

TECH3022-18 Social Media Practice

Lecture Week One: Processed Media

1. Introduction:

- How can we harness social media for public good?
- What are the pressing issues of social justice in society?
- What are the challenges of living in our modern society?
- What do we need to think about and understand about ourselves in order to solve some of these social issues?

Notes available at: https://wiki.our.dmu.ac.uk/w/index.php/TECH3022_Social_Media_Practice

2. My Story:

- Put weight on in 30s
- Tried regular exercising to burn off, but never sustained for long.
- Went through a period of stress, poor sleep, excessive alcohol, lots of carb-food.
- I'm 5'7" and 80kg, at peak I was 92kg. When I was 20 I was 64kg – so I am still 16kg over.
- Mum, brothers and sisters are struggling with weight in middle age.
- Is this genetic?
- None do manual jobs, all white-collar work.
- I cycle or walk, don't drive.
- I get bloated with bread, and a few years ago I noticed that I used to 'crash' in the afternoon after having a sandwich for lunch.
- I can't be bothered to 'count' food, either: calories, syns or GI units, I just want to eat food I find tasty.

3. Relationship with Food:

- Food is a cultural thing. We need food, but we shouldn't think of it simply as fuel, what about the erotic experience of eating?
- How often do we sit down for a meal with other people?
- How often do we take our time to eat?
- What choices of food do I have when I'm out? The DMU campus centre?
- I eat sitting at my desk because there is no other place that's convenient or private, as a dedicated eating area, where I can take my own food.
- Whatever happened to dining rooms?
- Do I want to be 'careful' about my food continually (paranoid)?
- Do I want to be hungry most of the time, never feeling full or satisfied?
- I try to eat healthily, lots of fruit – at least five-a-day?

4. Comfort & Emotion:

- If I had a problem I would have a drink, or a bag of crisps.
- When I would sit and write I would have crisps and caffeine for the stimulation.
- I've never had a sweet tooth, so avoided cakes & sweets.
- At a family celebration the sweets and cakes come out automatically.
- Look at how binge drinking is such a part of British life, it's seen as being normal to fall about in the streets after a skin-full on a night out.

<http://www.dailymail.co.uk/femail/article-2768442/It-s-not-easy-overweight-benefits-says-25-stone-mother-two-wants-MORE-money-government-help-diet.html>

5. Exercise:

- I can run 1km in just under 6m – not bad for age, but still fat.
- I have periods of training and periods of not training – do I have to train continually at a high level for the rest of my life?
- Training drives-up my appetite, so I feel I need to eat more.

- The pressure on us all to be body conscious is immense, and we've seen a massive rise in eating disorders as a result.
- Collectively we spend more time in the gym – but is our physique determined by our genes or our 'virtue' as a person?

<http://runkeeper.com/user/bobski67/profile>

"We call this the 'calories-in/calories-out' or the 'overeating' paradigm of excess fat – the 'energy balance' paradigm, if we want to get technical. 'The fundamental cause of obesity and overweight,' as the World Health Organisation says, 'is an energy imbalance between calories consumed on the one hand, and calories expended on the other hand'. We get fat when we take in more energy than we expend (a positive energy balance, in the scientific terminology), and we get lean when we expend more than we take in (a negative energy balance). Food is energy, and we measure the energy in the form of calories. So if we take in more calories than we expend, we get fatter. If we take in fewer calories we get leaner" (Taubes, 2010, p. 6).

"This way of thinking about our weight is so compelling and so pervasive that it is virtually impossible nowadays *not* to believe it. Even if we have plenty of evidence to the contrary – no matter how much of our lives we've spent consciously trying to eat less and exercise more without success – it's more likely that we'll question our own judgement and our own willpower than we will this notion that our adiposity is determined by how many calories we consume and expend" (Taubes, 2010, p. 6).

"It turns out, very little evidence exists to support the belief that the number of calories we expend has any effect on how fat we are" (Taubes, 2010, p. 43).

"We base our belief in the fat-burning properties of exercise on the assumption that we can increase our energy expenditure (calories-out) without being compelled to increase our energy intake (calories –in). burn 150 extra calories every day in exercise and keep it up for a month, as New York Times reporter Gina Kolta calculates in her 2004 book, *Ultimate Fitness*, and you could lose a pound 'if you do not change your diet'" (Taubes, 2010, p. 46).

6. Will Power & Determination:

- If only I could stop myself from buying the snacks, the crisps and the nuts.
- I stopped drinking for a year. Now I only have a small glass of red wine with my dinner. I drink green tea, rooibos tea, broth, water.
- Do we need to engage in meditation, hypnosis, mindfulness therapy to 'control our eating habits'?
- Is our urge to eat a matter of individual, moral control?

"Personal responsibility occupies the biggest seat at the Table of Blame. The common assumption in obesity hinges on its being a personal choice. We control what we eat and how much we exercise. If you are obese, it must be because you choose to either eat more, exercise less, or both" (Lustig, 2014, p. 11).

"It is from this perception of choice that we derive our current societal mantras around obesity: gluttony and sloth, two of the original 'seven deadly sins'... We've found absolution for nearly every vice and sin we can commit, except for these two. They continue to defy our society's ability to forgive" (Lustig, 2014, p. 12).

Recap:

- We all have an individual story to tell about our relationship with food.
- Our relationship with food is cultural and shared.
- Food is more than fuel, it is a comforter and sign.
- Our wellbeing is intimately associated with our diet.
- Society ascribes moral judgments to our consumption of food and our physical exertions.

7. Whose Fault is It?

Obesity and diabetes epidemic.

<http://www.bbc.co.uk/news/health-25576400>

<http://www.hscic.gov.uk/catalogue/PUB13648/Obes-phys-acti-diet-eng-2014-rep.pdf>

<http://www.nhs.uk/news/2013/02February/Pages/Latest-obesity-stats-for-England-are-alarming-reading.aspx>

<http://www.theguardian.com/society/2015/may/05/obesity-crisis-projections-uk-2030-men-women>

<http://www.nhs.uk/news/2011/08August/Pages/half-of-uk-predicted-to-be-obese-by-2030.aspx>

<http://www.bbc.co.uk/news/health-25708278>

“Our present way of living has only become typical within the past two generations. Diets consumed in modern industrialised countries today have evolved considerably from those of our early Stone Age ancestors. It was the industrial revolution that completely altered our diet, along with the shift of populations from the country to towns and the limited success of town dwellers to fruits, vegetables and other fresh foods” (Bilton & Booth, 2013, p. 9).

“Rates of obesity in Europe are rapidly approaching those of the United States, and increases in diabetes and cardiovascular disease are certain to follow. This has been the sequence wherever traditional diets and ways of eating have succumbed to the modern diet of processed food” (Pollan, 2009, p. xiii).

“Beginning in the 1950s, a growing body of scientific opinion held that the consumption of fat and dietary cholesterol, much of which came from meat and dairy products, was responsible for rising rates of heart disease during the twentieth century. The ‘lipid hypothesis’, as it was called had already been embraced by the American Heart Association, which in 1961 had begun recommending a ‘prudent diet’ low in saturated fat and cholesterol from animal products” (Pollan, 2009, p. 23).

8. Role of Sugar & Refined Carbs:

“In 2000, the average American consumed an astounding 2 to 3lb of added sugar per week in their diet (USDA Economic Research Service), and Britain is not far behind with a Defra report indicating a consumption of 1.9lb per week in 2006. This is an average US consumption of 5,600 calories per week from sugar alone, and is almost three days’ worth of total calories every week with no nutritional value and the potential to gain at least 1lb of body fat per week” (Bilton & Booth, 2013, p. 35).

“In many cultures, with the possible exceptions of the traditional Inuit, sugar has become a ubiquitous source of pleasure and self-indulgence. Research in the new millennium has shown why many of us are hooked on sugar. There is now compelling evidence that sugar can alter our brain chemistry by the same biochemical mechanisms that drive addiction to hard drugs such as cocaine and heroin, and to a lesser extent, nicotine and alcohol. Furthermore, this effect is reinforced by the presence of fat and salt in highly palatable sugar-rich junk foods” (Bilton & Booth, 2013, p. 32).

- Sugar is a highly refined carbohydrate.
- Enters the bloodstream immediately, and is responsible for high levels of insulin.
- Insulin resistance leads to diabetes.

“The most obvious property of sugar is its sweetness, but it has several others: it aids preservation, provides bulk in confectionary, enhances flavour and appearance by caramelising with heat, gives ‘mouth feel’ to soft drinks, promotes the gelling of jam and marmalade and provides calories” (Yudkin, 2012, p. 31).

How does the body deal with all this sugar/carbohydrate?

“Insulin’s actual job is to be your *energy storage hormone*. When you eat something (usually containing some form of carbohydrate), your blood glucose rises, signalling the pancreas to release insulin commensurate with the rise in blood glucose... Insulin then tops off the liver’s energy reserve by making liver starch (called glycogen), and shunts any amino acids from the blood into muscle cells. Excess fatty acids, or blood lipids, are cleared into fat cells for storage for a ‘rainy day,’ where they get turned into greasy triglycerides (such as the fat surrounding your steak). There is no energy storage with insulin – it is the key that unlocks the door to the fat cell to let energy enter and subsequently be stored as fat. Insulin makes fat – the more insulin, the more fat. And there it sits... and sits... as long as there is insulin around. When the insulin level drops, the process goes into reverse: the triglycerides get broken down, causing the fat cells to shrink – when it happens, that’s weight loss! And the fatty acids re-enter the bloodstream and travel back to the liver, where they are burned by the liver or other organs. In this way, by cycling our insulin up and down we burn what we need, and store the rest” (Lustig, 2014, p. 35).

“How can we say that sugar is a poison? It is true that blood sugar is essential for health but the consumption of sugar is not” (Bilton & Booth, 2013, p. 35).

<http://www.dailymail.co.uk/health/article-2003622/Is-bread-making-ill-How-2011s-loaves-bad-you.html>

9. Low Fat Diets:

“Until the 1970s, low-calorie diets were referred to in medical literature as ‘semi-starvation’ diets. After all, what’s expected on these diets is that we eat half or even less of what we’d typically prefer to eat. But we can’t be expected to self-starve ourselves for more than a few months, let alone indefinitely, which is what such diets implicitly require if we are to maintain whatever weight loss we may initially experience” (Taubes, 2010, p. 38).

Low fat food is stripped of fibre and fat and boosted with carbohydrates.

10. Balanced Diets:

- What is a balanced if you are insulin resistant and carbohydrate intolerant?
- How can we maintain a balance when unbiased information about our diets is so hard to come by?
- What do we mean by balance? Is each person expected to maintain the same balance, even though we all have different tastes and tolerances?
- How are we socialised into this balance?
- It takes seventeen times to introduce a new flavour to a child.

“The supermarket has become the only place to buy food, and real food [is] rapidly disappearing from its shelves, to be replaced by the modern cornucopia of highly processed food-like products. And because so many of these novelties lie[...] to our senses with fake sweeteners and flavourings, we c[an] no longer rely on taste or smell to know what we [are] eating (Pollan, 2009, p. 14).

11. Western Diets:

- Industrialised, processed, simulated, convenience, addictive.
- High-Fructose Corn Syrup
- Long-life products.
- Refined to be attractive – roughage is removed from flour, etc.
- Can be stored and centralised.
- Towns used to mill flour locally, then bake it very quickly.
- With improved milling in the 18th Century, milling became more centralised, flour could be transported, stored for longer. I have flour in my cupboard that’s been there for two years. Nothing else will eat it, so why should I?
- Obsessed with low-fat – they don’t tell you there are more calories.
- Predicated on simply calorie exchange model.
- Sugar is the next tobacco.
- Pepsi and Coke sell drinks in Third-World in places with poor water supply.
- Where the western diet has been introduced, the Western diseases soon follow.

12. Origin of the Human Diet:

“It is generally agreed that our earliest ancestors, the squirrel-like primates of some 70 million years ago, were vegetarian. They continued as vegetarians up to 20 million years ago, for they had no difficulty surviving on fruits, nuts, berries and leaves. But then the rainfall began to decrease and the earth entered a 12-million-year period of drought. The forests shrank and their place was taken by ever-increasing areas of open savannah” (Yudkin, 2012, p. 8).

“In order to survive, [early humans] had to forsake the vegetarian and fruitarian existence... and change to a scavenging and hunting existence that was largely carnivorous” (Yudkin, 2012, p. 8).

Back to our roots: would humans be better off eating a paleolithic diet?

Raw foodists and other campaign groups are eager for us to return to the sort of food our ancient ancestors ate. But how much truth is there in their various claims, and is there any real benefit for us in the 21st century?



Were our ancestors faddy when it came to their diet? Photograph: BBC/Coco Van Oppens

A friend is reading a new book called *Go Wild: Free Your Body and Mind from the Afflictions of Civilisation*. It has inspired him to go a bit "paleo" diet-wise. It says, for instance, that humans were not meant to eat grains. I don't want to dis a book that could help people become more mentally and physically healthy, but the notion that human beings were somehow designed (by God? by Mother Nature?) to only ever eat or do certain things, and that these things were dictated in some heyday hundreds of thousands of years ago, comes up a lot, and smells a little like baloney to me.

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<http://www.theguardian.com/lifeandstyle/wordofmouth/2014/sep/02/back-to-roots-ancient-ancestors-paleolithic-diet-food-evolution>

"In nutritional terms, the diet of prehistoric human beings and their ancestors during perhaps two million years or more was rich in protein, moderately rich in fat, and unusually poor in carbohydrate. If we assume that our present universal taste preference for the sweet and savoury are a continuation of preferences acquired long ago, then it is likely that, except in times of hunger, the small amounts of dietary carbohydrates will have come mostly from fruits, as opposed to the less palatable leaves and roots" (Yudkin, 2012, p. 9).

- Inuit diet – mainly fat, no problems to eat.
- Massai diet – mainly fat, no problems to eat.
- Japanese diet – mainly carbohydrate, but no sugars and little protein
- Mediterranean diet – lots of oils, cheese, eggs, fish, vegetables. Not a lot of pasta until later (Americans cooked with pasta and bread, not Italians).
- French Paradox – lots of cream and fats with wine, but reduced levels of disease.

[Try doing a Google search for History of Pasta & Pizza New York]

13. Recap:

- The obesity & diabetes epidemic is not the fault of individuals.
- Sugar and excessive carbohydrates are the smoking gun.
- Insulin imbalance makes many of us fat.
- Low fat diets don't correct the insulin imbalance.
- The balanced diet is a myth.
- Humans have evolved to survive on a wide range of non-industrial diets.
- The western diet is highly industrialised.

14. Food Industry:

- Based on standardisation – through the supply chain.
- Products are frozen, dried, canned, and stored for long periods.
- Fruit is now grown to be high in sugar, and is available all year around.
- It's very difficult to get fresh vegetables, locally to where we live.
- Leicester market has lots of fruit stands, but a declining number of veg stands.
- Supermarkets pre-package a lot of veg. The traditional grocer has disappeared from the high-street.
- Sugar, corn syrup and other carbohydrate products are used extensively in processed foods. Extends shelf life, palatability.

- Supermarkets stack the shelves high with low-cost sweets, crisps and biscuits.

“The southern Californian drive-in restaurants of the early 1940s tended to be gaudy and round, topped with pylons, towers, and flashing signs. They were ‘circular meccas of neon’... designed to be easily spotted from the road” (Schlosser, 2002, p. 17).

“At the end of the 1940s the McDonald brothers had grown dissatisfied with the drive-in business. They were tired of constantly looking for new carhops and short-order cooks – who were in great demand – as the old ones left for higher-paying jobs elsewhere. They were tired of replacing the dishes, glassware, and silverware their teenage customers constantly broke or ripped off. And they were tired of their teenage customers. The brothers thought about selling the restaurant. Instead, they tried something new” (Schlosser, 2002, p. 19).

“The McDonalds fired all their carhops in 1948, closed their restaurant, installed larger grills, and reopened three months later with a radically new method of preparing food. It was designed to increase the speed, lower the prices, and raise the volume of sales. The brothers eliminated almost two thirds of the items on their old menu. They got rid of everything that had to be eaten with a knife, spoon, or fork. The only sandwiches now sold were burgers, replacing them with paper cups, paper bags, and paper plates. They divided food preparation into separate tasks performed by different workers” (Schlosser, 2002, p. 19).

“The new division of labour meant that a worker only had to be taught how to perform one task. Skilled and expensive short-order cooks were no longer necessary” (Schlosser, 2002, p. 20).

The Western food industry goes to inordinate lengths to ensure that we adopt processed foods:

<http://www.buzzfeed.com/jobarrow/you-butter-believe-it#1zg3wau>

15. Health Industry:

“If food and eating stand in need of defence, from whom, or what, do they need defending? From nutrition science on one side and from the food industry on the other – and from the needless complications around eating that together they have fostered. As eaters we find ourselves increasingly in the grip of a Nutritional Industrial Complex – comprised of well-meaning, if error-prone, scientists and food marketers only too eager to exploit every shift in nutritional consensus” (Pollan, 2009, p. 7).

- Supports low-fat as a way of avoiding heart disease, diabetes and obesity, yet rates have shot up.
- Convention is that ‘you are what you eat’ and that ‘calories in = calories out’.
- Dependent on making you feel bad and therefore needing the magic of the diet plan or exercise routine to achieve goals. ‘If it isn’t hurting it isn’t working.’
- Do we pay for more ‘gastric bands’ and extreme treatments?
- Should we pay for more pills for diabetes?
- Is there a pill we can have that will ‘turn-off’ our appetites?
- Should we look to doctors and scientists for solutions?
- Nothing will change until hospitals kick-out the cafes selling cakes and sugar drinks.
- Will politicians change things without pressure from below?

“Most of the nutritional advice we’ve received over the last half century (and in particular the advice to replace the fats in our diets with carbohydrates) has actually made us less healthy and considerably fatter” (Pollan, 2009, p. 7).

“The insurance industry hates this obesity epidemic almost as much as we doctors do. They are hunkering down for a long siege. Why do they continue to deny reimbursement for obesity services? Because if they paid for all the services required by today’s pandemic, it would break their piggybank. Instead, they keep plugging holes in the dike by ascribing blame to the individual. They know that if they ever admit that obesity is the fault of no one person, the waters will engulf them all” (Lustig, 2014, p. 13).

<http://www.dmu.ac.uk/about-dmu/dmu-leisure-centre/fitness-suite/classes.aspx>

16. Medical Science:

- Evidence based or beholden to the food industries?
- Some USA states have Veggie Liable laws.
- Food labels are confusing.
- Newspaper reports are contradictory.
- Medical science is slow to change.

“In order to understand obesity, and energy balance in general, we must acquaint ourselves with the first law of thermodynamics, which states, ‘the total energy inside a closed system remains constant’” (Lustig, 2014, p. 10).

“The prevailing wisdom on the first law can be summed up by one widely held dogma: *a calorie is a calorie*. That is, to maintain energy balance and body weight... one calorie eaten... must be offset by one calorie burned... The calorie eaten can come from anywhere, from meat to vegetables to cheesecake. The calorie burned can go to anywhere, from sleeping to watching TV to vigorous exercise. And from this dogma comes the standard and widely held interpretation of the first law: ‘if you eat it, you had better burn it, or you will store it’” (Lustig, 2014, p. 11).

“Obesity is not a disorder of energy balance or calories-in/calories-out or overeating, and thermodynamics has nothing to do with it. If we can’t understand this, we’ll keep falling back into the conventional thinking about why we get fat, and that’s precisely the trap, the century –old quagmire, that we’re trying to avoid” (Taubes, 2010, p. 73).

17. Consumer Marketing:

- Not necessarily about low cost, but sustained profit margins.
- Product placement.
- Longer shelf-life, brighter packaging, healthy message (one of five per-day, etc.).

18. Peer Pressure:

- Popular belief is that fat is bad for you – no evidence.
- Popular belief is that low-fat is good for you.
- Calorie restricted diets work for short term.
- Maintenance and careful observance – otherwise you are ‘slothful, greedy and unsocial’.

19. Recap:

- The food industry is highly mechanised, efficient and profitable.
- The health industry reinforced the low-fat doctrine.
- How objective is our medical science?
- Marketing is a powerful tool for selling products.
- General social pressure is deeply ingrained.

20. Real Food:

“People eating the Western diet are prone to a complex of chronic diseases that seldom strike people eating more traditional diets” (Pollan, 2009, p. 140).

“The solution to the problem would appear to remain very much the same: *Stop eating a Western diet*” (Pollan, 2009, p. 141).

“Avoid food products containing ingredients that are a) unfamiliar, b) unpronounceable, c) more than five in number, or that included) high-fructose corn syrup” (Pollan, 2009, p. 150).

“Avoid food products that make health claims” (Pollan, 2009, p. 154).

“Shop the peripheries of the supermarket and stay out of the middle” (Pollan, 2009, p. 157).

“Get out of the supermarkets whenever possible” (Pollan, 2009, p. 157).

“The word diet is most often associated with sacrifice, hunger, guilt and unhappiness. Most diets involve restricting the amount of food consumed in an attempt to reach a given body weight, and this is always accompanied by cravings and feelings of hunger. Common sense should tell us that a calorie controlled diet for weight loss cannot be continued indefinitely. What happens when the diet is over and a goal weight has been reached? We all know the answer. Usually the weight lost is regained and so the cycle begins again” (Bilton & Booth, 2013, p. 221).

“Stop smoking... take exercise... eat healthily... eat the right fats...” (Bilton & Booth, 2013, p. 222).

“Eat food. Not too much. Mostly plants” (Pollan, 2009).

21. Understanding & Education:

“Food safety didn’t become a national or global problem until the industrialisation of the food chain attenuated the relationships between food producers and eaters” (Pollan, 2009, p. 160).

“Armed with inexpensive tools for capturing, editing, and organising, people tap into a vast ocean of real-time data and multimedia content to promote personal and political interests. Functions once monopolised by a handful of hierarchical institutions (e.g. newspapers, television stations, and universities) have been usurped by independent publishers, video-sharing sites, collaboratively sustained knowledge banks, and fan-generated entertainment” (Delwiche & Henderson, 2013, p. 3).

“It should be clear from the above that [food] literacy is not just a matter of things that are going on inside people’s heads – cognitive processes of encoding and decoding words and sentences – but rather a matter of all sorts of inter-personal and social processes. [Food] Literacy is not just a way of making meaning, but also a way of relating to other people and showing who we are, a way of doing things in the world, and a way of developing new ideas about and solutions to the problems that face us” (Jones & Hafner, 2012, p. 12).

Action on Sugar

The Action on Sugar website is temporarily hosted here.



Action on Sugar is a group of specialists concerned with sugar and its effects on health. It is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high sugar diet, and bring about a reduction in the amount of sugar in processed foods. Action on Sugar is supported by 23 expert advisors.

Global expert advisors of Action on Sugar:

- Professor Graham MacGregor, Professor of Cardiovascular Medicine at the Wolfson Institute, Queen Mary University of London and Chairman Action on Sugar
- Dr Aseem Malhotra, Cardiologist and Science Director of Action on Sugar
- Professor Andrew Rugg-Gunn, Co-director of the Human Nutrition Research Centre, Royal Victoria Infirmary, Newcastle
- Professor Aubrey Sheiham, Emeritus Professor of Dental Public Health, School of Life and Medical Sciences, University College London
- Professor David Haslam, Chair at National Obesity Forum
- Professor Jack Cuzick, Institute Director and Head of Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine, London
- Professor John Wass, Professor of Endocrinology, Oxford University
- Professor Peter Sever, Professor of Clinical Pharmacology & Therapeutics, Faculty of Medicine, National Heart & Lung Institute, Imperial College London
- Professor Philip James, Public Health policy Group and International Obesity Taskforce, London
- Professor Simon Capewell, Professor of Clinical Epidemiology, University of Liverpool
- Professor Sir Nicholas Wald, Professor of Environmental and Preventive Medicine, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine, London
- Professor Timothy Lang, Professor of Food Policy, City University, London
- Dr Robert Lustig, Professor of Pediatrics in the Division of Endocrinology at University of California, San Francisco, USA

<http://www.actiononsugar.org/>

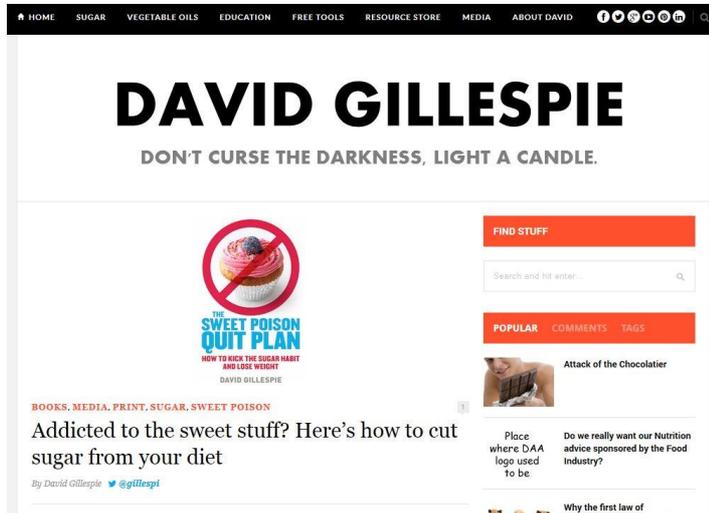
22. Convincing People of Alternatives:

How would we convince other people that there is a problem with sugar and refined carbohydrates in our diets?

“An understanding of these [technical] affordances and constraints is important, but developing digital literacies means more than mastering the technical aspects of digital tools. It also means using these tools to do something in the social

world, and these things we do invariably managing our social relationships and our social identities in all sorts of different and sometimes unpredictable situations” (Jones & Hafner, 2012, p. 13).

“To use the terminology we developed above, ‘digital literacies’ involve not just being able to ‘operate’ tools like computers and mobile phones, but also the ability to adapt the affordances and constraints of these tools at hand in creative new ways that help us do what we want to do and who we want to be” (Jones & Hafner, 2012, p. 13).



http://davidgillespie.org/addicted-to-the-sweet-stuff-heres-how-to-cut-sugar-from-your-diet/?fb_action_ids=10202871405365569&fb_action_types=og.likes

23. Collective Intelligence:

Can we call on a collaborative way to bring people together to think about how food can be humanised again?

“There is very little appreciation of the socially constructed, linguistically mediated worlds that people actively engage on a day-to-day basis. Little consideration is given to the symbolic, interpreted, interactive life-worlds in which human beings operate” (Prus, 1999, p. 52).

“Rather centrally, the vast majority of theorists considered [...] *neglect (meaningful) human enterprise and interchange*, the ways in which community life is worked out *by people* on a ‘hear and now basis, across situations. Overall, there is a remarkable tendency on the part of power theorists to disregard the fundamental human enterprise entailed in building up, recruiting, sustaining, accepting, resisting, changing, and reformulating (all associational [and organisational]) routines” (Prus, 1999, p. 53).

“What is collective intelligence? It is a form of *universally distributed intelligence*, constantly enhanced, coordinated in real time, and resulting in the effective mobilization of skills... My initial premise is based on the notion of a universally distributed intelligence. No one knows everything, everyone knows something, all knowledge resides in humanity... New communications systems should provide members of a community with the means to coordinate their interactions within the same virtual universe of knowledge. This is not simply a matter of modelling the conventional physical environment, but of enabling members of delocalized communities to interact within a mobile landscape of significance... Before we can mobilize skills, we have to identify them. And to do so, we have to recognize them in all their diversity... The ideal of collective intelligence implies the technical, economic, legal, and human enhancement of a universally distributed intelligence that will unleash a positive dynamic of recognition and skills mobilization” (Levy, 1997).

24. Persuasion & Change:

What would we do to enhance the skills of people when it comes to food?

“In an environment fostering spreadability, grassroots communities are embracing content from elsewhere, actively facilitating its circulation (often in advance of its commercial availability) and taking responsibility for educating their local public about its traditions and conventions” (Jenkins, Ford, & Green, 2013, p. 270).

“The spreading of media texts helps us to articulate who we are, bolster our personal and professional relationships, strengthen our relationships with one another, and 'build community and awareness around the subjects we care about. And the sharing of media across cultural boundaries increases the opportunity to listen to other perspectives and to develop empathy outside our own” (Jenkins et al., 2013, p. 304).

25. Recap:

- Is there such a thing as ‘real food’ anymore?
- How do we know who to trust about what we eat?
- What can we do to help people learn food life skills?
- Who do we need to convince and how?
- What resources do we have between us?
- How do we know we are persuading people to change?

26. Conclusion:

“There is nothing inevitable about the fast food nation that surrounds us – about its marketing strategies, labour policies, and agricultural techniques. The triumph of McDonald’s and its imitators was by no means preordained” (Schlosser, 2002, p. 260)

“The history of the twentieth century was dominated by the struggle against totalitarian systems of state power. The twenty-first will be no doubt marked by a struggle to curtail excessive corporate power. The great challenge now facing countries throughout the world is how to find a proper balance between the efficiency and the amorality of the market” (Schlosser, 2002, p. 261).

“We don’t get fat because we overeat; we overeat because we’re getting fat” (Taubes, 2010, p. 99).

27. Critical Questions:

- How would you research about sugar and carbohydrate using collective and social knowledge techniques?
- How would you devise a social media campaign based on raising awareness of sugar and carbohydrates in our diets?
- How would you put a campaign into action that encourages participation?
- What skills and literacies would you be looking for people to adopt when they engage and participate?
- How would you know these are the right skills and things to do?

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