When my daughter, Carson, was a toddler, she went through long periods of eating a single food. Regardless of the variety I offered her, she insisted on a weird mono-diet: two weeks of hot dogs with ketchup (no bun), followed by a week of plain avocado, followed by two weeks of boiled corn kernels. It was making me crazy, so I asked her pediatrician if I should be concerned. Weren’t we supposed to follow the pyramid of daily food requirements touted by the Agriculture Department? But our pediatrician was definitive. The food pyramid, he said, was baloney. “If you look at what she eats over the course of a year, you will see that she is getting all the nutrition she needs.”
Our pediatrician may have been influenced by an experiment done in the 1920s and 1930s by a Chicago doctor, Clara Davis. For six years she studied how children ate if they were free from all pressure to eat particular foods in any particular amount or order. She placed a number of infants from 6 to 11 months old on a “self-selection diet,” during which they were offered around 10 mashed meats, grains, dairy products, vegetables and fruits (some raw, some cooked, some reflecting culinary biases of the time, like bone jelly and brains). Then she watched what they chose.

The infants were fed in a hospital setting; all were orphans or the children of teenage mothers or widows and in poor health when they started the diet. Davis found that each child had his or her own food preferences and went on “food jags,” not unlike my daughter. Over the course of the study the health of the infants improved, they gained weight, and they appeared to cure colds by self-medicating with specific foods. What’s more, their intake ratios of protein, fat and carbohydrate (17%, 35% and 48%, respectively) reflected a well-balanced diet.

The takeaway of the study: Appetite is innate. Children, given the opportunity, will eat what their bodies need and in the amount needed to be healthy. On the other hand, the children preferred milk and fruit when it was available and would likely have preferred donuts and Pepsi if they had been offered. In short, self-selection wouldn’t have had much value if the children had been offered junk. In her fascinating new book, “First Bite,” Bee Wilson notes that “the biggest thing Davis did” in her study was first “to radically restructure the food environment of the children.”

When Ms. Wilson speaks of food environments, she is referring to the types of foods offered and the ways in which they are offered—the eating habits of the family and the feeding styles of the parent. “First Bite” is an exploration of the effects of different food environments from infancy through adulthood: how some screw us up and others set patterns from which we continually benefit; and how one can restructure environments to create a healthier relationship with what one puts in one’s mouth—or in the mouths of one’s children.
Ever tried to wedge a spoon of food through the clamped lips of a toddler? Ever lost the taste for sugar during a diet only to find yourself craving it again after just a couple of mochaccinos? Ever had a friend who hates (you fill in the blank) even if it is prepared by a master chef, because it reminds him of his mother’s? These eating problems are practically universal among the well-fed today. But they don’t have to be. Ms. Wilson synthesizes a wealth of studies to argue that food preferences are learned—best when young, though it’s never too late. And the lessons, she suggests, should focus on the essential role that food plays: to nourish our bodies.

That may seem obvious, but there are lots of impediments to nourishment, and Ms. Wilson addresses them in a precise, sensible manner that strikes me as quintessentially English. To wit: “Nothing tastes good when it’s eaten in a spirit of coercion.” I like very much being given the straight dope by someone who sounds as if she is balancing a cup of tea on her lap.

“First Bite” is organized around two questions: what sets up good eating patterns in young people and how to change bad eating patterns in older people. The first few chapters explore “the extent to which children are born with hard-wired food preferences.” Some physical aversions to foods are real, like “super tasters” who freak out at the tiniest exposure to bitterness. Most food preferences, however, are a matter not of genes but of psychology. “Taste may be identity,” writes Ms. Wilson, “but it is not destiny.”

As one would expect and as Ms. Wilson confirms, we develop weird food preferences based on bad experiences. (True: My daughter got sick after a trip to a sushi restaurant 15 years ago, and she hasn’t eaten a seaweed salad since.) But it was surprising to learn that all small children experience neophobia, a fear of new food, and so trying to fake kids out by hiding broccoli under a blanket of ketchup or promising a candy if they finish isn’t going to stop an inhibition that continues until they are 6 or 7.

What’s a parent to do? Well, from age 4 to 7 months there is a window when children are “extraordinarily receptive to flavor.” Additionally, Ms. Wilson’s research suggests that instead of pushing kids to eat new foods during mealtime—when the pressure is on to fill up—parents could introduce the tastes of foods between meals. This technique has proved helpful in widening the taste repertoire of autistic children. I found that giving my kids a sprinkle of Parmesan cheese on the tongue, or a lick of chicken gravy while cooking, went a long way toward widening—and whetting—their toddler appetites.

“Feeding, like eating, is a learned behavior,” writes Ms. Wilson. The choices we make as parents set up our children’s eating patterns.
Many of those choices are unconscious because they are cultural, like over-feeding ("We need to find a way for a small portion to feel as much like love as a large one") or gender bias in feeding children (boys are encouraged to eat, girls are discouraged). Serving non-adult foods to kids at separate mealtimes, or just caving in to advertising and buying them pre-packaged food like Lunchables, is a mistake. Think about it: Do children who have learned that salty, fatty processed foods, or banal dishes like pasta with butter, are normal spontaneously transition to loving osso buco? Probably not.

I remember being grossed out by the loving obituaries for the Twinkie when it was (temporarily) discontinued a few years ago, but in retrospect I think I was being too judgmental. "First Bite" shows how memory can shape gastronomical desires into adulthood and how those desires, even if we know they are unhealthy, are hard to give up, because "the thing you are losing is your own childhood." This is one of many mechanisms of unhealthy food habits that Ms. Wilson explores. She looks at our addiction to foods that increase blood sugar; at the propensity to finish everything on our plates, no matter the size; and at the cultural pressures that push men to beef up and women to trim down. Sometimes these practices manifest as eating disorders diverse and weird, like hypersensitivity to lumpy food or pica, the eating of nonfoods. The most well-known eating disorder, anorexia, is not even the most common. That prize goes to obesity.

Losing weight is a national preoccupation: We know we should be eating better, but we can’t stay with the program. Ms. Wilson looks at obesity this way: It’s a matter of first-order preferences and second-order ones. First-order preferences are what you like to eat; second-order preferences are foods that you would like to want to eat. The closer those two preferences come together, the better your diet. Put in that perspective, it seems possible to approach changes in our eating patterns one food at a time instead of attempting a dietary overhaul that’s sure to fail.

But beyond that, adults need to relearn when we’re hungry and to eat only then. “Eating without hunger and drinking without thirst,” Ms. Wilson writes, “can become so habitual that you forget how good it feels to regain proper rhythms of feeding: to earn your meals before you eat them, even if all you’ve done to earn them is to wait.”

Changing set consumption patterns may seem impossible, but Ms. Wilson explains that “the biggest way that we are stuck is in our belief that our eating habits are something we can do very little about. In fact, we can do plenty.” So how to change? “First Bite” offers specific solutions throughout, but it’s all summed up in a final list of admonitions like: “Before you change what you eat, change how you eat”; “Girls eat better when food stops being something forbidden”;
and “Eat soup.”

Ms. Wilson’s book isn’t perfect. Occasionally her arguments tread familiar turf: It’s pretty obvious that bad cooking with inferior ingredients sets up bad food associations. And I didn’t see the point or charm of the author’s musings on birthday cake, milk or potato chips that appear at the end of every chapter, a conceit she used in her last, very lovely book, “Consider the Fork.” I was full from the more significant work in the chapters themselves and didn’t need the dinner mint.

Still, “First Bite” should be read by every young parent, and is a good resource for adults with eating disorders and those with more prosaic problems like waistline drift. There are some very useful ideas within these pages, and none of the usual pseudoscientific bunk that plagues books about diet. Carefully crafted, astutely served, delicious and nourishing: “First Bite” is a real treat.

—Ms. Bone is the author, most recently, of “The Kitchen Ecosystem: Integrating Recipes to Create Delicious Meals.”