Book reviews

The changing chicken: Chooks, cooks and culinary culture


No doubt there are a growing number of people today who cannot remember when chicken meals were a luxury. Indeed, chicken is now so common, both inside and outside the home, it is hard to imagine that not too long ago it was a food reserved for high-days and holidays. In Australia chicken consumption has out-paced traditional meats like lamb and mutton, and is fast catching up to beef in the popularity stakes.

How and why chicken became so popular is the subject of The changing chicken: Chooks, cooks and culinary culture by Jane Dixon, a sociologist who is currently a researcher at the Australian National University. This is, however, not merely a history of the chicken industry. It is a book about modern food systems, or more correctly, transformations in the Australian food supply. Chicken is thus examined as a symbol of modern culinary dynamism. Books on culinary dynamism are rare. I can think of only two others that have attempted to document our changing food system: Michael Symon’s One continuous picnic and Sarah Sargent’s The foodmakers, both out of print, sadly.

Dixon’s book on chicken draws on a range of material, theoretical and empirical, market research, newspaper reports, focus groups with consumers, retailers and producers plus her own direct observations of the stages of chicken processing. In this way The changing chicken provides a rich insight into chicken culture in the home, the supermarket and the factory.

The first few chapters lay out a background and theoretical frameworks for the analysis. Chapter 2 is key here because it examines the power structure within the food supply. The author challenges conventional theses which maintain that control over the food supply has moved from producers to consumers, that is from a Marxist critique of commodities to a neo-liberal account. The changing chicken demonstrates how retailers are in fact the real power brokers in the food supply. Chapter 3 extends this argument to show how supermarkets started the trend in frozen chickens in order to give the commodity a longer shelf life. However, frozen chicken lacked versatility and did not stretch the minds of consumers beyond the usual roast bird. Chicken pieces, on the other hand, could be promoted as mid-week meals, in the same league as chops or sausages. A change in status of chicken followed. Crucial to this change was the move to so-called ‘cool chain’ technology. Chilled chicken was not only more convenient, but also addressed the image problem consumers had with frozen chicken when they saw a release of ‘floods of water’ on thawing. Chilled chicken, although more expensive, was regarded as better value. What is more, an endless variety of pre-prepared raw and processed chicken products—breasts, thighs, sausages—began appearing on the market. The ideas behind these moves came from large retail chains in the UK, and later, Australia. Supermarkets especially were able to promote chicken using the now common mantra ‘choice, convenience and cleanliness’.

In Chapter 4 we see the extraordinary ambivalence and contradictory values consumers have about chicken through the results of focus groups and consumers. On the one hand is the acknowledgment that chicken is a healthy, convenient alternative to red meat. On the other hand, is a fear and loathing of chicken processing (intensive production methods and believed use of hormones as growth promoters). Despite reservations about battery chickens, however, there is surprisingly little consumer resistance to factory chooks. As the author says, there would be much more to report if this had been a review of egg layers. Consumers are apparently happy to let table birds off the moral hook because of pressures to create and maintain harmony around family meals. Chicken is easy to cook, it is a great crowd-pleaser, especially with children, and moreover, health experts endorse it. Such a combination is indeed rare.

I found the next two chapters the most interesting because the author takes a first-hand look at the chicken industry, through detailed observations of rearing, processing and retailing practices and by talking to key people on the way. The history of the vertical integration and gradual concentration of the chicken industry is well explained.

No book on chicken would be complete without a discussion of the rise and rise of the takeaway or ‘home meal replacement’ market. Later chapters of the book tackle the production, and re-imaging of Kentucky Fried Chicken as KFC, with an interesting account of the failure of a product called TenderRoast. The final chapter examines the culture of chicken industries overseas.

One of the central themes in this book is that chicken has not needed a singular marketing organisation to promote its value. On the contrary, chicken represents a range of virtues, and chicken producers and distributors have been happy to let others do all the promoting. These have included not just supermarkets, home economists, food writers and magazine publishers but, in an era of lipophobia, medical scientists, nutritionists, dietitians, and health workers generally have played a vital role in increasing the public’s appetite for chicken. Even organisations like the National Heart Foundation have done their bit promoting the ‘nutritionalisation’ of chicken.

The changing chicken is a fascinating account of the commodification of a popular food. One advantage is that the book can be read on a number of levels. For example, it is possible to pick through facts and figures, much as I have done for this review. But remembering that this is an examination of the social life of the chicken, the book also contains some weighty material on cultural theory and the sociology of production and consumption for readers wanting substantial theoretical insights.

The changing chicken will be useful for students and academics interested in food studies, food technology and food policy.

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Nutrition and dietetics for health care. Tenth edition


Nutrition and dietetics for health care is the tenth edition of a text book that has been regularly updated since 1962. Despite this venerable history, the book manages to feel contemporary, with a sleek and compact layout, and space dedicated to modern concerns such as food habits in a multicultural society. Its aim is to provide health care workers with practical, evidence-based nutritional information, as well as to serve as a textbook for students of nutrition and dietetics. The book accomplishes these worthy goals effectively.

The author, Helen Barker, is Senior Lecturer in Dietetics at the School of Health and Social Sciences, University of Coventry. The British origin of the book means that some aspects, such as RDIs, welfare system and useful contacts, are not applicable in Australia. However, the only real inconvenience is in the table of Body Mass Index values, which is in imperial units only.

The book is divided into three sections, which cover respectively, nutritional science; nutritional recommendations for different population groups; and dietetic management of different medical conditions. This division is intuitively appealing, although there are some apparently illogical inclusions; for example, diet-related disease appears in the second section, rather than the third. Each chapter begins with specific learning objectives and contents list, allowing easy review of the topic. An extensive reference list is provided at the end of each chapter, as well as suggestions for further reading. These appear to be well chosen, avoiding general textbook references and consisting mainly of relevant journal articles and other resources that meaningfully develop aspects of the chapter topic. Weaknesses of the book’s format include inadequate cross-referencing and an idiosyncratic index. However, the writing style is pleasant and clear, and the layout is attractive and easy to read, with lots of well-located illustrative boxes and figures, and good headings.

While the book has a balanced treatment of some controversial topics, there are some odd omissions. For example, there are sections on nutrition assessment, nutrition support, and gastrointestinal malabsorption, but nothing on nutritional biochemistry, and no mention of basic biochemical concepts likely to be encountered in dietetic work (such as albumin, glycosylated haemoglobin (HbA1c), or the refeeding syndrome). It is merely noted that ‘...routine biochemical monitoring [is important]’. A student is likely to need at least a list of biochemical parameters that may be useful in such monitoring, even if only to note their limitations. The information on nutrition support is limited also and occasionally outdated. For example, lactose intolerance is suggested as a common cause of diarrhoea in tube feeding. No equations for estimation of energy requirements are given, and the table on estimating energy requirements in critical illness is 20 years old. In general, most areas of surgical and acute-care clinical dietetics are covered only in very basic general terms in this book.

The key strength of the book is its format, which is amazingly compact given the detailed contents. It has good quality paper and binding, yet is quite small and lightweight for a text book. At nearly $80 it might not be considered a worthwhile addition to an existing textbook collection, but would be an appropriate purchase for someone wanting a small but perfectly formed book covering the basics of general nutrition. Its portability would make it a useful reference text for a new graduate dietitian working in most areas other than acute care.

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Nutrition counseling in the treatment of eating disorders


Eating disorders can be a professionally and personally challenging field to work in and this text is a useful and welcome addition to the literature. Despite some omissions and drawbacks in content and style, overall it is an important text, providing a solid basis from which the nutritionist can develop an individual style and approach to use in counselling clients with an eating disorder.

The author is the founder and coordinator of Dartmouth College’s eating disorders and nutrition programs and has fifteen years’ clinical experience. She has crafted this text from a review of research and her own professional experience. As a result the text acts as both a theoretical and practical resource. Herrin has aimed it at nutritionists as well as other professionals working in eating disorders, on the grounds that confidence in understanding and appreciating the nutritional management of an eating disorder is a critical factor to the success of any professional’s work in this area. She writes that few studies on the efficacy of nutrition treatment have been published and hopes this text will help provide an avenue for more.

The book is well referenced and very readable. The first part covers basic and advanced nutrition counselling, and nutrition education. Herrin provides a useful overview of psychological treatment approaches and suggests a particular structure as well as recommended aims for nutrition counselling sessions. Food management is explained in part two, which includes the importance of food planning, the use of a food plan template and assisting self monitoring. Part three deals with interventions in the management of: weight, weight restoration, binge eating, purging and exercise. It also addresses concurrent special issues such as diabetes, pregnancy, allergies, etc.

The text includes suggested protocols for various aspects of treatment, for example, height and weight checks, and gives examples of professional tools such as a self-monitoring diary.

Limitations include the use of US food guides and measures, as without modification some of the patient handouts would have limited use to Australian practitioners. The text does not specifically cover the valuable concepts of externalisation of the eating disorder and a no-blame approach, which can be powerful tools in treatment. In addition, motivational interviewing techniques,
readiness to change and the stages of change are not mentioned per se. An expanded description of the Maudsley model of family therapy would have been beneficial in explaining the important yet modified role the nutrition counsellor has in this unique model. The recommended use of the client-completed assessment questionnaire is questionable as it could inadvertently result in some clients using further disordered behaviours due to the inclusion of questions such as ‘do you use ipecac to induce vomiting?’. In preference to the brief conclusions at the end of chapters, dot point summaries or tables with useful practice points would be beneficial for quick reference as would graphic representations of concepts such as the restrict-binge-purge cycle. Support for or working with parents, partners or families is not mentioned in any detail and further exploration of this would be a valuable inclusion.

However the above limitations are far outweighed by the contribution this text makes in assisting practitioners to develop a solid structure and format for working with clients with eating disorders. Herrin provides a particularly thorough body of information on the dilemmas faced by clients and strategies to use to deal with these. She provides the practitioner with insights into understanding the person with an eating disorder and how to increase confidence in providing nutritional guidance, education and support. For these reasons, it is a valuable and recommended resource.

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Books received

The breakfast book

The Omega-3 life program

Handbook of obesity treatment

Of interest from the journals

Body composition

Differences in body fat and BMI among children of different ethnic backgrounds suggests that cut-off points may need to be ethnic-specific.

Cardiovascular disease

This analysis of dietary data from the GISSI-Prevenzione trial found subjects with a better dietary score had a lower disease risk.

Child nutrition

This analysis of CSFII data on participants two to 18 years old reported a lower level of whole grain intake with ready-to-eat cereals, corn and other chips, and yeast breads the main food sources.


This longitudinal study of 180 Icelandic infants found faster growth and shorter breastfeeding duration from birth to 12 months to be associated with iron deficiency.

Dietary fat

This analysis of CSFII data suggests that decreased percent energy intake from fat may be attributable to higher energy intakes (especially from beverages) rather than a lower absolute fat intake.

Dietary methodology

Data from a computer assisted diet history interview and face-to-face interview were compared, showing greater interviewer bias without the computer, but the two methods were of similar quality.