence of six broad themes: diversity in defining macrobiotics and its principles; the impact of food on health; reflecting on concepts supported by the empowerment and salutogenic models of health; why this diet? Challenges in adapting to new ways; and is this diet suitable for everyone? Furthermore, the relationships between these themes are discussed. Evidence from the data obtained indicates the need for further research concerning the selection of a verity, in relations to individual's ethnic origins, culture, statues, and periodical stage of practicing this diet.

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# Promoting Health and Healing Through Food: Contrasting Macrobiotics and Conventional Orthodox Perspectives

## **CHAPTER ONE** **INTRODUCTION**

### **1.1: INTRODUCTION AND RATIONAL FOR CHOICE:**

“For every disease there is a cure. So seek the cure” Said Prophet Muhammad (p.b.u.h) (Jassat, Abdul-Hamid, 2003). This statement seems rather positive and empowering, yet easy to take for granted without questioning. In our modern day disease is on the rise and according to “The American Cancer Society, 83 million Americans now living will eventually get the disease.” If this rate continues at this its paste it is predicted that “by the beginning of the twenty-first century 40 to50 % of the population will develop cancer during their life time” (Kushi and Jack, 1993: 3) and this is just with the incident of cancer.

My anxiety and frustration grew when faced with what seemed to be contrasts between the inspiring and empowering sayings of Prophet Muhammad and statistics recorded by various health associations. Feeling like what Lawrence and Kushi (1988) describe as “a victim of cruel fate i.e., viruses, bacteria ...etc a view which disempowers the individual and leaves him fearful, confused, and impotent” (p.102). Out of this frustration I grew to become familiar with an entire range of views and approaches that I was unaware of: holistic and complementary therapies. I specifically had significant experiences with the macrobiotic approach and was fascinated by its philosophies on health, illness, and its belief that there is a cure for every illness, which corresponded to the Prophet’s statement previously stated. Initially, I believed in the theory through intuition, but then this intuition was confirmed through real life experiences. Its effects were evident both on me as well as other members of my family. This motivated me intrinsically to pursue its teaching to a greater extent. Some would argue the possibility of other factors contributing to the improvement of my health; however, I was convinced that it was food that had a grave effect on my health.

With these issues and concerns in mind I decided that the purpose of my dissertation would be to analyze and explore people's perceptions, experiences, and beliefs about how various foods effected their health and well-being, and if through means of diet, health and healing could be promoted.

The following chapter consists of the literature review which helps us explore various definitions of what is meant by holistic health. It further discusses the different views of food and its effects on our health from both, the conventional and macrobiotic view points. Finally, it presents us with various theories on behaviour change, to help us understand why one may or may not change his/her health habits.

Chapter three lays out the methodological framework used in this study, a qualitative method is used to analyse the data obtained, and the phenomenological approach is further discussed and its application justified. In this chapter an attempt is made to try and link between the theoretical and practical guidelines taken in this research, as well as identifying this studies drawbacks.

In chapter four findings are analysed and discussed, drawing patterns and themes from them that are related to the research evidence, and theories available. Furthermore, discussions concerning the significant of these findings and their implications to healthcare professionals is looked at. Finally, a recommendation of further research is tinted.

Chapter five is the conclusion; it focuses on key points drown from the findings, in relation to the mine points from the study and its insights. This chapter concludes with simple suggestions on how effective these approaches can be. And how healthcare professionals can begin familiarizing themselves with these approaches, because understanding is the first step to accomplishing change and action.

## **CHAPTER TWO** **LITERATURE REVIEW**

### **2.1: INTRODUCTION:**

“The majority of the medical profession refuses to acknowledge the importance of the nutritional approach to the prevention and recovery from disease” (Lawrence and Kushi, 188:181).

In this chapter we set out to rediscover the significant role nutrition plays in our well-being, to explore ways in which to answers questions such as, to what extent does food affect our health? How does it affect our health? And can it have a curative impact? I am not certain of the extent to which I will be able to answer these questions or if I am able to answer them at all, but an attempt will definitely be made. However, before addressing such detailed issues, the paper will discuss some of the different concepts surrounding the terms ‘health’ and ‘healing’. It will move on to discuss the influence food has on our health from both the macrobiotic and conventional perspectives in relation to their historical development, philosophies, and implications. Finally, the difficulties or challenges one might face when adapting to new ways of eating and viewing health will be explored.

### **2.2 A HOLISTIC ACCOUNT OF HEALTH AND HEALING:**

There have been numerous attempts to define health varying from a rather narrow biomedical perspective that “health is the absence of disease” (Katz, et. al, 2000:18) to a broader and yet more holistic account of what health is.

There are endless debates about the preference of one definition of health as opposed to another, but this issue is beyond the scope of this chapter. We are more interested in the positive concepts of health and healing. The origins of the word health “is driven from whole, hale and healing health is concerns the whole person and well-being” (Naidoo and Wills, 19945:3).

To better understand this definition we will examine the notion behind what is meant by being concerned with the whole person or holism. Many times this word is taken for granted to mean “holy, yoga, jogging and jogging and yogurt, or it’s about alternative medicine.” (Pietroni, 1986:1) Although some of these are close to the meaning of holism they are distant from its true explanation. The meaning referred to here, “Holism is essentially about an approach each of us can use to help us understand ourselves and our place in the world in which we live” (Pietroni, 1986:1). The author further explains the necessity in understanding health in this manner because of the fact that we are a part of one whole, and in turn what we do to the parts will affect the whole and vice versa. Perhaps this is one of the short comings of the biomedical way of understanding and viewing health and healing, In that it separates the parts from the whole.

As far as healing is concerned it has been defined “to use the body, mind, and spirit to control disease, promote a sense of well-being, and enhance the quality of life” (Eliopoulos, 1999:7).

It is essential to identify the concept of health that underpins our understanding and beliefs, because it will inevitably affect our practices and healing methods. Emphasising the holistic way of healing and treating the ill, Plato cited in (Pietroni, 1986:5) wrote that “ ...No attempted should be made to cure the body with out the soul, ... for this is the great error of our day in the treatment of the human body that physicians first separate the soul from the body.”

Others like Illich further criticises the medical profession for its treatment of people and the medicalisation of many of life’s natural courses such as birth, pregnancy, death ,...etc as anti-human acts. He felt that for the medical profession to promise to end all pain and eradicate disease was a massive trick to gain peoples confidence. Trying to cheat death and prolong life at any cost was to invade man from his vital existence, essentially because pain, disease, death are all inevitable experience of being human.

This view can probably be accused of being too extreme in it’s views in that one could pose the question of how do we go about dealing with our problems. Do we just

accept them as experiences without attempting to resolve them? Should we not seek to cure our selves? But perhaps this question is not the question to be asked and this seems to be quite evident. Perhaps we should be concerned with the best way in which to go about resolving them.

Rather it is critical when addressing chronic illness it is important that the focus goes beyond trying to eliminate the disease to considering factors concerning the whole of the individual like the individuals “quality of life, sense of well-being, comfort, integration of the body-mind-spirit” (Eliopoulos, 1999:7).

### **2.3 MACROBIOTICS IS A HOLISTIC APPROACH:**

To better understand macrobiotics, its philosophy, and dietary approach we will present a briefing of its history to discover its origins. The principle concepts behind macrobiotics seem to have been evident in both eastern and western thoughts. The very fundamental principle that macrobiotic is founded on, the notion that everything in the universe is in an infinite state of change, operating according to the incessant order of the universe. This order was said to be discovered, understood, and articulated through different times and places through out the course of history, “forming the universal and common basis for all great religious, spiritual, philosophical, scientific, medical, and social traditions” (Kushi and Jack, 1986:14).

Its practices and applications to daily life was taught by many great prophets, and people of the near and far east such as Lao Tzu, Confucius, Buddha, Moses, Jesus, Muhammad...etc , and was rediscovered and taught through varying times over the past twenty centuries. Manifestation of these principles is evident in our every day lives, for example the rotation of the earth on its axis while orbiting the sun, the electrons orbit the nucleus in an atom...etc all accruing in harmony. Another essential principle is that opposites attract and the similar repels again to achieve harmony and avoid disharmony. And yet another principle which transforms in to its opposite and returns once again to its previous state, one way in which this phenomena represents it self is through the repetitive change of the day and night. These principles are being expressed here in rather detail for the purpose of understanding the concepts of Yin and yang that will be discussed at a later time in this chapter. For now we will present examples of these principles being evident in some parts of the eastern world.

In ancient China around 2500 B.C Fu-Hi teachings formed the foundation for perhaps one of the oldest books in existence called '*I Ching*' meaning '*The Book of Change*'. Its fundamental teachings were that everything is in a state of continuous change and that our task is to try to adjust to these ebbs and waves. These ideas were further developed by philosophers and by Confucius, and Lao Tzu. This understanding was described as yin and yang. (Crystal, 2004) In Japan these terms were also used in daily conversations, and was used to refer to the nature of people, objects and the environment. For instance in representing the nature of yin we say gentle, slow, dark and humid ...etc and yang is active, positive, bright ...etc.

In the Middle East an example of the teachings of Jesus's according to the *Gospel According to Thomas, the Gospel According to Philips* cited in (Kushi and Jack, 1986:19). "When you make the two one, when you make the inner outer and the outer inner and the above below..." when interpreted, Jesus was referring to yin and yang two opposite but complementary forces originating from one God. He taught that to achieve harmony between these two forces is in unifying them. Only then we can become one with the order of the universe. This concept was also evident in other parts of the eastern world like India.

In the western world there were many thinkers and philosophers who developed insights into the order of the universe and shared views that embodied similar principles of yin and yang. For instance, in the ancient Hellenistic world this deep understanding of the universe was referred to as *macrobiotics*. The word in Greek *makrobios* was first coined by Hippocrates, the father of western medicine, in the fifth century B.C. He used this word in one of his essays to refer to a group of young health men who lived to grow to a very old age. His teachings emphasised how to live in a natural manner and in harmony with the environment. His teachings focused on the importance of selecting and preparing daily food. The wisdom of his philosophy was summed up in the words "Let food be thy medicine and medicine be thy food" cited in (Kushi and Jack, 1986:22). Hippocrates oath is still taken by modern doctors today.

Others like Herodotus, Aristotle, Galen, and Lucian used the term *macrobiotics* to talk about health and longevity. This word was later used synonymously in western literature to mean a natural and simple way of living, and eating a diet that was mainly centered around grains and vegetables.

Hufeland a philosopher, professor of medicine, and physician of the eighteenth century also promoted the idea of achieving health through this simple diet, exercise, self healing. He also pointed foods that he believed hazardous to our health such as sugar and meat.

In the twentieth century Sigmund Freud aided in reintroducing ways in which to understand change, He identified two prime energies named *libido* and *thanatos*, meaning the life and death instinct. If an individual was well-adjusted, these two energies balanced each other. Also in Freud's divisions of the human personality in to three parts: the id, ego, and superego, in some ways they were said to be similar to yin represented in the thanatos and the id, and yang was represented in the libidos and superego. The ego would represent a harmonious equilibrium between both.

These concepts were also manifested in Albert Einstein's universal law of relativity, stating that "energy is constantly changing in to matter and matter is continuously transforming on to energy" cited in (Kushi and Jack, 1986:24).

In the field of social sciences Arnold Toynbee centred his study of history on the alternative movement of complementary opposites. He stated that his understanding of this concept originated from the study of yin and yang. Stating that "Of the various symbols in which different observers in different societies have expressed the activity of rhythm of the universe, yin and yang are the most apt..." cited in (Kushi and Jack, 1986:25). They convey this concept in a direct manner without the use of various metaphors driven from a specific discipline like mathematics, psychology...etc.

Others such as Shakespeare, Leonardo da Vinci, Beethoven, Lewis Carroll, Edward Carpenter, Monet, and many others represented their understanding of this same phenomena.

In our modern day macrobiotics dates back to year 1913 and was rediscovered by George Ohsawa in Japan who had cured himself from tuberculosis. He had followed the dietary guidelines in a book he had purchase named *The Curative Method by Diet*. In this book the author claims that practically all infectious and degenerative illnesses could be relieved "by discontinuing the consumption of meat, sugar, white rice, and other refined foods, and by replacing these foods with a traditional diet of brown rice

and other whole grains, cooked vegetables, sea vegetables, miso, and other customary foods” (Kushi and Jack, 1986:25).

George Ohsawa was cured from his illness and decided to dedicate his life to the understanding of the relationship between the food we eat, the environment in environment and human health. He was the one to introduce the term ‘Zen Macrobiotics’ in America and in Europe. He introduced it with this name because of the fact that balanced dietary practices were kept by Zen practitioners. The name macrobiotics was returned to its original name by Professor Needham who compared both east and western tradition of the understanding of health and longevity. He began practicing macrobiotics in its original sense, defined “As the universal way of health and longevity which encompasses the largest possible view of not only diet but also all dimensions of human life, natural order, and cosmic evolution.” in (Kushi and Jack, 1986:26).

From this miner briefing of the history of macrobiotics and the development of its definition it is clear that macrobiotics is not purely or principally a diet. Having said this it must be emphasised that the intention here is not to take a unilateral view of macrobiotics. As was mentioned previously, it is a holistic approach taking in to account various other issues that inevitably effects us such as the environment, our emotions, the way we think, things we say and do, intentions, genes ...etc and food is one important factors in this if equation. It is and is thought to be one of the first steps, or introductions to it and for this reason the focus in the research is exclusively on its dietary approaches to health and well-being, and we will further adhere to this modified definition of macrobiotics.

“Macrobiotics is the art and science of health and longevity through the study and understanding of the relation and interactions between ourselves, the foods we eat, the lifestyles we choose to lead, and the environments in which we live.” (Kushi, 2001)

Although this definition seems quite narrow when reduced to a rather small scale of focus representation of its holism still seems to be present and evident “the whole is greater than the sum of its parts and the part contains the whole” (Pietroni, 1986:5).

#### **2.4 A BRIEF ACCOUNT OF NUTRITION AND ITS DEVELOPMENT:**

Each individual has his/her own experience with food and eating, therefore it is only natural that people will have distinct ideas about what is meant by nutrition. Some 'eat to live' and others 'live to eat'. These two views seem to represent two extremes, for eating is said to be a far more complex issue than this, involving features of our psychological make-up, our current state of mind, our genetic blueprint, the social environment, ...etc (Barasi, 2003).

At the start of the twentieth century, the science of nutrition was mainly engaged in discovering and identifying the essential nutrients, studying the effects in sufficient intake and determining the quantities necessary to prevent deficiency. Perhaps this was its prime focus at that time because of the necessity. "The most obvious and probably the most common nutritional defects are caused by serious calorie imbalance: too few or too many" (Lowcarbs, 2004).

But the interest of nutrition has gradually recognized that good nutrition is beyond the notion of the provision of all the necessary nutrients. It has been evident in western countries that despite their diets containing all the required nutrients, they "are probably contributing to many of the diseases afflicting these populations" (Barasi, 2003:3). This is shifting the question of interest in the obtaining of balance in one's diet. This is believed to be a better way to improve health and reduce disease.

Nutrition has been defined in two different ways the first is "the study of food and nutrients vital to health and how the body uses these to promote and support growth, maintenance and reproduction of cells" and the second "the study of the relationship between people and their food" (Barasi, 2003:4). The first definition has been criticized for having a rather narrow view in principally focusing on the interaction between the nutrients that enter our body and their interaction with it, ignoring the fact that there are external factors that influence our approach to food.

The second definition is thought to have a broader and holistic perspective of what nutrition is, taking in to account the supply of food and all the influences thereon, ranging in its interest of how the individual selects his/ her food to the biomedical and psychological effects of nutrients on the human body. "Only by broadening our definition of the subject across the full range of human relationships with food can nutrition have its justified place in human well-being" (Barasi, 2003:4).

At this point one might be tempted to pose the question, what does nutrition really mean, is having all the necessary nutrients enough to obtain health? This is when the issues of balance has to be addressed, it seems that the same foods that can contribute to our health can also contribute to our illness. There is “no bad foods; it is their place in the general picture of the diet that is important” (Barasi, 2003:37).

It is recommended the one eats a wide variety of different foods. Putting forth this statement one could argue that if this stands to be true than what about junk food or is that not considered food, and perhaps this is where the question of the quality of nutrients should be addressed. It seems this statement is quite vague or has to be clarified what one might consider good another may consider it bad.

## **2.5 TWO VIEWS OF HOW FOOD AFFECTS OUR HEALTH:**

The purpose of eating is to maintain life and endorse health.

Similar to other biological functions one can find it highly pleasurable, but in seeking it exclusively for pleasurable purposes can be detrimental to health and a danger to ones life (Yudkin and McKenzie, 1964).

More and more evidence is pointing to the crucial effects dietary factors play in bringing about diseases, such as heart attacks, tooth decay, cancer of the large bowel and colon, diabetes, high blood pressure ...the list goes on. “Daily food has the power to heal or make us sick; to keep us healthy or accelerate our decline. The importance of food in health and healing cannot be overemphasized” (Esko, 1993).

In this section we will give an account of the conventional and macrobiotic views of how food affects our health, and there dietary guidelines for achieving a balanced diet. But before addressing these issues it must be made clear that when referring to the word diet throughout this research paper, the meaning adopted is driven from the original word diaita in Greek meaning “way of life.” (Kushi and Jack, 1993:11) not the meaning adopted in our present day that refer to diet as a restricted regime. This definition has been charged of taking a rather narrow account.

There are two approaches taken in understanding how food affects us. The first is the modern nutritional way that views food in terms of its biomedical effects. The second is the macrobiotic approach that is centred in understanding food as energy.

From the modern nutritional stance there has been various views of what constitutes for a healthy diet but, the view mainly used by many professional dietetics is states that “a healthy diet is one which includes the appropriate quantities of all the substances the body needs... at present, we know of over fifty substances which are known as nutrients; proteins, fats, carbohydrates, vitamins...etc” (Pender, 1994:29) that are said to be crucial. They supply our bodies with energy that are essential for external and internal functions of the body such as breathing, thinking, maintaining the functions of other organs of the body like the kidneys, walking, writing...etc



Nutrients aid our body in building and restoring various tissues that constitute the make up of our body, it aids in helping our body to function properly and defend the body from illness. Most nutritional defects are a result of an imbalance in the intake of nutrients either too much or too little, causing the accumulation of too much fat. This can contribute to the development of chronicle illness. Loss or tool little of these essential fats or nutrients can cause problems relating to essential functions of the body.

The principle food guidelines set out by the modern nutritional food pyramid, and this is illustrated in (*see Figure1*)

# The Food Guide Pyramid

A Guide to Daily Food Choices

**KEY**

-  Fat (naturally occurring and added)
-  Sugars (added)

These symbols show fat and added sugars in foods.

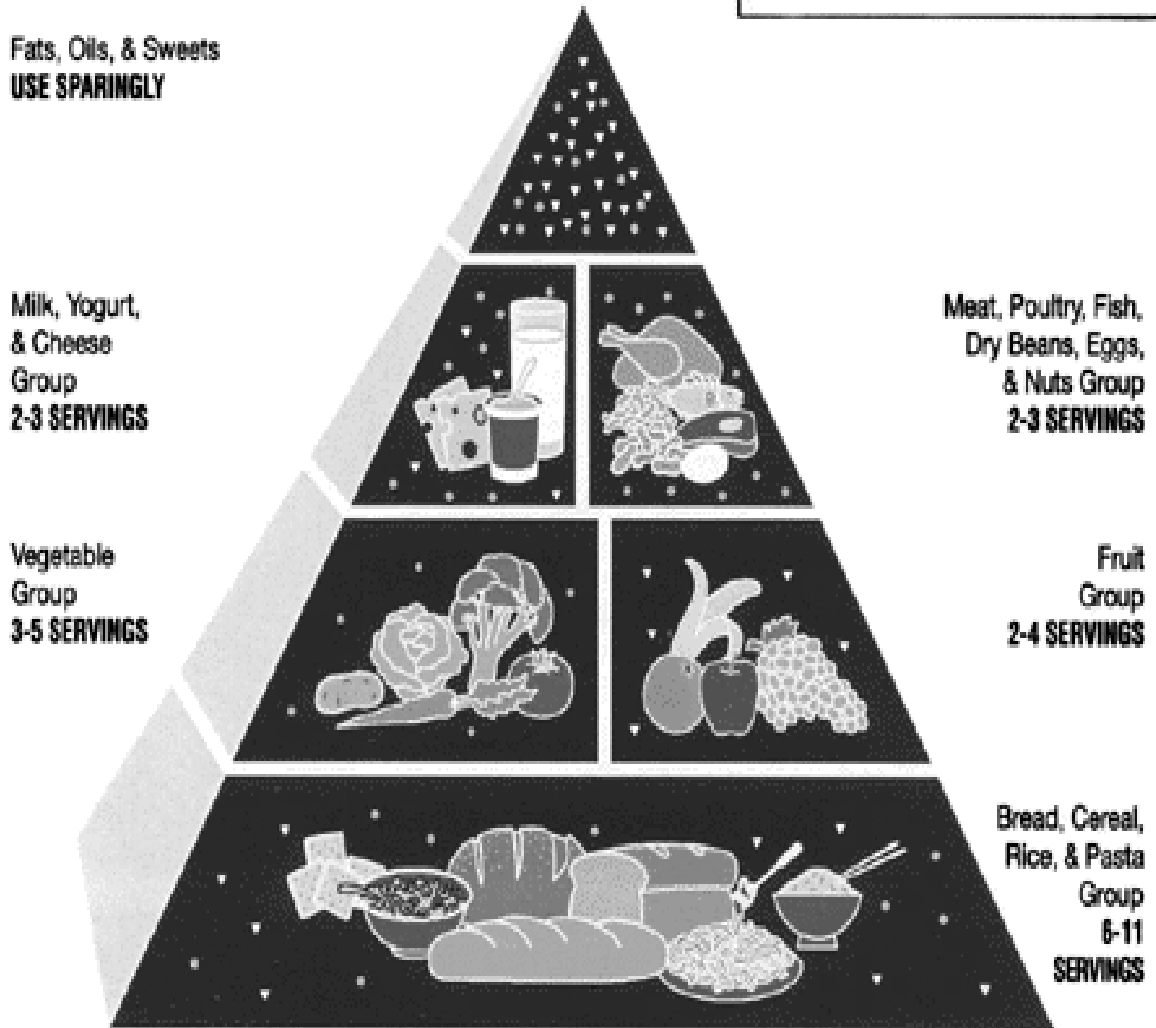


Figure 1 Food Pyramid (Source: FCIC, 2004)

Macrobiotics is the second approach, and as mentioned earlier it views food in terms of energy. This is a key principle in understanding what consists of a balanced diet, understanding how yin (the expanding energy) and yang (contracting energy) two opposing forces when applied to ones diet can achieve harmony. There food is categorised in to yin and yang and rice and grains are said to be the most balanced food and then vegetables and other foods presented on the food diagram (*see Figure 2*)

The principles of yin and yang are used to view food at two different levels. The first is at a fundamental level to obtain a balance in the diet and promote health and healing. In the second, symptomatic level the principle of yin and yang are used to regain balance when the offset of a certain condition or illness accrues. (Mckeown, 1979:3) said that “health preserved by way of life and health restored by treatment of disease.”

To makes this concept rather clear let us put forth an example of the symptomatic level for instance when dealing with the problem of constipation. One could have a yang constipation which results from the over consumption of a contracting nature such as meat, eggs, cheese and the intake of other animal products causing an insufficient balance of the yin foods, that should also be present in one’s diet like vegetables, grains, and other plant foods containing fibre. In turn this results in a condition of the intestines being in a very tight and contracted state. To deal with this condition one is given food that consists of the opposite energy foods like greens or lightly cooked vegetables.

The food guidelines of this approach is presented in (*See Figure2*)

## The Great Life Pyramid

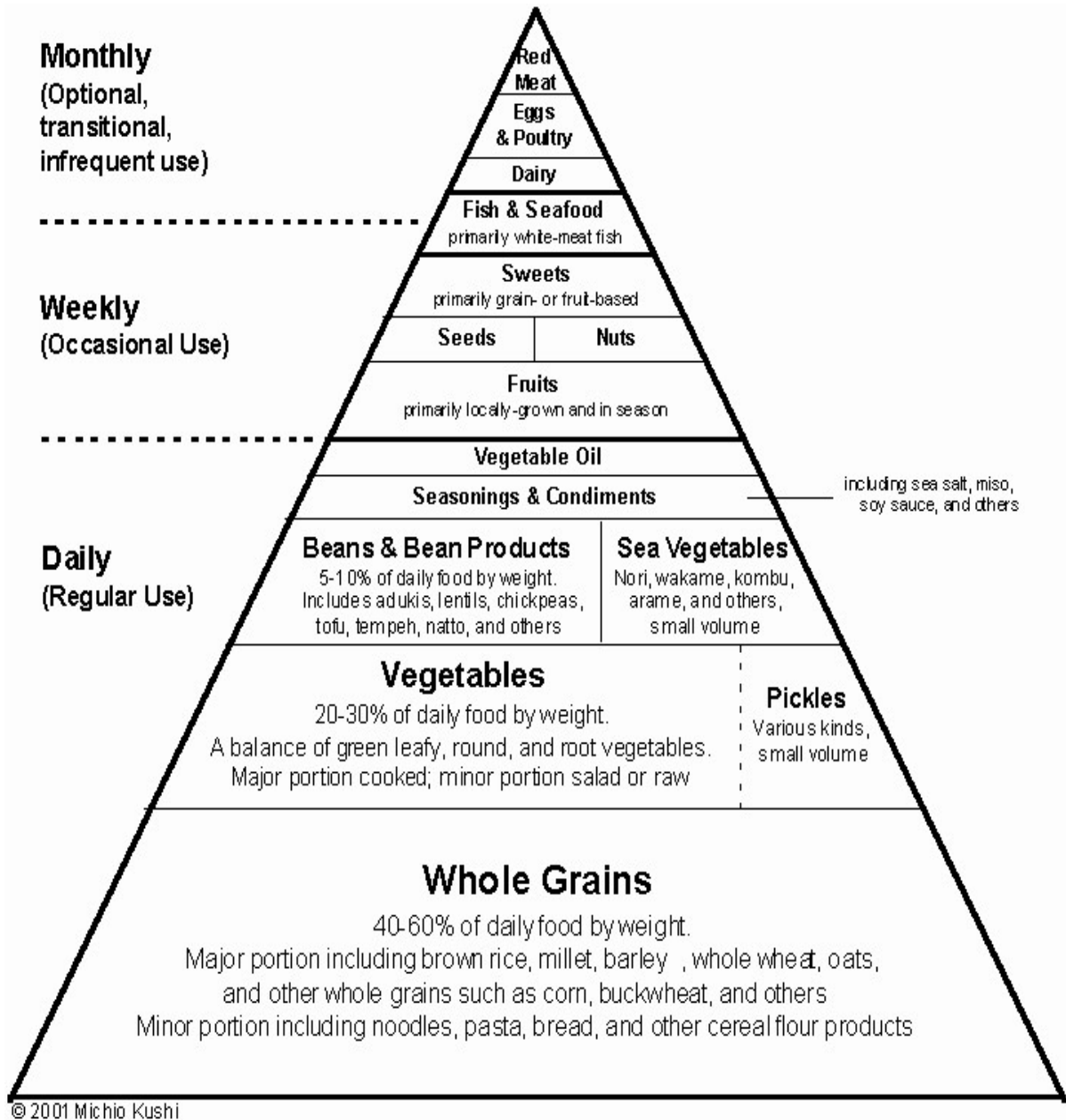


Figure 2 The Great Life Pyramid (Source: Kushi, 2001)

There appears to be a great deal of similarity between the conventional and the macrobiotic approach in that they both aim at achieving better health and have certain guidelines set out to achieve this goal. Both diagrams present a flexible set of guidelines, and the division of specific food groups seems more or like the same. Both approaches warn against the excessive consumption of certain foods that can put one's health at risk, for instance, setting precautions against the excess consumption of saturated fats and cholesterol, or the harmful effects of processed sugar, dairy products to our health.

Eating a well balanced diet in combination with exercise affects us in many positive ways such as having more energy, feeling calm and relaxed, sleeping well, feeling a sense of self-confidence, suffering less from ailments like constipation, headaches, and an overall sense of well-being (Hunt & Hillsdon, 1996).

Perhaps the differences between these two approaches lay in the way these diets go about suggesting where and how to obtain these nutrients. Because if it were solely about obtaining specific nutrients then Doritos packed up in an attractive bag would qualify. Reading its nutritional values list it contains protein, fat, carbohydrates, sodium...etc

The macrobiotic diet is seen to lay a greater emphasis on the proportion of nutrients that is needed rather than the quantity.

The quality of nutrition as mentioned previously is a concern in both approaches. But seems to be taken to a more extreme in the macrobiotics, for instance eliminating the consumption of processed and chemical foods is essential, therefore it is of essential concern not to pollute the environment with pesticides, chemicals, hormones...etc.

Which approach is better is one of constant debate and is not the focus of this paper but we are rather interested in trying to analyse some possible reasons why one approach would perhaps be more preferable than the other.

## 2.6 UNDERSTANDING CHANGE:

“Traditionally, behaviour or lifestyles have been regarded as the cause of many modern diseases” (Naidoo and Wills, 1994:178). In this section we will briefly discuss some social and psychological theories of behaviour in hope that we better understand why people may, or may not resort to changing their health behaviours.

One of the unfortunate outcomes of changing one’s behaviour is said to be that one is bound to move in to relapse of their health behaviour for instance, a smoker could stop smoking several times before he /she finally gives up completely.

Perhaps this should not be looked at as a negative thing, but rather a natural stage one passes through in order to achieve change. It seems that changing one’s behaviours is more of a process than a state and if we see it in this way, perhaps we will understand and not be judgmental or rigid in perceiving some one’s actions, in that one could be moving back and forth through the stages before the new behaviour is sustained, change is a rather complex issue and it is influenced by many factors that has been identified this definition can aid us in understanding how these factors influences our behaviours and actions “An individual’s **attitude** to a specific action and their intention to adopt it is influenced by **beliefs, motivation** which comes from the person’s **values, attitudes** and **drives or instincts** and the influences from social norms” (bold in original definition) (Naidoo and Wills, 1994:179).

There are various theories that try to explain the effect of different variables on one’s health related behaviours. Although the paper will not go in to detailed description of these models, but they will be mentioned briefly and, I will further discuss the model I perceive most suitable in helping us understand how people change.

The four models are; the health belief model. It suggests that an individual’s choice to change their behaviour will depend on the consequences and that individuals need to have type of cue to take action. This theory has been criticized for not taking in to account the persistency of behaviours that have negative consequences like smoking, taking drugs ...etc and this depends on whether one is concerned with short-term gratification as apposed to long-term harm (Naidoo and Wills, 1994).

The second is theory of reasoned action. This theory suggests that an individual's behaviour and decision to change is highly depended and influenced by social pressures and on what he/she thinks others think is right.

The third is the health action model. It states that there is a variety of complex factors including the way in which an individual views his/her self, and is also influenced by the way others behave towards us, and the fourth model is the stage of change model, it suggests that any change accrues in a series of stages and is not a simple ending (Naidoo and Wills, 1994).

The model puts forth five stages in which change accrues. It is said that every individual goes through these stages, although it is not necessary that they go through them in an orderly manner.

The first is the precontemplation stage where one still has not considered changing their lifestyle. Contemplation is the second stage where an individual is aware of the benefits of changing but is not ready to take action. The third stage is the preparation for change; one is quite ready change and perhaps looking for further support. The fourth stage is the making of the change. The individual is quite clear of his/her goals and implements action to change. The last stage is maintenance when the new behaviour is constant and a healthier life style is accomplished. It is said that "most people who make changes in one or more health behaviours do so on their own" (Hunt and Hillsdon, 1996:30).

This model seem to encompass the other models in that it explains how individuals change the actual process, whereas the other three models seem to explain the various factors that can influence one through out these stages. For instance, in the contemplation stage when one is still seeking information to aide them in taking a decision. This stage seems to be strongly influenced by the information one gains and since belief is affected by experience, than perhaps direct contact with someone who has a condition can have a strong affect on one's attitude an accelerate one to take action and move at a quicker paste to the next stage of change. But then again the issue might be much more complex than this.

## **CHAPTER THREE** **METHODOLOGY**

### **3.1: INTRODUCTION:**

In this small scale research I set out to explore, and analyze through a qualitative method of research, individual's experiences and beliefs about how they view health: Additionally I will explore how these individuals address their health issues, and specifically, the impact of adopting a macrobiotic diet on their well-being.

### **3.2: RESEARCH APPROACH:**

Some view research to be merely a technical exercise. But the view adopted here is one suggested by Hitchcock and Hughes (1995) "Research is concerned with understanding the world and that this is informed by how we view the world(s), what we take understanding to be, and what we see as the purpose of understanding." (p21) The approach one chooses to adopt in understanding his/ her world depends on the individual, and the purpose of their search. There are various methods in which to carryout one's researches but the method to be discussed and adopted here is a qualitative method. The essential characteristics of this method are that it is undertaken in a natural setting, a setting where the researcher is an instrument of collecting data. "The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting"(Creswell,1998: 15).

I have chosen this method to gain, and provide a deeper understanding of people on a macrobiotic diet. Their perceptions, understandings, and experiences of how food influences their health; an understanding which could not be obtained purely through means of quantitative research. In addition this method focuses on the researcher's part as an active learner who can convey the story from the view point of the participant rather than an "expert" who passes judgements on participants (Creswell, 1998: 52).

This presents a challenge in that I am familiar with the macrobiotic diet, its philosophy, principles, and I have been practicing it for a few years now. I am situated in a difficult situation, in trying to detach oneself from one's own beliefs,

experiences, history, and views. This can, if not bracketed, affect the purity of the data being analysed (Silverman, 2000). But than again having some insight and experience about the topic could, on the other hand put one in an advantage situation. In that, I have knowledge and familiarity of what participants are saying, not solely sympathising with them but also empathising with their experiences. In defining knowledge Creswell (1998) states: "...Knowledge is gained through people talking about their meanings; knowledge is laced with personal biases and values..." (p19).

The qualitative methodology taken up in this dissertation is related to the phenomenological study which I have decided to adopt to further pursue this research. "A phenomenological study describes the meaning of the lived experiences for several individuals about a concept or the phenomenon" (Creswell, 1998: 51). Central to this approach is the notion that the researcher must try to understand the phenomena or experience from the standpoint of the informants. In addition to this the participants must all have experienced similar phenomena, in this situation, the experience with a macrobiotic diet and its impact on their health.

### **3.3: CONDUCTING RESEARCH:**

The method applied here to conduct the research and collect data was interviewing. As mentioned earlier the selected method depends on one's inquiry and in this case the chosen method is interviewing because of the interest being the exploration of issues dealing with emotions, experiences, and feelings (Denscombe:1998). Interviews are said to be one of the most flexible methods of obtaining data. They permit the researcher to "pursue leads that appear fruitful to encourage elaboration of points that the respondent has not made clear or has partially avoided and to clarify questions the respondent has misunderstood" (Mouly, 1978:202). The decision to go for depth rather than breadth is also one of the motives behind choosing interviews as a method for collecting data (Denscombe: 1998).

Surely, one could argue that not all interviews provide depth and insight, for this reason I will be more specific in identifying the interview method I am specifically referring to, which is the semi-structured interview. The element that distinguishes structured, semi-structured, and unstructured interviews is the "degree of control

exercised by the researcher over the nature of the responses and the length of the answers allowed by the respondent” (Denscombe, 1998: 74).

For this reason I avoided the structured method for interviewing that has tight control over the phrasing of the questions which can be seen as an advantage when one of the primary concerns is trying to obtain standardization, which is obviously not the focus of this research.

The questions I have developed for my interviews are key issues related to the topics comprised in the literature review. When developing the interview questions I took into consideration the notion of moving from general to more specific questions, this was done in order to promote respondents sharing their experiences and elaborating on them. Cohen, et. al, (2003) suggests that “specific questions, like direct ones, may cause a respondent to become cautious or guarded and give less- than-honest answers...” (p276) (See Appendix 1) the nature of the questions was open-ended which was valuable because it helped clear up potential misunderstandings for both me and the respondents.

Audio tape-recording, is considered the standard method of collecting interview data. Although field notes were taken, it was the method I primarily chose to collect data when conducting the interviews. I found it convenient having all of the interviews recorded on tape, this provided me with the opportunity to listen and reflect on the interviews as many as times as I thought necessary; It also gave me the chance while interviewing to focus my attention on the participants, their expressions, gestures, and body language. Finally, it aided the interview in moving at a smooth pace maintaining eye contact, making the interview less formal. On the other hand, audio tape-recording has been criticised for not being able to record or capture factors such as non-verbal communications (Denscombe, 1998).

However, if one’s focus is on the participants at the time of the interview than the tape-recorder serves as a reminder of what the researcher has already saved in his/her memory and is triggered by the recorded speech.

Although background noises were recorded on the tape-recorder and could be heard, fortunately the noises did not interfere with me being able to comprehend what was said by the participants.

### **3.4 POPULATION SAMPLE:**

In conducting this type of study where the focus is gaining information mainly involving in-depth interviews, time is an important factor according to Polkinghorne (1989) “with an in-depth interview lasting as long as 2 hours 10 subjects in a study represent a reasonable size” others notably Dukes (1984) suggests “studying 3 to 10 subjects” cited in Creswell (1998:122).

Because of factors such as time and accessibility I was only able to interview six people. The length of the interviews ranged from thirty five to seventy five minutes. I initially informed participants that I would like to interview them for an hour, but this was the average timing it took me to conduct each of the six interviews.

I mentioned in chapter one of my involvement with macrobiotics, I already was in contact with the Macrobiotic Association here in Britain and received monthly newsletters from them. Initially I wrote to the association briefing them about myself, the topic of my study, and its objectives. They contacted me soon after and provided me with contact numbers and addresses of people who were directly involved in the topic of interest. I communicated with these people and was able to arrange an interview with one of them. This first contact was helpful. She informed me of a summer gathering of over one hundred people. This would take place north of London. I took advantage of this opportunity where potential participants are all gathered in a common area.

Although no clear conditions were stated for conducting the interviews, however one of the supervisors indicated her appreciation to the possibility of me providing a final copy of this dissertation to their organization.

Further I contacted the chief supervisors of the summer event; he was helpful. He sent me a form to fill in to join this event, and even though there was no vacancy in the campus to accommodate my sister and I, he immediately sent contacts of accommodations close to the location of the campus.

Initially, I intended to interview eight people, half being professionals working with macrobiotic, either councillors, cooking teacher etc. and the other half lay people who

decided to adopt this diet in their lives. I decided to make this division with the idea that perhaps interviewing just professionals would make the study somewhat biased. I also predicted that the professionals would be well informed and aware of macrobiotics and might speak more from what they have learnt rather than what they believe or have experienced. In other words I wanted to provide a balance and variety in the data.

I planned to conduct six interviews in 24 hours at the summer campus. However I was only able to interview four. It was awkward going up to strangers asking them if they didn't mind being interviewed. Some people viewed me with a bit of suspicion, inquiring about my nationality, on the one hand I did not want to make people feel pressured, because of my limited timing, but on the other hand I was eager to gain their trust. The supervisor had introduced some people to me but they were mainly people working in the field so I had to search for the lay people on my own. When gaining the participants consent, I assured them of the confidentiality of the information recorded. They were all quite willing to be interviewed and were all cooperative and seemed to have trusted me. At the start of each interview I introduced myself and gave a briefing of the aims of the interview and the nature of the questions I was going to pose. All of my interviews went as I had expected them too. The interviews I conducted were done on a one-to-one base; except for my last participant who seemed to be somewhat defensive. He restructured some of the questions I asked him, he often posed a question to me about my questions, and explained that he had limited time to speak to me; it was very difficult trying to get him to answer the questions, and he gave minimal information. At the end of my interview with him I asked if there was something that bothered him about my questions, if my questions were offensive in any way. Then he explained his total disapproval of what he believed my intentions were for conducting what he thought of as a unilateral perspective of macrobiotics and my intentions of using this research to gain from it in a superficial and opportunistic way and not for the intention of gaining true knowledge and understanding. I further clarified and assured him of my intentions for conducting this dissertation, a second informant joined the discussion and it became a semi-group interview. On the arrival of this second participant who seemed to be a colleague of his, the first participant began opening up more and sharing information

that he seemed to be concealing earlier on. The interview, with the attendance of the second participant began running harmoniously (Denscombe, 1998).

Ultimately, I managed to interview six people with half being professionals and the other half lay people. Because of the phenomenological nature of the study being that the participants must have some phenomena or experience in common, I could not choose my subjects randomly (Creswell, 1998).

### **3.5: ETHICAL CONSIDERATIONS:**

“Reason is a prime ingredient of ethical thinking and it is the combination of reason and sense of rightness that researchers must keep faith with if they are to bring a rich ethical quality to their work” (Cohen, et. al, 2003:71).

There are various issues to be taking into consideration when addressing ethical matters. For instance privacy, autonomy, confidentiality, betrayal, etc (Cohen, et. al, 2003). One concept that seem to be of great importance to ethical procedures is that of informed consent, defined as “ the procedures in which individuals choose to participate in an investigation after being informed of facts that would likely influence their decisions” (Cohen, et. al, 2003: 51). This definition is comprised of four elements: competence, voluntarism, full information, and comprehension. On approaching my interviewees I tried to implement these guidelines. To begin with I obtained the consent of the supervisor by e-mail to attend the summer campus and interview him and some of the 100 attendees. Although I had the supervisors consent, I personally approached each participant to gain oral consent from them. On two different occasions I approached individuals who did not want to be interviewed.

As for the ethical issues one should concenter when interviewing, they have been categorised in-to three key elements: informed consent, confidentiality, and consequences of the interviews (Cohen, et. al, 2003). I assured my participants that no one would here the recorded interviewing apart from me. They all seemed comfortable with my oral assurance; perhaps the only issue they were concerned with was the objectives of my research and the role they played in contributing to it.

### **3.6: DATA ANALYSIS:**

As mentioned earlier the length of the interviews ranged from thirty five to seventy five minutes. The three Audio tapes yield approximately 4 hours of data that was transcribed after the interview took place. The analysis process started from the time the data was being transcribed until the completion of this process. The data was divided according to its relevance to the interview questions, and was further divided according to continual patterns that elucidated during the data analysis. The entire analysis was revised a number of times to identify further patterns and themes that may have been overlooked. Opinions and views that was apparent and expressed several times were considered to be very important and larger themes were drawn from them. Opinions that were expressed only once were also taken to be enlightening and were included as an argument or optional view for understanding the issue, in hope that they would add richness to the content and put the theory to test. Popper (1959) states “we must seek to refute assumed relations between phenomena. Then, only if we cannot refute the existence of a certain relationship are we in a position to speak about ‘objective’ knowledge” cited in (Silverman, 2000:178).

In the beginning the obvious and specific patterns were coded, and once revised again the more covert and unspecific patterns were coded (Cohen, et. al, 2003).

The codes were then compared with one another in accordance to their similarities and differences in order to identify more general patterns. Finally themes were developed and supported by statements and quotes from the participants.

### **3.7: RESEARCH RIGOR:**

“Unless you can show your audience the procedures you used to ensure that your methods were reliable and your conclusion valid, there is little point in aiming to conclude a research dissertation” (Silverman, 2000:175). The importance of validity and reliability lie in their capacity to measure the credibility and integrity of one’s research.

Validity has been defined as truth, “interpreted as the extent to which an account accurately represent the social phenomena to which it refers. Reliability “refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions” (Silverman, 2000:

175). There are various methods used to measure validity and reliability. One must take in account that the use of these two terms depends on the type of research one is conducting.

The measuring of validity with in qualitative research can be addressed through honesty, depth, richness, and scope and the extent of triangulation. Objectivity of the research addressing the same issue with quantitative research validity can be addressed through careful sampling, appropriate instrumentation, appropriate statistical treatment of data (Cohen, et. al, 2003).

The qualitative method I choose is the phenomenological approach; it has specific ways in which to evaluate credibility of a research work. For a study to be verified it must address the views and perspective of both the researcher and the outside reviewer in four ways: first, when data is submitted to other researchers they can confirm “identical patterns.” Second, the outside reader is able to identify the rationale of the experience and how it corresponds to his or her own experience. Third, the researcher has inquired on the logic of patterns fitting together taking in-to consideration the possibility of arranging the same elements in various ways to develop new patterns. Finally, the ability of the researcher to present his / her results under other data that is of a similar nature (Creswell, 1998).

Fulfilment of these procedures and guidelines has been taken very seriously. Recording and transcription of the data has been addressed with great care. There is back up for researchers to draw from and revise if necessary and a copy of one of my transcripts were evaluated by my tutor. As for having an outside reader examine the rational of the experience and being able to relate to it, I for one had experienced this phenomenon. But because of me being personally involved as a researcher I had my sister who also experienced this phenomenon, examine it for rational. She found it logical and was able to relate to some of the experiences the participants experienced to her own. Various patterns and links were drawn from the findings and evolved as I did, and I have tried to make sure not to stick to first readings by rereading the transcripts time and again in search of new links and ways of putting the different patterns together. Unfortunately because of time constraints I was not able to compare results to other data of related nature

### **3.8: GETTING TO KNOW MY SAMPLE POPULATION:**

I interviewed six people. My first participant was Lora she was 56 years old. She is a mother of five and teaches macrobiotic cooking, and has been practicing macrobiotic for 30 years. She came to know of this diet or way of life through searching and following other health diets.

My second participant was Mark he was 53 years old. He is a father of four, and a business man. He has been practicing the macrobiotic diet for 17 years. He came to be interested in this diet after being recommended by someone from the East West Centre here in London it was a rather gradual process.

Linda was my third participant, and was 45 years old, she had heard of the macrobiotic back in the 80's when she had become a vegetarian because of health issues. She adopted this diet because she was found of its teachings.

The fourth participant I interviewed was Michel, he was 54 years old, and was the one supervising the summer event. He is a business man who runs his own chains of restaurants. He was introduced to this diet by a family member and later practised it because of health issues. He has been on this diet for 18 years.

David was my fifth participants. He was 50 years old, and has been aware of the macrobiotic principles for 15 years. He came to know of its principles through self education; he was interested in eastern philosophy, and had come upon the East West Centre.

My six participants, Roy, was a macrobiotic consultant. He had randomly joined the discussion while I was interviewing David and seemed to be a friend of his. I was not able to inquire about detail information from him such as his age, and or personal experience with macrobiotics.

### **3.9: REFLECTION:**

Baring in mind the fact that there will always be room for improvement in what ever it is we engage in, during the course of this research I have reflected on some of the areas I think could have contributed to this study being improved. The qualitative methodological method used I believe was one that suited this type of study quite well in that when discussing and exploring the effect of a specific phenomenon on an individual variety is of great importance, in that it adds richness and insight. Although the experiences seemed repetitive in nature it was quite valid and useful. Cohen, et. al, (2003) puts it quite well "...Their reappearance in different contexts may assist greater understanding" (p50).

This was something I do not think could have been offered if for instance a case study approach was taken.

As for the population sample I think that a larger number of participants could have been included. Perhaps people from various ethnical groups, and ages could have been interviewed. In particular people varying in the range of years they have been practising this diet. Novices in the macrobiotic diet could have been interviewed. This would have probably reflected a greater verity in the way people understood and experienced this phenomenon at different stages of practice. Unfortunately this was not possible because of access, and time. This dissertation is due on the first of September, 2004. The fifth world summer conference on Macrobiotics is being held in Holland during August. People from multi national backgrounds, ages, and ethnical groups will be attending. Initially, I had planned to attend this conference and conduct my interviews there, instead of the summer campus, but because of the time factor this was not possible.

Another rather interesting way in which to interview my participant could have been included in my study people who were not on the macrobiotic diet. Perhaps this would have made the study gain a more objective stance. But than again this would probably defeat the purpose of having a specific phenomenon in common, and would perhaps be too broad of a focus.

Additionally I took in-to consideration the advice one of my participants made. He accused the study of having a unilateral view in understanding macrobiotics, and

strongly recommended that it should have not just focused on the dietary concerns of macrobiotic which due to this study could perhaps lead one to misunderstanding this way of life to be purely a diet, rather it should have been presented in its true nature as a holistic way of living. I believe that if I would have done this, the focus would have been too broad. With his advice in mind I would like to believe that the true nature of this phenomenon has been reflected through this study.

## **CHAPTER FOUR** **FINDINGS AND DISCUSSION**

### **4.1: INTRODUCTION:**

The data obtained and analysed from the population sample has resulted in the emergence of six broad themes: 1) diversity in defining macrobiotics and its principles. 2) The impact of food on health. 3) Reflecting on concepts supported by the empowerment and salutogenic models of health. 4) Why this diet? 5) Challenges in adapting to new ways. And 6) is this diet suitable for everyone? These themes will be further presented, explored, and discussed and when necessary linked to data obtained from theories and researches covered in the literature review. These themes will be supported by short quotes or statements made by the population sample. Further, this chapter will conclude with recommendations for further research.

### **4.2: DIVERSITY IN DEFINING MACROBIOTICS AND ITS PRINCIPALS:**

The various ways in which participants defined, explained, or conceptualised macrobiotics varied not only from the original definitions presented in the literature review, but between one another, and some even gave multiple definitions for this one concept. It seems each participant defined the term in an individualistic manner, and according to their own experiences and understandings. This variation did not contradict the original definition but rather added richness and insight to it and perhaps made it easier for one to understand macrobiotics in a more practical manner. Perhaps this variation indicated how dynamic this concept is. This could also be seen as a problem, leading to misunderstanding or misinterpretation of what macrobiotic really is.

*Macrobiotic food is really eating what grows near you in abundance with out too much processing. So even if you are eating meat... it is a good idea to eat all of the animal...the bones, the marrow... using it in soup, it's a good idea to use the whole thing" and "Even now with-in macrobiotics you can eat more widely I mean the true understanding about macrobiotics is you can actually eat anything if at that time it is appropriate.*

(Lora)

*I believe that macrobiotics with emphasis just on food alone is not enough. Maybe if you are living in the country side, because living in London there is so much pollution, and I work hard, have four kids, so I combine it with other things. So it is not about what you can't eat, it's about the positive things, what you do eat. I mix macrobiotics with homeopathy occasionally, sometimes Chinese medicine... For me what I eat is the core of it, its essential.*

(Mark)

*Its such a new concept, not just what you eat but the way you cook it... it's a whole new concept of eating. We are brought up on calorific value, you eat lots of pasta you get fat but in macrobiotics its all about the energetic of food. In winter its cold you want to be warm so you cook food slow, stooed, rich, sweet and nourishing, or in summer you want to cool down you quickly cook the food, salad raw things. Although this is done in England, people cook big casseroles in winter but, for it to actually be linked with the way you get energy from something. For example...depending which way you cook a carrot you get different kinds of energy according to the macrobiotic theory, if you pressure cooked carrots whole you get warming energy and it nourishes you for a long time, but if raw it cools you down...I tried it and got results so I believed in it.*

(Linda)

*Simplifying diet is a positive because we live a life that is far too complicated and macrobiotics is really about de-structuring and getting back to simple concepts using basic raw ingredients to create lovely food ... Mothers tell their children to eat greens, eat slowly...for me macrobiotics is what your mother always told you you should do but, did not have time to practice it herself.*

(Michel)

*Macrobiotic is about a principle that is that the principal food when referring to diet is grains. That is the necessary food if you want to eat macrobiotic, the rest is for desire...It is about being principally independent rather than dependent, to principally be necessary rather than desires, and to principally be internal than external.*

(David)

*It is not a diet. It is about the art of living for which diet is quite an important part. The term macrobiotic diet is very misleading and does get misused. The macrobiotic diet is actually maximising your health wherever your living on earth... Human health and environmental health is not separate, so we should mostly eat with in our geographical region it differs from one place to another, so you can't say there is a macrobiotic diet. There are dietary principals of balance, harmony, cooperation, sustainability, and using what is there...Macrobiotics is not an enter therapy really, but using*

*the phrase ‘dietary therapy that is a start towards a change of heart or mind’ because real cure of any serious illness is a whole not a part. Lifestyle, relationships, attitude, self-esteem, consciousness.*

*(Roy)*

All participants seem to have identified or defined macrobiotics in relation to food or at least gave some indication that food is a rather essential part of its concept, except for one of them who insisted that macrobiotics should be understood in connection with everything around us. For him it was not sufficient enough to emphasise the effect food has on us without including ones lifestyle as whole.

*It is quite possible to eat a macrobiotic diet and become sick. Health is beyond food obviously, you should not just focus on the food part of it. You’re not making a balance by presenting macrobiotics in this way in the scientific just focus on food. You’re taking a unilateral view of macrobiotic which is that you’re just looking at the diet. Look it is clear if you eat well but hate your self, surroundings, job, and no exercise. You think your going to be well?*

*(David)*

#### **4.3: THE IMPACT OF FOOD ON OUR HEALTH:**

During the interviews many of the participants when explaining how the macrobiotic diet affected them, two main aspects seemed to be highlighted. The first was related to a specific illness they might have encountered and had eventually healed when they adopted this diet. the second was the impact this diet had on improving their general well-being. In this section we will explore some of the statements made relating to how the macrobiotic diet as well as other foods or diets affected these individuals health.

*As I became a teenager I had a lot of emotional problems that I felt. Depression sometimes and I was a bit crazy... Anyways, slightly...anyway, since starting macrobiotic diet all my health problems went, and emotionally I completely changed I became much more stable emotionally, instead of feeling like just that I was on my own separate, I started to feel like I was a part of the earth, more integrated with nature and a sort of feeling of roundedness’ with nature and a great appreciation and gratitude for everything that nature has given us and the abandons of the natural. World... all of those kind of feelings one could almost call it “spiritual” feeling of wholeness and goodness of the earth. All those things really came very much when I started eating macrobiotic. I think it’s a three fold physical, emotional and spiritual all of those things.*

*(Lora)*

*Originally I did not intended for health reasons but after I was on it for a while suddenly my skin improved, like never before and when I gave up dairy my skin improved but not like this, my whole system became regular, I used to have constipation” and “A few years ago my spouse left me and I seriously ate macrobiotic- ally, because I knew I needed something to keep me well. I was screwed up about what he had done, so worked six month’s seriously at it. I am certain it helped me keep level headed, grounded, but the major thing was my skin, unless you have seen it... my legs were like alligator scales, when I change at night...have a snow storm.*

*(Linda)*

*I had far less colds, flues, and my digestive problems cleared up, pain cramps in intestine cleared up soon after I was macrobiotic” and “cakes, coffee, potatoes with cheese which I tended to eat and it clogged up my system and digestion slowed down and would not work well, I found the only thing I could eat was rice porridge and feel well on, so that is what I did for a while I ate very simple rice, vegetables, beans, and stuff like that and gradually brought myself back to health that way.*

*(Michel)*

*I feel better, clearer, and more relaxed.*

*(David)*

In addition to how they believed macrobiotics influenced their health and well-being, additionally they described effects of other diets, or specific foods, on their well-being both in positive and negative ways.

*On the raw food diet and fruit fasting and so on I did notice some improvement in my health condition but I also noticed some different detrimental effects” so for e.g. when I was eating fruits after a period of time I became very cold and also I became very unsociable... I became very isolated socially when I just ate fruit for a long period of time, also I think at that period of time I became very demineralised through eating too much citrus fruit because my teeth started to get very bad I lost quite a few teeth*

*(Lora)*

*I got hepatitis that triggered a syndrome that was dormant ... I felt very ill and went to hospital they put me in isolation. Up to that point I had not been interested at all in anything that was alternative... I was recommended by a friend to a very well known ayurveda practitioner so I did a fast, mostly what led me to that was the feeling that I was very foggy in my head right... cause I was still eating dairy and everything.*

(Mark)

*On homeopathy to starve the Candida... didn't eat any refine or fruit sugars only whole grains for six weeks and I was fantastic after that.*

(Linda)

*This diet is much less in dairy products ... I feel that dairy products in particularly clog's up the system, caused a lot of mucous, I often had a plugged nose, sore throat, probably from too much sugar in the diet, think that sugar in the diet can definitely lower the immune system it effects the lymph and when the lymph is out of balance it effects the tonsils, you easily get infections in the tonsils, normally doctors would say clip out tonsils, but instead I found if I got out the sugar and sweets from my diet, and stuff like that, the tonsillitis went away.*

(Michel)

The statements made in this section seemed to be answering some of the questions put forth earlier on in (chapter 2) such as, to what extent does foods affect our health? How does it affect our health? And can it have a curative impact? Hippocras in his oath states that "I will apply direct measures for the benefit of the sick according to my ability and judgement...etc" (Jack, 1999:12). Application of this oath has been carried out, indicating that food was and can be used as a curative method.

The first example is related to the condition of Lora

*When I was a student I had some depression,  
I was put on medication for that and it made  
it much worse and I realized that it wasn't really the answer.*

"A report published in the *Annals of Internal Medicine* found that in a test of three hundred men and women, depression and hostility dropped markedly in all who dropped a cholesterol-lowering diet and led to greater feeling of self- efficacy and enhanced psychological well-being" (p 82). Perhaps this was the case with this same individual. She previously indicated that she was on a rather high fat diet stating that,

*We had a lot of things like cheese, milk,  
eggs meat every day which were considered good.*

(Lora)

“Dairy products—including cheese, ice cream, milk, butter, and yogurt—contribute significant amounts of cholesterol and fat to the diet. Diets high in fat and saturated fat can increase the risk of several chronic diseases including cardiovascular disease” (PCRM, 2004).

The raw foods are said to be very good for detoxifying the body of its excess. However, it can have rather negative effect in that “the biggest danger with a wrong raw-food diet is demineralization. It is easier to become demineralised than it is to become mineralized. Both demineralization and mineralization will occur faster when one eats only raw foods” (Wolfe, 2001). This case was quite evident in the condition of Lora she also added that

*I was on this diet for probably a year or a year and a half.*

In the condition of Linda research has linked her illness “with the excessive use of antibiotics, oral contraceptives, treatment with corticosteroids, and a diet high in sugar and simple carbohydrates” (Jack, 1999:54).

#### **4.4: REFLECTING ON CONCEPTS RELATED TO THE EMPOWERMENT AND SALUTOGENIC MODELS OF HEALTH:**

I realized a rather interesting characteristic that seemed evident in all of the participants I interviewed. A strong sense of independence and confidence concerning their health was sensed. They seem to have control and rationale behind why, how, and what they did to address their health.

In analysing ways in which to understand why these individual had a strong sense of confidence and independents about their health. I found Antonovsky’s views on health to be quite supportive as well as the empowerment model in relation to the participant’s attitudes, views, and ways of living concerning their health issues.

Each participant more or less presented their views in ways which can be related to Atonovsky’s model or view of health.

He proposes that none of us can be labelled as being healthy or diseased, rather we are all situated somewhere along what he calls the ‘health-ease-dis-ease’ continuum. Mark showed this same type of understanding to what he believed macrobiotics was

***For me macrobiotics is sort of like a continuum and along that continuum there is a balance, and you never reach an equilibrium for very long but you strive to do that by getting nearer the centre, and that enables you to occasionally have fun and then swing back to the centre.***

According to Anonovsky (1984) the ‘normal state of affairs for the human organism is one of entropy, of disorder and of distribution of homoeostasis’ (p116) cited in (Sidell, et. al, 2003:36). He thinks it is a rather more sensible way of viewing the human organism. The issue under inquiry here is weather it is possible for one to reach a state of balance or equilibrium according to Antonovskoy, or is it an ever lasting goal that can not be achieved. I will not try to answer this question but it seems rather interesting the idea that the participant put forth, that we can reach a state of balance or equilibrium but, ‘not for long.’ But perhaps Antonovsky was referring to equilibrium as a state of perfection and that no one is perfect, therefore no one can achieve perfection.

According to Antonovsey’s “purpose is to redress an imbalance inherent in the way we view health not to abandon the struggle against disease but to widen the armoury and explore other ways of achieving health” (Sidell, et. al, 2003:36). This view seems to be shared by two of the participants when discussing the effects food has on improving or curing disease.

***If you want to know people who are ill and eat strictly macrobiotic and well cooked, they chew properly, not stressed invariably they do get better but only for a certain length of time, after that it does not work cause their old lifestyle starts coming back.***

***(David)***

***It works at that level but, then the emotional, the mental level has to change so healing can happen from the physical towards the mental through various stages, so the biological of cleaning out ones food is stage one.***

***That would not do good for everyone but, it is a jolly good start.***

***(Roy)***

***Nothing does anything totally not chemotherapy not macrobiotics.***

***(David)***

When reflecting on the statements made by these two participants in relation to Antonovsky's model it seems they are identifying and proposing other ways in which to achieve and view health which seems quite interesting, in that this pathogenic way of viewing health can be adopted in any realm of health be it the biomedical medical approach, the alternative approach or any other, and that perhaps the problem is not positioned in the approaches or theories themselves but, in the way we perceive and interpret them. This is why both David and Roy stated that

***Macrobiotics is inclusive philosophy it's not excluding anything cause you don't know what might be necessary at any one time for any one situation so if someone is very ill they may need some western medicine, than what. What we are saying visually western medicine will not last, it stops at the physical.***

The same seems true to any other approach that stops or is understood in such a narrow and ridged manner, in that it stops just at the physical, or just at the mental, or just at the spiritual, It a question of balance and relativity.

Being in a state of empowerment is said to directly and indirectly relate to health. "A state of empowerment is a state of health" (Tones and Tilford, 1990:28).

There are various characteristics that are said to contribute to the development of empowerment but this is not the focus of this paper therefore, we will not go in to detailed explanations but rather mention them, so when referred to at later stage one is able to connect them to the concept of empowerment. The expressions locus of control, self-efficacy, and self-esteem all affect our ability to cope with different situations. In turn this idea is very much related to the three components of what Antonovsky calls a Sense of Coherence its components are Comprehensibility, Manageability, and Meaningfulness. Comprehensibility "is the ability to see one's own world as understandable, to have confidence that sense and order can be made of situations", (Sidell, et. al, 2003:37).

Meaningfulness "is the 'emotional counterpart of comprehensibility... life make sense emotionally' life is worth living", (Sidell, et. al, 2003:37)

and Manageability "reflects the extent to which people feel that they have adequate resources, mental, physical and material to meet whatever demands are put upon them" (Sidell, et. al, 2003:37).

For instance In the case of David on commenting on how he viewed his self with dealing with cancer he states

***It was the best thing that happened to me to have a serious illness because it made me see what I was doing with my lifestyle and how I was making my self ill. Because I did not say Oh, my God I am so unlucky, it's genetics, Oh it's the food I am eating. I said look at my whole life which is majorly contributing to me being ill, now here is a chance I either carry on the way I was and go to an early grave or make changes and that is the way we see sickness that it can be a strengthener of health.***

He seems to reflect a strong sense of comprehensibility in that he is justifying, and making sense of his situation. He believes that he possesses the choice to interpret and contribute to his illness in an either positive or negative manner, depending on the attitude or lenses he chooses to perceive it from. Supporting what David said. Roy joined in the discussion commenting that:

***If you reflect like David did, how did I create cancer?  
And what do I have to change so I do not create  
cancer any more that is the real cure.***

One could argue that it seems to be a rather harsh approach for one to have on oneself, or even to anticipate from one who is ill but when looking at it from a rather rational view point which was put forth we by Roy:

***Illness is like little mistakes like learning to ride a bicycle.  
You do not learn how to keep balance on it with  
out falling off a few time.***

In posing the condition of those who are ill because of some genetics then the issue of coping is essential this is were manageability comes in. One believes that there are ways in which one can cope and face the situations no matter how crucial.

The components of manageability is quite evident in reflecting some of the participant's direct involvement in seeking ways to improve their health seem to indicate a relation between their sense of self- esteem, and locus of control (is a belief one has in his ability to have an impact on achieving a perused goal to the concept of empowerment for instance:

***when I ate the macrobiotic food I really felt completely different from any of the other foods I tried...I also started to notice big improvements ... I thought well I need to find out more about what is this macrobiotic food...so I bought books , I studied from books, and I started cooking regularly at home ...everyday whole grains, beans, vegetables, sea***

*vegetables, fruits, nuts, seeds... and my health improved, and I became better and better and eventually I went on to study in greater depth so I studied with Michio Kushi and I went to Boston and stayed in the Kushi institute for a while, and I did a year of restaurant training when I was there as well*

*(Lora)*

*I was vegetarian, because of my eczema and asthma. The homeopathy told me to leave dairy products; I felt it was difficult no dairy, dealing with other vegetable proteins, did not want meat, the homeopathy told me she was going to cooking classes and I ended up going to the entire course it was two years long, it was interesting, it was a macrobiotic course.*

*(Linda)*

This indicates that participants believed that they had the knowledge and skills necessary to sustain their health by being actively involved in constructing this knowledge. From the constructivists point of view this is how learning accusers: “learning is not understanding the "true" nature of things, nor is it (as Plato suggested) remembering dimly perceived perfect ideas, but rather a personal and social construction of meaning out of the bewildering array of sensations which have no order or structure besides the explanations (and I stress the plural) which we fabricate for them” (Hein, George, 1991).

All of the participants seemed actively involved in constructing their own knowledge and understanding of what and why they chose this way of life justifying, each in their own way to their rational behind the choices they made.

#### **4.5: WHY THIS DIET?**

As mentioned previously in the literature review there are various benefits in adapting to better ways of eating. Each of the individuals explains their reasons for choosing this diet. All of the reasons posed seem unique and based on personal experiences these individuals encountered through the application of this diet. According to the constructive theory, a key component for learning to take place is motivation. These individuals seem to be motivated by their own personal struggle to find what helps improve their health, through trial and error. They seem to be motivated intrinsically to carry on and prissiest on this way of life. This point is quite evident in the examples put forth here:

*I've been eating this way longer than I was eating English diet. So, this has become my way of eating. This diet is more holistic and it has the idea of balance, and it is really based on the foods that have evolved as mankind has evolved, so throughout history grain has been the major food really of all civilizations and it's really only in recent years that so much animal products has been eaten or considered good to eat but in most traditional society grain was always the main food and then meat and other foods would be supplementary and just used more occasionally. And that was the case here as well for thousands of years. ..It was really only towards the 16<sup>th</sup> century that food started to become much richer and more meat was eaten by common people.*

*(Lora)*

*There is no diet that looks at your body, and your life in such a holistic way and deals with the way you eat. The hay diet is suppose to be good , it helps people lose weight and they feel better about for that but it does not cater for different types of people in the way that this diet does.*

*(Linda)*

*Because it worked for me it felt well, I also looked at raw food diet but did not quite seem to make sense, some macrobiotic diets are all cooked some cooks go for too much cooking. I like a balance between the two, more raw in summer and less raw in winter macrobiotics gives you a whole raft of tools to use in choosing food, for example the basic principles of yin and yang. When you begin to understand that you begin to understand how to balance your food. So if you eat too much of that and feel that way than you know you can go an eat some of that and feel a bit better.*

*(Michel)*

Examples of statements made by these participants that indicate them encountering difficulties before or during their struggle in finding solutions to their health issues. Most of them also seem to have had negative experiences or negative comments concerning conventional medicine.

*I was young in my 20s I became very ill, I was living in America at the time I had already had some negative experiences with western medicine. When I was a student I had some depression and I was put on medication for that and it made it much worse and I realized that it wasn't really the answer.*

*(Lora)*

*When I went for consultation my teacher tolled me that I had to try some fish, and although against my principles at that time I tried some, and felt better physically.*

*(Michel)*

*I actually had cancer and was told by the medical professionals that I was committing suicide by not having an operation immediately, through a lot of thinking and other things and also tried to eat clean food. The sergeant tolled my GP that I must have God on my side, because he could not understand when I did have the operation how it did not spread.*

*(David)*

*if you are driving in your car and the red warning oil light comes on western medicine will take a hammer and smash the oil warning light and carry on driving.*

*(Roy)*

Else where in this chapter there are examples although used for other purposes, they also give insight to how participant strived to find what they believed to best suits them as a way of life and in addressing their health.

#### 4.6 CHALLENGES IN ADAPTING TO THE DIE:

Although this section seems to be related to the previous one, it will be tackled from a different perspective. This section is more specific and is concerned with some of the difficulties participants encountered when adapting the macrobiotic diet.

*If macrobiotics applied correctly there are no negative factors but there are negative factors in it if. It's misunderstood because some people have a very negative idea of what it is... They think they're not allowed to eat certain things which actually is not true. The only difficult thing is when you start to understand that some food make you not so well than you'll have some regret about the new knowledge.*

(Lora)

*If people interpret things too rigidly and too strictly, what I see than people go from one extreme to another, because if it is too salty they will have something which will overcompensate...because of yin yang balance. Or people will be too strict with them-selves either too quickly or not adjust.*

(Mark)

*the down side of it is socially its very difficult example I find it hard not to drink or get drunk, most macrobiotics don't drink alcohol, I struggle with that, and eating out, many of my friends I have been on this diet, so there is a tendency that they may not want to cook for me.*

(Linda)

*Initially it is complex but practicing, being with other macrobiotic people, going to lecturers, classes you began to get a feel for it, because it is not a part of our culture. If you're in Japan or China the words are in your language you understand that, for us the words are not in our language we had to almost stand on our hands and twist to learn what the terms mean.*

(Michel)

*Yes there can be negative things depending on your lifestyle and one of them could be time and cooking, if you work all day and come back you could say it's negative but you could say that extra time of not eating is positive and yes very difficult well it's new you have to learn something, if you been use to just meat and potatoes... cause it is a different way you should cook with some intention, some integrity, and nice, ingredients socially it is difficult explaining yourself to people who don't want to understand, you should just eat before you go out... but it is better to just share your food with people or you can destroy your relationships you have to make a decision whether you want to be a fanatic or just saying I am fasting to night.*

(David)

Three of the participants seem to relate the negative or down side of macrobiotics to the individuals practicing this diet either in their interpretation, or applying it with extremity. One of the participants relates it to social issues, and another participant relates it to issues dealing with practice, educating oneself, and seems to differ according to the background of the individual. It probably depends on how long one has been on the diet as well. One can have strong cravings of foods one used to eat before starting this diet. This would probably have to do with one adapting to this new way of eating. But all of the difficulties posed here are very realistic.

#### **4.7: IS THIS DIET SUITABLE FOR EVERYONE?**

This question in it self is quite controversial. Is any one way suitable for every one? One may pose the idea that we are all different so how could one way possibly be suitable for all of us. Most of the participants seem to think that this diet is suitable for everyone and pose quite interesting justifications of why they believe it to be so:

*Yes, because it's actually man's original diet and it's only 50-100 years. The diet has become so different...so up until 50-100 years ago, most people around the world were eating pretty much macro diet. In Asia you would have rice, beans, vegetables, and some meat products; all eaten in quiet a balanced way. In South America or America there is the native Indians diet...Corn and beans and vegetables. Pumpkins... and then different civilizations all around the world eat pretty much according to the foods that grow locally.*

*(Lora)*

*I think that this diet is suitable for everyone. Absolutely can't see why not if it is done sensibly. I think again there has been lessons that have been learnt in the early days in America in the 60s early 70s still in certain generations people still see it as a diet with mostly rice, because of the original diet of fasting from George Ohsawa and a lot of peoples health suffered from that rather strict japans approach. You we don't live in Japans here it's very different.*

*(Mark)*

*Absolutely, because the style of macrobiotic cooking is designed to cater for completely different types of people. On the course we divided ourselves from really yin people to really yang people. The really yang must tend to eat more yin and yin people must eat more yang to balance them selves out... I*

*whole heartedly think this is the way but, I am not going to try to change the world, got to get it right for me first.*

*(Linda)*

*I believe that macrobiotics is possible that it could suite 30%-40% of the population and probably that is why there is so little people, because a lot of people try it for the first time find it too simple and not rich enough. With my own business Veggie Ventures it is based on macrobiotic principles but I cook much more broadly...it is very important to give people a choice because if you force them they will become unhappy.*

*(Michel)*

*In principle yes it is suitable for everyone, but it is for them to decide.*

*(David)*

#### **4.8 GENERAL DISCUSSION:**

Experience is a powerful tool in the process of learning, understanding and constructing meaning of what we do and why we do it; as the constructivists put it “Learning is an active process in which the learner uses sensory input and constructs meaning out of it. The more traditional formulation of this idea involves the terminology of the active learner (Dewey's term) stressing that the learner needs to do something; that learning is not the passive acceptance of knowledge which exists ‘out there’ but that learning involves the learner engaging with the world” (Hein, George, 1991).

This experience can be positive or negative. Findings indicate that negative experiences or difficulties can contribute to bringing about positive results. This seems to be one of the reasons why according to Adler difficulty is viewed as a positive thing “People are accustomed to considering difficulties as something negative. Adler made difficulties something positive, because the desire to overcome the difficulties develops the striving in the individual. The individual who had no difficulties will lack the disposition to face and overcome other difficulties” (Stein, Henry, 2004). Perhaps the issue here is not to do with an experience being positive or negative , but rather on ones perception of the experience.

Each of the six participants portrays their understanding in various ways. The first way in which they depict their understanding of macrobiotics, is through defining it in

unique ways. Some resembling the original definitions, others seem to focus on the dietary aspects of this approach; and yet others bridge between both. But, despite this variation in view one essential issue remains to be the focus: the understanding of macrobiotics as a principal. Its principles seem evident and manifested in all their definitions. They all seem to refer to the concepts of balance, harmony, flexibility...etc and this is in agreement with the statement that “A fascinating aspect of the Macrobiotic philosophy is the applying of this yin/yang theory to food. It follows that if there is a natural order to all things then this also applies to food” (Ryder, Vivien, 2002).

Further-more the way participants defined this concept has been reflected through-out its history of development, its principles were evident in the East and in the West and although expressed differently, the principles were one; this is confirmed in the literature review. Perhaps more verity in defining macrobiotic would have been evident if people from different ethnic backgrounds would have been interviewed.

The second, way in which their understanding was portrayed was through the rational explanations they gave for why they chose this way of life or diet, they seem to consciously be convinced that this diet has influenced their well-being supporting their claims and beliefs with knowledge they have gained from studying as well as the many years of experience which seem to add more validity to their claims. One could argue that perhaps these individuals strong belief in this concept has contributed to them following it and blindly looking beyond its negative aspects, if any. Parts of this statement might be true even though I have not detected this through my interviews with them, true they seem to whole heartedly believe in this concept but, than again with reason backing up this belief, by putting this belief to trial. They have tried other ways that they were not satisfied with each for their own personal reasons “whether or not a person changes their behaviour will be influenced by an evaluation of it feasibility and its benefits weighed against its costs” (Naidoo and Wills, 1994: 180).

Accordingly, the majority of learning theories are based on the notion that individual’s behaviour is guided by consequences. (Naidoo and Wills, 1994) and if these consequences are positive or believe to be than, one is more likely to be engaged in them. All participants explained positive results they have experienced when on the macrobiotic diet, which probably explains the many years they have persisted on it.

Than again, one could argue that if true than how does one explain the reason behind some individuals persistent on behaviours that results are negative like smoking, a drug...etc one explanation for this seems to be the short-term pleasure of engaging in these behaviours seems to be a greater incentive to the individual than the long-term effects.

A third way in which understanding is depicted is through empowerment “Understanding why you behave in certain ways and being enabled to change if you choose is a central principle of the self-empowerment approach to health promotion” (Naidoo and Wills, 1994: 178).

This seems to explain some of the reasons why these individuals were so in control of their health and empowered. They seem to have an understanding of what is health, illness, and how to go about dealing with them. They believed that they had the power and autonomy to change, and they did, because they wanted to. One of the prerequisites for change to occur is that it has to be self-initiated. One could certainly argue that some people are forced to change. For example one might have a serious illness that could be life threatening. In this situation the person is forced to change and therefore it is not self-initiated, but rather a desperate decision. But than again even if one is put in a crucial situation perhaps that was his/ her clue to realizing how necessary it was to change their behaviour. In the case of David who had cancer and was told that he had to be operated on immediately he said that he had made a conscious decision to change his behaviours and way of life because he believed it was contributing to his illness

***“This is the real cure”*** stated by both David and Roy.

The findings indicate that food does affect our health and can have curative results. To what extent can foods have a curative impact remains an unresolved issue that needs and has been researched on, however it is beyond the scope of this paper. But it seems to have a rather serious one, this seems quite evident in the various examples discussed with participants and is supported by Hippocrates cited in (Jack, 1999: 138) that “each one of the substances of a man’s diet acts upon his body and changes it in some way and upon these changes his whole life depends...”

When interviewing the participants there seems to be little need for them to go into detail of why they believe, for instance that dairy products, sugar, meat...etc are seen

to be harmful to one's health. The fact that there was a common ground of understanding between the participants and my self, for instance I automatically understand what they mean when they say sugar weakens the immune system. But I can not assume that my readers understand what is meant. But because this topic is beyond the focus of this paper, I have decided to overlook this point.

After reflecting on these findings I have come to recognize how important it is for health promoters to help to empower individuals and there seems to be two ways in which they can try to help people resort to taking responsibility for their own health. One of the ways in which this could be done is by health promoters' educating themselves about the important role diet plays in influencing our health and familiarizing them-selves with the various holistic and complementary approaches. True there might be a problem in resorting to one specific dietary approach. However, my intention in presenting the macrobiotic approach was to put forth an example that would set the sense of how effective these approaches can be in promoting one's health. The reason why I would recommend health promoters to become more aware of the macrobiotic diet is because it is not simply a diet focused on losing weight, ridding the body of its wastes, or solely used as a curative method. But it is a rather holistic approach practiced by our ancestors. Hippocrates the father of medicine states "I will apply dietetic measures for the benefit of the sick according to my ability and judgment..." (NOVA, 2001). And is now being used in our present day "It is a model of health care based on the synthesis of East and West, traditional wisdom and modern practice, and intuitive perception and scientific analysis"(Kushi, 1988:8).

What I am implying here is that "If no invasive, no pharmacologic interventions can effectively and safely improve a condition; it makes sense to try these interventions first or as an enhancement to conventional treatments" (Eliopoulos, 1999: vi).

A second, way in which this could be accomplished is by educating individuals about the various approaches available to maintain their own health should be acknowledged. The crucial impact food and its influence on well-being. Helping them to move away from constantly resorting to blaming some external factor that they perceive they have no control over. Whatever choices they do make they should be engaged to understand why they did so and not out of blind belief, or manipulation.

This notion is in agreement with the following statement “It is the encouragement of independent thought which sets education apart from training, social conditioning and, above all, indoctrination” (Doxiadis, 1990:18). One of the participants portrays this idea as well:

*We don't want to use professionals for everything, we want a system which is basically cheap and free and easy that we can use ourselves so, that we can self regulate and heal ourselves through our sickness which is the strengthener of our health, it is degenerative to want to just depend on the professionals and want easy solutions.*

*(David)*

This point can definitely be argued, when questioning one's freedom to choose to be independent or dependent on professionals. But perhaps it was not intended that this notion be taken as disregarding one's freedom or autonomy, because in the end the reality is that it is up to each individual to make their own choices about how to address their health issues. Perhaps he was referring to the attitude of constantly depending on others; this attitude in itself is a degenerative one and seems to be in agreement with what health promotion is all about. “Health promotion could be seen as aiming to empower individuals and communities to take action and make decisions that will improve their health” (Duncan, 1995: 72).

The primary recommendation for this study is for it to be taken a step further, including a larger population sample, and to involve participants coming from various cultures, social classes, ages, and who are at various periodic stages of this diet. This would probably lead to the development of broader themes that were highlighted and lead to the development of ones that were not yet identified, or has not yet matured.

## CHAPTER FIVE CONCLUSION

### **5.1: CONCLUSION:**

‘To understand is hard. Once one understands action is easy’ (Sun Yat Sen, 1866) cited in (Cohen, et. al, 2003:3).

Firstly, the aim of this research was to explore, analyse, and try to understand peoples experiences, and beliefs about what is health, how they addressed their health issues, and specifically, the impact of adopting a macrobiotic diet to their well-being. The findings show that health was an issue taken seriously by all participants. Moreover it showed the impact understanding, experience, and empowerment had on the decisions these individuals made. One of the biggest impacts seem to be them acknowledging and understanding the responsibility they had for their health, this was a pattern evident in all. Illich sums this impact eloquently, “health is a personal task which people must be free to pursue autonomously” cited in (Naidoo and Wills, 1994:13).

A second rather interesting factor that we can draw from these individual’s experiences is that their choices seem to be governed by understanding and autonomy. By autonomy I am referring to “doing what one wants to do but on the basis of thought or reasoning” (Gillon, 1986:61).

It is quite clear from the research available from both the literature review as well as the findings, that food can have grave impacts on our health. It can have a positive effect not only in helping us maintain our health, but also in restoring, and curing ourselves from various illnesses. This idea is summed up in Hippocrates well know quote “let food be your medicine and medicine be your food” (Wigmore, 1984:9).

In our present day holistic health, alternative medicine, and organic foods are moving in-to the mainstream, people are becoming more concerned about their health; they are searching for healthier ways of eating and living. Fortunately, healthier foods are becoming more available to the public specifically in the U.S. As a result “Death from heart diseases have dropped by over half, and for the first time cancer incidence and mortality have also fallen.....Scientists are actively investigating the connection between diet and sources of other disorders ranging from asthma to multiple sclerosis,

from Alzheimer's disease to osteoporosis" (Jack, 1999:7). One of the greatest things about adopting a healthier diet is the multiple advantages it has not only in improving a specific condition, but in lowering the risks of other illness, and enhancing our well-being in general (Hunt and Hillsdon, 1996).

This study has its limitations but it has provided us with real life examples of how individuals promoted their own health by means of diet, and the positive outcomes that motivated them to continue so that "the diet for living will become your diet for life"(Robbins, 1985:15). The insights provide us with a framework of how laying a greater emphasis on promoting health through ways of life in general and diet in specific can be a simpler and more effective way of helping people to help themselves. Accordingly, moving away from what Illich calls social iatrogenesis that "is the loss of coping and the right to self-care which has resulted from the medicalization of everyday life" (Naidoo and Wills, 1994:14).

Change is occurring; we as healthcare professionals have a duty not to hinder this change, by taking this responsibility away from them. We must make use of all approaches and modalities that can benefit a person as a whole. Learning and understanding about and utilizing holistic and complementary approaches are essential to bring about this change and promoting health (Eliopoulos, 1999: vi).

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## **Appendices**

## **Appendix 1**

### **Interview quotations**

1. How is your state of health?
2. What do you do to address your health issues or do you not address them?
3. Can you explain how you came to adopt this diet?
4. How long have you been on it?
5. In light of the quote “you are what you eat” can you critically reflect your experiences with your previous diet and this new diet (macrobiotic diet)?
6. Why this diet as apposed to any other diet?
7. Can you talk about how this diet affects your health? In what way?
8. Did you try any other alternatives to deal with your health problems?
9. How do you apply macrobiotics to your life?
10. Did you find it difficult to practice this diet? Why yes or no?
11. In your opinion what are the positive and negative factors of adapting to the macrobiotic diet?
12. Do you think this diet is suitable for every one? Why or why not?

## **Appendix 2**

### **Interview with Lora**

**1. *How is your state of health?***

Very good.

**2. *What do you do to address your health issues or do you not address them?***

I try to keep healthy through good eating and also exercise. Exercise is very very important to have daily exercise, walking or more strong exercise as well. Food alone is not enough, because for our digestion to work well we need to also have the energy moving to stimulate the nutrients in our food.

**3. *Can you explain how you came to adopt this diet?***

When I was young in my 20s I became very ill, I was living in America at the time I had already had some negative experiences with western medicine. (Elaborate) When I was a student I had some depression and I was put on medication for that, and it made it much worse and I realized that it wasn't really the answer. Also as a child I had a few operations which were rather unpleasant, and quite a lot of illness as child with a lot of antibiotic treatment. In my early 20s I was not well.

But I also visited India for a year, and when I was in the countryside in the mountain I studied the people there, the country people and I notice their lifestyle revolved around the growing of their food crops, and looking after their animals, they had a very simple lifestyle, they had good water, they were outside a good part of the day, they were active they also had a very strong social community and, they played music. They had culture, crafts, and beautiful clothing which they made themselves.

So, I was very impressed by the simplicity of their lifestyle which was totally non-western if you understand that, and then I started to connect that what they ate maybe was also important in maintaining their good health because I can see by looking at them that they were very radiantly healthy.

And I realized that they actually ate mostly a vegetarian diet perhaps with small amounts of meat, and that their diet was based on whole grains, vegetables, beans, and well, very little else really. So that really struck me that these people ... and they also had a great serenity and calmness and joy of life which I didn't feel we had where I

came from here in England in the same way. it was something that they had that we did not have. So when I went back, I was living in America at the time I started studying about different healing foods and diets, and I tried the raw food diet, I tried fruit fasting, I tried herbal foods this was before I new about macrobiotics... and than I also started eating in different vegetarian restaurants. In New York and eventually I end up eating in a little macrobiotic restaurant. When I ate the macrobiotic food I really felt completely different from any of the other foods I tried. It somehow felt very complete, and I also started to notices big health improvements as I ate that food, so then I thought well I need to find out more about what is this macrobiotic food , and what's it all about so I bought books I studied from books, and I started cooking regularly at home. Everyday whole grains, beans, vegetables, sea vegetables, fruits, nuts, seeds and my health improved. I became better and better and eventually went on to study in greater depth so I studied with Michio Kushi and I went to Boston and stayed in the Kushi institute for a while. I did a year of restaurant training when I was there as well. I first started in about 1973-1975 I studied then in 1976 I did the restaurant training. 1978 I came back to England with my husband and then I had my first child. Since than I have been living In London and working, teaching macrobiotic. I have had 5 children they have all been brought up macrobiotically.

***4. How long have you been on it?***

About 30 years. I have been on this diet.

***5. In light of the quote “you are what you eat” can you critically reflect your experiences with your previous diet and this new diet?***

Well, I was brought up on a typically English diet, and it was just after the 2<sup>nd</sup> World War. When I was very small it was still rationing and there weren't a lot of fresh foods but, then as the food started to become plentiful we had a lot of things like cheese, milk, eggs, meat everyday which were considered good. I mean there had been a big shortage so when this new plentiful foods started to be available I think my mother thought she was feeding us very well, because we had 3 times a day you know either, meat, cheese, eggs in quite plentiful amounts together with sugar dairy products things like that hmm. As a child I always had very strong cravings for sweet things for sugar and I could never ever get enough of sugary foods, I would hunt all

over, my mother had to hide the chocolate biscuits and if it was ice-cream I just would always want to eat more and more, so I had big craving for sweet foods. As I mentioned before I did have health problems as a child, I lot of colds, I had some skin problems with sestetis, tonsillitis earache, I had to have all of my wisdom teeth taken out because they were not growing probably, I was not very good at sports, so I didn't probably get enough exercise at that time...I also as I became teenager I had a lot of emotional problems that I felt depression sometimes and I was a bit crazy.. Anyways, slightly.. Anyway, since starting macrobiotic diet.. all my health problems went, and emotionally I completely changed I became much more stable emotionally and started to have, instead of feeling like just that I was on my own separate, I started to feel a part of the earth, more integrated with nature and a sort of feeling of grounded ness with nature, and a great appreciation and gratitude for everything that nature has given us and the abandons of the natural world. All of those kind of feelings one could almost call it "spiritual" feeling of wholeness and goodness of the earth. All those things really came very much when I started eating macrobiotic.

I think it's a three fold physical, emotional and spiritual all of those things.

#### ***6. Why this diet as apposed to any other diet?***

Well I mean now, I've been eating this way longer than I was eating English diet. So, this has become my way of eating... this diet is more holistic and it has the ideal of balance. And it's really based on the foods that have evolved as man kind has evolved, so throughout history grain has been the major food really of all civilizations and it's really only in recent years that so much animal products has been eaten or considered good to eat but in most traditional society grain was always the main food and then meat and other foods would be supplementary and just used more occasionally. And that was the case here as well for thousands of years. It was really only towards the 16<sup>th</sup> century that food started to become much richer and more meat was eaten by common people. So, when I experimented with those other diets for example. Raw food diet, fruit fasting and so on I did notice some improvements in my health condition but I also noted some different detrimental effects. So for example when I was eating fruits after a period of time I became very cold and also I became very unsociable. I wasn't able to communicate so well with my peer group and with friends; I became very isolated socially when I just ate fruit for a long period of time. Also I think at that period of time I became very demineralised through eating to

much citrus fruit because my teeth started to get very bad I lost quite a few teeth I think through demoralisation. I was on this diet for probably a year or a year and a half or maybe a little longer than that.

**7. *Can you talk about how this diet affects your health? In what way?***

A little bit tricky because I didn't ever get a medical diagnosis for what was my problem ... the reason for that is that I didn't really want to go anywhere near a hospital.. The depression went when I started to eat the grains. That was diagnosed medically. The earlier one was when I had ear operation, I had plastic surgery with my ears were they cut away quite a large area behind my ears and sawed it back up.. I think I was about 13 and it was just a really horrible experience. And looking back on it now I think it was quite unnecessary.. Now I would deal with it in a very different way if I had a similar type of illness.. I would take away the cause rather than just taking away the offending area. So surgery is quite extreme and I think it is used probably too often when other things would work better which could have been food and perhaps herbs as well always

**• *How did you know it was macrobiotics that helped you get better?***

Even now, with in macrobiotics you can eat more wide I mean the true understanding of macrobiotics is you can actually eat almost anything if at that time it's appropriate. So sometimes if at party or a Christmas, or some festival like that I may over eat something that is not so healthy like chocolate or something like that and I will notice straightaway that it has a detrimental effect especially to my skin... I get big spots like boils, even from eating one or two dessert with cream or cream and sugar or something like that, I know straight away. Because other wise I have not got them but when I eat that stuff then *taraaa....* there they are. That's really how I know. I have periodic times, of eating more simply with in the macrobiotic diet, and eating more wide and so during those times I can tell what's happening its quite interesting and also emotionally I find I stay much more peaceful if I am eating more simply.

**8. *Did you try any other alternatives to deal with your health problems?***

I tried herbal treatment, and raw food diet and that's about it I think. (elaborate?) yes there was a slight improvement but they were not really sustainable they were too extreme, for example I used to do fasting with eating no solid food at all for about 14 days and I just drank a little bit of lemon juice with a tiny bit of maple syrup in it.. And that's very cleansing but as I mentioned it's demineralising.. And it was at that time that I started having severe dental problems. Yes it would help in one way but harm in the other because it was too extreme. It wasn't balance.

**9. *How do you apply macrobiotics to your life?***

Because I'm a mother I've got 5 children I cook everyday fresh food for them and I always cook everyday whole grain at least one whole grain ,and we all sit down and eat together which not only good for their physical health it's but it is also good for our family health.. It's something which is very much becoming less in the modern western world anyway.. Its more like people sit with trays in front of the TV or the parents are out working and the children come home and they just make themselves a sandwich or something so something that my husband and I felt was really. important was for us all as a family to meet at the end of the day a to sit down and share a meal and we really feel that's kept our family very strong and that it's a very important thing to try to do if possible.

**10. *Did you find it difficult to practice this diet? Why yes or no?***

Occasionally there are difficulties because sometimes I might remember my childhood cravings for sugar and chocolate and things like that, and occasionally if I do eat some of that feel not so well afterwards. But what I try to do is I make good quality desserts without using sugar.. because sugar it self has quite harmful effects on one's health so no there aren't really any great difficulties as long as one has studied how to make enough variety so your getting all the nutrients you need and you have a wide range of different menus and recipes that you can always fall on to include. It is very important bring up children that your not to strict, you have to be quite broad and they should have some animal products some fish eggs "occasionally"

it does not have to be a lot or very often but just occasionally just to make sure that they have enough nutrients of all kinds.

***11. In your opinion what are the positive and negative factors of adapting the macrobiotic diet?***

Improved health, physical, emotional and spiritual health. Also, in terms of ecology if one looked at a bigger picture by using much more simple foods like we do macrobiotics we could eliminate a lot of the ecological problems which arise from transporting foods from other countries, from refining foods in factories, from food travelling about all over the place in lorries planes, boats together with the amounts of chemicals that's put on the soil that is depleting the quality of the soil, the amount of pesticides that are put on the crops that are poisoning us and poisoning our land and the water.. so if all these things are reduced then the land would benefit and we in turn would benefit as well.. it would be less pollution, less toxic materials for people to eat or drink.. so it would be much more .. I mean it is very complex if we go in to a supermarket now there's probably I don't know how many million of different products. Or thousands it is interesting to know how many. different items are on sale in one supermarket.. than if you read the label on each one, within each food, there is maybe 10 or 20 ingredients with in each food that is in seal.. The amount of technology and manufacturing that is going into making all these foods is very big. So if one simplifies and you just have grains and you cook them, beans and you cook them, you grow your own vegetables and you cook those and you know how to make the food very tasty and delicious, that is so much more practical than every body trying to have these very complexes chemical zed and processed foods. so they would be less factories, less transportation.. And other factors which are involved in the western style of eating which effects worlds health. Lands taken in poorer countries, Asian, African, south America. Lands used to make food for richer countries.. Like coffee, bananas, sugar, agriculture.. Meat ranches in (brazil) Hamburgers..

They say that yes they love to say we are (helping other countries ... they love to say that. but it's a very short view. But what there doing really is that they are ruining the land, there taking down the rain forests which are very necessary. They're not thinking or mentioning those yes they might be giving employment to some people..

But if they were not there people would be growing their own food for themselves in the way they always have done anyway and have employment. It's a huge rip-off.

### *Negatives*

If macro. Applied correctly there is no negative factors but there are negative factors in it It's misunderstood because some people have a very negative idea of what it is.. They think they're not allowed to eat certain things which actually are not true. The only difficult thing is when you start to understand that some food make you not so well than you'll have some regret about the new knowledge.

### *(Chronic disease)*

Through eating strict macro diet it's possible for some people to turn around their illness and become totally well. It's totally beneficial. Other people may be too late and they maybe and not have enough time to change their condition. In that case eating macro might not help them. But it has been said that even those people when they eat macrobiotically and they die, their last few months and days have been more peaceful than they would've been through chemical treatment or what ever. But It's a very personal thing. But what we really need to look at which also to do with macrobiotics is why these serious illnesses arise in the first place and you know to create a world where they don't arise...

### ***12. Do you think this diet is suitable for every one? Why or why not?***

Yes, because it's actually man's original diet and it's only 50-100 yrs. That the diet has become so different. So, up until 50-100 yrs ago, most people around the world were eating pretty much macro diet. In Asia you would have rice, beans and vegetables. and some meat products. All eaten in quite a balanced way. In south America or America there is the native Indians diet. Corn, beans, vegetables and pumpkins. And then different civilizations all around the world eat pretty much according to the foods that grow locally. Macrobiotic food is really eating what grows near you in abundance without too much processing. So even if you're eating meat.. It's a good idea to eat all of the animal ... the bones , the marrow...using it in soup it's good idea to use the whole thing.

*(Originally.. everyone ate macrobiotically)*

I think probably in my understanding the time I am talking about when people were eating macrobiotically was a long time ago, through difficult conditions around the world diet has become poorer quality.

*(Diet would be perfect?)* Yeah.. I think so it is suitable for everyone