

CIBO ERGO SUM: FEEDING CHOICES, UNDERSTANDING PEOPLE

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Food is fuel, a source of pleasure, a chance to socialise or express affection. It is also a fundamental part of our culture. However, eating, selecting certain foods, fasting, dieting, or indeed not dieting are not necessarily a habit, a fad or eating disorder. Personal construct psychology can offer ways to understand how people actively deal with food and provide ideas for managing situations of distress expressed through food. Focussing our attention on the person and reading eating behaviors as elaborative choices are the challenges we wish to develop in this work.

Key words: *Food, diet, eating behaviours, eating disorders, elaborative choice.*

“Man is what he eats”, wrote Feuerbach (1862/1990). We can also say that “man is how he eats” or “man is how much he eats”. Food is a fundamental part of our daily lives, as without it we would not survive. It is interlaced with our developmental process and omnipresent at social events, it is a cultural matter, and the engine of the diet industry.

If we want to understand eating and the relationships and problems people have with food i.e. those with eating disorders, we have to consider these assumptions and investigate how food and eating embody and acquire meaning in both a specific and subjective context.

Theories and nosography can be useful for this, but may also lead to misunderstandings due to the similarities between behaviours or symptoms, and the risk is that we lose sight of the person who is sitting in front of us. Let us think about dieting, for instance, a highly popular topic. Most people go on a diet because of how they believe they are and how they believe they should be (in terms of weight, size, body shape, etc.). Diets do not take into account a person’s dreams or desires and completely ignore the opportunities and constraints within their lives. Hence, it comes as no surprise that most diets make people fat (Melchionda, 1997) and generate discomfort.

The aim of this paper is to explore how we can understand the very personal choices our clients make when eating, in order to set us free from current stereotypes and myths and from

pre-established treatment when a therapeutic intervention is needed.

FOOD IN NATURE AND CULTURE: THE CONSTRUCTION PROCESS OF PERSONAL MEANINGS TOWARDS FOOD AND NUTRITION

Kelly (1955/1991a) considered that we can gain access to personal constructs through the study of the culture in which they have grown. He called “cultural controls” (ibidem, p. 125) these superordinated constructs, which channelize personal construction: they are cultural expectations under which a person has validated his constructs (ibidem, p. 126).

Nowadays food has gained a central position in popular culture thanks to the media. There are a great number of programmes about food and cooking, competitions between chefs or aspiring chefs, online blogs, adverts, books and magazines. People publish photos of dishes on social networks - the so-called ‘foodporn’ - and have even coined the term ‘foodgasm’ (a pleasurable sensation experienced while eating a particularly enticing food). Food has cultural value: it is closely linked with festivities and social events, it symbolizes success or prestige (just think about fine wine or top restaurants). Food also plays an important role in religion, helping to define the difference between one creed and

another by means of dietary taboos (Claxton, 2009).

At the same time, in contemporary Western society pressure to be thin plays a central role in what is considered desirable. ‘Success’, ‘beauty’, ‘adequacy’, ‘control’ are increasingly elements of the constructs ‘thin’ and ‘to be in shape’. But often, current beauty ideals simply are not accessible: they require highly restrictive eating habits, constant physical activity and do not take into account a person’s characteristics and constitution. Indeed, social pressure exists and people tend to think badly of overweight from a very early age.

So an implicative dilemma (Hinkle, 1965;

Feixas et al., 2009) arises. The pole of a construct representing a problem, such as declining an invitation to a social event where food will be served, is associated with the positive pole of another construct, namely ‘to be thin’ or ‘to be in control’, which may be set at a higher level in the system’s hierarchy. Conversely, change to the opposite (desired) pole of the symptom construct carries negative implications in terms of the (presumably) superordinate construct (Feixas et al., 2009). Should people cook and eat marvellous dishes or choose to be thin and fit? Should they work all day and then ‘treat’ themselves to an aperitif or to a lonely jog? [Fig. 1]

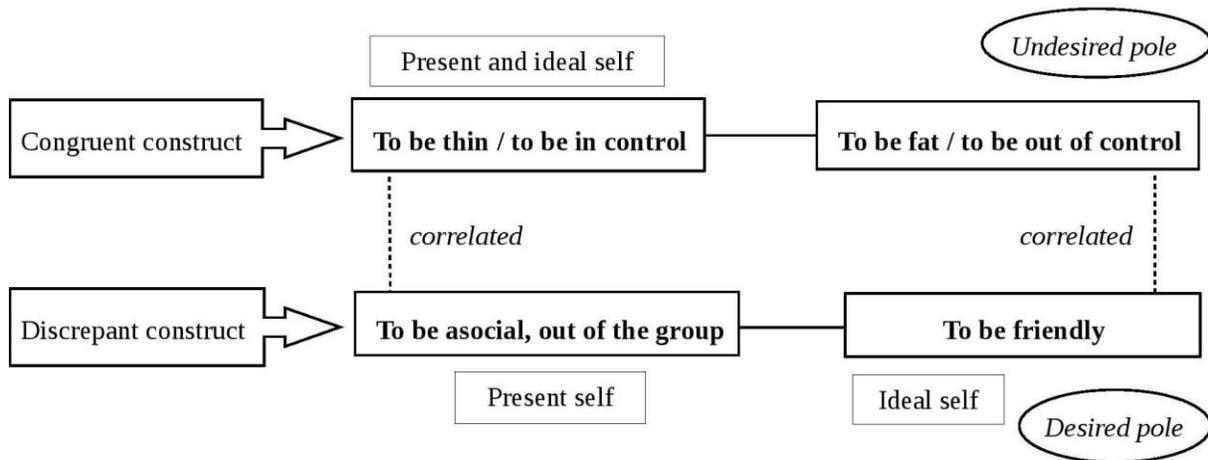


Fig.1: Implicative dilemma in a client’s construct system

One illusory solution is the flourishing diet industry. Being on a diet is cool, apparently, even if a person is naturally thin. It may mean she¹ is careful about her appearance in a culturally-defined way, and/or tries to achieve the above described ideals. New ways to lose weight appear every day: from the weirdest of diets to intragastric balloons, from adjustable lap bands to ketogenic diets, to tongue patch surgery.

Eating different kinds or amounts of food is

¹ We chose to use 'she' as women tend to be more affected by issues around food/Eating Disorders than men. The considerations in this report do, however, also apply to men.

the answer: eating less or eating specific foods, remaining on the same construct (perhaps something like ‘eating to slim down/eating to get fat’) and just moving from one end of the construct to the other. A very modest level of change, there are (probably) no further elaborations of what eating (more or less) personally means or about dieting (or not dieting) as an elaborative choice [Fig. 2].

Let us move from culture to a smaller context, in order to continue exploring personal meanings of food and eating. Indeed, we are born and grow up in a family, our family.

As Kelly writes,

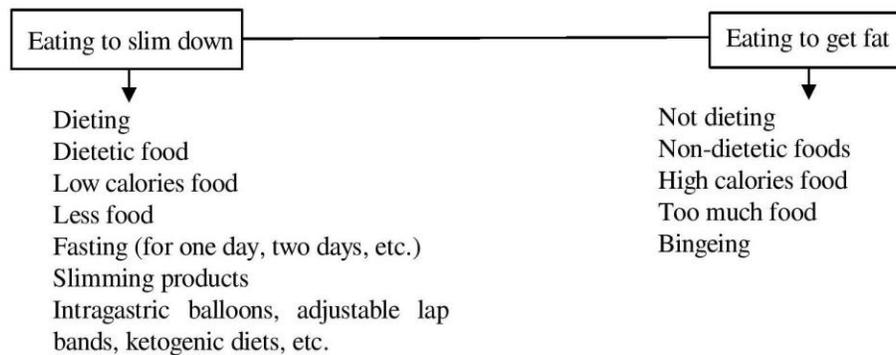


Fig 2: Solution to implicative dilemma related to food and thinness

... there are certain constructs which relate both the processes of nutrition and general survival to the lives of persons. For the young child the fact of having food is associated with the fact of having mother [and with basic needs, like protection, safety, love]. The two are collected by means of a construct (1955/1991b, p. 79).

Babies may not have a word for it, but they do use *the* construct. When children grow up, they then revise and reorganise their system of meanings. Consequently, food, love and protection can be obtained from different sources.

Procter (1981) asserts that family members hold shared ways of making sense of the world: the Family System channelizes how they construe their lives, explain their actions and relate to each other. These family constructs “govern the sequences of contingent choices that constitute the interaction patterns of the family members” (ibidem, p. 355) upon the birth of a new member.

From the beginning, in fact,

... the baby elaborates his or her construct system while in a relationship with another. It is in and through this caring relationship with another that the baby begins to use constructs (Truneckova & Viney, 2015, p. 3).

The mother (or the caregiver)

... interprets the baby’s needs through her construct system, which provides the baby with the means by which to communicate present and future needs (ibidem, p. 6).

The baby has to construe – at a pre-verbal level – her perceptions and discriminations about eating, in order to organize the fundamental ‘hungry-feeling full’ cycle. In a “dance of mutual anticipations” (Procter, 1981, p. 355), congruent answers from parents to baby’s needs can help him to recognize hunger, feeling full, and the specific need for a specific food or beverage. In this process, the breastfeeding and weaning periods are critical moments for the ‘baby-as-a-scientist’.

If baby’s requests aren’t adequately construed, food can be used as an answer to needs that are not related to hunger or as a recompense/punishment (regardless of the baby’s specific need). Parents can also be intrusive and push the baby to eat the ‘right’ quantity of food, through persuasion or deception, or force. As a result, the boundaries of different needs become less clear and the recognition of perceptions and needs is meddled with. The baby (then the child and the adolescent) will become confused: does she eat because she is hungry, or sad, or angry, or to do someone a favour? She will probably develop a disorganized eating pattern and use food to cope with threat, guilt or anxiety, or food will be a way to operate constriction, as an attempt to make the world more manageable. Parents can also channelize the choice of a specific kind of food or eating habit. We can imagine that in Family Systems there are constructs about the ‘right’ food, the ‘right’ quantity for a meal, the ‘right’ rules for eating, the ‘right’ hunger, the ‘right’ body shape and so on. Weight control,

fear of getting fat, forbidden foods, extreme or excessive preoccupation with eating food believed to be healthy, as parental examples, can become group expectancies which operate as validators of a baby's personal constructs (Kelly, 1955/1991a, p. 123). In fact, the parent is the immediate validator for a baby to test her construct system (Kelly, 1955/1991b, p. 143). A specific food may become an element of a construct which is not directly related to food, such as 'serenity', 'well-being' or 'to be loved'. For example, one client ate too much freshly-baked bread as the smell of his grandmother's bread was the strongest and most pleasurable memory of his childhood. However, it could also become an element of a construct such as 'conflict', 'to be forced', or 'to be ignored'. Another client recognized that yoghurt was the food he related to sad, lonely afternoons when he was five years old – so, no more yoghurt for him, initially without any apparent reason. For others, specific foods are inextricably linked to dieting and related experiences, even if they are not currently on a diet or the last diet they went on was years ago.

TO DIET OR NOT TO DIET? THIS IS THE PROBLEM...

People tend to use a medical approach when talking about diet. Within this perspective, weight is the fundamental variable, that can be measured and considered in terms of health/illness, deriving a series of indices to describe the 'size' or 'thinness' of a body. BMI (body mass index) could be an example of this logic as it is a parameter that discriminates between 'underweight', 'normal' and 'overweight'. From this point of view, diet becomes one of the ways of achieving an ideal shape that makes the body a perfect machine, in order to achieve and maintain optimal health conditions. Similarly, weight is used as an essential criterion for considering the presence/absence and typology of an Eating Disorder among the diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013).

Things get complicated when the domain of knowledge claims to be psychological, trying to

draw a line between what can or cannot be considered pathological. We move within a range of meanings that appear to reduce our personal relationship with food and the daily experiments we use it for, to a set of dichotomies. Those dichotomies, such as 'consuming/fasting', 'too much/little or too little', '(weight) gain/loss', could be seen as regnant constructs².

These ways of construing diet and eating do not consider the personal dimensions of meaning that sustain these experiences and that could better account for certain dietary practices or, as we prefer to call them, 'feeding choices'. Talking about 'eating behaviours', in fact, limits this to the overt behaviours people have, such as fasting for days, for example, or dieting for years, or overeating, or bingeing, and would not differ much from the scenario drawn up by classical nosology. We run the risk of tracing predetermined paths by starting with common symptoms. Discussing 'feeding choices' focusses on the choice the person makes, and is related to food, body weight and calorie intake. Among the infinite possible choices available (in society, the family system, personal experience) people choose to embody some meanings and ignore or refuse others, depending on what is elaborative, at a given time. Finally, talking about a person's feeding choices provides an opportunity to understand how her theory about herself, others and the world may result in a particular kind of feeding behaviour.

DIETING AND NOT DIETING IN A PCP PERSPECTIVE

Considering diet in terms of PCP means freeing ourselves of the logic of 'how it should be' and considering the person as a whole. The point of departure is the meaning that 'being on a diet' would have for a given person, considering the experiments she makes on and through her body.

² "A regnant construct is a kind of superordinate construct which assigns each of its elements to a category on an all-or-none basis, as in classical logic. It tends to be nonabstractive" (Kelly, 1955/1991b, p. 7).

Initial elaboration can start from construing ‘dieting’ and its apparent opposite end, i.e. ‘not dieting’. ‘Diet’ and ‘not diet’ are not only logical contrapositions, but can be seen as poles of a construct between which people choose their

place, depending on what allows them to make the world more predictable, manageable and ... edible [Fig.3]

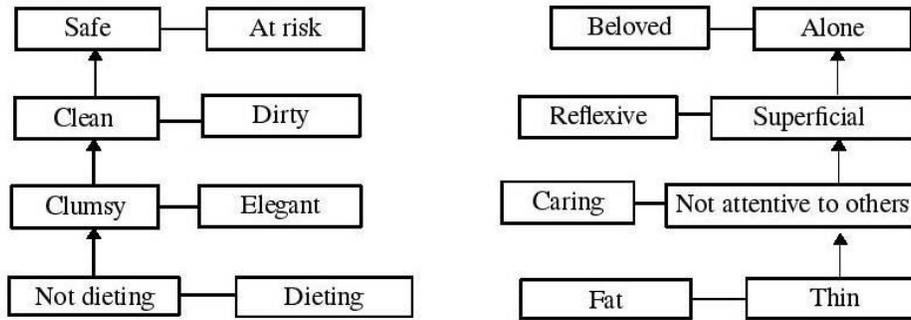


Fig 3: ‘Diet/not diet’ and ‘fat/thin: examples of superordinate personal constructs of clients who choose not to diet.

Some people choose not to diet despite their doctor’s advice: why may embarking on a diet not be an elaborative choice, and therefore the option a person chooses? The dietary path can be considered as a journey that ‘rushes’ the person from one construction to another. The implications of this change may be very different from a simple desire or need to lose weight. The final destination of this journey may be frightening for a person, being too far away from their desires, or sometimes confused and uncertain. From this point of view, the decision to embark on a diet becomes problematic and not particularly feasible. The person anticipates (sometimes at a low level of awareness) a range of implications which are very different to that of the status quo, which is well-known and keeps the world manageable and predictable. In some cases, a person’s elaborative choice to continue construing themselves as ‘fat’, ‘too heavy’ or ‘clumsy’ is their way of defining the system. It enables them to anticipate how others will relate to them, what they will do with them, how they will continue seeing themselves, who and how they are. A slot-rattle change (Kelly, 1969, p.231) from the ‘fat’ pole to the ‘thin’ pole, as well as from ‘no control of food’ to ‘control’, from ‘too much’ to ‘little’ comes with risks. The implications that lie under the opposite pole of the construct could be far-reaching, and sometimes the

person will return to the better known pole of the construct, probably because it is more familiar.

‘Who will I be after I change?’ may be one of the questions that a person who has to choose whether to start a diet or not asks themselves. In an attempt to anticipate the results of a diet, a person may ask, ‘if I’m not fat, how will I be? How can I construe myself? What, and who, will I see in the mirror?’. This may create a kind of disorientation due to a possible poverty of constructs a person has to define themselves in this way? The anticipation of not knowing could make some people undergo anxiety. Embarking on a diet would mean jumping into an unknown world, where everything is confused, especially the person’s identity. Instead, at a different level of awareness, sometimes fat may protect one from undesired attention or unwanted sexual advances, like a chastity belt, or it may be a way to keep people at a distance or to avoid invalidations³ in working or social life. Returning to (or staying in) to the better known pole of the construct (not dieting and ‘fat’) protects the person from threat and guilt.

We must also consider the construct ‘thin’,

³ Invalidation is a possible outcome of the testing out of the way people make sense of the world. When the prediction a person makes about himself/herself is confirmed we term it ‘validation’, when the prediction is not confirmed we term it ‘invalidation’.

which is culturally influenced and not as clearly defined. Imagine that the person hesitates, wondering, ‘When is it that I can say I’m truly thin? When can I say that I’ve achieved my goal?’. This kind of question that the diet asks the body (and the person’s construction system) is complex to answer. Thinness is often an ideal that has never been explored and embodied, and therefore it is difficult to validate or invalidate it. The inner evanescence of the ‘thin’ pole of the construct may lead a person not to choose to diet in the first place, on the one hand, or strongly want to control the food they eat in order to continue to lose weight and achieve ‘real’ thinness, on the other.

This places emphasis on the role of anticipations. If we think about Fundamental Postulate (Kelly, 1955/1991a, p. 32)⁴ [4], the choice to go or not go on a diet may lie largely in the world that the person anticipates she will have to manage once they embark on a course of action. As we have seen before, in fact, diet not only affects a person’s body and body size, but may also be seen as a change that can, in the person’s eyes, shake her identity and world. Not embarking on a diet can therefore be seen as an action, the result of choosing a particular construction among an infinity of possible ones.

WHEN DISCOMFORT IS EMBODIED IN EATING

Some people’s lives are characterized by concerns about their perceived need to control eating and weight. They break out into uncontrolled eating or self-induced vomiting, or purging, or use of diuretics, or excessive exercise. Sometimes they jump out of the frying pan (of dieting) into the fire (of Eating Disorders) (Polivy & Herman, 1999).

We can describe symptoms in detail, even if they don’t tell us anything about the person which manifests them. There is abundant literature about Eating Disorders, but only a few

works in which personal experience is the core argument. Even fewer take into account eating patterns, symptoms or disorders as a choice, which gives a better position from which to anticipate future events. As Stella (2010) argues, diagnosis of Eating Disorders is mainly based on symptomatological manifestations. No new knowledge or elaborations arise: only what is already known and encoded is recognised. A similarity in symptoms corresponds to a psychopathological similarity. In this way Eating Disorders acquire an ontological existence. As a result, therapeutic approaches are legitimized and programmed on the basis of a person’s correspondence to a set of symptoms, therefore they tend to be protocol programs. The resulting perspective of recovery moves along dominant dimensions, from the ‘pathological pole’ to the ‘healthy pole’: ‘eating/not eating’, ‘underweight/normal weight’, ‘realistic/unrealistic perception of body image’. This means that these dimensions are stressed as relevant, validating a client’s construction about the central role of weight or eating, offering very few opportunities to experience outside this area.

In fact, in Eating Disorders and generally when somebody’s life is taken over by food issues, the person’s world is narrowed down to the dilemma of eating or not eating. The concern with eating and the desire to control eating may become the main area where a person’s anticipations are validated, as Button (1993) states. It can be a ‘comfort zone’, which enables people to avoid facing the unknown and to minimize anxiety and unpredictability in other areas of their lives; it also reduces the risk of failure (e.g. in their sentimental or working lives) and guilt or threat. But it also becomes a constraint, precluding new experiences.

Button (1985, 1993, 2005) observes that people with diagnosed Eating Disorders might have a less elaborated and less complex construct system compared to control groups. This leads to them having difficulties in construing others, implies invalidations in relationships and contributes to a core construction of self as unlovable (Chiari & Nuzzo, 2010). The ability to construe oneself and the other lessens progressively, eating/not eating remains the main area of experience and further invalidations develop, creating a vicious cycle.

⁴ Fundamental Postulate: “A person’s processes are psychologically channelized by the ways in which he anticipates events” (Kelly, 1955/1991a, p. 32).

Clients could avoid therapeutic change because they have no other constructs available to anticipate themselves in relation to others, besides those related to eating, body shape or weight (Feixas et al., 2010): the so-called ‘resistance’ protects the client from a sudden nuclear change. Fransella (1970) adds that symptoms can become a way of life for the client and a part of her identity. In this way, food isn’t simply a fuel for the body but becomes something else instead, something much more complex.

IMPLICATIONS, NOT CONCLUSIONS

We described some directions which are useful for exploring personal choices with food. What are their implications in our practice?

We began with culture. “One does not escape from his cultural controls (assuming that there is ever any reason to escape) simply by ignoring them—he must construe his way out”, Kelly states (1955/1991a, p. 127). This statement is relevant for prevention programs, as food and nutrition education, prevention of Eating Disorders, etc. If we want to promote a critical view about food, eating and other issues linked to this subjects (especially resulting from mass media and current stereotypes), we have to abandon objectivity: there is not a mere cultural belonging, but a cultural similarity in which people anticipate what is expected of them. Giving information is an ineffective way of trying to change people’s personal constructions, even if it’s the most used approach in prevention programs. In fact, psycho-educational programs for preadolescence don’t involve any significant modifications regards weight and eating concerns, but rather may offer sparks for unhealthy eating behaviours (Baranowski & Hetherington, 2001). People may change when they are required to reconsider the viability of their constructions by being asked questions and discussing counterexamples (Gash & Kenny, 1998). The oldest, and still most powerful, technique for fostering critical thinking is the Socratic Method (Plato, transl. Platone, 1994). By following up all answers with further questions, and by selecting questions which advance the discussion, the Socratic Method can help people to elaborate choices and implications of such

choices (in a Kellian sense to dilate the construing system) in order to be more aware about food, eating, related dilemmas and culture-induced needs.

As we’ve already mentioned, culture and diet are strictly interconnected. What can we do when we meet a person having trouble with going or not going on diet? Should we abandon the issue or should we push them to go on a diet? Perhaps none of these choices are elaborative. What emerges from our discussion is the picture of a person who is not only choosing whether or not to lose a few kilos or centimetres, but is anticipating they may be faced with a more comprehensive change in their lives. Therefore, it is useful to try to understand the story of her body, experiments, validations and invalidations, as a narrative that the person embodies and offers us in order to better understand them and where they could go, or where are afraid to go. The body we see today in front of us is probably one of the best ways of understanding the person’s dreams, desires, fears, successes and disappointments. We, as therapists, must not ourselves apply constructions such as ‘fat/thin’ or ‘compliant/not compliant’. It is essential for us as well as for clients to think about the shades of the constructs they use to describe themselves. This may allow them to turn regnant constructs into propositional ones, opening up possibilities to generate new hypotheses about themselves in the future. Helping a person think about diet not only in terms of ‘losing weight’, but also as a way of ‘taking care of herself’, for example, could help in order to bring new elements into the construct ‘diet’. This attempt however may sometimes be difficult. We could collide with some core constructs such as ‘being selfish’ as a superordinate construct rather than ‘taking care of myself’, so a dilemma may arise. That is why the focus should remain on the person’s construct system, and the choice of diet should be understood within that specific system.

Another issue concerns the broader topic of change. What does change mean for them? What do they lose in the change? Or better, what do they imagine – anticipate – they will lose in the change? It is useful to help the person explore the dimensions implied in the change. By doing so, it may be possible for the person to regain a sense of agency as regards their issues. They can

slow down or pause for reflection if a comprehensive change in core constructs shakes the image they have of themselves and their identity needs to be re-constructed. The change may no longer be seen as something so threatening, but rather a person may begin to see themselves as part of this process. Anticipations are something they imagine, and they have the power to verify them, and to check this process with the dietitian/therapist during each and every stage of the journey. In this new light, dieting may also be seen as more achievable and its implications more manageable.

The so-called multidisciplinary approach to diet is widely recognized as the best practice. How can nutritionist, dieticians, physician, psychologist become allies in the change towards the choice whether or not to go on a diet? Sharing the same epistemological frame should be a

prerequisite, but unfortunately the professional team as an epistemological mind is very rare to achieve. It could be necessary trying to subsume colleagues' perspective and terminology, in order to move together in the same direction (and speak the same language) as the client. Furthermore, a basic set of constructions can be created together with the the person thinking of going on a diet and shared by those who are in contact with the client, including parents (depending on the age of the hypothetical dieter) and relatives, too. This can be helpful in order to avoid invalidations in dimensions of meaning relevant in the process of dieting and it can also introduce new elements in the construct of diet, helping professional figures consider a new way of looking at both the client and themselves [Fig.4]

- [Specific kind of] diet / other eating patterns
- To reorganize eating habits / to follow a preset pattern
- To promote self-reflexivity / summarized self-knowledge
- Progressively / everything at once
- To provide support / to control
- Language which validates the client / Language which invalidates the client } Especially for parents, relatives, etc.

Fig. 4: Examples of useful constructions to share with those who are in contact with a person thinking of going on a diet

Last but not least, how can we offer proper care to people suffering from a problematic relationship with food? It is important to remember that identifying the individual dimensions of meaning that a person use to make sense of her world and the possibilities (and constraints) offered by these constructions is a priority. Furthermore, "it's important to be aware of the restricted range of choices and of related constructions circulating within the family, or other social groups and in the culture" in which the person lives (Goodheart & Harter, 2012, p. 402). As Button writes, "there is life beyond an eating disorder, but it can be hard and painful to leave behind" (1993, p. XV). In fact, inviting a person to construe themselves in a new way has repercussions throughout a whole range of interconnected constructs. Sometimes, people develop

disorganized or restrictive eating patterns in response (as a defence) to abuse, bullying, be-reavement, in other cases because they didn't meet parents' high expectations. A person can change her appearance thanks to a restricted food intake and friends or a boyfriend can praise the change; so gaining weight and returning to former appearance might mean losing acceptance, desirability, attractiveness (Goodheart & Harter, 2012, p. 402). These are some examples of the so-called 'resistance' to treatment. Symptoms can disappear when constructs about weight, eating, body image take on a more peripheral position within the construct system, whereas other constructs become central (Fransella & Crisp, 1979) and more elaborated, and the ability to discriminate more broadly among constructs increases, not merely a change

in food habits.

When talking about food and eating, with babies, children, adolescents, adults, clients or not clients, we have to be aware of how we and they make meaning. As psychologists, psychotherapists, psychiatrists, or physicians, it is our job to 'feed' patients opportunities and choices, as these are the best 'food' for discovering new ways of dealing with life (not only with weight).

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