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Alcohol and other drug use in Michelin-starred kitchen brigades

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ABSTRACT

This paper aims to explore chefs' experiences of the use of alcohol and other drugs (AOD) in Michelin-starred restaurants in Britain and Ireland. In total, 54 Head Chefs were interviewed in this study, which found AOD use to be part of their occupational culture. The work context plays a key role in this phenomenon in that harsh working conditions (such as heat, stress and long hours) provide fertile ground for AOD use as a means of self-medication and as a coping strategy. This study observes a normalisation of drinking to unwind. Even if this practice is detrimental to health, it is the coping mechanism used by chefs to deal with the stresses associated with the high end kitchen environment. Based on the findings of this research, it is argued that despite the industry's efforts to eliminate this phenomenon, AOD use is part of everyday life in high-end commercial kitchens.

1. Introduction

Popular interest in chefs has grown considerably over the past two decades, as illustrated in increasing media coverage of Michelin-starred and celebrity chefs (Pizam, 2016) and the flourishing trend of biographies and other written accounts of both high-profile chefs and kitchen life (see Bourdain, 2000, 2010; Chelminski, 2006; Ramsay, 2006). The explosion of interest in cookery has led a number of chefs to gain celebrity status – a phenomenon also reinforced by media diversification which significantly increased their exposure across various media forms (Ashley et al., 2004; Wood, 2000). It is argued that the world of haute cuisine chefs was hidden until the emergence of the phenomenon of the celebrity chef and their open kitchens (Palmer et al., 2010), which revealed the previously secret 'backstage' (Goffman, 1959) of professional cooking. 'Haute cuisine' refers to the high-end of professional cooking, whilst being generally associated with critical acclaim, as embodied in the institution of the Michelin Guide and its star rating system (Surlemont and Johnson, 2005). Although haute cuisine implies a particular style of French cooking, the term is nowadays used in reference to gastronomic excellence, regardless of nationality (Ottenbacher and Harrington, 2007; Stierand and Dörfler, 2012). Although a marginal and elite segment of the restaurant industry, 'with less than 0.5 per cent in volume', the haute cuisine sector plays a key role in 'trend setting, image building and in setting standards for the industry as a whole' (Surlemont and Johnson 2005, p.578). It is for this reason that the focus of this research is on elite chefs.

Notwithstanding the growing media coverage of kitchens and chefs, the public is perhaps less aware of the toll cooking in a commercial kitchen takes on its chefs, particularly at the high end. This paper aims to shed light on what could be called the 'dark side' of fine dining restaurants by exploring the use of alcohol and drugs in Michelin-starred kitchen brigades in Great Britain and Ireland. Despite the existence of several empirical studies on alcohol and other drug (AOD) use in various occupational groups in the hospitality context (Belhassen and Shani, 2012; Pizam, 2010), little research has been carried out on the role of AOD use in the working life of chefs. According to Anderson (1998), the term substance abuse is commonly used to refer to an overindulgence and/or dependence on a substance, including alcohol, stimulants such as crack, cocaine, methamphetamine, hallucinogens, marijuana, and opioids. Substance abuse also includes the misuse of prescription medications obtained illegally, such as morphine derivatives (codeine, methadone etc.), and depressants (barbiturates, benzodiazepines etc.). It must be noted that not all patterns of use discussed in this paper necessarily fit the above definition. Therefore the authors prefer the term AOD 'use' instead of 'abuse' on the grounds that it describes patterns of alcohol and drug use that may, or may not, be abusive. For example, having one or two drinks of alcohol after work to wind down is not 'abuse' as alcohol is a central nervous system (CNS) depressant that has an initial relaxing effect, and it is commonly used for this effect. It only becomes 'abuse' if these one or two drinks lead to intoxication or if the person becomes dependent on alcohol as the only

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way to wind down (Jackson and Sartor, 2016).

The key research question that informed our study is as follows: "what is the relationship between AOD use, job characteristics and chefs' occupational culture in Michelin-starred kitchen brigades?"

2. Literature review: alcohol and other drug use in commercial kitchens

2.1. An overview of previous research on kitchen work

Before reviewing the literature on AOD use in kitchens, a brief synopsis of existing research on the life of kitchen and restaurant workers will be offered. A number of empirical studies regarding work in commercial kitchens, mainly focused on the US and UK context, can be found in the literature. These include, in the UK: Bowey (1976); Saunders (1981a, 1981b), and in the US: Guyette (1981); Ferguson and Zukin (1998); Peterson and Birg (1988). However, it must be noted that these studies are not focused entirely on the chef's occupational context. In the UK context, the now dated research of Chivers (1972, 1973) is dedicated entirely to the occupation of chefs and cooks. In the US context, the work of Fine (see 1988, 1996), is based on fieldwork carried out in the 1980′s in four Minnesota restaurants. Yet, neither author is concerned with chefs and cooks working in 'haute cuisine' restaurants, and both their findings are now significantly dated. A little later on, a few studies focused their attention on the culture of chefs, among which are discussion papers on kitchen violence (Bloisi and Hoel, 2008; Johns and Menzel, 1999) and on the effects of chef occupational culture on hotel organisational culture (Cameron et al., 1999). Similarly, Pratten's(2003a, 2003b); papers on the retention and training of chefs and the qualities that make 'a great chef', respectively, are mainly conceptual and based on limited primary data. Meanwhile Lee-Ross (1999) investigated the core job dimensions and motivating potential of chefs in 14 UK hospitals; he found that chefs using large scale-catering systems tended to be less engaged and motivated than those using traditional cook and serve operations.

With regards to more specific kitchen-related issues, a few authors have investigated the persisting lack of female chefs in professional kitchens (Banner, 1973; Cooper, 1998; Cooper, 2012; Fine, 1987; Swinbank, 2002). In addition, some insightful conceptual work has emerged on the effects of *nouvelle cuisine* on chef identity and culture (Wood, 1991; Rao et al., 2003) and on the trend for television and celebrity chefs (Ashley et al., 2004; Fattorini, 1994; Gillespie, 1994; Henderson, 2011; Wood, 2000;). Another stream of research investigates the skills and competencies required for chefs (i.e. Birdir and Pearson, 2000; Hu 2010; Ko 2012; Robinson and Barron 2007; Zopiatis, 2010); this body of research suggests that a balanced approach between operational, administrative and managerial/leadership competencies is needed.

Last but not least, a few European authors have focused their attention on the *haute cuisine* sector and on Michelin-starred chefs in particular, albeit from a management perspective. For example, while Balazs, 2001's (2001, 2002); main focus is on the leadership skills of French three-Michelin-starred chefs, Johnson et al. (2005) are interested in the management styles and motivations of two and three-Michelin-starred chefs in four European countries (Belgium, France, Switzerland and the UK) which they analyse in light of the operation and profitability of the selected establishments. Likewise, Surlemont's et al. (2005) study details the revenue models of similarly graded Michelin-starred restaurants, whilst Surlemont and Johnson (2005) address the role of the Michelin-star rating system in preserving standards and chefs' creativity for the benefit of customers.

It is clear from this brief overview of the 'chef' literature that, although the body of knowledge about chefs has grown in recent years, the prevalence in the 'haute cuisine' sector and among Michelin-starred chefs of AOD use has not been studied, though as will be seen below, it has been alluded to in a few studies.

2.2. The role of occupational stress in AOD use

The literature shows a strong relationship between the occupational stress imposed by a chef's unique working environment and the consumption of alcohol and drugs. Indeed, in their study of two and three-Michelin-starred European chefs, Johnson et al. (2005) identify the high levels of stress and pressure associated with gaining a Michelin-star ranking, due to the need to consistently achieve high quality levels. In his depiction of the work environment of chefs and cooks, Fine (1988) highlights the extreme and unusual demands of the job, as do Murray-Gibbons and Gibbons (2007) who found that the consumption of alcohol and smoking help chefs to cope with occupational stress caused by a physically demanding working environment. In an earlier study, Rowley and Purcell (2001) reported similar findings when they examined occupational stress and burnout within the hospitality industry in Northern Ireland. Chefs scored the highest levels of burnout amongst the occupational groups surveyed. The most common coping responses included an increased consumption of foods high in sugars, fats and caffeine, and AOD abuse. Fatigue, high emotional exhaustion and a low sense of personal achievement were characteristic in chefs' responses. More recently, Jung et al. (2012) found a strong link between occupational stress and turnover intention in the context of the Taiwanese luxury hotel industry. Kang et al. (2010) investigated the relationship between the work environment and certified chefs' burnout in the US; their findings interestingly suggest that a supportive work environment can on the one hand improve organisational commitment and on the other hand reduce burnout and intention to quit.

2.3. The role of aggression in AOD use

AOD use is also found to be correlated with high levels of aggression among chefs (Meloury and Signal, 2014). In their paper on kitchen violence, Johns and Menzel (1999) linked aggression with alcohol abuse in commercial kitchens. They suggested that the phenomenon was widespread within the UK hospitality industry. Indeed they argue that aggression and violence may be more widespread in kitchens than in any other workplace in the UK. They refer to kitchen violence as a mix of verbal and physical abuse, manifesting in physical and psychological impacts, including stress, strained relationships, alcoholism and heavy smoking. Chefs' violent and bullying behaviour was attributed to the physical pressures of the job, such as the heat, the noise from machines and shouting, and the drive to maintain standards of excellence. Kitchen violence has become deeply embedded in chefs' working culture (Alexander et al., 2012; Bloisi and Hoel, 2008; Burrow et al., 2015; Cooper, 2012; Midgley, 2005; Murray-Gibbons and Gibbons, 2007; Mathisen et al., 2011; Wood, 2000). Midgley (2005, p. 53) acknowledges the scope of the bullying problem in the industry and its likely consequences:

> *"Catering is a notoriously tough business with high stress levels. When bullying is stirred into the mix, disaster can be the result, even for those who consider themselves psychologically robust. One of the results of a military style of management in the kitchens is that catering is an industry riven by poor health and high levels of drug abuse and alcoholism"*.

Midgley (2005) reports drinking to be a common coping strategy, something deeply embedded in chefs' working culture. A recent study by Meloury and Signal (2014) similarly found a link between alcohol consumption and aggression among chefs in commercial kitchens in Australia. Male line cooks appear to be more aggressive than their supervisors (i.e. sous chef and head chef) because *'they are the backbone of the culinary industry, toiling in hot, cramped, fast-paced conditions to reach the head chefs high expectations'* (p. 103). A similar portrait is painted by Pidd et al. (2014) who explored the extent of AOD abuse in trainee chefs in Australia and found high levels of alcohol and illicit drug use.

Interestingly, not all chefs endorse such attitudes to kitchen violence